

IEM's AI Modeling: Short-term COVID-19 Projections**Date: 5/27/21**

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 5/27/21 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.

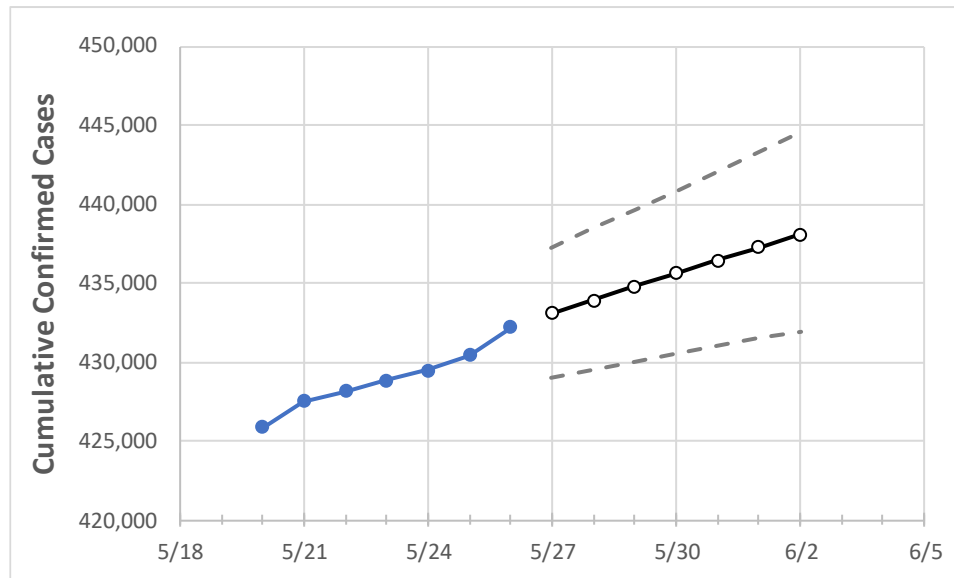
IEM's Modeling Lead

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:						
	5/23	5/24	5/25	5/26	5/27	5/28	5/29	5/30	5/31	6/1	6/2
Washington	428,831	429,499	430,415	432,170	433,060	433,911	434,773	435,629	436,461	437,264	438,077

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:						
	5/23	5/24	5/25	5/26	5/27	5/28	5/29	5/30	5/31	6/1	6/2
Benton	17,124	17,136	17,153	17,174	17,189	17,203	17,216	17,230	17,242	17,255	17,267
Clark	24,344	24,379	24,501	24,607	24,675	24,741	24,807	24,873	24,938	25,001	25,063
Grant	9,016	9,028	9,036	9,044	9,056	9,067	9,078	9,089	9,100	9,110	9,120
Island	1,763	1,766	1,769	1,773	1,776	1,779	1,781	1,784	1,786	1,788	1,791
King	108,379	108,508	108,614	108,914	109,075	109,225	109,367	109,505	109,639	109,768	109,895
Kitsap	8,298	8,320	8,351	8,380	8,402	8,422	8,443	8,462	8,481	8,500	8,518
Pierce	53,606	53,713	53,912	54,357	54,568	54,781	54,996	55,204	55,415	55,620	55,830
Skagit	5,781	5,791	5,811	5,823	5,835	5,847	5,858	5,869	5,880	5,890	5,901
Snohomish	38,366	38,419	38,489	38,640	38,714	38,786	38,856	38,926	38,993	39,058	39,123
Spokane	43,885	43,984	44,115	44,464	44,607	44,752	44,901	45,052	45,206	45,364	45,526
Thurston	9,929	9,966	10,006	10,105	10,152	10,199	10,247	10,294	10,344	10,393	10,440
Whatcom	9,229	9,250	9,286	9,317	9,346	9,376	9,404	9,432	9,460	9,487	9,514
Yakima	29,955	29,969	29,973	29,977	29,989	30,001	30,014	30,025	30,035	30,046	30,056

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:											
	5/23	5/24	5/25	5/26	5/28				5/30				6/1			
Benton	17,124	17,136	17,153	17,174	17,203	(3,441)	[826]	{413}	17,230	(3,446)	[827]	{414}	17,255	(3,451)	[828]	{414}
Clark	24,344	24,379	24,501	24,607	24,741	(4,948)	[1,188]	{594}	24,873	(4,975)	[1,194]	{597}	25,001	(5,000)	[1,200]	{600}
Grant	9,016	9,028	9,036	9,044	9,067	(1,813)	[435]	{218}	9,089	(1,818)	[436]	{218}	9,110	(1,822)	[437]	{219}
Island	1,763	1,766	1,769	1,773	1,779	(356)	[85]	{43}	1,784	(357)	[86]	{43}	1,788	(358)	[86]	{43}
King	108,379	108,508	108,614	108,914	109,225	(21,845)	[5,243]	{2,621}	109,505	(21,901)	[5,256]	{2,628}	109,768	(21,954)	[5,269]	{2,634}
Kitsap	8,298	8,320	8,351	8,380	8,422	(1,684)	[404]	{202}	8,462	(1,692)	[406]	{203}	8,500	(1,700)	[408]	{204}
Pierce	53,606	53,713	53,912	54,357	54,781	(10,956)	[2,629]	{1,315}	55,204	(11,041)	[2,650]	{1,325}	55,620	(11,124)	[2,670]	{1,335}
Skagit	5,781	5,791	5,811	5,823	5,847	(1,169)	[281]	{140}	5,869	(1,174)	[282]	{141}	5,890	(1,178)	[283]	{141}
Snohomish	38,366	38,419	38,489	38,640	38,786	(7,757)	[1,862]	{931}	38,926	(7,785)	[1,868]	{934}	39,058	(7,812)	[1,875]	{937}
Spokane	43,885	43,984	44,115	44,464	44,752	(8,950)	[2,148]	{1,074}	45,052	(9,010)	[2,162]	{1,081}	45,364	(9,073)	[2,177]	{1,089}
Thurston	9,929	9,966	10,006	10,105	10,199	(2,040)	[490]	{245}	10,294	(2,059)	[494]	{247}	10,393	(2,079)	[499]	{249}
Whatcom	9,229	9,250	9,286	9,317	9,376	(1,875)	[450]	{225}	9,432	(1,886)	[453]	{226}	9,487	(1,897)	[455]	{228}
Yakima	29,955	29,969	29,973	29,977	30,001	(6,000)	[1,440]	{720}	30,025	(6,005)	[1,441]	{721}	30,046	(6,009)	[1,442]	{721}

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.