IEM's AI Modeling: Short-term COVID-19 Projections
Date: 8/16/21

Leveraging over 15 years of support to HHS for medical consequence modeling and our proprietary artificial intelligence (AI) models, IEM believes that our Coronavirus model outputs can be used to assist localities and their medical facilities to better prepare for an increase in hospitalizations, to better plan for and locate drive-through testing facilities, and to determine where increased levels of transmission may be occurring.

We have been refining our AI model over the past month and are confident in its ability to provide accurate 7-day projections that can be used for operational and logistical planning.

AI-based Model Background

IEM is currently using an AI model to fit data from various sources and project new cases of COVID-19. We do <u>not</u> assume the average number of secondary infections (R-value) stays the same over time. IEM's AI model finds the best R-value over time to evaluate how it changes over the course of the outbreak. The IEM modeling team is running ~11 million simulations to fit each state's data and using the best fit for the R-value to project new cases over the next 7 days. The AI models are executed on a daily basis to evaluate the changing dynamics of the COVID-19 pandemic. Our projections have typically been within 10%, and are often within 5%, of actual confirmed cases.

The projections shown in this document are based on data pulled in as of 8/16/21 9 a.m.

Please provide any feedback or send any questions that you might have to us. We are continually updating and improving the model, so your feedback is critical.

Also, if you have more current or refined data for your State, Commonwealth or Territory that you would like IEM to factor in, please let us know.

IEM's Modeling Lead

Dr. Prasith "Sid" Baccam is a **Computational Epidemiologist expert** at IEM with more than **20 years of experience in medical consequence modeling and simulation of disease outbreaks** and medical consequences following hypothetical attacks with biological agents or emerging infectious diseases. He develops key simulation models and decision support tools at IEM, specializing in public health, disaster response, and medical countermeasures (MCM) to enhance data-driven decision making and improve modeling assumptions.

Upon receiving his **Ph.D. in Applied Mathematics and Immunobiology** at Iowa State University, Dr. Baccam worked as a Postdoctoral Research Associate at Los Alamos National Laboratory where he focused on researching viral and immunological modeling. After his stint at Los Alamos, Dr. Baccam has served as Task Lead in multiple public health projects have allowed him to develop expertise as a mathematical biologist and a leader on high-performance modeling and simulation teams.

He has worked with state and local public health officials as well as Federal agencies, including **HHS**, the Centers for Disease Control and Prevention (**CDC**), and the Department of Homeland Security (**DHS**). Dr. Baccam has published numerous papers on public health response models and implications on policy and has been invited to participate in workshops and symposiums held by the Institute of Medicine (now the National Academy of Health). His modeling results have been briefed to the **Executive Office of the President** and informed two presidential policy actions.

Virginia State Projections
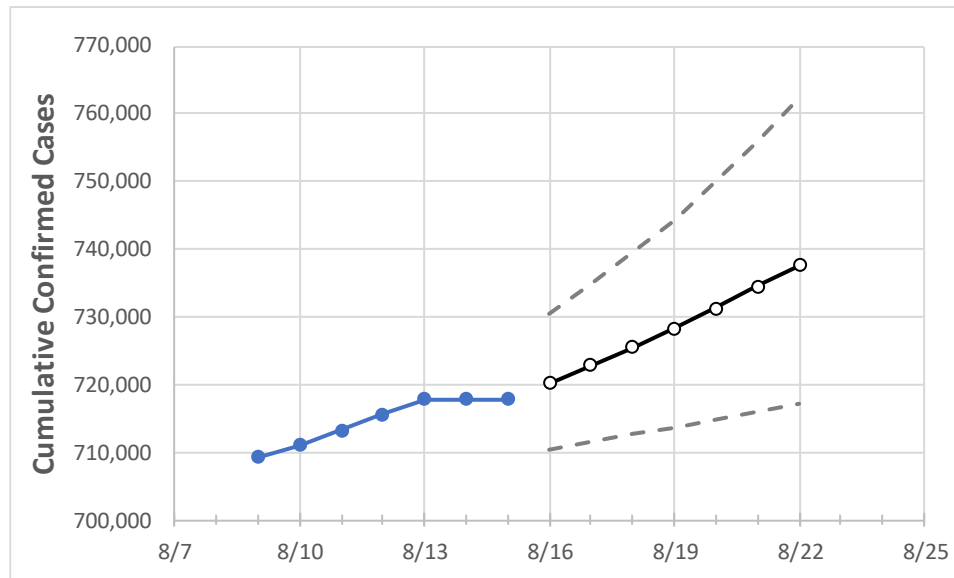
	Actual Confirmed Cases On:				Projected Cases For:						
	8/12	8/13	8/14	8/15	8/16	8/17	8/18	8/19	8/20	8/21	8/22
Virginia	715,556	717,826	717,826	717,826	720,239	722,795	725,537	728,354	731,316	734,445	737,661

Note: The Commonwealth's projection shows a "best estimate" curve (the solid line with circles) and the dotted lines are the upper and lower estimates around that best estimate. Our projections have typically been within 10%, and are often within 5%, of actual confirmed cases.

