

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

Date: 2/11/22

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 <u>not</u> 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 2/11/22 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

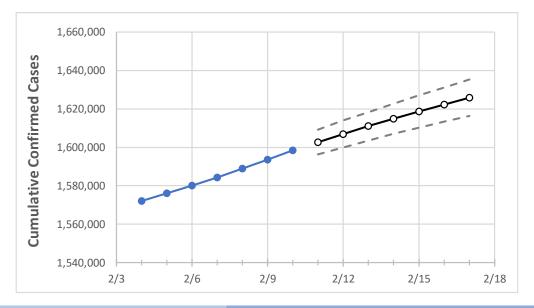
Dr. Prasith "Sid" Baccam is a **Computational Epidemiologist expert** at IEM with more than **20 years of experience in medical consequence modeling and simulation of disease outbreaks** and medical consequences following hypothetical attacks with biological agents or emerging infectious diseases. He 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:							
	2/7	2/8	2/9	2/10	2/11	2/12	2/13	2/14	2/15	2/16	2/17	
Virginia	1.584.248	1,588,937	1.593.675	1.598.402	1,602,726	1,606,903	1,610,964	1,614,868	1,618,684	1.622.247	1,625,787	

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

	Act	tual Confirr	med Cases (On:	Projected Cases For:						
	2/7	2/8	2/9	2/10	2/11	2/12	2/13	2/14	2/15	2/16	2/17
Alexandria City	28,890	28,942	29,004	29,097	29,156	29,211	29,265	29,316	29,365	29,410	29,455
Arlington	39,021	39,082	39,182	39,290	39,374	39,459	39,536	39,613	39,686	39,758	39,820
Fairfax	173,072	173,393	173,697	174,008	174,302	174,583	174,851	175,109	175,354	175,595	175,819
Henrico	61,322	61,468	61,617	61,771	61,950	62,126	62,286	62,446	62,600	62,751	62,896
James City	14,094	14,149	14,186	14,223	14,264	14,302	14,338	14,375	14,408	14,441	14,472
Loudoun	63,595	63,736	63,874	64,052	64,185	64,306	64,425	64,542	64,656	64,766	64,867
Prince William	103,739	103,903	104,145	104,289	104,442	104,585	104,725	104,864	104,988	105,117	105,233
Virginia Beach City	86,863	86,969	87,077	87,185	87,349	87,512	87,665	87,812	87,945	88,085	88,206



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:						
	2/7	2/8	2/9	2/10	2/12	2/14	2/16				
Alexandria City	28,890	28,942	29,004	29,097	29,211 (5,842) [1,402] {701}	29,316 (5,863) [1,407] {704}	29,410 (5,882) [1,412] {706}				
Arlington	39,021	39,082	39,182	39,290	39,459 (7,892) [1,894] {947}	39,613 (7,923) [1,901] {951}	39,758 (7,952) [1,908] {954}				
Fairfax	173,072	173,393	173,697	174,008	174,583 (34,917) [8,380] {4,190}	175,109 (35,022) [8,405] {4,203}	175,595 (35,119) [8,429] {4,214}				
Henrico	61,322	61,468	61,617	61,771	62,126 (12,425) [2,982] {1,491}	62,446 (12,489) [2,997] {1,499}	62,751 (12,550) [3,012] {1,506}				
James City	14,094	14,149	14,186	14,223	14,302 (2,860) [686] {343}	14,375 (2,875) [690] {345}	14,441 (2,888) [693] {347}				
Loudoun	63,595	63,736	63,874	64,052	64,306 (12,861) [3,087] {1,543}	64,542 (12,908) [3,098] {1,549}	64,766 (12,953) [3,109] {1,554}				
Prince William	103,739	103,903	104,145	104,289	104,585 (20,917) [5,020] {2,510}	104,864 (20,973) [5,033] {2,517}	105,117 (21,023) [5,046] {2,523}				
Virginia Beach City	86,863	86,969	87,077	87,185	87,512 (17,502) [4,201] {2,100}	87,812 (17,562) [4,215] {2,107}	88,085 (17,617) [4,228] {2,114}				

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.

