

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

Date: 1/6/21

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 1/6/21 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.**

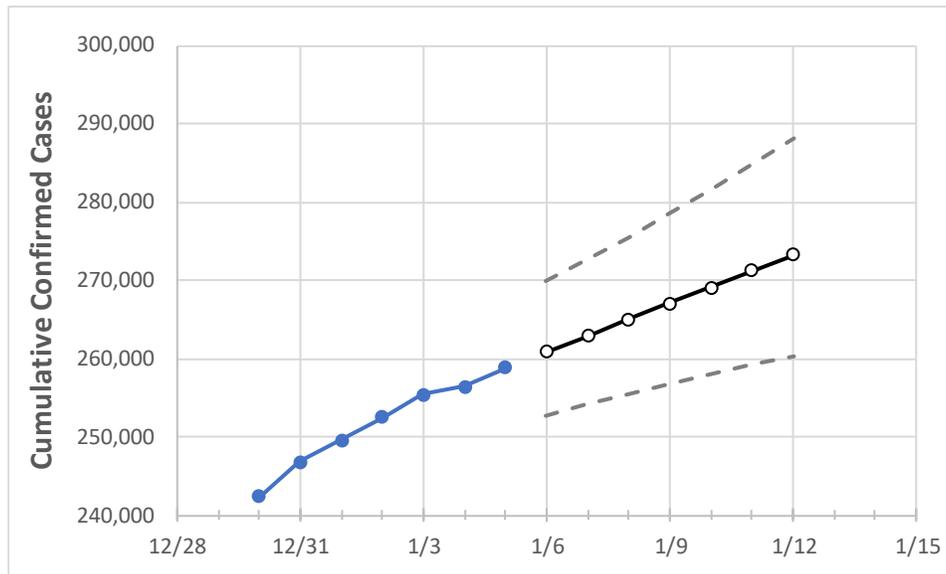
### IEM's Modeling Lead

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:						
	1/2	1/3	1/4	1/5	1/6	1/7	1/8	1/9	1/10	1/11	1/12
Washington	252,515	255,396	256,435	258,767	260,851	262,893	264,973	267,044	269,085	271,180	273,235

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 10%, and are often within 5%, of actual confirmed cases.

### Washington Counties

	Actual Confirmed Cases On:				Projected Cases For:						
	1/2	1/3	1/4	1/5	1/6	1/7	1/8	1/9	1/10	1/11	1/12
Benton	11,827	11,895	11,987	12,063	12,137	12,215	12,288	12,364	12,438	12,514	12,589
Clark	13,736	13,932	14,092	14,431	14,622	14,819	15,023	15,232	15,448	15,672	15,905
Grant	6,046	6,078	6,109	6,145	6,180	6,215	6,249	6,281	6,315	6,347	6,380
Island	936	942	955	977	986	995	1,005	1,014	1,024	1,034	1,044
King	64,370	65,265	65,570	65,834	66,269	66,713	67,157	67,604	68,051	68,530	68,983
Kitsap	3,965	4,004	4,034	4,076	4,114	4,151	4,189	4,228	4,267	4,304	4,341
Pierce	26,514	26,839	26,975	27,193	27,437	27,680	27,914	28,145	28,379	28,617	28,853
Skagit	3,343	3,365	3,378	3,395	3,418	3,440	3,464	3,486	3,507	3,527	3,550
Snohomish	22,878	23,120	23,186	23,426	23,631	23,837	24,040	24,243	24,448	24,649	24,849
Spokane	26,315	26,682	26,572	26,990	27,265	27,547	27,842	28,147	28,454	28,770	29,086
Thurston	4,885	4,944	4,945	5,015	5,060	5,105	5,150	5,195	5,239	5,284	5,330
Whatcom	3,592	3,649	3,693	3,746	3,795	3,846	3,898	3,952	4,007	4,064	4,122
Yakima	20,197	20,373	20,509	20,712	20,923	21,137	21,353	21,572	21,792	22,019	22,245

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:											
	1/2	1/3	1/4	1/5	1/7				1/9				1/11			
Benton	11,827	11,895	11,987	12,063	12,215	(2,443)	[586]	{293}	12,364	(2,473)	[593]	{297}	12,514	(2,503)	[601]	{300}
Clark	13,736	13,932	14,092	14,431	14,819	(2,964)	[711]	{356}	15,232	(3,046)	[731]	{366}	15,672	(3,134)	[752]	{376}
Grant	6,046	6,078	6,109	6,145	6,215	(1,243)	[298]	{149}	6,281	(1,256)	[302]	{151}	6,347	(1,269)	[305]	{152}
Island	936	942	955	977	995	(199)	[48]	{24}	1,014	(203)	[49]	{24}	1,034	(207)	[50]	{25}
King	64,370	65,265	65,570	65,834	66,713	(13,343)	[3,202]	{1,601}	67,604	(13,521)	[3,245]	{1,623}	68,530	(13,706)	[3,289]	{1,645}
Kitsap	3,965	4,004	4,034	4,076	4,151	(830)	[199]	{100}	4,228	(846)	[203]	{101}	4,304	(861)	[207]	{103}
Pierce	26,514	26,839	26,975	27,193	27,680	(5,536)	[1,329]	{664}	28,145	(5,629)	[1,351]	{675}	28,617	(5,723)	[1,374]	{687}
Skagit	3,343	3,365	3,378	3,395	3,440	(688)	[165]	{83}	3,486	(697)	[167]	{84}	3,527	(705)	[169]	{85}
Snohomish	22,878	23,120	23,186	23,426	23,837	(4,767)	[1,144]	{572}	24,243	(4,849)	[1,164]	{582}	24,649	(4,930)	[1,183]	{592}
Spokane	26,315	26,682	26,572	26,990	27,547	(5,509)	[1,322]	{661}	28,147	(5,629)	[1,351]	{676}	28,770	(5,754)	[1,381]	{690}
Thurston	4,885	4,944	4,945	5,015	5,105	(1,021)	[245]	{123}	5,195	(1,039)	[249]	{125}	5,284	(1,057)	[254]	{127}
Whatcom	3,592	3,649	3,693	3,746	3,846	(769)	[185]	{92}	3,952	(790)	[190]	{95}	4,064	(813)	[195]	{98}
Yakima	20,197	20,373	20,509	20,712	21,137	(4,227)	[1,015]	{507}	21,572	(4,314)	[1,035]	{518}	22,019	(4,404)	[1,057]	{528}

For additional information from IEM, please contact Bryan Koon, Vice President of Emergency Management and Homeland Security at [bryan.koon@iem.com](mailto:bryan.koon@iem.com) or 850-519-7966 or Stephanie Tennyson at [stephanie.tennyson@iem.com](mailto:stephanie.tennyson@iem.com) or 202-309-4257.