

Performance Analysis for the Diagnosis of COVID-19 Prediction by Mathematical Modeling & Simulation

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Abstract: Machine learning is a type of artificial intelligence (AI) method. The system can be conscious and adaptable to changes in concepts when emphatically programmed for presence based on prior experience. The study built and examined several sorts of ML algorithms in this work by creating a classifier depending on a predefined model to estimate COVID-19. The ML approach might be used in any sector of medicine, including diagnostics. COVID-19 forecast research is still needed, and there is a need to improve the diagnostic COVID-19 methodology. Several investigations have varied objectives regarding COVID-19 estimation methods that employ techniques. The purpose of this effort was to provide an integrative strategy to enhance the accuracy, precision, and recall of the COVID-19 proposed method. This study supports the utilization of ML and DL approaches. It is an essential element in the analysis of ML approaches such as K-Means and is applied to both supervised and unsupervised learning concepts. Several of these ML algorithms use various approaches to examine and perform the Decision Tree, Naive Bayes and Multi-Layer Perceptron algorithms. Equivalent data sets were examined for clustering and classification approaches, including K-Means techniques. It was demonstrated that outcomes could be foreseen that were efficient, effective, and accurate. The best algorithmic outcome for COVID-19 case detection was achieved by combining K-Means with Multi-Layer Perceptrons (MLPs), resulting in an accuracy of 99.88%.

Keywords: Machine Learning (ML) Deep Learning (DL), K-Means, Multi-layer perceptron (MLP), Decision Tree (DT), Naïve Bayes (NB) Algorithms.

1. Introduction

The COVID-19 disease outbreak, also known as the deadly virus, seems to be a widespread phenomenon of corona diseases in 2019 caused with (SARS-CoV-2). The unique virus was transmitted throughout an incidence in China, in Dec 2019. Measures to restrict it were inadequate, permitting the disease to spread globally. Its Health Organization proclaimed a Critical Serious Infection of Worldwide Significance upon January 30, 2020, and even a virus in March 11, 2020. As of May 6, 2022, the virus has caused over 516 shedload injuries and 6.24 shedload premature deaths, considering it among the deadliest in existence. COVID-19 indications varied as non-existent to lethal, with temperature, chest infection, and tiredness being the most common symptoms. People over the age of 65, and others with chronic health issues, are at a greater risk of developing a serious condition. COVID-19 originates because individuals inhaled unclean environment comprising virus-carrying globules and tiny hazardous air pollutants. Even while they can be absorbed in larger locations, such as underground, the risk of inhaling them is

greatest when individuals are seated close together. If infectious fluids enter the eye, nose, or mouth, or, in rare cases, if infectious material comes into contact with the eye, nose, or mouth, reproduction can occur. People who have the sickness remain contagious for 10 days, which means they can spread germs even if they are asymptomatic. Changes have resulted in a slew of bacterial species (varieties) with varying infection rates and morbidity rates [1]. Recently, a decision has been made regarding vaccinated individuals traveling within the United States. According to this decision, those who have been vaccinated against a particular infectious disease will no longer be required to undergo quarantine or testing before or after arriving at their destination within the country. This means that vaccinated individuals can freely travel without these restrictions, assuming they meet the vaccination criteria. It is important to note that this information is based on the latest available knowledge up until September 2021, and there may have been updates or changes in guidelines since then [2].

