

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

**Date: 8/21/20**

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 8/21/20 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.**

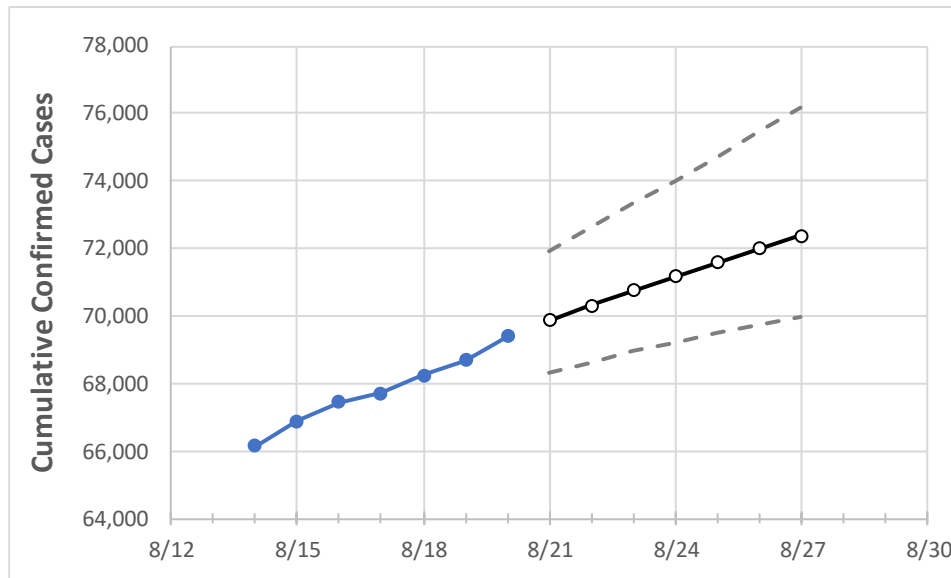
### **IEM's Modeling Lead**

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:						
	8/17	8/18	8/19	8/20	8/21	8/22	8/23	8/24	8/25	8/26	8/27
Washington	67,718	68,250	68,689	69,389	69,854	70,307	70,747	71,175	71,591	71,996	72,390

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:						
	8/17	8/18	8/19	8/20	8/21	8/22	8/23	8/24	8/25	8/26	8/27
Benton	3,860	3,892	3,913	3,932	3,944	3,957	3,968	3,979	3,990	4,001	4,011
Clark	1,938	1,979	1,982	2,000	2,011	2,022	2,033	2,043	2,053	2,062	2,072
Grant	1,833	1,872	1,902	1,935	1,971	2,007	2,044	2,082	2,121	2,161	2,202
Island	254	256	258	259	260	260	261	261	262	262	263
King	17,745	17,908	18,054	18,297	18,451	18,605	18,761	18,917	19,074	19,231	19,390
Kitsap	812	826	853	869	877	886	894	902	909	917	925
Pierce	6,177	6,212	6,277	6,332	6,374	6,415	6,454	6,492	6,529	6,565	6,600
Skagit	934	936	947	958	963	967	972	976	980	985	989
Snohomish	5,741	5,800	5,823	5,855	5,878	5,900	5,921	5,941	5,960	5,979	5,997
Spokane	4,806	4,836	4,853	4,908	4,938	4,967	4,994	5,021	5,046	5,071	5,095
Thurston	798	806	813	838	847	855	864	872	881	889	898
Whatcom	1,029	1,032	1,035	1,038	1,041	1,044	1,047	1,050	1,052	1,055	1,058
Yakima	10,645	10,665	10,680	10,720	10,744	10,767	10,789	10,811	10,831	10,851	10,870

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:											
	8/17	8/18	8/19	8/20	8/22				8/24				8/26			
Benton	3,860	3,892	3,913	3,932	3,957	(791)	[190]	{95}	3,979	(796)	[191]	{96}	4,001	(800)	[192]	{96}
Clark	1,938	1,979	1,982	2,000	2,022	(404)	[97]	{49}	2,043	(409)	[98]	{49}	2,062	(412)	[99]	{49}
Grant	1,833	1,872	1,902	1,935	2,007	(401)	[96]	{48}	2,082	(416)	[100]	{50}	2,161	(432)	[104]	{52}
Island	254	256	258	259	260	(52)	[12]	{6}	261	(52)	[13]	{6}	262	(52)	[13]	{6}
King	17,745	17,908	18,054	18,297	18,605	(3,721)	[893]	{447}	18,917	(3,783)	[908]	{454}	19,231	(3,846)	[923]	{462}
Kitsap	812	826	853	869	886	(177)	[43]	{21}	902	(180)	[43]	{22}	917	(183)	[44]	{22}
Pierce	6,177	6,212	6,277	6,332	6,415	(1,283)	[308]	{154}	6,492	(1,298)	[312]	{156}	6,565	(1,313)	[315]	{158}
Skagit	934	936	947	958	967	(193)	[46]	{23}	976	(195)	[47]	{23}	985	(197)	[47]	{24}
Snohomish	5,741	5,800	5,823	5,855	5,900	(1,180)	[283]	{142}	5,941	(1,188)	[285]	{143}	5,979	(1,196)	[287]	{143}
Spokane	4,806	4,836	4,853	4,908	4,967	(993)	[238]	{119}	5,021	(1,004)	[241]	{120}	5,071	(1,014)	[243]	{122}
Thurston	798	806	813	838	855	(171)	[41]	{21}	872	(174)	[42]	{21}	889	(178)	[43]	{21}
Whatcom	1,029	1,032	1,035	1,038	1,044	(209)	[50]	{25}	1,050	(210)	[50]	{25}	1,055	(211)	[51]	{25}
Yakima	10,645	10,665	10,680	10,720	10,767	(2,153)	[517]	{258}	10,811	(2,162)	[519]	{259}	10,851	(2,170)	[521]	{260}

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.