

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

Date: 9/24/21

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 9/24/21 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.

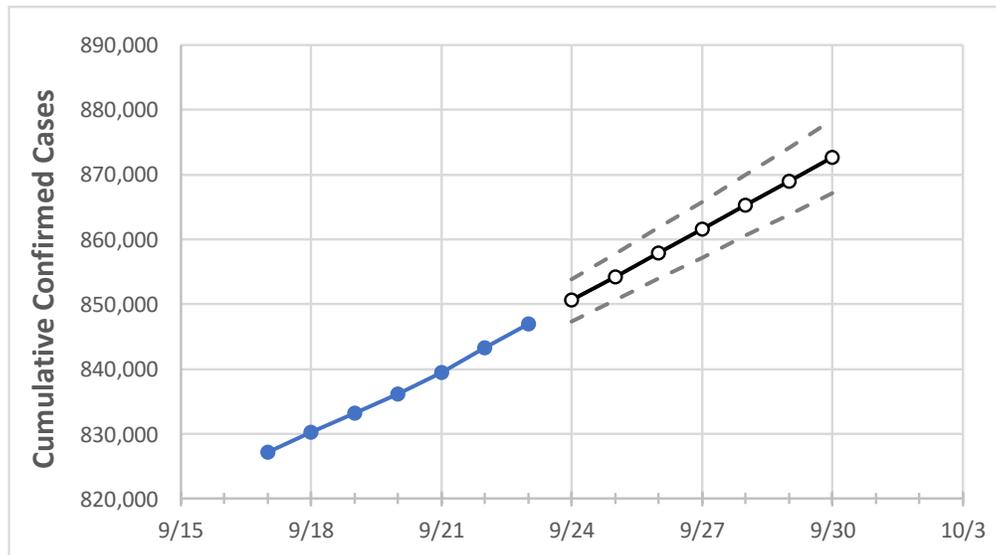
IEM's Modeling Lead

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:						
	9/20	9/21	9/22	9/23	9/24	9/25	9/26	9/27	9/28	9/29	9/30
Virginia	836,140	839,475	843,212	846,979	850,614	854,260	857,948	861,587	865,283	869,005	872,691

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:						
	9/20	9/21	9/22	9/23	9/24	9/25	9/26	9/27	9/28	9/29	9/30
Alexandria City	13,439	13,467	13,480	13,513	13,543	13,572	13,602	13,632	13,661	13,691	13,721
Arlington	17,464	17,498	17,526	17,571	17,608	17,645	17,682	17,719	17,755	17,792	17,830
Fairfax	87,815	88,045	88,264	88,492	88,698	88,901	89,109	89,315	89,529	89,738	89,950
Henrico	31,667	31,770	31,907	32,034	32,144	32,253	32,361	32,471	32,580	32,690	32,798
James City	6,184	6,202	6,248	6,281	6,310	6,339	6,367	6,397	6,426	6,454	6,483
Loudoun	32,012	32,122	32,220	32,308	32,406	32,507	32,609	32,713	32,818	32,927	33,036
Prince William	57,467	57,620	57,778	57,924	58,073	58,221	58,373	58,526	58,684	58,840	59,001
Virginia Beach City	46,033	46,220	46,362	46,530	46,693	46,853	47,013	47,175	47,335	47,490	47,648

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:											
	9/20	9/21	9/22	9/23	9/25				9/27				9/29			
Alexandria City	13,439	13,467	13,480	13,513	13,572	(2,714)	[651]	{326}	13,632	(2,726)	[654]	{327}	13,691	(2,738)	[657]	{329}
Arlington	17,464	17,498	17,526	17,571	17,645	(3,529)	[847]	{423}	17,719	(3,544)	[851]	{425}	17,792	(3,558)	[854]	{427}
Fairfax	87,815	88,045	88,264	88,492	88,901	(17,780)	[4,267]	{2,134}	89,315	(17,863)	[4,287]	{2,144}	89,738	(17,948)	[4,307]	{2,154}
Henrico	31,667	31,770	31,907	32,034	32,253	(6,451)	[1,548]	{774}	32,471	(6,494)	[1,559]	{779}	32,690	(6,538)	[1,569]	{785}
James City	6,184	6,202	6,248	6,281	6,339	(1,268)	[304]	{152}	6,397	(1,279)	[307]	{154}	6,454	(1,291)	[310]	{155}
Loudoun	32,012	32,122	32,220	32,308	32,507	(6,501)	[1,560]	{780}	32,713	(6,543)	[1,570]	{785}	32,927	(6,585)	[1,581]	{790}
Prince William	57,467	57,620	57,778	57,924	58,221	(11,644)	[2,795]	{1,397}	58,526	(11,705)	[2,809]	{1,405}	58,840	(11,768)	[2,824]	{1,412}
Virginia Beach City	46,033	46,220	46,362	46,530	46,853	(9,371)	[2,249]	{1,124}	47,175	(9,435)	[2,264]	{1,132}	47,490	(9,498)	[2,280]	{1,140}

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.