The COVID-19 epidemic has resulted in a significant number of cases, hospitalizations, and deaths in the US. Between January 1, 2020, and February 5, 2022, there have been over 76.4 million reported cases, 4.4 million new hospitalizations, and 900,000 deaths related to COVID-19. In December 2021, the US Food and Drug Administration (FDA) approved two oral antiviral therapies (OAV) for individuals aged 12 and above who have mild or moderate disease. These therapies are intended for outpatient treatment of early COVID-19 within 5 days of symptom onset, with the aim of preventing the progression to severe disease [4]. This epidemic continues to pressure health devices throughout the globe in a multitude of situations, involving rapid growth for emergency rooms and acute limitations of diagnostic instruments, as well as the illness by several clinical staff. As a response, the capability to make appropriate treatment decisions and efficiently employ health services is necessary. RT-PCR, the far more accurate COVID-19 test, has often remained unavailable in impoverished nations [5]–[7]. This contributes to greater disease incidence and delays critical prevention measures. Evaluation capabilities allow the early and precise detection of COVID-19, decreasing the burden on health systems. Monitoring and forecasting that combine multiple signs to evaluate the likelihood of disease have indeed been developed to assist physicians worldwide in categorizing cases, especially throughout situations involving restricted health services. Computerized radiography scanning, somatic manifestations, scientific examine, and a combination of such parameters are used in these simulations. Nonetheless, since the majority of older models were data is collected from hospital - acquired infections, they are useless for detecting for (SARS-CoV-2) inside the entire population [8]–[10].

2. Literature Review

Numerous studies and investigations regarding the examination and identification of COVID-19 have been conducted recently. The initial portion of this section explores the difficulties in applying deep learning techniques to CT scans and chest X-ray pictures for COVID-19 identification [64]. The second section examines pertinent literature to evaluate forecasts for the number of cases that were confirmed, recoveries, and fatalities linked to COVID-19 in the future. COVID-19 has turned into a pandemic as a result of its quick worldwide dissemination. People infected with the virus may not immediately show any symptoms, making detection difficult [22], [65]–[67]. Therefore, in order to put suitable precautions in place, a technique for periodically assessing the number of possibly affected people must be developed [68], [69]. The potential of AI to be included in a model that has been trained for the categorization of hidden pictures gives a considerable benefit. In this work, AI was used to examine a patient's chest X-ray picture and identify whether they are COVID-19 positive. Over two hundred countries throughout the world have been required to respond quickly and thoroughly to the COVID-19 pandemic produced by the virus known as SARS-CoV-2. Between 2 and 20 million people were infected during the first four-month period of the pandemic, which led to at least two hundred thousand fatalities. Governments throughout the world adopted strict regulations, notably the isolation of millions of residents, to slow the virus' fast spread among humans [70]–[72]. However, it is difficult to distinguish between those who have positive and negative COVID-19 instances based alone on the many disease-related symptoms. Despite several efforts, it is difficult to distinguish between the two. Consequently, it is thought to be essential to use tests that can detect the SARS-CoV-2 virus. These tests are essential for detecting cases of the virus that warrant further investigation and aid in the implementation of strategies to stop the virus from spreading [73]–[75]. Chest CT scans, for example, are very helpful and crucial in determining the stage and possible hazards of COVID-19 in patients' lungs [70], [76], [77]. To reduce transmission from person to person and improve patient care, Covid-19 must be diagnosed as soon as possible. The most effective method now available to stop the spreading of COVID-19 is to isolate individuals in good health from those who suffer from or who are suspected of harbouring the virus [63], [76], [78]. Approaches for machine learning role demonstrated crucial comprehensions of the COVID-19 diagnostic, including the lungs computed tomography (CT) scan's potential as either the first screening test or a substitute.

Khan et al. reviewed, analyze & compared the performance of various ML and DL techniques for detecting anomalies in credit card frauds [11]. It is evident by the publications of many other researchers [12]–[16]. In the

initial diagnosis, neither absence nor presence of any sign or symptom have been found accurate enough to rule in or rule out disease [17]–[19]. The research is evident that the prediction performance of diagnosis analysis in COVID-19 can be improved by mathematical modelling, simulation and machine learning [20]–[25]. The study suggests that both men and women have an equal likelihood of contracting COVID-19, meaning the prevalence of the virus is similar among both genders. However, it also highlights that men who become infected with COVID-19 are more vulnerable to experiencing severe outcomes and a higher risk of death, regardless of their age. In other words, even when considering age as a factor, men tend to face worse consequences from the disease compared to women [26]–[31]. A multitude of machine-learning systems for artificial intelligence are in current use, particularly in industry. Some need supervised learning, while others are unsupervised; the Artificial Intelligence trend in this age is bringing artificial intelligence to the attention of the globe. A subset of machine learning. Circular and square circles are the two forms of circles. We may feed the machine a variety of data [32]. Learning organizations have the proven records of performance improvement in organizational operations by the implementation of automatization & optimization techniques [33]–[39].

