

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

Date: 9/10/21

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 9/10/21 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.

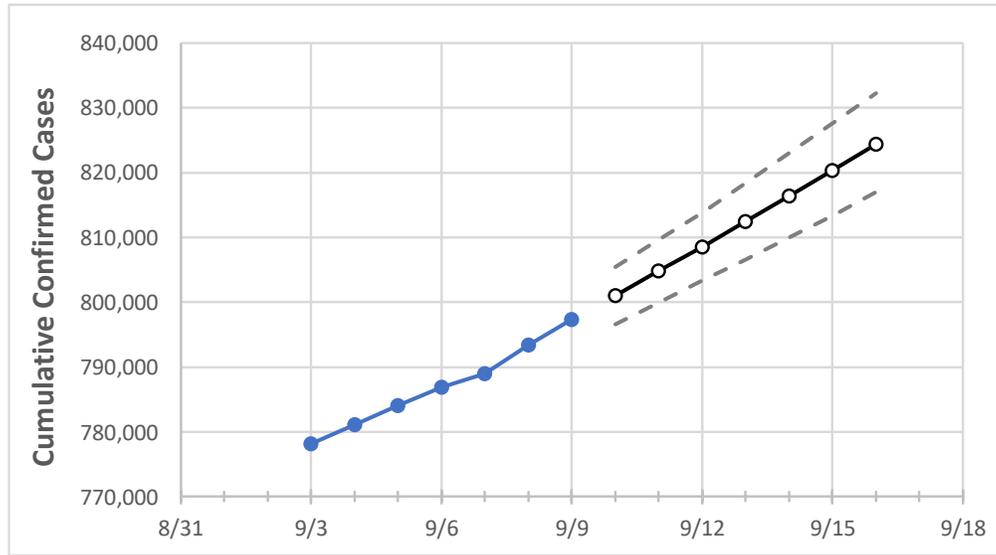
IEM's Modeling Lead

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:							
	9/6	9/7	9/8	9/9	9/10	9/11	9/12	9/13	9/14	9/15	9/16	
Virginia	786,910	788,917	793,396	797,348	800,972	804,764	808,517	812,417	816,327	820,327	824,386	

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:							
	9/6	9/7	9/8	9/9	9/10	9/11	9/12	9/13	9/14	9/15	9/16	
Alexandria City	13,004	13,025	13,062	13,105	13,133	13,162	13,190	13,220	13,250	13,279	13,310	
Arlington	16,906	16,949	16,991	17,045	17,091	17,137	17,185	17,232	17,281	17,330	17,379	
Fairfax	85,221	85,375	85,581	85,870	86,062	86,260	86,460	86,658	86,860	87,067	87,277	
Henrico	30,172	30,243	30,388	30,503	30,624	30,744	30,864	30,985	31,110	31,234	31,359	
James City	5,787	5,802	5,823	5,862	5,898	5,935	5,970	6,007	6,045	6,083	6,121	
Loudoun	30,969	31,051	31,073	31,101	31,179	31,261	31,340	31,418	31,503	31,586	31,670	
Prince William	55,625	55,713	55,837	56,063	56,186	56,315	56,441	56,574	56,701	56,838	56,973	
Virginia Beach City	43,541	43,683	43,952	44,155	44,350	44,544	44,742	44,937	45,134	45,335	45,535	

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:											
	9/6	9/7	9/8	9/9	9/11				9/13				9/15			
Alexandria City	13,004	13,025	13,062	13,105	13,162	(2,632)	[632]	{316}	13,220	(2,644)	[635]	{317}	13,279	(2,656)	[637]	{319}
Arlington	16,906	16,949	16,991	17,045	17,137	(3,427)	[823]	{411}	17,232	(3,446)	[827]	{414}	17,330	(3,466)	[832]	{416}
Fairfax	85,221	85,375	85,581	85,870	86,260	(17,252)	[4,140]	{2,070}	86,658	(17,332)	[4,160]	{2,080}	87,067	(17,413)	[4,179]	{2,090}
Henrico	30,172	30,243	30,388	30,503	30,744	(6,149)	[1,476]	{738}	30,985	(6,197)	[1,487]	{744}	31,234	(6,247)	[1,499]	{750}
James City	5,787	5,802	5,823	5,862	5,935	(1,187)	[285]	{142}	6,007	(1,201)	[288]	{144}	6,083	(1,217)	[292]	{146}
Loudoun	30,969	31,051	31,073	31,101	31,261	(6,252)	[1,501]	{750}	31,418	(6,284)	[1,508]	{754}	31,586	(6,317)	[1,516]	{758}
Prince William	55,625	55,713	55,837	56,063	56,315	(11,263)	[2,703]	{1,352}	56,574	(11,315)	[2,716]	{1,358}	56,838	(11,368)	[2,728]	{1,364}
Virginia Beach City	43,541	43,683	43,952	44,155	44,544	(8,909)	[2,138]	{1,069}	44,937	(8,987)	[2,157]	{1,078}	45,335	(9,067)	[2,176]	{1,088}

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.