

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

Date: 12/8/20

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 12/8/20 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.

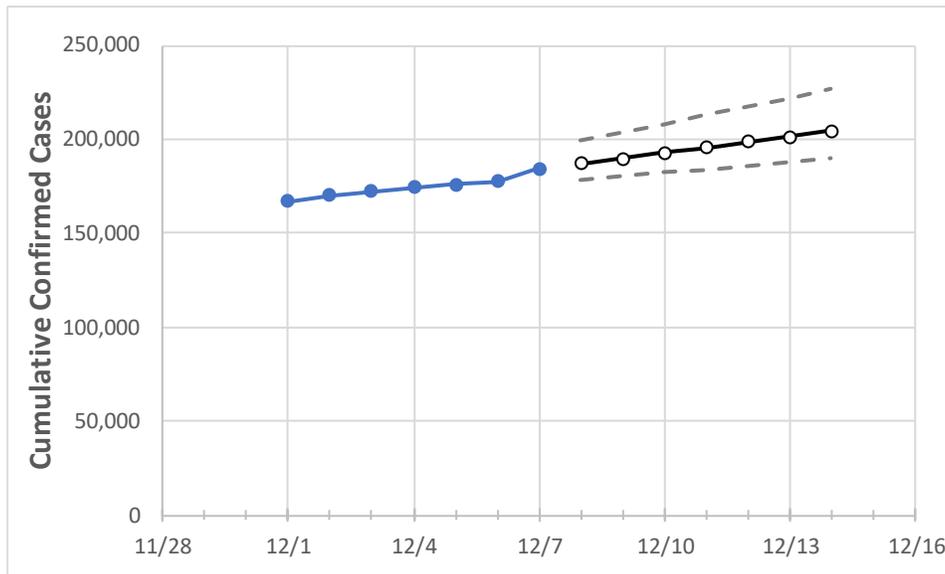
IEM's Modeling Lead

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.

Washington State Projections



	Actual Confirmed Cases On:				Projected Cases For:							
	12/4	12/5	12/6	12/7	12/8	12/9	12/10	12/11	12/12	12/13	12/14	
Washington	174,290	175,793	177,447	184,404	187,139	189,921	192,753	195,633	198,564	201,547	204,582	

Note: The State'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 20%, and are often within 10%, of actual confirmed cases.

Washington Counties

	Actual Confirmed Cases On:				Projected Cases For:							
	12/4	12/5	12/6	12/7	12/8	12/9	12/10	12/11	12/12	12/13	12/14	
Benton	8,528	8,571	8,618	8,963	9,073	9,185	9,298	9,413	9,529	9,647	9,766	
Clark	9,429	9,540	9,659	9,847	10,015	10,184	10,356	10,529	10,704	10,882	11,061	
Grant	4,296	4,312	4,339	4,418	4,456	4,496	4,536	4,579	4,622	4,667	4,713	
Island	689	692	698	715	725	735	746	757	768	779	791	
King	46,490	47,032	47,435	49,355	50,022	50,698	51,384	52,080	52,785	53,500	54,225	
Kitsap	2,681	2,706	2,753	2,857	2,909	2,962	3,017	3,073	3,132	3,192	3,255	
Pierce	18,093	18,356	18,533	19,163	19,472	19,788	20,109	20,437	20,772	21,113	21,461	
Skagit	2,162	2,181	2,214	2,270	2,306	2,342	2,380	2,418	2,457	2,498	2,539	
Snohomish	15,432	15,624	15,736	16,422	16,664	16,908	17,156	17,408	17,662	17,920	18,181	
Spokane	18,193	18,143	18,433	19,318	19,717	20,128	20,553	20,993	21,446	21,914	22,397	
Thurston	3,186	3,206	3,236	3,353	3,396	3,440	3,483	3,527	3,571	3,615	3,659	
Whatcom	2,595	2,627	2,641	2,706	2,743	2,781	2,820	2,861	2,902	2,944	2,988	
Yakima	14,136	14,175	14,215	14,613	14,729	14,849	14,975	15,105	15,241	15,382	15,530	

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.

Washington Medical Demands by County

	Actual Confirmed Cases On:				Projected Cases (Hospitalized) [ICU] {Ventilator} For:											
	12/4	12/5	12/6	12/7	12/9			12/11			12/13					
Benton	8,528	8,571	8,618	8,963	9,185	(1,837)	[441]	{220}	9,413	(1,883)	[452]	{226}	9,647	(1,929)	[463]	{232}
Clark	9,429	9,540	9,659	9,847	10,184	(2,037)	[489]	{244}	10,529	(2,106)	[505]	{253}	10,882	(2,176)	[522]	{261}
Grant	4,296	4,312	4,339	4,418	4,496	(899)	[216]	{108}	4,579	(916)	[220]	{110}	4,667	(933)	[224]	{112}
Island	689	692	698	715	735	(147)	[35]	{18}	757	(151)	[36]	{18}	779	(156)	[37]	{19}
King	46,490	47,032	47,435	49,355	50,698	(10,140)	[2,434]	{1,217}	52,080	(10,416)	[2,500]	{1,250}	53,500	(10,700)	[2,568]	{1,284}
Kitsap	2,681	2,706	2,753	2,857	2,962	(592)	[142]	{71}	3,073	(615)	[148]	{74}	3,192	(638)	[153]	{77}
Pierce	18,093	18,356	18,533	19,163	19,788	(3,958)	[950]	{475}	20,437	(4,087)	[981]	{490}	21,113	(4,223)	[1,013]	{507}
Skagit	2,162	2,181	2,214	2,270	2,342	(468)	[112]	{56}	2,418	(484)	[116]	{58}	2,498	(500)	[120]	{60}
Snohomish	15,432	15,624	15,736	16,422	16,908	(3,382)	[812]	{406}	17,408	(3,482)	[836]	{418}	17,920	(3,584)	[860]	{430}
Spokane	18,193	18,143	18,433	19,318	20,128	(4,026)	[966]	{483}	20,993	(4,199)	[1,008]	{504}	21,914	(4,383)	[1,052]	{526}
Thurston	3,186	3,206	3,236	3,353	3,440	(688)	[165]	{83}	3,527	(705)	[169]	{85}	3,615	(723)	[174]	{87}
Whatcom	2,595	2,627	2,641	2,706	2,781	(556)	[134]	{67}	2,861	(572)	[137]	{69}	2,944	(589)	[141]	{71}
Yakima	14,136	14,175	14,215	14,613	14,849	(2,970)	[713]	{356}	15,105	(3,021)	[725]	{363}	15,382	(3,076)	[738]	{369}

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.