

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

Date: 5/18/21

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 5/18/21 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

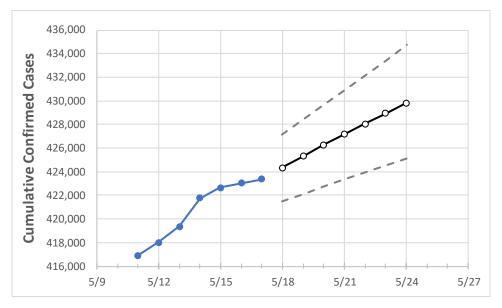
Dr. Prasith "Sid" Baccam is a **Computational Epidemiologist expert** at IEM with more than **20 years of experience in medical consequence modeling and simulation of disease outbreaks** and medical consequences following hypothetical attacks with biological agents or emerging infectious diseases. He 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



	Act	ual Confirn	ned Cases C	On:	Projected Cases For:						
	5/14	5/15	5/16	5/17	5/18	5/19	5/20	5/21	5/22	5/23	5/24
Washington	421,757	422,665	423,024	423,382	424,350	425,326	426,277	427,183	428,069	428,939	429,818

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:						
	5/14	5/15	5/16	5/17	5/18	5/19	5/20	5/21	5/22	5/23	5/24
Benton	16,980	16,991	17,005	17,019	17,036	17,053	17,069	17,084	17,099	17,114	17,128
Clark	23,784	23,885	23,923	23,960	24,028	24,094	24,157	24,220	24,284	24,347	24,410
Grant	8,886	8,902	8,915	8,927	8,944	8,960	8,976	8,991	9,006	9,022	9,037
Island	1,738	1,741	1,743	1,744	1,748	1,752	1,756	1,760	1,764	1,767	1,771
King	106,940	107,147	107,257	107,366	107,610	107,853	108,085	108,311	108,528	108,741	108,953
Kitsap	8,116	8,124	8,140	8,156	8,181	8,207	8,232	8,257	8,280	8,303	8,327
Pierce	52,763	52,757	52,753	52,749	53,055	53,370	53,689	54,016	54,350	54,693	55,045
Skagit	5,674	5,687	5,693	5,699	5,713	5,726	5,739	5,752	5,764	5,777	5,788
Snohomish	37,722	37,808	37,835	37,861	37,951	38,036	38,120	38,201	38,282	38,359	38,436
Spokane	42,857	42,980	43,043	43,105	43,203	43,300	43,398	43,495	43,593	43,690	43,786
Thurston	9,598	9,634	9,647	9,659	9,699	9,738	9,777	9,816	9,854	9,893	9,930
Whatcom	8,973	9,004	9,016	9,028	9,060	9,092	9,123	9,155	9,185	9,216	9,245
Yakima	29,791	29,807	29,825	29,842	29,857	29,872	29,886	29,899	29,913	29,926	29,938



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:						
	5/14	5/15	5/16	5/17	5/19	5/21	5/23				
Benton	16,980	16,991	17,005	17,019	17,053 (3,411) [819] {409}	17,084 (3,417) [820] {410}	17,114 (3,423) [821] {411}				
Clark	23,784	23,885	23,923	23,960	24,094 (4,819) [1,157] {578}	24,220 (4,844) [1,163] {581}	24,347 (4,869) [1,169] {584}				
Grant	8,886	8,902	8,915	8,927	8,960 (1,792) [430] {215}	8,991 (1,798) [432] {216}	9,022 (1,804) [433] {217}				
Island	1,738	1,741	1,743	1,744	1,752 (350) [84] {42}	1,760 (352) [84] {42}	1,767 (353) [85] {42}				
King	106,940	107,147	107,257	107,366	107,853 (21,571) [5,177] {2,588}	108,311 (21,662) [5,199] {2,599}	108,741 (21,748) [5,220] {2,610}				
Kitsap	8,116	8,124	8,140	8,156	8,207 (1,641) [394] {197}	8,257 (1,651) [396] {198}	8,303 (1,661) [399] {199}				
Pierce	52,763	52,757	52,753	52,749	53,370 (10,674) [2,562] {1,281}	54,016 (10,803) [2,593] {1,296}	54,693 (10,939) [2,625] {1,313}				
Skagit	5,674	5,687	5,693	5,699	5,726 (1,145) [275] {137}	5,752 (1,150) [276] {138}	5,777 (1,155) [277] {139}				
Snohomish	37,722	37,808	37,835	37,861	38,036 (7,607) [1,826] {913}	38,201 (7,640) [1,834] {917}	38,359 (7,672) [1,841] {921}				
Spokane	42,857	42,980	43,043	43,105	43,300 (8,660) [2,078] {1,039}	43,495 (8,699) [2,088] {1,044}	43,690 (8,738) [2,097] {1,049}				
Thurston	9,598	9,634	9,647	9,659	9,738 (1,948) [467] {234}	9,816 (1,963) [471] {236}	9,893 (1,979) [475] {237}				
Whatcom	8,973	9,004	9,016	9,028	9,092 (1,818) [436] {218}	9,155 (1,831) [439] {220}	9,216 (1,843) [442] {221}				
Yakima	29,791	29,807	29,825	29,842	29,872 (5,974) [1,434] {717}	29,899 (5,980) [1,435] {718}	29,926 (5,985) [1,436] {718}				

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.

