

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

Date: 1/12/21

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 1/12/21 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.**

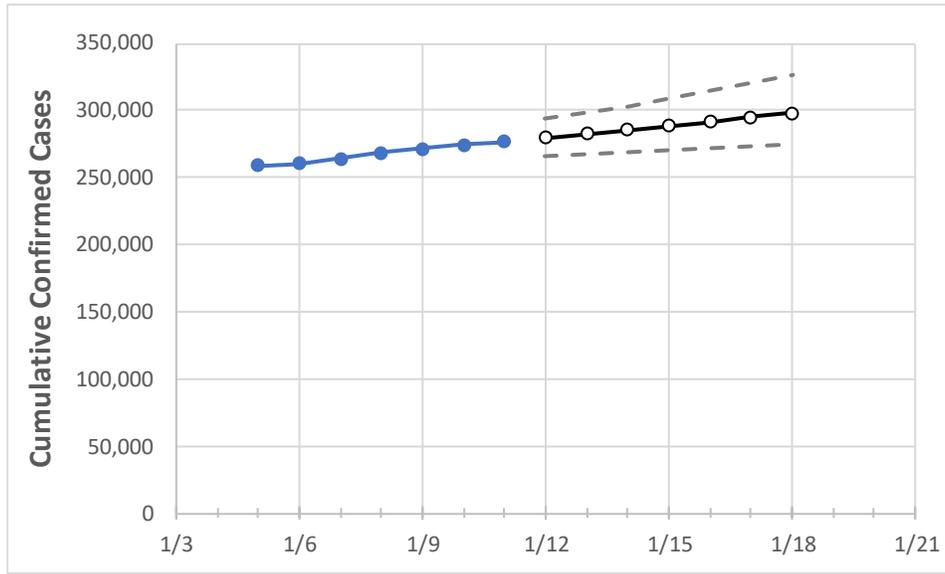
### IEM's Modeling Lead

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:						
	1/8	1/9	1/10	1/11	1/12	1/13	1/14	1/15	1/16	1/17	1/18
Washington	268,607	271,595	274,141	276,686	279,593	282,494	285,538	288,611	291,789	295,048	298,172

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:						
	1/8	1/9	1/10	1/11	1/12	1/13	1/14	1/15	1/16	1/17	1/18
Benton	12,582	12,717	12,813	12,908	13,028	13,155	13,282	13,417	13,553	13,685	13,823
Clark	14,846	15,010	15,156	15,301	15,491	15,687	15,886	16,086	16,292	16,498	16,712
Grant	6,313	6,381	6,413	6,445	6,491	6,538	6,584	6,630	6,676	6,724	6,771
Island	1,012	1,036	1,039	1,042	1,053	1,065	1,077	1,089	1,102	1,114	1,128
King	67,932	68,799	69,429	70,059	70,753	71,479	72,212	72,992	73,757	74,540	75,334
Kitsap	4,271	4,355	4,403	4,450	4,508	4,569	4,628	4,691	4,757	4,821	4,889
Pierce	28,427	28,743	28,974	29,205	29,544	29,887	30,236	30,600	30,957	31,333	31,707
Skagit	3,526	3,552	3,581	3,610	3,638	3,666	3,695	3,724	3,752	3,780	3,809
Snohomish	24,382	24,616	24,901	25,186	25,480	25,778	26,075	26,378	26,690	27,010	27,330
Spokane	28,247	28,492	28,834	29,176	29,587	30,008	30,443	30,909	31,373	31,845	32,338
Thurston	5,261	5,334	5,387	5,440	5,501	5,561	5,620	5,682	5,744	5,809	5,875
Whatcom	4,066	4,134	4,254	4,373	4,487	4,610	4,741	4,881	5,029	5,188	5,364
Yakima	21,467	21,655	21,830	22,005	22,211	22,430	22,645	22,861	23,091	23,313	23,534

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:											
	1/8	1/9	1/10	1/11	1/13				1/15				1/17			
Benton	12,582	12,717	12,813	12,908	13,155	(2,631)	[631]	{316}	13,417	(2,683)	[644]	{322}	13,685	(2,737)	[657]	{328}
Clark	14,846	15,010	15,156	15,301	15,687	(3,137)	[753]	{376}	16,086	(3,217)	[772]	{386}	16,498	(3,300)	[792]	{396}
Grant	6,313	6,381	6,413	6,445	6,538	(1,308)	[314]	{157}	6,630	(1,326)	[318]	{159}	6,724	(1,345)	[323]	{161}
Island	1,012	1,036	1,039	1,042	1,065	(213)	[51]	{26}	1,089	(218)	[52]	{26}	1,114	(223)	[53]	{27}
King	67,932	68,799	69,429	70,059	71,479	(14,296)	[3,431]	{1,715}	72,992	(14,598)	[3,504]	{1,752}	74,540	(14,908)	[3,578]	{1,789}
Kitsap	4,271	4,355	4,403	4,450	4,569	(914)	[219]	{110}	4,691	(938)	[225]	{113}	4,821	(964)	[231]	{116}
Pierce	28,427	28,743	28,974	29,205	29,887	(5,977)	[1,435]	{717}	30,600	(6,120)	[1,469]	{734}	31,333	(6,267)	[1,504]	{752}
Skagit	3,526	3,552	3,581	3,610	3,666	(733)	[176]	{88}	3,724	(745)	[179]	{89}	3,780	(756)	[181]	{91}
Snohomish	24,382	24,616	24,901	25,186	25,778	(5,156)	[1,237]	{619}	26,378	(5,276)	[1,266]	{633}	27,010	(5,402)	[1,296]	{648}
Spokane	28,247	28,492	28,834	29,176	30,008	(6,002)	[1,440]	{720}	30,909	(6,182)	[1,484]	{742}	31,845	(6,369)	[1,529]	{764}
Thurston	5,261	5,334	5,387	5,440	5,561	(1,112)	[267]	{133}	5,682	(1,136)	[273]	{136}	5,809	(1,162)	[279]	{139}
Whatcom	4,066	4,134	4,254	4,373	4,610	(922)	[221]	{111}	4,881	(976)	[234]	{117}	5,188	(1,038)	[249]	{125}
Yakima	21,467	21,655	21,830	22,005	22,430	(4,486)	[1,077]	{538}	22,861	(4,572)	[1,097]	{549}	23,313	(4,663)	[1,119]	{560}

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.