

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

Date: 2/1/21

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 2/1/21 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.

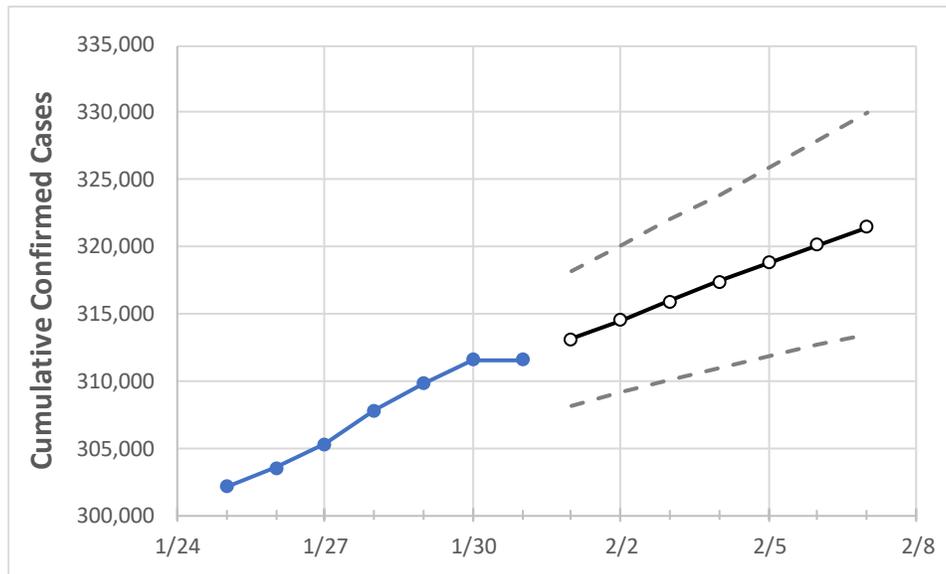
IEM's Modeling Lead

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:							
	1/28	1/29	1/30	1/31	2/1	2/2	2/3	2/4	2/5	2/6	2/7	
Washington	307,809	309,801	311,597	311,597	313,100	314,523	315,949	317,367	318,784	320,162	321,476	

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:							
	1/28	1/29	1/30	1/31	2/1	2/2	2/3	2/4	2/5	2/6	2/7	
Benton	14,187	14,239	14,315	14,315	14,368	14,422	14,474	14,523	14,573	14,622	14,672	
Clark	17,249	17,386	17,508	17,508	17,608	17,708	17,807	17,903	17,998	18,094	18,187	
Grant	7,070	7,109	7,133	7,133	7,159	7,184	7,209	7,234	7,258	7,281	7,305	
Island	1,170	1,182	1,184	1,184	1,191	1,198	1,204	1,211	1,218	1,225	1,232	
King	77,067	77,691	78,010	78,010	78,299	78,576	78,854	79,119	79,379	79,641	79,887	
Kitsap	5,077	5,108	5,144	5,144	5,172	5,200	5,228	5,254	5,280	5,306	5,332	
Pierce	33,488	33,736	33,995	33,995	34,219	34,441	34,657	34,873	35,090	35,295	35,509	
Skagit	4,042	4,061	4,088	4,088	4,107	4,125	4,142	4,160	4,176	4,192	4,208	
Snohomish	27,508	27,633	27,744	27,744	27,832	27,923	28,012	28,097	28,181	28,260	28,340	
Spokane	32,947	33,095	33,359	33,359	33,528	33,698	33,869	34,028	34,183	34,340	34,488	
Thurston	6,283	6,335	6,380	6,380	6,429	6,478	6,526	6,574	6,622	6,672	6,722	
Whatcom	5,419	5,491	5,546	5,546	5,592	5,639	5,684	5,728	5,775	5,815	5,858	
Yakima	24,151	24,219	24,381	24,381	24,462	24,542	24,617	24,691	24,768	24,839	24,907	

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:											
	1/28	1/29	1/30	1/31	2/2				2/4				2/6			
Benton	14,187	14,239	14,315	14,315	14,422	(2,884)	[692]	{346}	14,523	(2,905)	[697]	{349}	14,622	(2,924)	[702]	{351}
Clark	17,249	17,386	17,508	17,508	17,708	(3,542)	[850]	{425}	17,903	(3,581)	[859]	{430}	18,094	(3,619)	[869]	{434}
Grant	7,070	7,109	7,133	7,133	7,184	(1,437)	[345]	{172}	7,234	(1,447)	[347]	{174}	7,281	(1,456)	[349]	{175}
Island	1,170	1,182	1,184	1,184	1,198	(240)	[57]	{29}	1,211	(242)	[58]	{29}	1,225	(245)	[59]	{29}
King	77,067	77,691	78,010	78,010	78,576	(15,715)	[3,772]	{1,886}	79,119	(15,824)	[3,798]	{1,899}	79,641	(15,928)	[3,823]	{1,911}
Kitsap	5,077	5,108	5,144	5,144	5,200	(1,040)	[250]	{125}	5,254	(1,051)	[252]	{126}	5,306	(1,061)	[255]	{127}
Pierce	33,488	33,736	33,995	33,995	34,441	(6,888)	[1,653]	{827}	34,873	(6,975)	[1,674]	{837}	35,295	(7,059)	[1,694]	{847}
Skagit	4,042	4,061	4,088	4,088	4,125	(825)	[198]	{99}	4,160	(832)	[200]	{100}	4,192	(838)	[201]	{101}
Snohomish	27,508	27,633	27,744	27,744	27,923	(5,585)	[1,340]	{670}	28,097	(5,619)	[1,349]	{674}	28,260	(5,652)	[1,356]	{678}
Spokane	32,947	33,095	33,359	33,359	33,698	(6,740)	[1,617]	{809}	34,028	(6,806)	[1,633]	{817}	34,340	(6,868)	[1,648]	{824}
Thurston	6,283	6,335	6,380	6,380	6,478	(1,296)	[311]	{155}	6,574	(1,315)	[316]	{158}	6,672	(1,334)	[320]	{160}
Whatcom	5,419	5,491	5,546	5,546	5,639	(1,128)	[271]	{135}	5,728	(1,146)	[275]	{137}	5,815	(1,163)	[279]	{140}
Yakima	24,151	24,219	24,381	24,381	24,542	(4,908)	[1,178]	{589}	24,691	(4,938)	[1,185]	{593}	24,839	(4,968)	[1,192]	{596}

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.