

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

Date: 2/14/22

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 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 2/14/22 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.

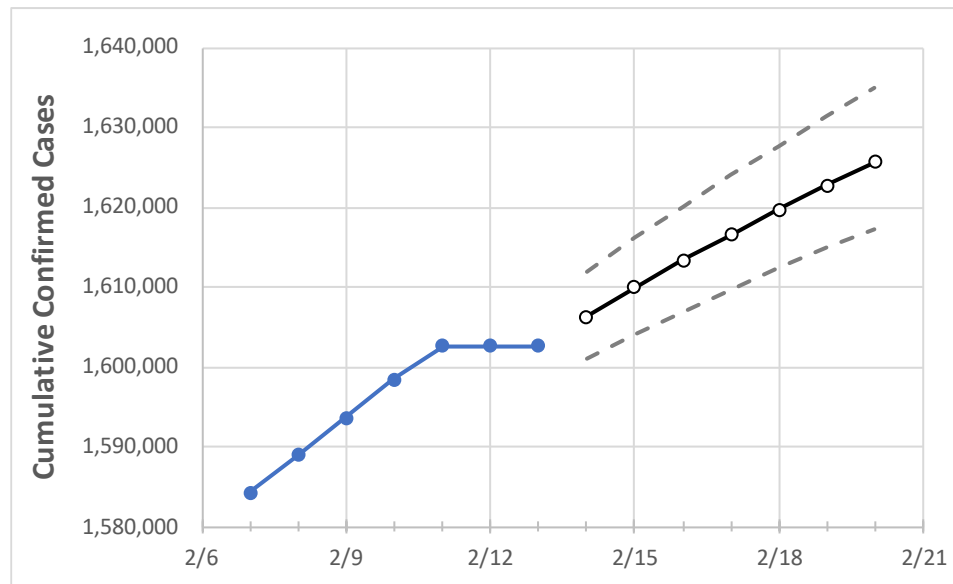
IEM's Modeling Lead

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:							
	2/10	2/11	2/12	2/13	2/14	2/15	2/16	2/17	2/18	2/19	2/20	
Virginia	1,598,402	1,602,677	1,602,677	1,602,677	1,606,346	1,609,906	1,613,323	1,616,566	1,619,759	1,622,800	1,625,718	

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:							
	2/10	2/11	2/12	2/13	2/14	2/15	2/16	2/17	2/18	2/19	2/20	
Alexandria City	29,097	29,133	29,168	29,204	29,248	29,289	29,328	29,365	29,400	29,434	29,469	
Arlington	39,290	39,344	39,399	39,453	39,521	39,590	39,654	39,718	39,774	39,834	39,892	
Fairfax	174,008	174,198	174,388	174,578	174,812	175,036	175,241	175,451	175,640	175,828	176,003	
Henrico	61,771	61,900	61,900	61,900	62,020	62,132	62,237	62,336	62,435	62,526	62,614	
James City	14,223	14,262	14,262	14,262	14,294	14,326	14,355	14,385	14,412	14,439	14,462	
Loudoun	64,052	64,143	64,233	64,324	64,430	64,534	64,634	64,734	64,826	64,919	65,008	
Prince William	104,289	104,398	104,507	104,616	104,747	104,870	104,988	105,106	105,214	105,319	105,419	
Virginia Beach City	87,185	87,300	87,300	87,300	87,401	87,493	87,580	87,660	87,737	87,812	87,875	

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:											
	2/10	2/11	2/12	2/13	2/15				2/17				2/19			
Alexandria City	29,097	29,133	29,168	29,204	29,289	(5,858)	[1,406]	{703}	29,365	(5,873)	[1,410]	{705}	29,434	(5,887)	[1,413]	{706}
Arlington	39,290	39,344	39,399	39,453	39,590	(7,918)	[1,900]	{950}	39,718	(7,944)	[1,906]	{953}	39,834	(7,967)	[1,912]	{956}
Fairfax	174,008	174,198	174,388	174,578	175,036	(35,007)	[8,402]	{4,201}	175,451	(35,090)	[8,422]	{4,211}	175,828	(35,166)	[8,440]	{4,220}
Henrico	61,771	61,900	61,900	61,900	62,132	(12,426)	[2,982]	{1,491}	62,336	(12,467)	[2,992]	{1,496}	62,526	(12,505)	[3,001]	{1,501}
James City	14,223	14,262	14,262	14,262	14,326	(2,865)	[688]	{344}	14,385	(2,877)	[690]	{345}	14,439	(2,888)	[693]	{347}
Loudoun	64,052	64,143	64,233	64,324	64,534	(12,907)	[3,098]	{1,549}	64,734	(12,947)	[3,107]	{1,554}	64,919	(12,984)	[3,116]	{1,558}
Prince William	104,289	104,398	104,507	104,616	104,870	(20,974)	[5,034]	{2,517}	105,106	(21,021)	[5,045]	{2,523}	105,319	(21,064)	[5,055]	{2,528}
Virginia Beach City	87,185	87,300	87,300	87,300	87,493	(17,499)	[4,200]	{2,100}	87,660	(17,532)	[4,208]	{2,104}	87,812	(17,562)	[4,215]	{2,107}

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.