

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

Date: 9/17/21

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 9/17/21 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.

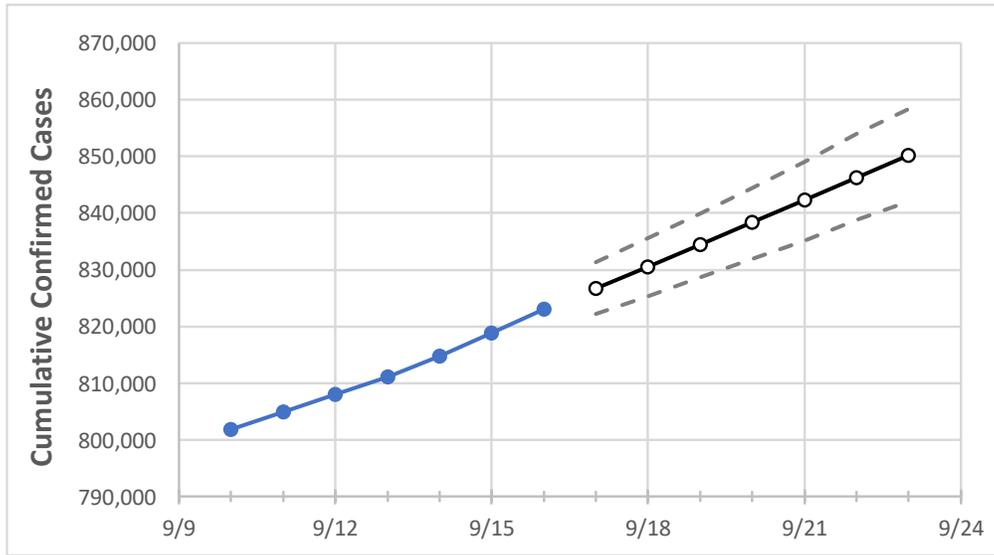
IEM's Modeling Lead

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:					
	9/13	9/14	9/15	9/16	9/17	9/18	9/19	9/20	9/21	9/22	9/23
Virginia	811,079	814,738	818,804	822,985	826,755	830,551	834,427	838,336	842,292	846,252	850,195

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:					
	9/13	9/14	9/15	9/16	9/17	9/18	9/19	9/20	9/21	9/22	9/23
Alexandria City	13,247	13,280	13,305	13,336	13,370	13,405	13,441	13,477	13,514	13,552	13,590
Arlington	17,207	17,249	17,294	17,339	17,384	17,429	17,474	17,520	17,566	17,613	17,661
Fairfax	86,547	86,768	87,036	87,203	87,409	87,614	87,817	88,027	88,243	88,459	88,678
Henrico	30,928	31,066	31,183	31,288	31,399	31,510	31,620	31,731	31,845	31,957	32,068
James City	5,997	6,016	6,051	6,084	6,115	6,145	6,176	6,207	6,237	6,267	6,298
Loudoun	31,407	31,478	31,553	31,654	31,728	31,801	31,873	31,949	32,023	32,101	32,173
Prince William	56,505	56,663	56,848	56,983	57,125	57,269	57,412	57,561	57,712	57,868	58,026
Virginia Beach City	44,829	44,990	45,203	45,453	45,641	45,825	46,017	46,203	46,394	46,584	46,774

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:											
	9/13	9/14	9/15	9/16	9/18				9/20				9/22			
Alexandria City	13,247	13,280	13,305	13,336	13,405	(2,681)	[643]	{322}	13,477	(2,695)	[647]	{323}	13,552	(2,710)	[651]	{325}
Arlington	17,207	17,249	17,294	17,339	17,429	(3,486)	[837]	{418}	17,520	(3,504)	[841]	{420}	17,613	(3,523)	[845]	{423}
Fairfax	86,547	86,768	87,036	87,203	87,614	(17,523)	[4,205]	{2,103}	88,027	(17,605)	[4,225]	{2,113}	88,459	(17,692)	[4,246]	{2,123}
Henrico	30,928	31,066	31,183	31,288	31,510	(6,302)	[1,512]	{756}	31,731	(6,346)	[1,523]	{762}	31,957	(6,391)	[1,534]	{767}
James City	5,997	6,016	6,051	6,084	6,145	(1,229)	[295]	{147}	6,207	(1,241)	[298]	{149}	6,267	(1,253)	[301]	{150}
Loudoun	31,407	31,478	31,553	31,654	31,801	(6,360)	[1,526]	{763}	31,949	(6,390)	[1,534]	{767}	32,101	(6,420)	[1,541]	{770}
Prince William	56,505	56,663	56,848	56,983	57,269	(11,454)	[2,749]	{1,374}	57,561	(11,512)	[2,763]	{1,381}	57,868	(11,574)	[2,778]	{1,389}
Virginia Beach City	44,829	44,990	45,203	45,453	45,825	(9,165)	[2,200]	{1,100}	46,203	(9,241)	[2,218]	{1,109}	46,584	(9,317)	[2,236]	{1,118}

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.