

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

**Date: 8/6/20**

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 20%, and are often within 10%, of actual confirmed cases.

The projections shown in this document are based on data pulled in as of 8/6/20 11 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.**

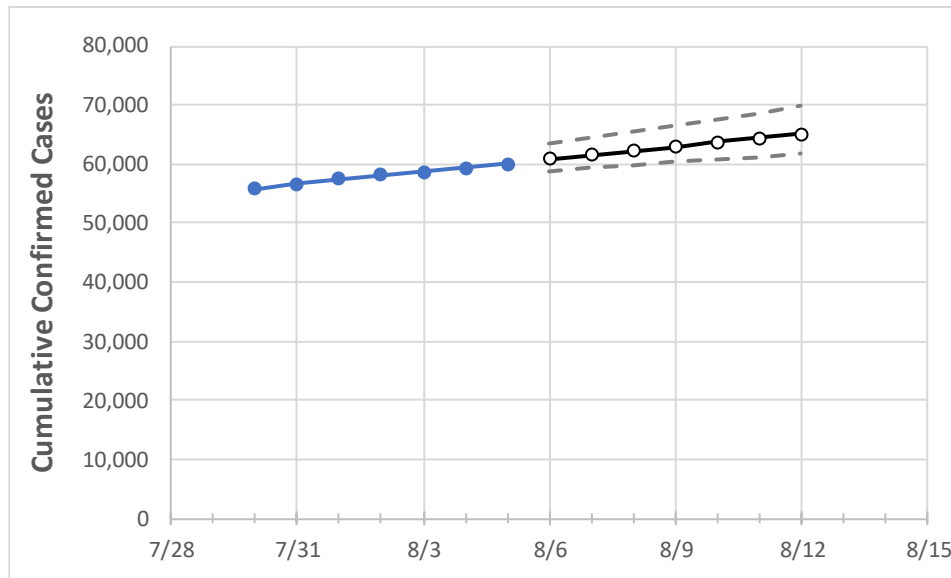
### **IEM's Modeling Lead**

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:						
	8/2	8/3	8/4	8/5	8/6	8/7	8/8	8/9	8/10	8/11	8/12
Washington	58,172	58,715	59,378	60,084	60,812	61,539	62,265	62,990	63,714	64,437	65,159

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 20%, and are often within 10%, of actual confirmed cases.

## Washington Counties

	Actual Confirmed Cases On:				Projected Cases For:						
	8/2	8/3	8/4	8/5	8/6	8/7	8/8	8/9	8/10	8/11	8/12
Benton	3,501	3,514	3,569	3,613	3,642	3,672	3,700	3,728	3,756	3,783	3,810
Clark	1,610	1,620	1,667	1,705	1,735	1,766	1,799	1,835	1,872	1,911	1,952
Grant	1,276	1,294	1,321	1,333	1,355	1,377	1,399	1,422	1,445	1,469	1,493
Island	239	240	241	241	243	244	246	248	249	251	253
King	15,501	15,603	15,726	15,865	16,005	16,145	16,284	16,422	16,559	16,695	16,831
Kitsap	645	658	674	690	710	730	751	773	795	818	842
Pierce	5,127	5,216	5,280	5,348	5,439	5,531	5,624	5,719	5,816	5,914	6,013
Skagit	815	826	836	849	859	869	880	891	902	914	927
Snohomish	5,143	5,159	5,219	5,261	5,307	5,354	5,400	5,447	5,493	5,540	5,586
Spokane	3,863	3,909	4,005	4,088	4,167	4,248	4,330	4,413	4,498	4,584	4,671
Thurston	638	640	649	659	667	674	682	689	697	704	711
Whatcom	922	936	941	957	966	976	986	996	1,006	1,017	1,028
Yakima	10,017	10,047	10,081	10,142	10,181	10,220	10,257	10,293	10,328	10,361	10,394

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:											
	8/2	8/3	8/4	8/5	8/7				8/9				8/11			
Benton	3,501	3,514	3,569	3,613	3,672	(734)	[176]	{88}	3,728	(746)	[179]	{89}	3,783	(757)	[182]	{91}
Clark	1,610	1,620	1,667	1,705	1,766	(353)	[85]	{42}	1,835	(367)	[88]	{44}	1,911	(382)	[92]	{46}
Grant	1,276	1,294	1,321	1,333	1,377	(275)	[66]	{33}	1,422	(284)	[68]	{34}	1,469	(294)	[70]	{35}
Island	239	240	241	241	244	(49)	[12]	{6}	248	(50)	[12]	{6}	251	(50)	[12]	{6}
King	15,501	15,603	15,726	15,865	16,145	(3,229)	[775]	{387}	16,422	(3,284)	[788]	{394}	16,695	(3,339)	[801]	{401}
Kitsap	645	658	674	690	730	(146)	[35]	{18}	773	(155)	[37]	{19}	818	(164)	[39]	{20}
Pierce	5,127	5,216	5,280	5,348	5,531	(1,106)	[265]	{133}	5,719	(1,144)	[275]	{137}	5,914	(1,183)	[284]	{142}
Skagit	815	826	836	849	869	(174)	[42]	{21}	891	(178)	[43]	{21}	914	(183)	[44]	{22}
Snohomish	5,143	5,159	5,219	5,261	5,354	(1,071)	[257]	{128}	5,447	(1,089)	[261]	{131}	5,540	(1,108)	[266]	{133}
Spokane	3,863	3,909	4,005	4,088	4,248	(850)	[204]	{102}	4,413	(883)	[212]	{106}	4,584	(917)	[220]	{110}
Thurston	638	640	649	659	674	(135)	[32]	{16}	689	(138)	[33]	{17}	704	(141)	[34]	{17}
Whatcom	922	936	941	957	976	(195)	[47]	{23}	996	(199)	[48]	{24}	1,017	(203)	[49]	{24}
Yakima	10,017	10,047	10,081	10,142	10,220	(2,044)	[491]	{245}	10,293	(2,059)	[494]	{247}	10,361	(2,072)	[497]	{249}

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.