Virginia Counties

	Actual Confirmed Cases On:				Projected Cases For:						
	8/12	8/13	8/14	8/15	8/16	8/17	8/18	8/19	8/20	8/21	8/22
Alexandria City	12,390	12,410	12,430	12,450	12,474	12,498	12,522	12,547	12,573	12,599	12,626
Arlington	16,006	16,037	16,068	16,099	16,136	16,175	16,215	16,256	16,298	16,341	16,383
Fairfax	81,032	81,164	81,295	81,427	81,581	81,740	81,904	82,070	82,242	82,418	82,600
Henrico	27,371	27,455	27,455	27,455	27,543	27,635	27,730	27,829	27,927	28,032	28,142
James City	4,998	5,018	5,018	5,018	5,046	5,076	5,108	5,143	5,179	5,218	5,260
Loudoun	29,316	29,349	29,381	29,414	29,470	29,527	29,584	29,642	29,703	29,765	29,828
Prince William	53,105	53,174	53,243	53,312	53,403	53,496	53,592	53,688	53,789	53,889	53,995
Virginia Beach City	38,783	38,946	38,946	38,946	39,119	39,298	39,488	39,685	39,886	40,101	40,336

Some recipients of our daily COVID-19 short-term (7 day) projections have requested projections of demand for: hospital bed, intensive care unit (ICU) beds, and mechanical ventilation. We realize that different states and localities will have different characteristics for hospital demand of COVID-19 cases, and we are presenting the best assumptions we could find for those medical demands based on scientific literature and health data reporting. Specifically:

- *Beds: For hospitalization, we use a range of 10% and 20% of cases require hospitalization based on CDC's report (MMWR, March 18, 2020) and state reports of COVID-19 cases.*
- *ICU: The CDC report found that 24% of hospitalized cases require ICU care.*
- *Ventilators: Based on clinical data from China and state reports, we assume that 50% of ICU cases require a ventilator.*

If you have other estimates for these assumptions, please share them with us as we work to refine our modeling, assumptions, and data on a daily basis.

*The medical demands shown in the table assume 20% of **cumulative** confirmed cases require hospitalization. To get the medical demand for the assumption that 10% of confirmed cases require hospitalization, simply divide the demand by 2.*

Virginia Medical Demands by County

	Actual Confirmed Cases On:				Projected Cases (Hospitalized) [ICU] {Ventilator} For:		
	8/12	8/13	8/14	8/15	8/17	8/19	8/21
Alexandria City	12,390	12,410	12,430	12,450	12,498 (2,500) [600] {300}	12,547 (2,509) [602] {301}	12,599 (2,520) [605] {302}
Arlington	16,006	16,037	16,068	16,099	16,175 (3,235) [776] {388}	16,256 (3,251) [780] {390}	16,341 (3,268) [784] {392}
Fairfax	81,032	81,164	81,295	81,427	81,740 (16,348) [3,924] {1,962}	82,070 (16,414) [3,939] {1,970}	82,418 (16,484) [3,956] {1,978}
Henrico	27,371	27,455	27,455	27,455	27,635 (5,527) [1,327] {663}	27,829 (5,566) [1,336] {668}	28,032 (5,606) [1,346] {673}
James City	4,998	5,018	5,018	5,018	5,076 (1,015) [244] {122}	5,143 (1,029) [247] {123}	5,218 (1,044) [250] {125}
Loudoun	29,316	29,349	29,381	29,414	29,527 (5,905) [1,417] {709}	29,642 (5,928) [1,423] {711}	29,765 (5,953) [1,429] {714}
Prince William	53,105	53,174	53,243	53,312	53,496 (10,699) [2,568] {1,284}	53,688 (10,738) [2,577] {1,289}	53,889 (10,778) [2,587] {1,293}
Virginia Beach City	38,783	38,946	38,946	38,946	39,298 (7,860) [1,886] {943}	39,685 (7,937) [1,905] {952}	40,101 (8,020) [1,925] {962}

For additional information from IEM, please contact Bryan Koon, Vice President of Emergency Management and Homeland Security at bryan.koon@iem.com or 850-519-7966 or Stephanie Tennyson at stephanie.tennyson@iem.com or 202-309-4257.