

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

Date: 6/24/21

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 6/24/21 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.

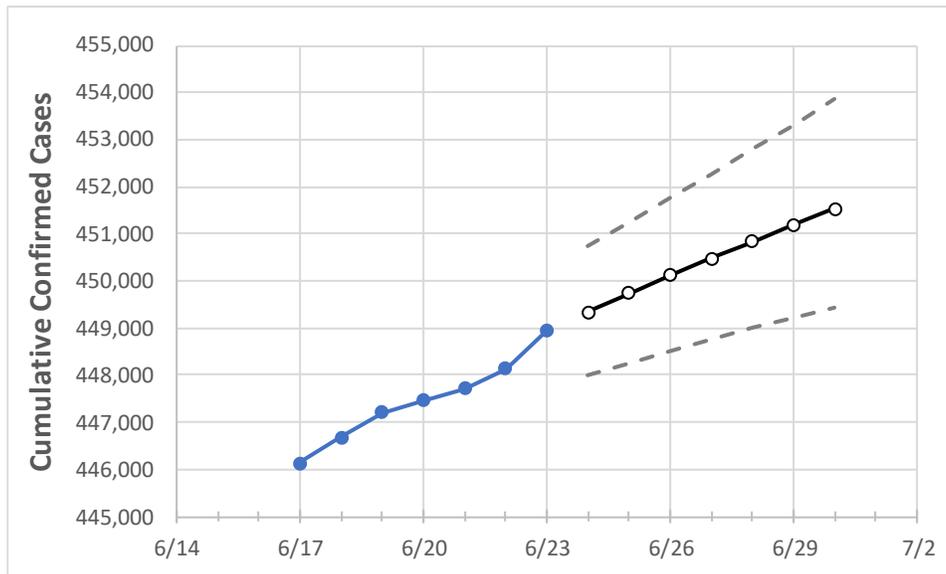
IEM's Modeling Lead

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:						
	6/20	6/21	6/22	6/23	6/24	6/25	6/26	6/27	6/28	6/29	6/30
Washington	447,464	447,724	448,142	448,945	449,338	449,732	450,112	450,483	450,837	451,203	451,542

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:						
	6/20	6/21	6/22	6/23	6/24	6/25	6/26	6/27	6/28	6/29	6/30
Benton	17,638	17,656	17,678	17,698	17,715	17,732	17,749	17,766	17,783	17,800	17,817
Clark	25,772	25,790	25,808	25,823	25,846	25,869	25,892	25,912	25,932	25,952	25,971
Grant	9,321	9,325	9,329	9,335	9,344	9,352	9,360	9,369	9,376	9,384	9,391
Island	1,847	1,849	1,856	1,861	1,865	1,870	1,874	1,879	1,883	1,888	1,893
King	111,618	111,679	111,725	112,120	112,202	112,286	112,370	112,448	112,526	112,605	112,687
Kitsap	8,720	8,725	8,732	8,745	8,754	8,762	8,771	8,779	8,787	8,794	8,801
Pierce	56,543	56,576	56,632	56,684	56,719	56,751	56,783	56,813	56,842	56,869	56,895
Skagit	6,007	6,007	6,010	6,014	6,017	6,021	6,024	6,027	6,030	6,033	6,035
Snohomish	39,826	39,845	39,898	39,934	39,967	40,000	40,033	40,063	40,094	40,124	40,154
Spokane	46,474	46,501	46,548	46,603	46,636	46,669	46,700	46,730	46,757	46,785	46,809
Thurston	10,867	10,874	10,888	10,905	10,922	10,939	10,955	10,971	10,986	11,001	11,014
Whatcom	9,819	9,825	9,846	9,853	9,863	9,872	9,881	9,890	9,897	9,905	9,913
Yakima	30,566	30,574	30,590	30,598	30,615	30,632	30,648	30,664	30,681	30,697	30,715

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:											
	6/20	6/21	6/22	6/23	6/25				6/27				6/29			
Benton	17,638	17,656	17,678	17,698	17,732	(3,546)	[851]	{426}	17,766	(3,553)	[853]	{426}	17,800	(3,560)	[854]	{427}
Clark	25,772	25,790	25,808	25,823	25,869	(5,174)	[1,242]	{621}	25,912	(5,182)	[1,244]	{622}	25,952	(5,190)	[1,246]	{623}
Grant	9,321	9,325	9,329	9,335	9,352	(1,870)	[449]	{224}	9,369	(1,874)	[450]	{225}	9,384	(1,877)	[450]	{225}
Island	1,847	1,849	1,856	1,861	1,870	(374)	[90]	{45}	1,879	(376)	[90]	{45}	1,888	(378)	[91]	{45}
King	111,618	111,679	111,725	112,120	112,286	(22,457)	[5,390]	{2,695}	112,448	(22,490)	[5,398]	{2,699}	112,605	(22,521)	[5,405]	{2,703}
Kitsap	8,720	8,725	8,732	8,745	8,762	(1,752)	[421]	{210}	8,779	(1,756)	[421]	{211}	8,794	(1,759)	[422]	{211}
Pierce	56,543	56,576	56,632	56,684	56,751	(11,350)	[2,724]	{1,362}	56,813	(11,363)	[2,727]	{1,364}	56,869	(11,374)	[2,730]	{1,365}
Skagit	6,007	6,007	6,010	6,014	6,021	(1,204)	[289]	{144}	6,027	(1,205)	[289]	{145}	6,033	(1,207)	[290]	{145}
Snohomish	39,826	39,845	39,898	39,934	40,000	(8,000)	[1,920]	{960}	40,063	(8,013)	[1,923]	{962}	40,124	(8,025)	[1,926]	{963}
Spokane	46,474	46,501	46,548	46,603	46,669	(9,334)	[2,240]	{1,120}	46,730	(9,346)	[2,243]	{1,122}	46,785	(9,357)	[2,246]	{1,123}
Thurston	10,867	10,874	10,888	10,905	10,939	(2,188)	[525]	{263}	10,971	(2,194)	[527]	{263}	11,001	(2,200)	[528]	{264}
Whatcom	9,819	9,825	9,846	9,853	9,872	(1,974)	[474]	{237}	9,890	(1,978)	[475]	{237}	9,905	(1,981)	[475]	{238}
Yakima	30,566	30,574	30,590	30,598	30,632	(6,126)	[1,470]	{735}	30,664	(6,133)	[1,472]	{736}	30,697	(6,139)	[1,473]	{737}

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.