

## **IEM's AI Modeling: Short-term COVID-19 Projections**

**Date: 9/1/21**

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 not 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 9/1/21 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.**

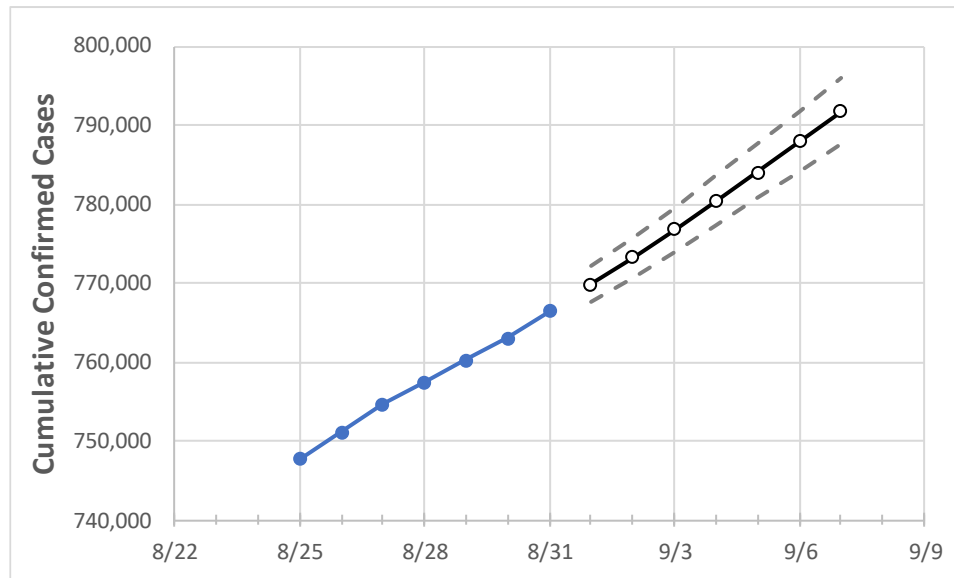
### **IEM's Modeling Lead**

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:						
	8/28	8/29	8/30	8/31	9/1	9/2	9/3	9/4	9/5	9/6	9/7
Virginia	757,417	760,183	762,948	766,435	769,828	773,289	776,807	780,375	784,060	787,880	791,784

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:						
	8/28	8/29	8/30	8/31	9/1	9/2	9/3	9/4	9/5	9/6	9/7
Alexandria City	12,782	12,798	12,817	12,848	12,875	12,901	12,928	12,955	12,982	13,010	13,039
Arlington	16,562	16,597	16,619	16,649	16,685	16,720	16,755	16,791	16,827	16,863	16,899
Fairfax	83,727	83,902	84,022	84,218	84,410	84,604	84,799	85,000	85,201	85,408	85,621
Henrico	29,136	29,246	29,357	29,472	29,611	29,749	29,891	30,037	30,187	30,338	30,495
James City	5,459	5,487	5,515	5,555	5,592	5,629	5,667	5,706	5,747	5,788	5,830
Loudoun	30,249	30,311	30,375	30,441	30,511	30,582	30,653	30,725	30,799	30,873	30,949
Prince William	54,682	54,777	54,873	55,020	55,135	55,255	55,374	55,495	55,619	55,748	55,875
Virginia Beach City	41,886	42,051	42,215	42,470	42,713	42,961	43,210	43,466	43,733	44,006	44,284

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:											
	8/28	8/29	8/30	8/31	9/2				9/4				9/6			
Alexandria City	12,782	12,798	12,817	12,848	12,901	(2,580)	[619]	{310}	12,955	(2,591)	[622]	{311}	13,010	(2,602)	[624]	{312}
Arlington	16,562	16,597	16,619	16,649	16,720	(3,344)	[803]	{401}	16,791	(3,358)	[806]	{403}	16,863	(3,373)	[809]	{405}
Fairfax	83,727	83,902	84,022	84,218	84,604	(16,921)	[4,061]	{2,030}	85,000	(17,000)	[4,080]	{2,040}	85,408	(17,082)	[4,100]	{2,050}
Henrico	29,136	29,246	29,357	29,472	29,749	(5,950)	[1,428]	{714}	30,037	(6,007)	[1,442]	{721}	30,338	(6,068)	[1,456]	{728}
James City	5,459	5,487	5,515	5,555	5,629	(1,126)	[270]	{135}	5,706	(1,141)	[274]	{137}	5,788	(1,158)	[278]	{139}
Loudoun	30,249	30,311	30,375	30,441	30,582	(6,116)	[1,468]	{734}	30,725	(6,145)	[1,475]	{737}	30,873	(6,175)	[1,482]	{741}
Prince William	54,682	54,777	54,873	55,020	55,255	(11,051)	[2,652]	{1,326}	55,495	(11,099)	[2,664]	{1,332}	55,748	(11,150)	[2,676]	{1,338}
Virginia Beach City	41,886	42,051	42,215	42,470	42,961	(8,592)	[2,062]	{1,031}	43,466	(8,693)	[2,086]	{1,043}	44,006	(8,801)	[2,112]	{1,056}

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