Zaman et al. compared the comparative study of relational & non relational Database Management Systems (DBMS) and compared their speed, efficiency and performance were monitored [40]. Khan et al. also compared the relational & non relational DBMS i.e. SQL & NoSQL databases. Both were compared in terms of loading, response, and retrieval times to discover their smoothness, efficiency and performance [41]. Khan et al. conducted the study and utilized different AI & ML techniques to assess the performance of three algorithms i.e. K-Means, KNN & SVM. They conducted simulations to demonstrate their performance with results. The study aimed to showcase effective algorithms and their capabilities in terms of performance computation [42]. Many organizations in Pakistan lags behind in the optimization of operations [43] & [44] by applications of AI & ML. The recent applied case studies of Pakistani organizations in the context of optimization by automation include procurement report [45], routine report making [46], purchase order [47], acquisition report [45], planning report [48], Supplier Price Evaluation Report [49], material delivery time analysis [50], product mix & profit maximization [51], and order costing analysis [52]. The ERP system at logistic centre of CAA Karachi is reduced by 50% of working time through the use of VBA [53]. Kalwar & Khan saved Seventy-five percent (75%) of the staff time which would have otherwise spent manually creating the procurement report was saved by automation in operations. The process of generating the order costing report was significantly faster after automation compared to the manual technique, with a time reduction of 85.92% [47]. More recently, the automation was implanted at material cost comparative analysis (MCCA) in an industry which resulted in 100% accuracy and 72.20% time reduction in 58.51 minutes [54]. Mathematical modeling & simulation is getting more importance day by day in hospitals's outpatient departments (OPDs) and emergency sections. Practitioners & researchers also developed and applied the queuing models of operations research to optimize the performance in hospitals's outpatient departments (OPDs) and emergency sections [55]–[60]. Kalwar et al. and Khaskheli et al. conducted the comparative study of queuing systems of outpatient departments (OPDs) in two large public hospitals of Pakistan. Researchers highlighted the potential applications of Mathematical modeling, simulation & queuing models of operations research to optimize the performance in hospitals's outpatient departments (OPDs) and emergency Health Care Units of Pakistan [61], [62]. [63]

The utilization of real-time inverse transcriptase-polymerase chain reaction (RT-PCR) is crucial in distinguishing COVID-19 pneumonia from other forms of viral pneumonia. Additionally, the examination of lung CT scans plays a significant role in identifying the disparities between these conditions [9], [79], [80]. Healthcare facilities place a high value on clinical task prediction, and several fields are employing computer-aided clinical predictive models, such as determining the likelihood of cardiac failure [81], [82], mortality in pneumonia [83]–[85], mortality risk in critical care [86], [87]. These technologies help medical professionals properly understand and evaluate clinical results. In this research, the authors propose a clinical COVID-19 prediction model by building on earlier methodological advancements. There are not many comparable research studies on COVID-19 prediction in clinical trials in the literature. Machine learning techniques were used in researchers to predict the clinical impact of coronavirus [88], [89]. Cangnan People's Hospital in Wenzhou and Wenzhou Central Hospital, China provided the data used in the study [90]. However, because the information is private, access to it is limited. The study used 6 distinct classifiers, including, KNN, Logistic Regression, 2 different decision trees, SVM, Random Forests and took into account eleven clinical characteristics. Based only on accuracy scores, the classifiers' performance was evaluated. The SVM classifier had an accuracy rate of 80%. In a separate investigation, Researchers forecasted the COVID-19 diagnostic using ML classifiers [91], [92]. Clinical data used in the study was sourced from Hospital Israelita Albert Einstein in Sao Paulo, Brazil [93]. The study took into account 18 clinical observations, and the classifiers were assessed based on metrics such as specificity, sensitivity, AUC, Brier score, negative predictive value, F1-score and positive predictive value. Five distinct classifiers were employed, namely SVM, random forests, neural networks, logistic regression, and gradient boosted trees. The random forest and support Vector Machine classifiers both achieved the highest AUC i.e. 0.847. In another study, a clinical predictive model was introduced for

