

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

Date: 6/21/21

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 6/21/21 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.

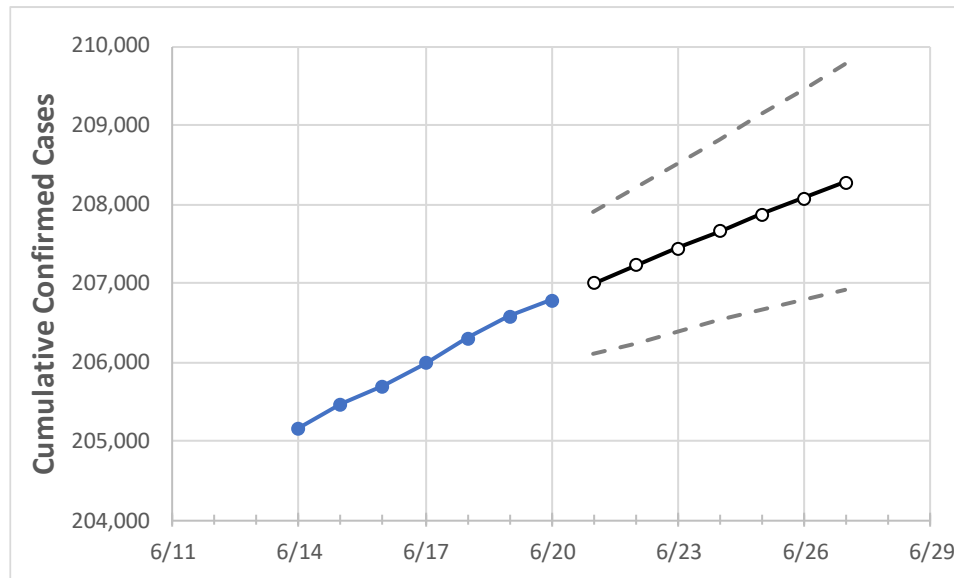
IEM's Modeling Lead

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.

Oregon State Projections



	Actual Confirmed Cases On:				Projected Cases For:						
	6/17	6/18	6/19	6/20	6/21	6/22	6/23	6/24	6/25	6/26	6/27
Oregon	205,988	206,299	206,581	206,777	207,000	207,226	207,445	207,655	207,867	208,071	208,279

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.

Oregon Counties

	Actual Confirmed Cases On:				Projected Cases For:						
	6/17	6/18	6/19	6/20	6/21	6/22	6/23	6/24	6/25	6/26	6/27
Clackamas	18,838	18,872	18,905	18,925	18,949	18,972	18,995	19,018	19,041	19,063	19,084
Linn	5,553	5,572	5,594	5,603	5,615	5,628	5,640	5,652	5,665	5,677	5,689
Marion	23,347	23,370	23,404	23,425	23,446	23,466	23,486	23,506	23,525	23,544	23,561
Multnomah	40,228	40,280	40,316	40,354	40,388	40,422	40,456	40,490	40,522	40,554	40,585
Washington	26,714	26,740	26,760	26,781	26,797	26,813	26,828	26,844	26,859	26,874	26,888

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.

Oregon Medical Demands by County

	Actual Confirmed Cases On:				Projected Cases (Hospitalized) [ICU] {Ventilator} For:											
	6/17	6/18	6/19	6/20	6/22				6/24				6/26			
Clackamas	18,838	18,872	18,905	18,925	18,972	(3,794)	[911]	{455}	19,018	(3,804)	[913]	{456}	19,063	(3,813)	[915]	{458}
Linn	5,553	5,572	5,594	5,603	5,628	(1,126)	[270]	{135}	5,652	(1,130)	[271]	{136}	5,677	(1,135)	[272]	{136}
Marion	23,347	23,370	23,404	23,425	23,466	(4,693)	[1,126]	{563}	23,506	(4,701)	[1,128]	{564}	23,544	(4,709)	[1,130]	{565}
Multnomah	40,228	40,280	40,316	40,354	40,422	(8,084)	[1,940]	{970}	40,490	(8,098)	[1,943]	{972}	40,554	(8,111)	[1,947]	{973}
Washington	26,714	26,740	26,760	26,781	26,813	(5,363)	[1,287]	{644}	26,844	(5,369)	[1,288]	{644}	26,874	(5,375)	[1,290]	{645}

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.