

IEM's AI Modeling: Short-term COVID-19 Projections**Date: 11/22/21**

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 11/22/21 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.

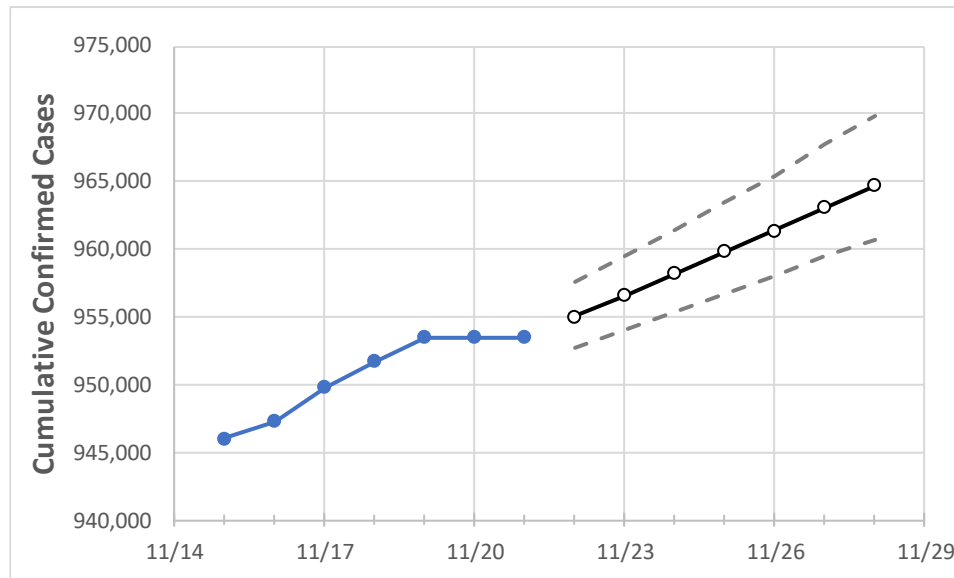
IEM's Modeling Lead

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:					
	11/18	11/19	11/20	11/21	11/22	11/23	11/24	11/25	11/26	11/27	11/28
Virginia	951,698	953,460	953,460	953,460	955,040	956,597	958,180	959,819	961,414	963,087	964,723

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:						
	11/18	11/19	11/20	11/21	11/22	11/23	11/24	11/25	11/26	11/27	11/28
Alexandria City	14,647	14,665	14,683	14,701	14,719	14,737	14,754	14,773	14,791	14,810	14,828
Arlington	19,221	19,244	19,266	19,289	19,323	19,357	19,392	19,427	19,464	19,501	19,536
Fairfax	95,429	95,552	95,675	95,798	95,937	96,081	96,223	96,376	96,527	96,682	96,840
Henrico	35,198	35,263	35,263	35,263	35,307	35,349	35,392	35,437	35,482	35,526	35,572
James City	7,247	7,259	7,259	7,259	7,272	7,284	7,297	7,310	7,322	7,335	7,348
Loudoun	35,260	35,325	35,390	35,455	35,529	35,604	35,680	35,759	35,838	35,920	36,003
Prince William	62,990	63,057	63,124	63,191	63,279	63,365	63,449	63,538	63,625	63,717	63,805
Virginia Beach City	50,754	50,806	50,806	50,806	50,861	50,918	50,975	51,033	51,091	51,149	51,206

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:											
	11/18	11/19	11/20	11/21	11/23				11/25				11/27			
Alexandria City	14,647	14,665	14,683	14,701	14,737	(2,947)	[707]	{354}	14,773	(2,955)	[709]	{355}	14,810	(2,962)	[711]	{355}
Arlington	19,221	19,244	19,266	19,289	19,357	(3,871)	[929]	{465}	19,427	(3,885)	[932]	{466}	19,501	(3,900)	[936]	{468}
Fairfax	95,429	95,552	95,675	95,798	96,081	(19,216)	[4,612]	{2,306}	96,376	(19,275)	[4,626]	{2,313}	96,682	(19,336)	[4,641]	{2,320}
Henrico	35,198	35,263	35,263	35,263	35,349	(7,070)	[1,697]	{848}	35,437	(7,087)	[1,701]	{850}	35,526	(7,105)	[1,705]	{853}
James City	7,247	7,259	7,259	7,259	7,284	(1,457)	[350]	{175}	7,310	(1,462)	[351]	{175}	7,335	(1,467)	[352]	{176}
Loudoun	35,260	35,325	35,390	35,455	35,604	(7,121)	[1,709]	{854}	35,759	(7,152)	[1,716]	{858}	35,920	(7,184)	[1,724]	{862}
Prince William	62,990	63,057	63,124	63,191	63,365	(12,673)	[3,042]	{1,521}	63,538	(12,708)	[3,050]	{1,525}	63,717	(12,743)	[3,058]	{1,529}
Virginia Beach City	50,754	50,806	50,806	50,806	50,918	(10,184)	[2,444]	{1,222}	51,033	(10,207)	[2,450]	{1,225}	51,149	(10,230)	[2,455]	{1,228}

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.