

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

Date: 10/22/21

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 10/22/21 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.**

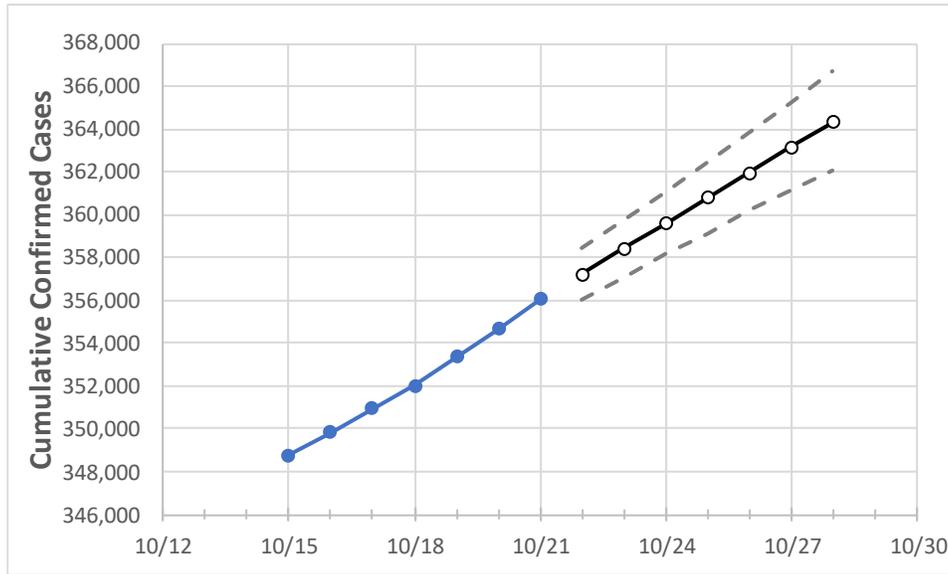
### IEM's Modeling Lead

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:							
	10/18	10/19	10/20	10/21	10/22	10/23	10/24	10/25	10/26	10/27	10/28	
Oregon	352,026	353,368	354,681	356,061	357,236	358,431	359,593	360,782	361,962	363,138	364,314	

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:							
	10/18	10/19	10/20	10/21	10/22	10/23	10/24	10/25	10/26	10/27	10/28	
Clackamas	29,350	29,440	29,551	29,660	29,755	29,852	29,951	30,047	30,148	30,248	30,347	
Linn	12,617	12,672	12,732	12,780	12,843	12,903	12,965	13,025	13,083	13,144	13,203	
Marion	36,352	36,469	36,621	36,719	36,829	36,936	37,039	37,148	37,255	37,359	37,467	
Multnomah	55,306	55,417	55,528	55,695	55,812	55,936	56,051	56,165	56,287	56,406	56,520	
Washington	38,321	38,425	38,530	38,673	38,783	38,891	39,004	39,117	39,228	39,342	39,454	

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:											
	10/18	10/19	10/20	10/21	10/23				10/25				10/27			
Clackamas	29,350	29,440	29,551	29,660	29,852	(5,970)	[1,433]	{716}	30,047	(6,009)	[1,442]	{721}	30,248	(6,050)	[1,452]	{726}
Linn	12,617	12,672	12,732	12,780	12,903	(2,581)	[619]	{310}	13,025	(2,605)	[625]	{313}	13,144	(2,629)	[631]	{315}
Marion	36,352	36,469	36,621	36,719	36,936	(7,387)	[1,773]	{886}	37,148	(7,430)	[1,783]	{892}	37,359	(7,472)	[1,793]	{897}
Multnomah	55,306	55,417	55,528	55,695	55,936	(11,187)	[2,685]	{1,342}	56,165	(11,233)	[2,696]	{1,348}	56,406	(11,281)	[2,707]	{1,354}
Washington	38,321	38,425	38,530	38,673	38,891	(7,778)	[1,867]	{933}	39,117	(7,823)	[1,878]	{939}	39,342	(7,868)	[1,888]	{944}

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.