COVID-19 [94]. Similarly to the study mentioned earlier in which the data was collected from the Hospital Israelita Albert Einstein in Sao Paulo, Brazil [93]. The authors employed multiple machine learning techniques, such as XFB, RF, SVM, NN, and LR. The AUC sensitivity and specificity values of these classifiers were calculated to assess their performance. Having an AUC score of 66%, the XGB classifier outperformed the rest of them [94].

It was found that the severity and mortality was variable in COVID-19 patients with different genders [95]. Effective prediction models have been developed to assist in the initial screening of COVID-19 through the evaluation of basic clinical signs and symptoms. These models aim to improve the prioritization of clinical resources, which can help alleviate the overwhelming strain on healthcare systems. By accurately identifying individuals who are likely to have COVID-19, these prediction models allow for more efficient allocation of testing and treatment resources, ultimately reducing the burden on healthcare providers and facilities [22], [96]–[98]. The elements of statistical learning i.e. data mining, inference & prediction can be used effectively in the diseases prediction like covid 19 [99]–[103]. Mathematical modeling, simulation, machine learning, artificial intelligence and relevant datasets should be used in the propagation analysis, prediction, diagnosis, prognosis and management COVID-19 [23], [24], [104], [105]. Gradient boosting (GB) is a highly effective technique for predicting tabular data and is widely regarded as the state of the art in the field of machine learning. It has been employed by numerous successful algorithms. GB involves combining multiple weak predictive models, such as decision trees, into an ensemble model. Each weak model is trained on the errors or residuals of the previous models, with the aim of minimizing the overall prediction error. This iterative process creates a strong predictive model that can capture complex relationships in the data. GB has proven to be particularly effective in various domains, including regression and classification tasks, and has achieved notable success in competitions and real-world applications [22], [104], [106]–[109]. Multivariate imputation has recently been shown to work in combination with predictive models in different missingness scenarios. In previous studies, it has been suggested that gradient-boosting predictors are effective in handling missing values in various predictions, including those related to COVID-19. This implies that when using a gradient-boosting model to make predictions, it has the ability to handle missing data points without requiring explicit imputation or preprocessing techniques. The model's inherent nature allows it to effectively learn from the available data and make accurate predictions even when some data points are missing [110]–[114]. The assumption commonly made is that data points exist on a manifold, which is a lower-dimensional structure within a higher-dimensional space. Based on this assumption, various studies have focused on density estimation methods specifically tailored to the set of nodes in a graph. In the context of graphs, density estimation refers to estimating the distribution of data points on the graph. However, instead of considering the entire ambient space, the estimation is restricted to the support of the graph nodes. This means that the density estimation techniques aim to capture the underlying distribution of data points within the graph structure, considering the connections and relationships between the nodes. By assuming that the data points lie on a low-dimensional manifold within the graph, researchers have developed approaches to estimate the density of the data within this limited space. These methods take into account the graph topology and utilize techniques such as spectral analysis, graph diffusion, or graph Laplacians to model the density distribution. The objective of these density estimation techniques is to provide insights into the underlying data distribution, identify clusters or patterns within the graph, and enable various graph-based analyses or applications. By focusing on the support of the graph nodes, these methods leverage the inherent structure of the graph to improve the accuracy of density estimation compared to traditional approaches that consider the entire ambient space [66], [115]–[120]. Baig et al. investigated the efficacy of ML techniques in forecasting the success of Higher Education Institutions' (HEIs) students. ML & deep learning algorithms were investigated separately and in combinations in forecasting the success of students in their classes [121]. Channar et al. highlighted knowledge sharing factors in the Higher Education Institutions (HEIs) [122]. Information seeking behaviour is changing dynamically [123], [124] and the information retrieval patterns of the students and faculty members in Higher Education Institutions (HEIs) are also change. Advanced technologies like AI & ML promoted the effective use of Social Media [125] also in Information seeking/retrieval in Higher Education Institutions (HEIs) [126]–[128]. Khan et al. conducted a performance analysis of different ML & DL techniques, including PCA, data mining, Fuzzy, LR, DT, & NB algorithms, to detect anomalies in credit card frauds. The study aimed to compare and evaluate the effectiveness of these techniques and potentially improve the accuracy of fraud detection systems in the financial domain [11].

