

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

Date: 3/1/21

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 <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 3/1/21 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**

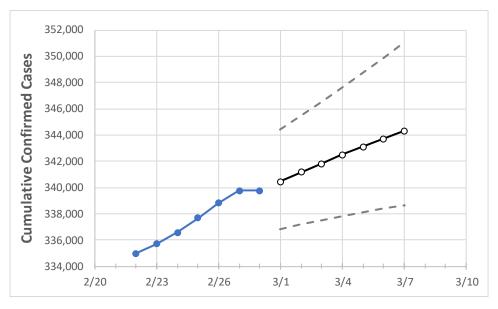
Dr. Prasith "Sid" Baccam is a **Computational Epidemiologist expert** at IEM with more than **20 years of experience in medical consequence modeling and simulation of disease outbreaks** and medical consequences following hypothetical attacks with biological agents or emerging infectious diseases. He 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:						
	2/25	2/26	2/27	2/28	3/1	3/2	3/3	3/4	3/5	3/6	3/7
Washington	337,653	338,822	339,773	339,773	340,456	341,148	341,828	342,477	343,104	343,722	344,308

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**

	Actua	al Confirr	ned Case	s On:	Projected Cases For:						
	2/25	2/26	2/27	2/28	3/1	3/2	3/3	3/4	3/5	3/6	3/7
Benton	14,961	14,983	15,009	15,009	15,030	15,052	15,074	15,095	15,116	15,136	15,156
Clark	18,804	18,859	18,912	18,912	18,949	18,985	19,021	19,057	19,090	19,124	19,157
Grant	7,633	7,678	7,693	7,693	7,710	7,728	7,745	7,763	7,780	7,798	7,816
Island	1,289	1,296	1,305	1,305	1,307	1,310	1,312	1,314	1,317	1,319	1,321
King	83,611	83,801	84,014	84,014	84,146	84,277	84,412	84,536	84,668	84,788	84,903
Kitsap	5,734	5,752	5,781	5,781	5,798	5,816	5,834	5,851	5,868	5,886	5,903
Pierce	37,827	38,101	38,233	38,233	38,357	38,481	38,605	38,731	38,857	38,981	39,108
Skagit	4,403	4,415	4,430	4,430	4,442	4,453	4,465	4,476	4,488	4,499	4,511
Snohomish	30,010	30,126	30,208	30,208	30,275	30,340	30,408	30,471	30,534	30,595	30,655
Spokane	36,208	36,291	36,419	36,419	36,497	36,575	36,648	36,721	36,794	36,865	36,934
Thurston	7,139	7,173	7,204	7,204	7,230	7,256	7,281	7,307	7,333	7,358	7,384
Whatcom	6,675	6,718	6,749	6,749	6,789	6,829	6,869	6,908	6,949	6,990	7,033
Yakima	26,402	26,494	26,559	26,559	26,591	26,621	26,649	26,676	26,702	26,728	26,752



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:			s On:	Projected Cases (Hospitalized) [ICU] {Ventilator} For:						
	2/25	2/26	2/27	2/28	3/2	3/4	3/6				
Benton	14,961	14,983	15,009	15,009	15,052 (3,010) [722] {361}	15,095 (3,019) [725] {362}	15,136 (3,027) [727] {363}				
Clark	18,804	18,859	18,912	18,912	18,985 (3,797) [911] {456}	19,057 (3,811) [915] {457}	19,124 (3,825) [918] {459}				
Grant	7,633	7,678	7,693	7,693	7,728 (1,546) [371] {185}	7,763 (1,553) [373] {186}	7,798 (1,560) [374] {187}				
Island	1,289	1,296	1,305	1,305	1,310 (262) [63] {31}	1,314 (263) [63] {32}	1,319 (264) [63] {32}				
King	83,611	83,801	84,014	84,014	84,277 (16,855) [4,045] {2,023}	84,536 (16,907) [4,058] {2,029}	84,788 (16,958) [4,070] {2,035}				
Kitsap	5,734	5,752	5,781	5,781	5,816 (1,163) [279] {140}	5,851 (1,170) [281] {140}	5,886 (1,177) [283] {141}				
Pierce	37,827	38,101	38,233	38,233	38,481 (7,696) [1,847] {924}	38,731 (7,746) [1,859] {930}	38,981 (7,796) [1,871] {936}				
Skagit	4,403	4,415	4,430	4,430	4,453 (891) [214] {107}	4,476 (895) [215] {107}	4,499 (900) [216] {108}				
Snohomish	30,010	30,126	30,208	30,208	30,340 (6,068) [1,456] {728}	30,471 (6,094) [1,463] {731}	30,595 (6,119) [1,469] {734}				
Spokane	36,208	36,291	36,419	36,419	36,575 (7,315) [1,756] {878}	36,721 (7,344) [1,763] {881}	36,865 (7,373) [1,770] {885}				
Thurston	7,139	7,173	7,204	7,204	7,256 (1,451) [348] {174}	7,307 (1,461) [351] {175}	7,358 (1,472) [353] {177}				
Whatcom	6,675	6,718	6,749	6,749	6,829 (1,366) [328] {164}	6,908 (1,382) [332] {166}	6,990 (1,398) [336] {168}				
Yakima	26,402	26,494	26,559	26,559	26,621 (5,324) [1,278] {639}	26,676 (5,335) [1,280] {640}	26,728 (5,346) [1,283] {641}				

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