

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

Date: 4/29/21

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 4/29/21 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.

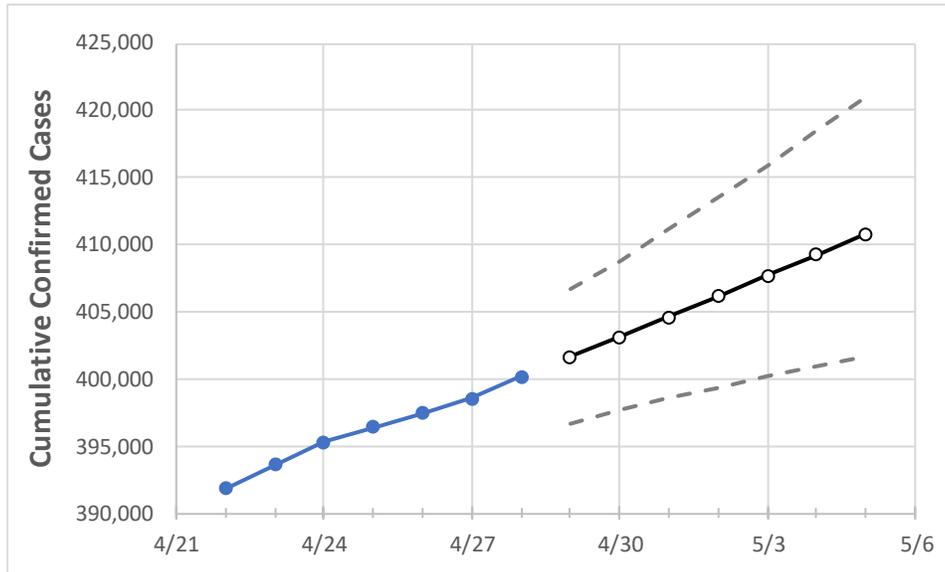
IEM's Modeling Lead

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:						
	4/25	4/26	4/27	4/28	4/29	4/30	5/1	5/2	5/3	5/4	5/5
Washington	396,365	397,417	398,509	400,149	401,611	403,118	404,619	406,163	407,677	409,224	410,769

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:						
	4/25	4/26	4/27	4/28	4/29	4/30	5/1	5/2	5/3	5/4	5/5
Benton	16,468	16,487	16,516	16,566	16,601	16,637	16,672	16,708	16,744	16,782	16,818
Clark	22,014	22,077	22,196	22,309	22,413	22,521	22,632	22,745	22,860	22,977	23,101
Grant	8,510	8,525	8,531	8,554	8,582	8,611	8,640	8,670	8,700	8,731	8,763
Island	1,607	1,612	1,621	1,630	1,640	1,651	1,662	1,673	1,686	1,698	1,712
King	99,914	100,276	100,477	100,953	101,377	101,797	102,223	102,656	103,099	103,544	103,970
Kitsap	7,369	7,407	7,451	7,496	7,540	7,586	7,632	7,678	7,724	7,772	7,822
Pierce	47,983	48,255	48,398	48,683	48,968	49,268	49,567	49,866	50,173	50,490	50,810
Skagit	5,236	5,260	5,289	5,317	5,346	5,376	5,406	5,437	5,469	5,501	5,534
Snohomish	35,224	35,314	35,483	35,644	35,788	35,937	36,084	36,235	36,381	36,531	36,689
Spokane	40,889	40,955	41,052	41,146	41,251	41,354	41,459	41,567	41,672	41,782	41,892
Thurston	8,706	8,731	8,774	8,822	8,870	8,919	8,971	9,022	9,075	9,129	9,183
Whatcom	8,237	8,266	8,296	8,354	8,396	8,439	8,481	8,524	8,570	8,616	8,664
Yakima	29,245	29,305	29,329	29,364	29,406	29,448	29,489	29,529	29,568	29,608	29,647

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:											
	4/25	4/26	4/27	4/28	4/30				5/2				5/4			
Benton	16,468	16,487	16,516	16,566	16,637	(3,327)	[799]	{399}	16,708	(3,342)	[802]	{401}	16,782	(3,356)	[806]	{403}
Clark	22,014	22,077	22,196	22,309	22,521	(4,504)	[1,081]	{541}	22,745	(4,549)	[1,092]	{546}	22,977	(4,595)	[1,103]	{551}
Grant	8,510	8,525	8,531	8,554	8,611	(1,722)	[413]	{207}	8,670	(1,734)	[416]	{208}	8,731	(1,746)	[419]	{210}
Island	1,607	1,612	1,621	1,630	1,651	(330)	[79]	{40}	1,673	(335)	[80]	{40}	1,698	(340)	[82]	{41}
King	99,914	100,276	100,477	100,953	101,797	(20,359)	[4,886]	{2,443}	102,656	(20,531)	[4,927]	{2,464}	103,544	(20,709)	[4,970]	{2,485}
Kitsap	7,369	7,407	7,451	7,496	7,586	(1,517)	[364]	{182}	7,678	(1,536)	[369]	{184}	7,772	(1,554)	[373]	{187}
Pierce	47,983	48,255	48,398	48,683	49,268	(9,854)	[2,365]	{1,182}	49,866	(9,973)	[2,394]	{1,197}	50,490	(10,098)	[2,424]	{1,212}
Skagit	5,236	5,260	5,289	5,317	5,376	(1,075)	[258]	{129}	5,437	(1,087)	[261]	{130}	5,501	(1,100)	[264]	{132}
Snohomish	35,224	35,314	35,483	35,644	35,937	(7,187)	[1,725]	{862}	36,235	(7,247)	[1,739]	{870}	36,531	(7,306)	[1,753]	{877}
Spokane	40,889	40,955	41,052	41,146	41,354	(8,271)	[1,985]	{993}	41,567	(8,313)	[1,995]	{998}	41,782	(8,356)	[2,006]	{1,003}
Thurston	8,706	8,731	8,774	8,822	8,919	(1,784)	[428]	{214}	9,022	(1,804)	[433]	{217}	9,129	(1,826)	[438]	{219}
Whatcom	8,237	8,266	8,296	8,354	8,439	(1,688)	[405]	{203}	8,524	(1,705)	[409]	{205}	8,616	(1,723)	[414]	{207}
Yakima	29,245	29,305	29,329	29,364	29,448	(5,890)	[1,414]	{707}	29,529	(5,906)	[1,417]	{709}	29,608	(5,922)	[1,421]	{711}

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.