

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

Date: 11/3/21

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 <u>not</u> 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 11/3/21 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**

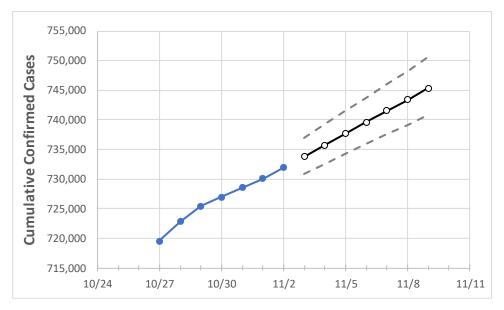
Dr. Prasith "Sid" Baccam is a **Computational Epidemiologist expert** at IEM with more than **20 years of experience in medical consequence modeling and simulation of disease outbreaks** and medical consequences following hypothetical attacks with biological agents or emerging infectious diseases. He 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:						
	10/30	10/31	11/1	11/2	11/3	11/4	11/5	11/6	11/7	11/8	11/9
Washington	726.993	728.550	730.108	731.894	733.813	735.759	737.709	739.622	741.563	743.432	745.326

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**

	Actua	al Confirm	ned Case	s On:	Projected Cases For:						
	10/30	10/31	11/1	11/2	11/3	11/4	11/5	11/6	11/7	11/8	11/9
Benton	31,307	31,338	31,369	31,420	31,461	31,501	31,541	31,578	31,617	31,654	31,691
Clark	41,902	42,028	42,153	42,307	42,455	42,597	42,742	42,887	43,030	43,180	43,323
Grant	16,139	16,168	16,198	16,227	16,267	16,304	16,342	16,379	16,418	16,454	16,489
Island	4,011	4,022	4,034	4,043	4,059	4,075	4,091	4,106	4,123	4,138	4,153
King	164,366	164,707	165,047	165,361	165,740	166,129	166,497	166,879	167,269	167,622	168,030
Kitsap	16,962	17,005	17,047	17,075	17,120	17,168	17,214	17,259	17,304	17,348	17,392
Pierce	92,726	92,918	93,111	93,331	93,570	93,808	94,045	94,277	94,508	94,738	94,965
Skagit	11,317	11,376	11,434	11,492	11,562	11,632	11,701	11,773	11,844	11,917	11,988
Snohomish	65,880	66,042	66,203	66,426	66,676	66,925	67,174	67,422	67,671	67,935	68,183
Spokane	72,627	72,777	72,926	73,132	73,354	73,570	73,787	74,007	74,226	74,447	74,670
Thurston	20,813	20,883	20,954	21,014	21,096	21,175	21,256	21,335	21,413	21,494	21,572
Whatcom	16,533	16,593	16,654	16,739	16,807	16,877	16,945	17,015	17,086	17,157	17,230
Yakima	43,558	43,599	43,641	43,737	43,819	43,896	43,978	44,055	44,134	44,213	44,292



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:			s On:	Projected Cases (Hospitalized) [ICU] {Ventilator} For:						
	10/30	10/31	11/1	11/2	11/4	11/6	11/8				
Benton	31,307	31,338	31,369	31,420	31,501 (6,300) [1,512] {756}	31,578 (6,316) [1,516] {758}	31,654 (6,331) [1,519] {760}				
Clark	41,902	42,028	42,153	42,307	42,597 (8,519) [2,045] {1,022}	42,887 (8,577) [2,059] {1,029}	43,180 (8,636) [2,073] {1,036}				
Grant	16,139	16,168	16,198	16,227	16,304 (3,261) [783] {391}	16,379 (3,276) [786] {393}	16,454 (3,291) [790] {395}				
Island	4,011	4,022	4,034	4,043	4,075 (815) [196] {98}	4,106 (821) [197] {99}	4,138 (828) [199] {99}				
King	164,366	164,707	165,047	165,361	166,129 (33,226) [7,974] {3,987}	166,879 (33,376) [8,010] {4,005}	167,622 (33,524) [8,046] {4,023}				
Kitsap	16,962	17,005	17,047	17,075	17,168 (3,434) [824] {412}	17,259 (3,452) [828] {414}	17,348 (3,470) [833] {416}				
Pierce	92,726	92,918	93,111	93,331	93,808 (18,762) [4,503] {2,251}	94,277 (18,855) [4,525] {2,263}	94,738 (18,948) [4,547] {2,274}				
Skagit	11,317	11,376	11,434	11,492	11,632 (2,326) [558] {279}	11,773 (2,355) [565] {283}	11,917 (2,383) [572] {286}				
Snohomish	65,880	66,042	66,203	66,426	66,925 (13,385) [3,212] {1,606}	67,422 (13,484) [3,236] {1,618}	67,935 (13,587) [3,261] {1,630}				
Spokane	72,627	72,777	72,926	73,132	73,570 (14,714) [3,531] {1,766}	74,007 (14,801) [3,552] {1,776}	74,447 (14,889) [3,573] {1,787}				
Thurston	20,813	20,883	20,954	21,014	21,175 (4,235) [1,016] {508}	21,335 (4,267) [1,024] {512}	21,494 (4,299) [1,032] {516}				
Whatcom	16,533	16,593	16,654	16,739	16,877 (3,375) [810] {405}	17,015 (3,403) [817] {408}	17,157 (3,431) [824] {412}				
Yakima	43,558	43,599	43,641	43,737	43,896 (8,779) [2,107] {1,053}	44,055 (8,811) [2,115] {1,057}	44,213 (8,843) [2,122] {1,061}				

For additional information from IEM, please contact Bryan Koon, Vice President of Emergency Management and Homeland Security at <a href="mailto:bryan.koon@iem.com">bryan.koon@iem.com</a> or 850-519-7966 or Stephanie Tennyson at <a href="mailto:stephanie.tennyson@iem.com">stephanie.tennyson@iem.com</a> or 202-309-4257.

