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

Date: 6/1/21

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 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 6/1/21 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.

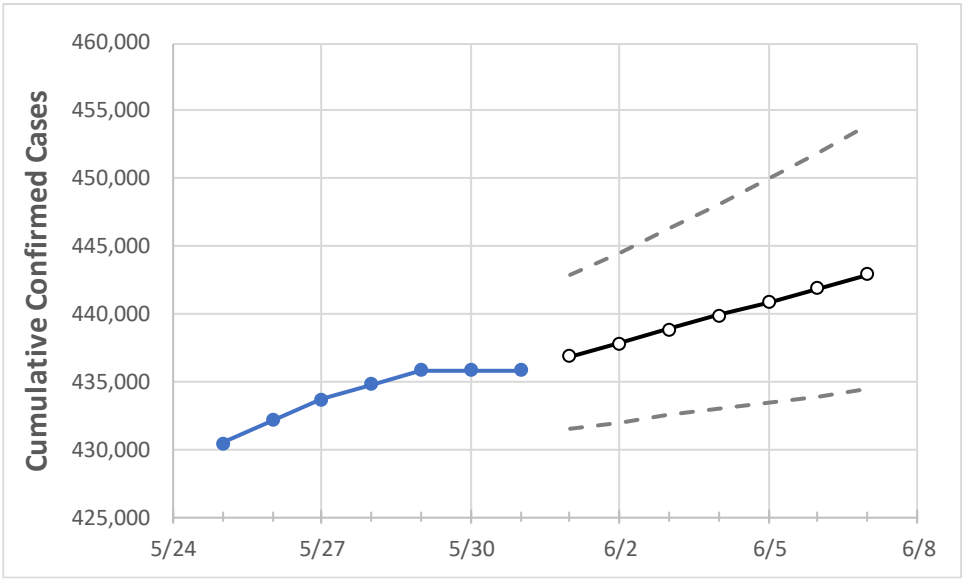
IEM's Modeling Lead

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:						
	5/28	5/29	5/30	5/31	6/1	6/2	6/3	6/4	6/5	6/6	6/7
Washington	434,783	435,849	435,849	435,849	436,849	437,850	438,856	439,866	440,855	441,853	442,907

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:						
	5/28	5/29	5/30	5/31	6/1	6/2	6/3	6/4	6/5	6/6	6/7
Benton	17,213	17,243	17,243	17,243	17,259	17,275	17,291	17,306	17,322	17,337	17,352
Clark	24,741	24,789	24,789	24,789	24,847	24,905	24,962	25,016	25,070	25,125	25,179
Grant	9,093	9,104	9,104	9,104	9,117	9,130	9,143	9,155	9,167	9,180	9,191
Island	1,778	1,779	1,779	1,779	1,781	1,783	1,785	1,787	1,789	1,790	1,792
King	109,358	109,529	109,529	109,529	109,671	109,812	109,945	110,079	110,213	110,338	110,459
Kitsap	8,427	8,445	8,445	8,445	8,468	8,490	8,512	8,534	8,556	8,578	8,601
Pierce	54,948	55,113	55,113	55,113	55,310	55,509	55,702	55,897	56,100	56,308	56,513
Skagit	5,853	5,872	5,872	5,872	5,885	5,897	5,909	5,921	5,933	5,945	5,957
Snohomish	38,818	38,873	38,873	38,873	38,940	39,006	39,070	39,134	39,196	39,261	39,325
Spokane	44,850	44,986	44,986	44,986	45,184	45,384	45,593	45,806	46,024	46,246	46,485
Thurston	10,290	10,353	10,353	10,353	10,427	10,502	10,580	10,663	10,746	10,833	10,923
Whatcom	9,383	9,418	9,418	9,418	9,446	9,474	9,501	9,527	9,554	9,581	9,607
Yakima	30,064	30,128	30,128	30,128	30,156	30,185	30,213	30,241	30,270	30,302	30,334

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:		
	5/28	5/29	5/30	5/31	6/2	6/4	6/6
Benton	17,213	17,243	17,243	17,243	17,275 (3,455) [829] {415}	17,306 (3,461) [831] {415}	17,337 (3,467) [832] {416}
Clark	24,741	24,789	24,789	24,789	24,905 (4,981) [1,195] {598}	25,016 (5,003) [1,201] {600}	25,125 (5,025) [1,206] {603}
Grant	9,093	9,104	9,104	9,104	9,130 (1,826) [438] {219}	9,155 (1,831) [439] {220}	9,180 (1,836) [441] {220}
Island	1,778	1,779	1,779	1,779	1,783 (357) [86] {43}	1,787 (357) [86] {43}	1,790 (358) [86] {43}
King	109,358	109,529	109,529	109,529	109,812 (21,962) [5,271] {2,635}	110,079 (22,016) [5,284] {2,642}	110,338 (22,068) [5,296] {2,648}
Kitsap	8,427	8,445	8,445	8,445	8,490 (1,698) [408] {204}	8,534 (1,707) [410] {205}	8,578 (1,716) [412] {206}
Pierce	54,948	55,113	55,113	55,113	55,509 (11,102) [2,664] {1,332}	55,897 (11,179) [2,683] {1,342}	56,308 (11,262) [2,703] {1,351}
Skagit	5,853	5,872	5,872	5,872	5,897 (1,179) [283] {142}	5,921 (1,184) [284] {142}	5,945 (1,189) [285] {143}
Snohomish	38,818	38,873	38,873	38,873	39,006 (7,801) [1,872] {936}	39,134 (7,827) [1,878] {939}	39,261 (7,852) [1,885] {942}
Spokane	44,850	44,986	44,986	44,986	45,384 (9,077) [2,178] {1,089}	45,806 (9,161) [2,199] {1,099}	46,246 (9,249) [2,220] {1,110}
Thurston	10,290	10,353	10,353	10,353	10,502 (2,100) [504] {252}	10,663 (2,133) [512] {256}	10,833 (2,167) [520] {260}
Whatcom	9,383	9,418	9,418	9,418	9,474 (1,895) [455] {227}	9,527 (1,905) [457] {229}	9,581 (1,916) [460] {230}
Yakima	30,064	30,128	30,128	30,128	30,185 (6,037) [1,449] {724}	30,241 (6,048) [1,452] {726}	30,302 (6,060) [1,454] {727}

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.