

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

Date: 3/8/22

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 3/8/22 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.

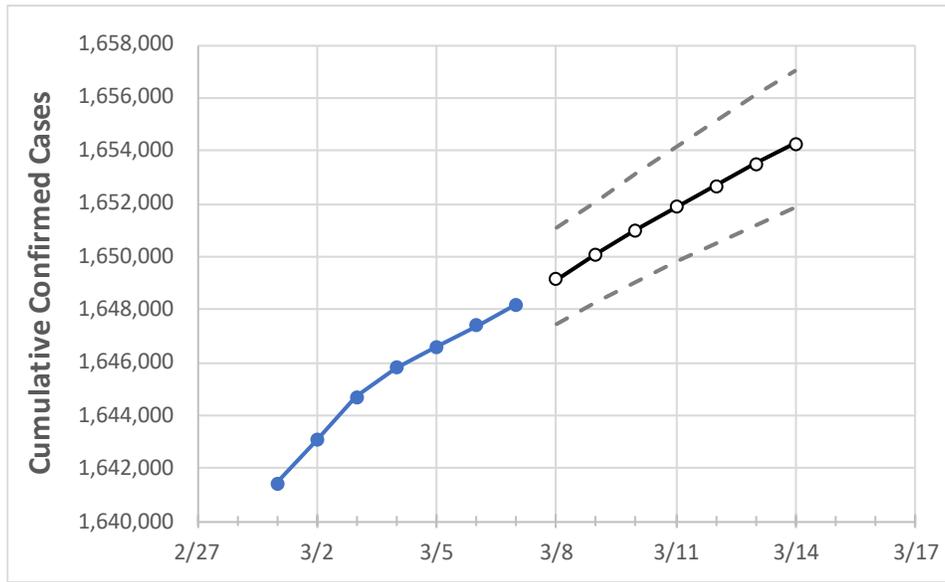
IEM's Modeling Lead

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:							
	3/4	3/5	3/6	3/7	3/8	3/9	3/10	3/11	3/12	3/13	3/14	
Virginia	1,645,791	1,646,587	1,647,383	1,648,179	1,649,154	1,650,097	1,650,990	1,651,858	1,652,684	1,653,500	1,654,256	

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:							
	3/4	3/5	3/6	3/7	3/8	3/9	3/10	3/11	3/12	3/13	3/14	
Alexandria City	29,686	29,710	29,734	29,748	29,764	29,781	29,797	29,812	29,828	29,843	29,857	
Arlington	40,284	40,308	40,332	40,354	40,375	40,393	40,411	40,427	40,444	40,461	40,476	
Fairfax	177,171	177,244	177,316	177,462	177,566	177,669	177,765	177,861	177,955	178,050	178,142	
Henrico	63,389	63,419	63,450	63,480	63,515	63,550	63,583	63,614	63,645	63,674	63,704	
James City	14,678	14,682	14,686	14,690	14,697	14,703	14,709	14,715	14,721	14,726	14,731	
Loudoun	65,859	65,914	65,969	66,038	66,091	66,152	66,211	66,261	66,320	66,377	66,431	
Prince William	106,410	106,445	106,479	106,525	106,552	106,578	106,602	106,627	106,648	106,669	106,689	
Virginia Beach City	88,545	88,561	88,578	88,594	88,620	88,644	88,667	88,690	88,712	88,731	88,752	

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:											
	3/4	3/5	3/6	3/7	3/9			3/11			3/13					
Alexandria City	29,686	29,710	29,734	29,748	29,781	(5,956)	[1,429]	{715}	29,812	(5,962)	[1,431]	{715}	29,843	(5,969)	[1,432]	{716}
Arlington	40,284	40,308	40,332	40,354	40,393	(8,079)	[1,939]	{969}	40,427	(8,085)	[1,940]	{970}	40,461	(8,092)	[1,942]	{971}
Fairfax	177,171	177,244	177,316	177,462	177,669	(35,534)	[8,528]	{4,264}	177,861	(35,572)	[8,537]	{4,269}	178,050	(35,610)	[8,546]	{4,273}
Henrico	63,389	63,419	63,450	63,480	63,550	(12,710)	[3,050]	{1,525}	63,614	(12,723)	[3,053]	{1,527}	63,674	(12,735)	[3,056]	{1,528}
James City	14,678	14,682	14,686	14,690	14,703	(2,941)	[706]	{353}	14,715	(2,943)	[706]	{353}	14,726	(2,945)	[707]	{353}
Loudoun	65,859	65,914	65,969	66,038	66,152	(13,230)	[3,175]	{1,588}	66,261	(13,252)	[3,181]	{1,590}	66,377	(13,275)	[3,186]	{1,593}
Prince William	106,410	106,445	106,479	106,525	106,578	(21,316)	[5,116]	{2,558}	106,627	(21,325)	[5,118]	{2,559}	106,669	(21,334)	[5,120]	{2,560}
Virginia Beach City	88,545	88,561	88,578	88,594	88,644	(17,729)	[4,255]	{2,127}	88,690	(17,738)	[4,257]	{2,129}	88,731	(17,746)	[4,259]	{2,130}

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.