3. Problem statement

In the field of medical science, there is a growing need to improve the healthcare system, particularly in the context of COVID-19. By the use of the approaches mentioned in detailed literature review, the authors will examine both unsupervised and supervised learning methods, followed by K-Means, and prediction techniques utilized in MLP, DT, and NB algorithms. These algorithms are utilized in clustering and classification procedures.

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The objective is to reduce mortality rates and enhance the efficiency of COVID-19 diagnosis through advanced research and development. To achieve this, it is crucial to explore various machine learning approaches and prediction models that can accurately predict COVID-19 outcomes using the available dataset. The performance of these models needs to be evaluated and measured in terms of f1-score, recall, precision, and accuracy. This research aims to address these challenges by utilizing the COVID-19 dataset and analyzing the performance of different ML algorithms in developing prediction models. There are four segments to this paper. The first part provides an introduction to the research study. Second segment discusses the work related to this research. Third part focuses on the results and discussion of various algorithm combinations used for predicting the coronavirus. Lastly, the concluding section presents a statement on the most efficient algorithm combination.

Nowadays, many researchers now work in medical science, with doctors and scientists seeking to better the health-care system. These research domains aid the health-care system because there are less incidences of covid-19 patients dying, and anybody can quickly diagnose covid-19 prediction and increasing diagnostic covid-19 prediction model output quality, accuracy, precisions, recall, and f1-score. Corona Virus Disease-2019, is a Coronaviridae virus. A non-vaccinable virus is wreaking havoc on people's lives as well as financial and economic institutions all across the world. Everything in society has been placed on hold mercilessly. The COVID-19 dataset was utilised in this work to determine which ML approaches are used to develop various prediction models, and their performance was calculated and evaluated.

4. Research methodology

In this section, the work breakdown structure of the COVID-19 prediction system is briefly defined. The steps involved are as follows:

1. **Dataset Retrieval:** Initially, the dataset is retrieved from Google Drive, which serves as the source of data for the system.
2. **Data Cleaning and Feature Extraction:** The retrieved data undergoes cleaning to remove any inconsistencies or irrelevant information. Feature extraction is performed using the TfidfTransformer method, which helps in representing the data in a meaningful way.
3. **Pre-processing and Standardization:** The data is pre-processed to prepare it for analysis. Additionally, the data is standardized using the MinMaxScaler method, which ensures that all features are transformed to a consistent scale.
4. **K-Means Clustering:** This technique is an unsupervised ML method, is applied to the pre-processed and standardized data. This method enhances model accuracy, precision, recall, and F1-score.
5. **Train and Test Data Split:** The dataset is divided into test data and training data to evaluate the performance of the model.
6. **Algorithm Implementation:** The NB, MLP and DT algorithms are utilized to create and construct the final prediction model for COVID-19.

Figure 4 illustrates the architecture of the COVID-19 prediction system, providing a visual representation that aids in understanding the research activity and serves as a concise outline of the work breakdown structure.

