IEM's AI Modeling: Short-term COVID-19 Projections
Date: 2/16/21

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 <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 2/16/21 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
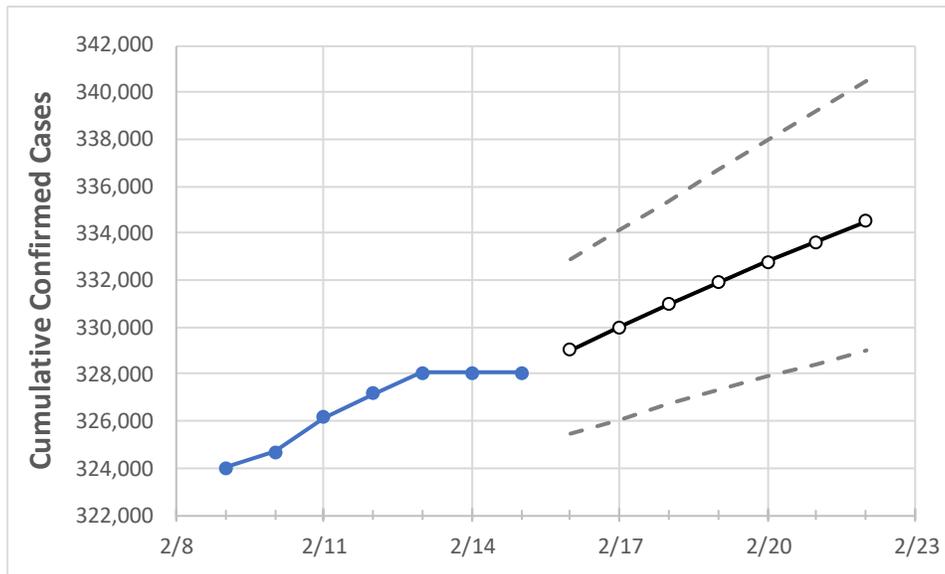
	Actual Confirmed Cases On:				Projected Cases For:						
	2/12	2/13	2/14	2/15	2/16	2/17	2/18	2/19	2/20	2/21	2/22
Washington	327,167	328,047	328,047	328,047	329,029	330,013	330,971	331,902	332,791	333,641	334,510

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:						
	2/12	2/13	2/14	2/15	2/16	2/17	2/18	2/19	2/20	2/21	2/22
Benton	14,606	14,645	14,645	14,645	14,678	14,711	14,743	14,774	14,805	14,834	14,864
Clark	18,302	18,343	18,343	18,343	18,393	18,441	18,488	18,534	18,580	18,623	18,665
Grant	7,420	7,446	7,446	7,446	7,466	7,485	7,505	7,524	7,543	7,562	7,580
Island	1,257	1,262	1,262	1,262	1,267	1,272	1,277	1,282	1,287	1,292	1,296
King	81,330	81,541	81,541	81,541	81,753	81,965	82,173	82,378	82,585	82,776	82,967
Kitsap	5,529	5,555	5,555	5,555	5,583	5,610	5,637	5,665	5,691	5,719	5,746
Pierce	36,283	36,410	36,410	36,410	36,574	36,733	36,886	37,040	37,195	37,345	37,495
Skagit	4,276	4,283	4,283	4,283	4,293	4,304	4,314	4,324	4,333	4,343	4,351
Snohomish	28,971	29,065	29,065	29,065	29,158	29,253	29,345	29,439	29,530	29,618	29,708
Spokane	35,044	35,134	35,134	35,134	35,242	35,350	35,455	35,560	35,661	35,761	35,854
Thurston	6,746	6,772	6,772	6,772	6,796	6,820	6,843	6,866	6,888	6,908	6,928
Whatcom	6,194	6,225	6,225	6,225	6,284	6,341	6,403	6,466	6,527	6,587	6,649
Yakima	25,852	25,909	25,909	25,909	26,000	26,088	26,173	26,258	26,342	26,425	26,504

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: | | |
	2/12	2/13	2/14	2/15	2/17	2/19	2/21
Benton	14,606	14,645	14,645	14,645	14,711 (2,942) [706] {353}	14,774 (2,955) [709] {355}	14,834 (2,967) [712] {356}
Clark	18,302	18,343	18,343	18,343	18,441 (3,688) [885] {443}	18,534 (3,707) [890] {445}	18,623 (3,725) [894] {447}
Grant	7,420	7,446	7,446	7,446	7,485 (1,497) [359] {180}	7,524 (1,505) [361] {181}	7,562 (1,512) [363] {181}
Island	1,257	1,262	1,262	1,262	1,272 (254) [61] {31}	1,282 (256) [62] {31}	1,292 (258) [62] {31}
King	81,330	81,541	81,541	81,541	81,965 (16,393) [3,934] {1,967}	82,378 (16,476) [3,954] {1,977}	82,776 (16,555) [3,973] {1,987}
Kitsap	5,529	5,555	5,555	5,555	5,610 (1,122) [269] {135}	5,665 (1,133) [272] {136}	5,719 (1,144) [275] {137}
Pierce	36,283	36,410	36,410	36,410	36,733 (7,347) [1,763] {882}	37,040 (7,408) [1,778] {889}	37,345 (7,469) [1,793] {896}
Skagit	4,276	4,283	4,283	4,283	4,304 (861) [207] {103}	4,324 (865) [208] {104}	4,343 (869) [208] {104}
Snohomish	28,971	29,065	29,065	29,065	29,253 (5,851) [1,404] {702}	29,439 (5,888) [1,413] {707}	29,618 (5,924) [1,422] {711}
Spokane	35,044	35,134	35,134	35,134	35,350 (7,070) [1,697] {848}	35,560 (7,112) [1,707] {853}	35,761 (7,152) [1,717] {858}
Thurston	6,746	6,772	6,772	6,772	6,820 (1,364) [327] {164}	6,866 (1,373) [330] {165}	6,908 (1,382) [332] {166}
Whatcom	6,194	6,225	6,225	6,225	6,341 (1,268) [304] {152}	6,466 (1,293) [310] {155}	6,587 (1,317) [316] {158}
Yakima	25,852	25,909	25,909	25,909	26,088 (5,218) [1,252] {626}	26,258 (5,252) [1,260] {630}	26,425 (5,285) [1,268] {634}

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.