

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

Date: 2/12/21

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 2/12/21 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.

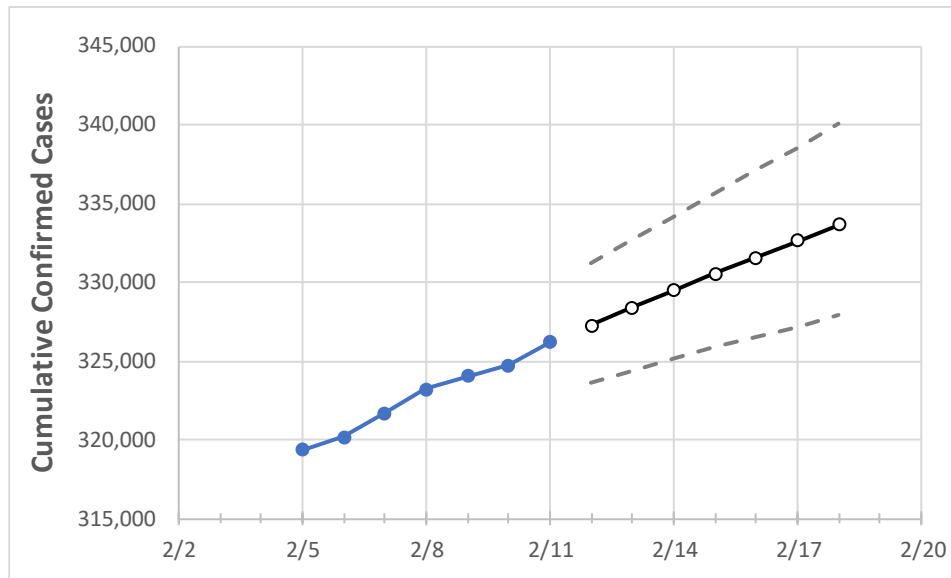
IEM's Modeling Lead

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:						
	2/8	2/9	2/10	2/11	2/12	2/13	2/14	2/15	2/16	2/17	2/18
Washington	323,214	324,025	324,706	326,159	327,277	328,371	329,473	330,571	331,588	332,627	333,644

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:						
	2/8	2/9	2/10	2/11	2/12	2/13	2/14	2/15	2/16	2/17	2/18
Benton	14,465	14,515	14,548	14,585	14,622	14,658	14,694	14,729	14,763	14,795	14,828
Clark	18,184	18,228	18,194	18,252	18,314	18,378	18,439	18,498	18,557	18,613	18,666
Grant	7,334	7,355	7,372	7,394	7,413	7,432	7,451	7,468	7,486	7,502	7,519
Island	1,240	1,247	1,252	1,253	1,258	1,264	1,269	1,274	1,279	1,284	1,289
King	80,415	80,594	80,796	81,082	81,316	81,544	81,760	81,979	82,194	82,400	82,603
Kitsap	5,437	5,470	5,483	5,513	5,541	5,568	5,596	5,623	5,650	5,677	5,704
Pierce	35,451	35,557	35,781	36,045	36,208	36,367	36,528	36,682	36,835	36,989	37,139
Skagit	4,232	4,234	4,238	4,270	4,283	4,295	4,306	4,318	4,330	4,341	4,352
Snohomish	28,737	28,787	28,780	28,896	28,992	29,086	29,183	29,280	29,374	29,465	29,554
Spokane	34,587	34,735	34,839	34,980	35,102	35,225	35,341	35,459	35,571	35,680	35,791
Thurston	6,635	6,654	6,681	6,729	6,756	6,783	6,808	6,834	6,859	6,884	6,908
Whatcom	6,116	6,110	6,079	6,148	6,216	6,284	6,357	6,428	6,502	6,576	6,650
Yakima	25,571	25,643	25,705	25,775	25,887	26,001	26,111	26,224	26,333	26,443	26,552

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:											
	2/8	2/9	2/10	2/11	2/13				2/15				2/17			
Benton	14,465	14,515	14,548	14,585	14,658	(2,932)	[704]	{352}	14,729	(2,946)	[707]	{353}	14,795	(2,959)	[710]	{355}
Clark	18,184	18,228	18,194	18,252	18,378	(3,676)	[882]	{441}	18,498	(3,700)	[888]	{444}	18,613	(3,723)	[893]	{447}
Grant	7,334	7,355	7,372	7,394	7,432	(1,486)	[357]	{178}	7,468	(1,494)	[358]	{179}	7,502	(1,500)	[360]	{180}
Island	1,240	1,247	1,252	1,253	1,264	(253)	[61]	{30}	1,274	(255)	[61]	{31}	1,284	(257)	[62]	{31}
King	80,415	80,594	80,796	81,082	81,544	(16,309)	[3,914]	{1,957}	81,979	(16,396)	[3,935]	{1,968}	82,400	(16,480)	[3,955]	{1,978}
Kitsap	5,437	5,470	5,483	5,513	5,568	(1,114)	[267]	{134}	5,623	(1,125)	[270]	{135}	5,677	(1,135)	[273]	{136}
Pierce	35,451	35,557	35,781	36,045	36,367	(7,273)	[1,746]	{873}	36,682	(7,336)	[1,761]	{880}	36,989	(7,398)	[1,775]	{888}
Skagit	4,232	4,234	4,238	4,270	4,295	(859)	[206]	{103}	4,318	(864)	[207]	{104}	4,341	(868)	[208]	{104}
Snohomish	28,737	28,787	28,780	28,896	29,086	(5,817)	[1,396]	{698}	29,280	(5,856)	[1,405]	{703}	29,465	(5,893)	[1,414]	{707}
Spokane	34,587	34,735	34,839	34,980	35,225	(7,045)	[1,691]	{845}	35,459	(7,092)	[1,702]	{851}	35,680	(7,136)	[1,713]	{856}
Thurston	6,635	6,654	6,681	6,729	6,783	(1,357)	[326]	{163}	6,834	(1,367)	[328]	{164}	6,884	(1,377)	[330]	{165}
Whatcom	6,116	6,110	6,079	6,148	6,284	(1,257)	[302]	{151}	6,428	(1,286)	[309]	{154}	6,576	(1,315)	[316]	{158}
Yakima	25,571	25,643	25,705	25,775	26,001	(5,200)	[1,248]	{624}	26,224	(5,245)	[1,259]	{629}	26,443	(5,289)	[1,269]	{635}

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.