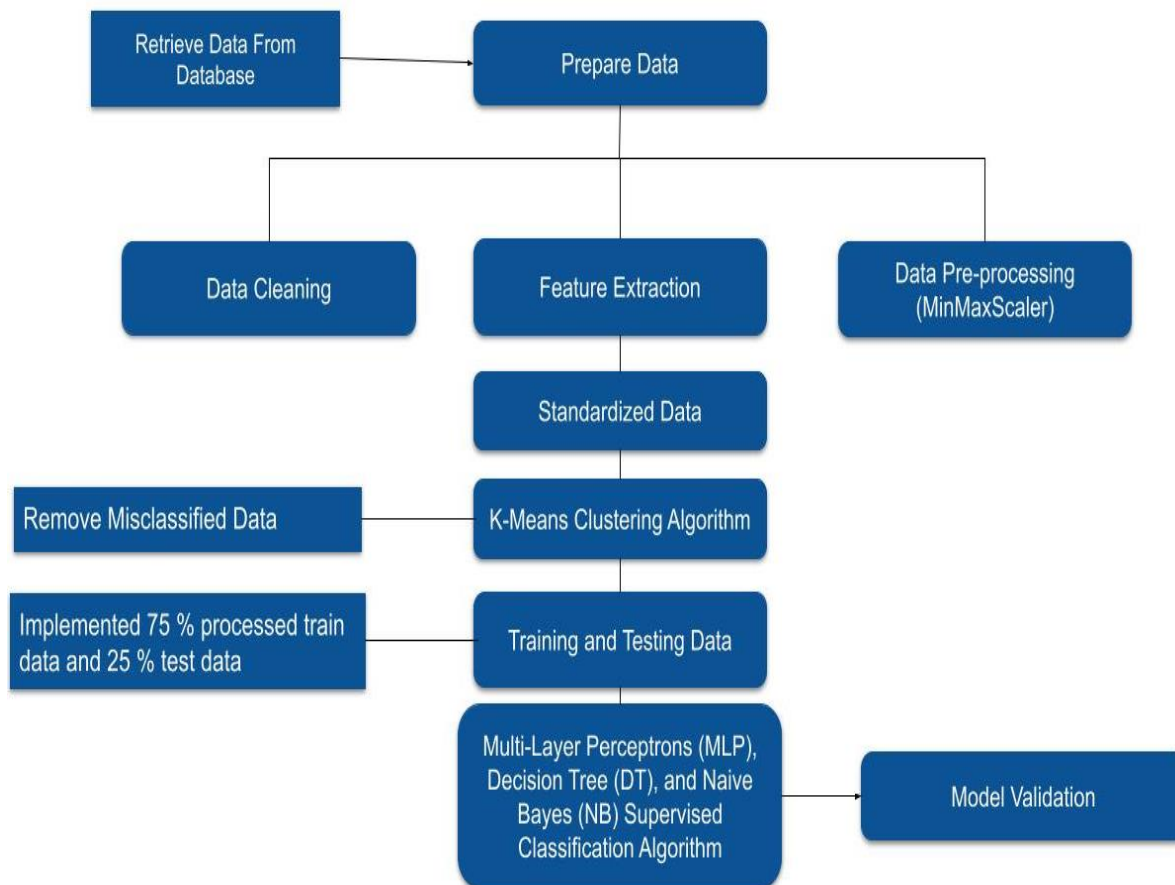


Figure 1: Proposed Algorithm Steps in COVID-19 Prediction.

5. Data collection & analysis

5.1 Classification, Regression, And Clustering In Machine Learning

The systematic method of dividing systems into recognizable groupings and subcategories depending on their commonalities is called classification.. Many researchers used the concepts of classification, regression and clustering in Machine Learning to analyse & investigate the diseases [129], [129]–[133]. There are several sorts of categorizations in machine learning. MLP,DT, and NB Classifier. . Classifications comprise data that has been structured and annotated. For example, consider Figure 1, It displays a variety of categorization components used in a variety of processes.

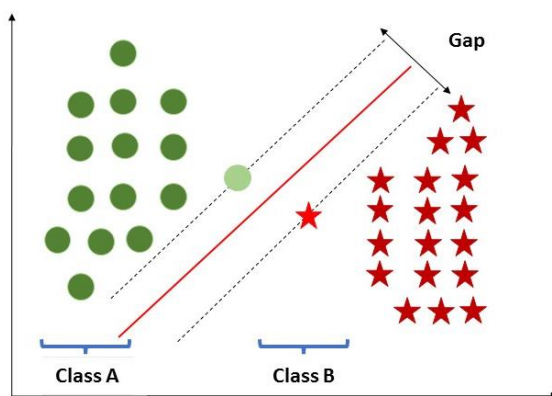


Figure2: Classification [134]

Because different regression models differ in terms of the type of interaction between dependent and independent variables, linear and nonlinear regression procedures are based on unsupervised & supervised learning techniques. It does regression tasks.

