

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

Date: 12/30/20

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 <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 12/30/20 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

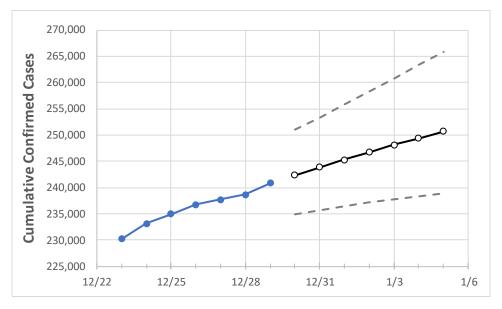
Dr. Prasith "Sid" Baccam is a **Computational Epidemiologist expert** at IEM with more than **20 years of experience in medical consequence modeling and simulation of disease outbreaks** and medical consequences following hypothetical attacks with biological agents or emerging infectious diseases. He 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:						
	12/26	12/27	12/28	12/29	12/30	12/31	1/1	1/2	1/3	1/4	1/5
Washington	236,719	237,696	238,672	240,846	242,390	243,891	245,320	246,699	248,110	249,388	250,696

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

	Actua	al Confirm	ned Case	s On:	Projected Cases For:						
	12/26	12/27	12/28	12/29	12/30	12/31	1/1	1/2	1/3	1/4	1/5
Benton	11,294	11,320	11,345	11,419	11,478	11,532	11,585	11,635	11,682	11,731	11,774
Clark	12,836	12,892	12,948	13,064	13,158	13,249	13,342	13,434	13,523	13,608	13,693
Grant	5,777	5,795	5,812	5,851	5,884	5,916	5,947	5,977	6,008	6,038	6,068
Island	894	895	895	900	904	908	912	916	920	923	926
King	60,693	60,921	61,148	61,455	61,761	62,070	62,359	62,644	62,934	63,180	63,440
Kitsap	3,729	3,743	3,757	3,787	3,823	3,858	3,896	3,932	3,967	4,003	4,037
Pierce	24,817	24,944	25,070	25,205	25,403	25,605	25,804	25,998	26,192	26,389	26,580
Skagit	3,145	3,156	3,167	3,178	3,199	3,219	3,239	3,258	3,276	3,294	3,311
Snohomish	21,264	21,363	21,462	21,707	21,866	22,022	22,177	22,326	22,469	22,608	22,751
Spokane	24,402	24,529	24,655	25,084	25,250	25,410	25,565	25,720	25,877	26,032	26,184
Thurston	4,539	4,560	4,581	4,626	4,664	4,702	4,739	4,776	4,811	4,846	4,880
Whatcom	3,311	3,329	3,346	3,360	3,382	3,403	3,424	3,444	3,464	3,484	3,503
Yakima	18,822	18,946	19,069	19,191	19,377	19,563	19,749	19,945	20,141	20,333	20,530



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:			s On:	Projected Cases (Hospitalized) [ICU] {Ventilator} For:						
	12/26	12/27	12/28	12/29	12/31	1/2	1/4				
Benton	11,294	11,320	11,345	11,419	11,532 (2,306) [554] {277}	11,635 (2,327) [558] {279}	11,731 (2,346) [563] {282}				
Clark	12,836	12,892	12,948	13,064	13,249 (2,650) [636] {318}	13,434 (2,687) [645] {322}	13,608 (2,722) [653] {327}				
Grant	5,777	5,795	5,812	5,851	5,916 (1,183) [284] {142}	5,977 (1,195) [287] {143}	6,038 (1,208) [290] {145}				
Island	894	895	895	900	908 (182) [44] {22}	916 (183) [44] {22}	923 (185) [44] {22}				
King	60,693	60,921	61,148	61,455	62,070 (12,414) [2,979] {1,490}	62,644 (12,529) [3,007] {1,503}	63,180 (12,636) [3,033] {1,516}				
Kitsap	3,729	3,743	3,757	3,787	3,858 (772) [185] {93}	3,932 (786) [189] {94}	4,003 (801) [192] {96}				
Pierce	24,817	24,944	25,070	25,205	25,605 (5,121) [1,229] {615}	25,998 (5,200) [1,248] {624}	26,389 (5,278) [1,267] {633}				
Skagit	3,145	3,156	3,167	3,178	3,219 (644) [155] {77}	3,258 (652) [156] {78}	3,294 (659) [158] {79}				
Snohomish	21,264	21,363	21,462	21,707	22,022 (4,404) [1,057] {529}	22,326 (4,465) [1,072] {536}	22,608 (4,522) [1,085] {543}				
Spokane	24,402	24,529	24,655	25,084	25,410 (5,082) [1,220] {610}	25,720 (5,144) [1,235] {617}	26,032 (5,206) [1,250] {625}				
Thurston	4,539	4,560	4,581	4,626	4,702 (940) [226] {113}	4,776 (955) [229] {115}	4,846 (969) [233] {116}				
Whatcom	3,311	3,329	3,346	3,360	3,403 (681) [163] {82}	3,444 (689) [165] {83}	3,484 (697) [167] {84}				
Yakima	18,822	18,946	19,069	19,191	19,563 (3,913) [939] {470}	19,945 (3,989) [957] {479}	20,333 (4,067) [976] {488}				

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.

