

IEM's AI Modeling: Short-term COVID-19 Projections**Date: 9/29/21**

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 9/29/21 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.

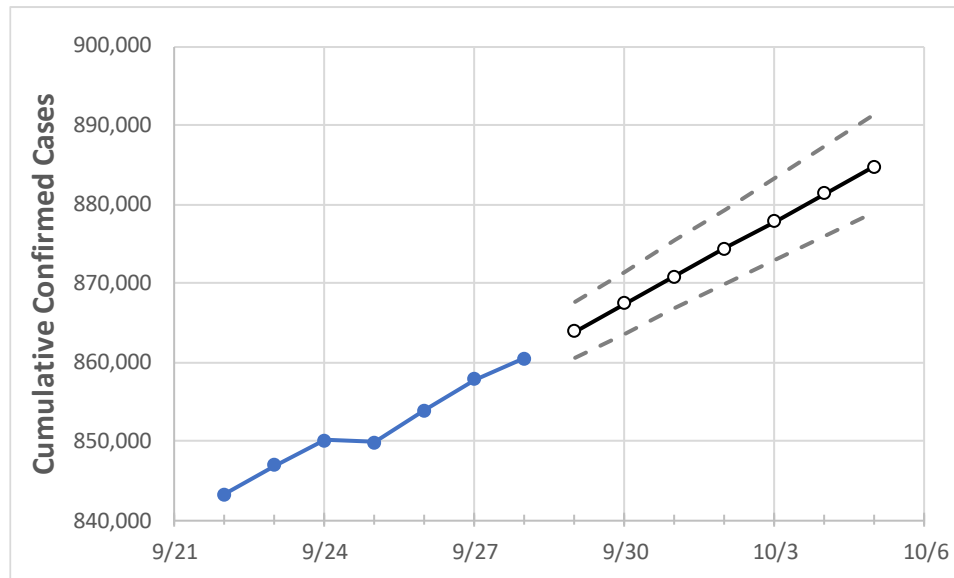
IEM's Modeling Lead

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:							
	9/25	9/26	9/27	9/28	9/29	9/30	10/1	10/2	10/3	10/4	10/5	
Virginia	849,865	853,859	857,852	860,493	863,941	867,384	870,898	874,397	877,872	881,314	884,825	

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:							
	9/25	9/26	9/27	9/28	9/29	9/30	10/1	10/2	10/3	10/4	10/5	
Alexandria City	13,561	13,585	13,605	13,625	13,648	13,671	13,695	13,717	13,740	13,763	13,785	
Arlington	17,650	17,689	17,709	17,750	17,784	17,817	17,851	17,885	17,918	17,952	17,985	
Fairfax	88,799	88,953	89,091	89,326	89,513	89,701	89,882	90,073	90,260	90,448	90,645	
Henrico	32,179	32,251	32,324	32,411	32,502	32,590	32,677	32,764	32,852	32,942	33,024	
James City	6,329	6,355	6,382	6,413	6,440	6,466	6,492	6,517	6,544	6,569	6,595	
Loudoun	32,455	32,529	32,604	32,662	32,747	32,834	32,919	33,006	33,093	33,182	33,271	
Prince William	58,126	58,227	58,331	58,537	58,675	58,813	58,953	59,093	59,236	59,379	59,531	
Virginia Beach City	46,791	46,913	47,036	47,177	47,319	47,463	47,603	47,737	47,878	48,018	48,156	

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:											
	9/25	9/26	9/27	9/28	9/30				10/2				10/4			
Alexandria City	13,561	13,585	13,605	13,625	13,671	(2,734)	[656]	{328}	13,717	(2,743)	[658]	{329}	13,763	(2,753)	[661]	{330}
Arlington	17,650	17,689	17,709	17,750	17,817	(3,563)	[855]	{428}	17,885	(3,577)	[858]	{429}	17,952	(3,590)	[862]	{431}
Fairfax	88,799	88,953	89,091	89,326	89,701	(17,940)	[4,306]	{2,153}	90,073	(18,015)	[4,323]	{2,162}	90,448	(18,090)	[4,342]	{2,171}
Henrico	32,179	32,251	32,324	32,411	32,590	(6,518)	[1,564]	{782}	32,764	(6,553)	[1,573]	{786}	32,942	(6,588)	[1,581]	{791}
James City	6,329	6,355	6,382	6,413	6,466	(1,293)	[310]	{155}	6,517	(1,303)	[313]	{156}	6,569	(1,314)	[315]	{158}
Loudoun	32,455	32,529	32,604	32,662	32,834	(6,567)	[1,576]	{788}	33,006	(6,601)	[1,584]	{792}	33,182	(6,636)	[1,593]	{796}
Prince William	58,126	58,227	58,331	58,537	58,813	(11,763)	[2,823]	{1,412}	59,093	(11,819)	[2,836]	{1,418}	59,379	(11,876)	[2,850]	{1,425}
Virginia Beach City	46,791	46,913	47,036	47,177	47,463	(9,493)	[2,278]	{1,139}	47,737	(9,547)	[2,291]	{1,146}	48,018	(9,604)	[2,305]	{1,152}

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.