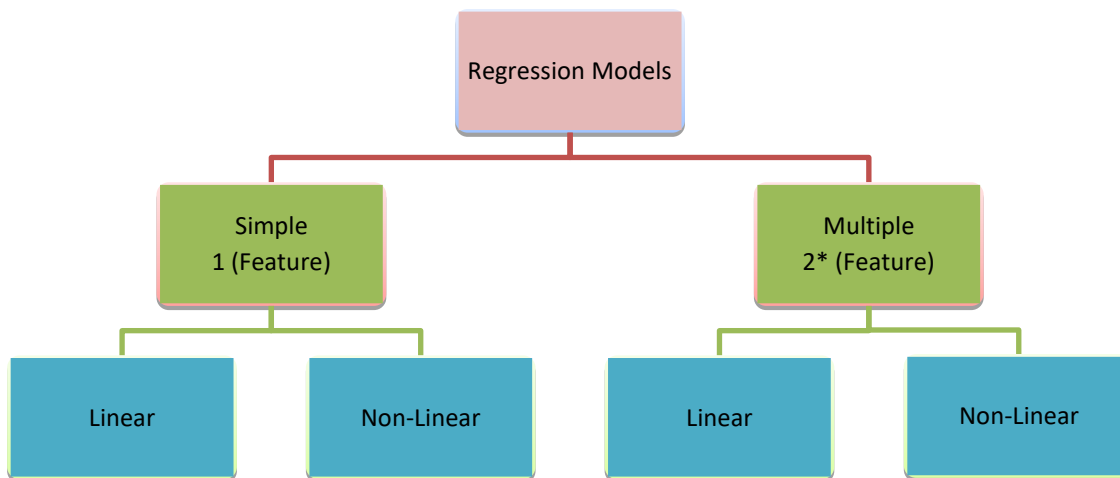


Figure3: Regression Models

As illustrated in figure3, Machine learning techniques employ both organized and unstructured data, as well as a variety of regression features. Both of these non-linear and linear regression incorporates the first and second properties of the regression model. Clustering is a particularly common kind of learning that is unsupervised, which has many uses across several sectors. A cluster is a group of related pieces of information that have undergone isolation and processing based on a data machine (ID). The various clusters are shown in Figure4.

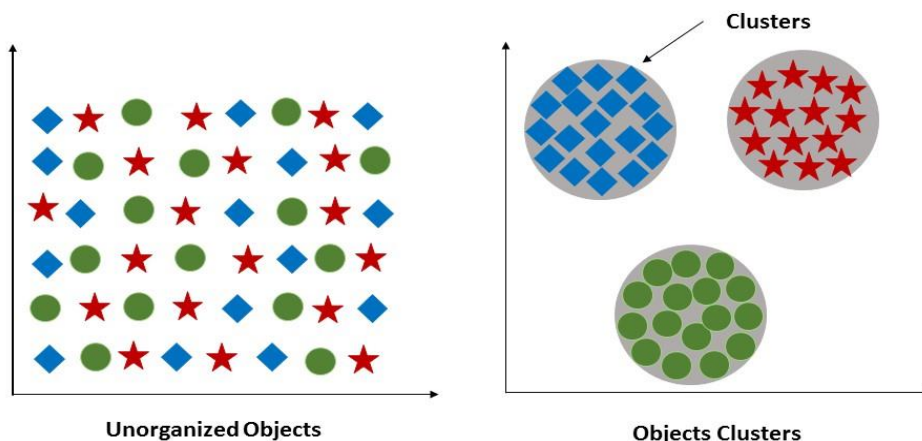


Figure4:Clustering [64]

5.2 Artificial Intelligence

AI is a branch of computer science that focuses on developing smart computers capable of performing tasks that typically require human intelligence. This field involves the creation of algorithms and models that enable computers to analyze data, make logical deductions, and generate predictions or conclusions. Artificial intelligence

encompasses various domains such as robotics, ML, natural language processing, computer vision, and more. Its objective is to imitate and automate cognitive functions like decision-making, pattern recognition, and problem-solving.

