

IEM's AI Modeling: Short-term COVID-19 Projections**Date: 9/20/21**

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 9/20/21 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.

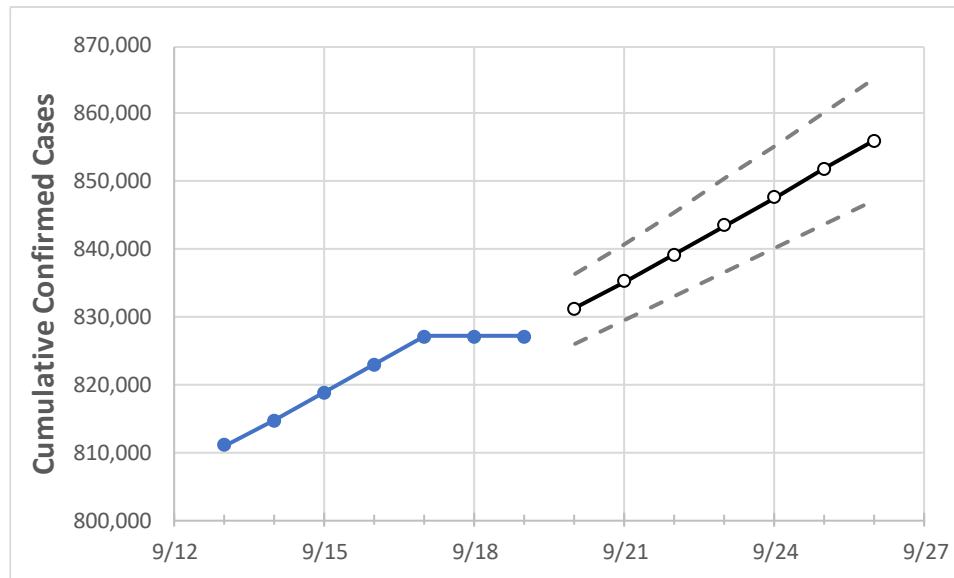
IEM's Modeling Lead

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:							
	9/16	9/17	9/18	9/19	9/20	9/21	9/22	9/23	9/24	9/25	9/26	
Virginia	822,985	827,197	827,197	827,197	831,203	835,256	839,293	843,465	847,628	851,882	856,067	

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:						
	9/16	9/17	9/18	9/19	9/20	9/21	9/22	9/23	9/24	9/25	9/26
Alexandria City	13,336	13,357	13,378	13,399	13,430	13,461	13,491	13,523	13,555	13,587	13,619
Arlington	17,339	17,371	17,403	17,435	17,476	17,517	17,558	17,598	17,639	17,682	17,723
Fairfax	87,203	87,342	87,482	87,621	87,814	88,001	88,188	88,378	88,567	88,763	88,953
Henrico	31,288	31,422	31,422	31,422	31,539	31,654	31,773	31,889	32,008	32,126	32,243
James City	6,084	6,124	6,124	6,124	6,155	6,186	6,217	6,250	6,281	6,313	6,344
Loudoun	31,654	31,739	31,825	31,910	31,991	32,071	32,152	32,234	32,317	32,402	32,485
Prince William	56,983	57,085	57,186	57,288	57,420	57,555	57,694	57,830	57,971	58,114	58,255
Virginia Beach City	45,453	45,618	45,618	45,618	45,803	45,988	46,173	46,356	46,541	46,730	46,916

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:											
	9/16	9/17	9/18	9/19	9/21				9/23				9/25			
Alexandria City	13,336	13,357	13,378	13,399	13,461	(2,692)	[646]	{323}	13,523	(2,705)	[649]	{325}	13,587	(2,717)	[652]	{326}
Arlington	17,339	17,371	17,403	17,435	17,517	(3,503)	[841]	{420}	17,598	(3,520)	[845]	{422}	17,682	(3,536)	[849]	{424}
Fairfax	87,203	87,342	87,482	87,621	88,001	(17,600)	[4,224]	{2,112}	88,378	(17,676)	[4,242]	{2,121}	88,763	(17,753)	[4,261]	{2,130}
Henrico	31,288	31,422	31,422	31,422	31,654	(6,331)	[1,519]	{760}	31,889	(6,378)	[1,531]	{765}	32,126	(6,425)	[1,542]	{771}
James City	6,084	6,124	6,124	6,124	6,186	(1,237)	[297]	{148}	6,250	(1,250)	[300]	{150}	6,313	(1,263)	[303]	{152}
Loudoun	31,654	31,739	31,825	31,910	32,071	(6,414)	[1,539]	{770}	32,234	(6,447)	[1,547]	{774}	32,402	(6,480)	[1,555]	{778}
Prince William	56,983	57,085	57,186	57,288	57,555	(11,511)	[2,763]	{1,381}	57,830	(11,566)	[2,776]	{1,388}	58,114	(11,623)	[2,789]	{1,395}
Virginia Beach City	45,453	45,618	45,618	45,618	45,988	(9,198)	[2,207]	{1,104}	46,356	(9,271)	[2,225]	{1,113}	46,730	(9,346)	[2,243]	{1,122}

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.