

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

Date: 6/3/21

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 6/3/21 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.**

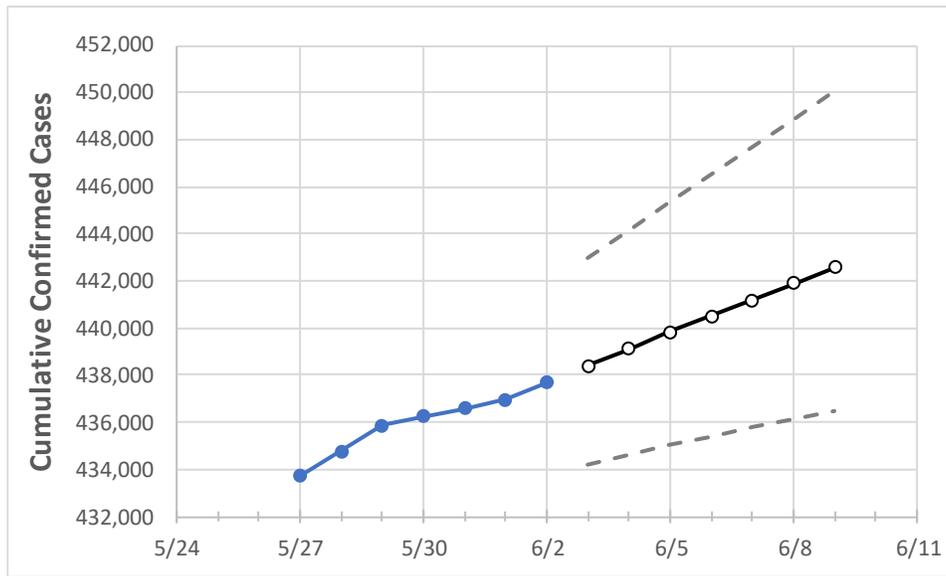
### IEM's Modeling Lead

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:							
	5/30	5/31	6/1	6/2	6/3	6/4	6/5	6/6	6/7	6/8	6/9	
Washington	436,227	436,606	436,984	437,677	438,404	439,112	439,825	440,511	441,202	441,884	442,558	

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:							
	5/30	5/31	6/1	6/2	6/3	6/4	6/5	6/6	6/7	6/8	6/9	
Benton	17,252	17,260	17,269	17,295	17,310	17,325	17,339	17,353	17,367	17,381	17,396	
Clark	24,833	24,876	24,920	24,977	25,030	25,082	25,134	25,186	25,235	25,285	25,331	
Grant	9,111	9,117	9,124	9,126	9,136	9,145	9,154	9,162	9,171	9,179	9,187	
Island	1,781	1,783	1,785	1,787	1,789	1,791	1,792	1,794	1,796	1,798	1,799	
King	109,605	109,681	109,757	109,819	109,927	110,032	110,132	110,222	110,312	110,398	110,481	
Kitsap	8,452	8,460	8,467	8,484	8,500	8,515	8,530	8,545	8,559	8,572	8,585	
Pierce	55,184	55,256	55,327	55,434	55,578	55,723	55,862	56,001	56,136	56,270	56,407	
Skagit	5,875	5,879	5,882	5,885	5,893	5,900	5,908	5,915	5,922	5,929	5,935	
Snohomish	38,900	38,928	38,955	39,009	39,062	39,113	39,165	39,213	39,261	39,307	39,351	
Spokane	45,048	45,110	45,172	45,357	45,506	45,654	45,801	45,958	46,114	46,272	46,432	
Thurston	10,368	10,383	10,398	10,430	10,478	10,526	10,573	10,621	10,670	10,718	10,766	
Whatcom	9,434	9,450	9,466	9,490	9,513	9,535	9,557	9,579	9,600	9,622	9,642	
Yakima	30,138	30,149	30,159	30,163	30,181	30,199	30,217	30,234	30,252	30,270	30,288	

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:											
	5/30	5/31	6/1	6/2	6/4				6/6				6/8			
Benton	17,252	17,260	17,269	17,295	17,325	(3,465)	[832]	{416}	17,353	(3,471)	[833]	{416}	17,381	(3,476)	[834]	{417}
Clark	24,833	24,876	24,920	24,977	25,082	(5,016)	[1,204]	{602}	25,186	(5,037)	[1,209]	{604}	25,285	(5,057)	[1,214]	{607}
Grant	9,111	9,117	9,124	9,126	9,145	(1,829)	[439]	{219}	9,162	(1,832)	[440]	{220}	9,179	(1,836)	[441]	{220}
Island	1,781	1,783	1,785	1,787	1,791	(358)	[86]	{43}	1,794	(359)	[86]	{43}	1,798	(360)	[86]	{43}
King	109,605	109,681	109,757	109,819	110,032	(22,006)	[5,282]	{2,641}	110,222	(22,044)	[5,291]	{2,645}	110,398	(22,080)	[5,299]	{2,650}
Kitsap	8,452	8,460	8,467	8,484	8,515	(1,703)	[409]	{204}	8,545	(1,709)	[410]	{205}	8,572	(1,714)	[411]	{206}
Pierce	55,184	55,256	55,327	55,434	55,723	(11,145)	[2,675]	{1,337}	56,001	(11,200)	[2,688]	{1,344}	56,270	(11,254)	[2,701]	{1,350}
Skagit	5,875	5,879	5,882	5,885	5,900	(1,180)	[283]	{142}	5,915	(1,183)	[284]	{142}	5,929	(1,186)	[285]	{142}
Snohomish	38,900	38,928	38,955	39,009	39,113	(7,823)	[1,877]	{939}	39,213	(7,843)	[1,882]	{941}	39,307	(7,861)	[1,887]	{943}
Spokane	45,048	45,110	45,172	45,357	45,654	(9,131)	[2,191]	{1,096}	45,958	(9,192)	[2,206]	{1,103}	46,272	(9,254)	[2,221]	{1,111}
Thurston	10,368	10,383	10,398	10,430	10,526	(2,105)	[505]	{253}	10,621	(2,124)	[510]	{255}	10,718	(2,144)	[514]	{257}
Whatcom	9,434	9,450	9,466	9,490	9,535	(1,907)	[458]	{229}	9,579	(1,916)	[460]	{230}	9,622	(1,924)	[462]	{231}
Yakima	30,138	30,149	30,159	30,163	30,199	(6,040)	[1,450]	{725}	30,234	(6,047)	[1,451]	{726}	30,270	(6,054)	[1,453]	{726}

For additional information from IEM, please contact Bryan Koon, Vice President of Emergency Management and Homeland Security at [bryan.koon@iem.com](mailto:bryan.koon@iem.com) or 850-519-7966 or Stephanie Tennyson at [stephanie.tennyson@iem.com](mailto:stephanie.tennyson@iem.com) or 202-309-4257.