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

Date: 12/20/21

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 12/20/21 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.

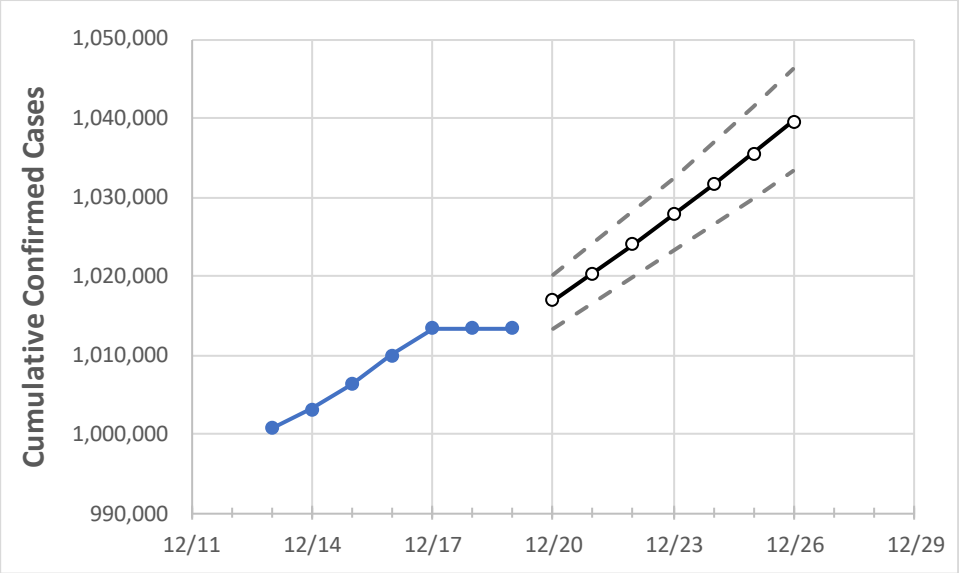
IEM's Modeling Lead

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:						
	12/16	12/17	12/18	12/19	12/20	12/21	12/22	12/23	12/24	12/25	12/26
Virginia	1,009,933	1,013,390	1,013,390	1,013,390	1,016,862	1,020,370	1,024,049	1,027,857	1,031,639	1,035,580	1,039,646

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:						
	12/16	12/17	12/18	12/19	12/20	12/21	12/22	12/23	12/24	12/25	12/26
Alexandria City	15,633	15,780	15,928	16,075	16,206	16,342	16,485	16,641	16,809	16,989	17,171
Arlington	20,801	21,032	21,263	21,494	21,698	21,907	22,135	22,374	22,629	22,908	23,201
Fairfax	100,844	101,350	101,856	102,362	102,829	103,316	103,827	104,365	104,920	105,509	106,122
Henrico	37,596	37,746	37,746	37,746	37,884	38,024	38,168	38,313	38,463	38,619	38,772
James City	7,696	7,716	7,716	7,716	7,732	7,748	7,765	7,781	7,798	7,814	7,830
Loudoun	38,086	38,290	38,495	38,699	38,913	39,136	39,372	39,613	39,870	40,132	40,403
Prince William	66,143	66,397	66,650	66,904	67,145	67,394	67,653	67,927	68,204	68,498	68,802
Virginia Beach City	53,121	53,268	53,268	53,268	53,407	53,552	53,699	53,848	54,003	54,164	54,326

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:		
	12/16	12/17	12/18	12/19	12/21	12/23	12/25
Alexandria City	15,633	15,780	15,928	16,075	16,342 (3,268) [784] {392}	16,641 (3,328) [799] {399}	16,989 (3,398) [815] {408}
Arlington	20,801	21,032	21,263	21,494	21,907 (4,381) [1,052] {526}	22,374 (4,475) [1,074] {537}	22,908 (4,582) [1,100] {550}
Fairfax	100,844	101,350	101,856	102,362	103,316 (20,663) [4,959] {2,480}	104,365 (20,873) [5,010] {2,505}	105,509 (21,102) [5,064] {2,532}
Henrico	37,596	37,746	37,746	37,746	38,024 (7,605) [1,825] {913}	38,313 (7,663) [1,839] {920}	38,619 (7,724) [1,854] {927}
James City	7,696	7,716	7,716	7,716	7,748 (1,550) [372] {186}	7,781 (1,556) [373] {187}	7,814 (1,563) [375] {188}
Loudoun	38,086	38,290	38,495	38,699	39,136 (7,827) [1,879] {939}	39,613 (7,923) [1,901] {951}	40,132 (8,026) [1,926] {963}
Prince William	66,143	66,397	66,650	66,904	67,394 (13,479) [3,235] {1,617}	67,927 (13,585) [3,260] {1,630}	68,498 (13,700) [3,288] {1,644}
Virginia Beach City	53,121	53,268	53,268	53,268	53,552 (10,710) [2,571] {1,285}	53,848 (10,770) [2,585] {1,292}	54,164 (10,833) [2,600] {1,300}

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.