5.3 Performance Analysis

High-level scripting languages like Python are frequently used in web development, databases, software, and machine learning methods. The GUI foundation of Anaconda Navigator -> Jupiter Notebook was used. We linked datasets together and ran the K-Means, DT, NB, and MLP algorithms using the Python computer language. The collection mostly consists of Covid-19 prediction diagnoses based on symptoms. This dataset contains tuples (rows) and 10-dimensional characteristics (columns) on the number 1048575. The identical dataset was used in each of the three independent programs, which we ran. The first program used K-Means and MLP procedures. The second program used Decision Tree method. The third program used the Naive Bayes process. All of these applications are active on the personal computer. The setup of the PC is mentioned below:

- Intel (R) Core (TM) i5-2520M, 2.00 GHz, second generation.
- The computer's operating system utilizes a 64-bit architecture along with a 4 GB RAM configuration.
- Window 10 Home.
- A 500 GB hard drive.

5.4 Data Collection

We have utilized a GB predictor trained using the LightGBM Python package. This package is a popular choice for implementing gradient boosting algorithms efficiently. To train our model, we divided our data into training and validation sets. The validation set was specifically used for early stopping, which is a technique employed during model training to prevent overfitting and find the optimal number of iterations or epochs. It helps to avoid training the model for too long, as that can lead to a decrease in generalization performance. In our case, we used the area under the receiver operating characteristic curve (auROC) as the performance measure. The auROC is a common evaluation metric for binary classification models, and it assesses the model's ability to distinguish between the positive and negative classes. Overall, we utilized a gradient-boosting predictor with the LightGBM package, employing early stopping with the auROC metric on the validation set to train and assess the performance of our model which is evident in many other studies [22], [65]–[67]. SHAP (Shapley Additive exPlanations) values are used to determine the main factors influencing the predictions made by complex models like artificial neural networks and gradient-boosting machines. SHAP values provide a way to measure the contribution of each feature or input variable to the model's output. They are particularly useful for understanding the importance of different features in complex models that are typically difficult to interpret. By calculating SHAP values, it becomes possible to identify the key features that drive the model's predictions. In this context, the SHAP values were specifically used to analyze artificial neural networks and gradient-boosting machines. These models are known for their complexity and black-box nature, making it challenging to understand the specific factors that influence their predictions. However, by employing SHAP values, researchers or analysts can gain insights into the relative importance of different features and better comprehend how these models make their predictions [135]–[138]. Random bootstrap sampling technique is commonly used method to obtain reliable estimates of relevant coefficients. This approach helps mitigate sampling bias and ensures that our estimates are not influenced by under- or over-weighting of specific groups of observations. By randomly selecting subsets of the original data and creating multiple bootstrap samples, we can generate a more robust understanding of the coefficients we are interested in estimating. This technique enhances the accuracy and reliability of our results by accounting for variations and uncertainties within the data [139]–[143]. Gathered data from the Kaggle website, which contains a large number of machine learning datasets, and the Israeli Ministry of Health Covid-19 dataset, which was previously used by [144]. The dataset includes 508513 male and 537182 female sample patients from Israeli, Israeli residents who were observed for Covid-19 diagnosis and total 10 attributes (every attribute on behalf of medical diagnosis measures) and with one target class (which signifies the status of each tested separate) and in this dataset a total of 523922 tested negative cases and 524653 tested positive cases [68], [69]. Few other authors also used the same data source to get the dataset for the Covid-19 disease diagnosis & analysis by using ML approach [145]–[148]. Table 1 briefly describes the characteristics and variables included in the implementation dataset for this study, which was Israeli Ministry of Health Covid-19 Dataset.

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Table 1: Original Israeli Ministry of Health Covid-19 Dataset

Date time	Cough	Fever	Sore Throat	ShortnessOf Breath
11/12/2020	0	0	0	0
11/12/2020	0	1	0	0
11/12/2020	0	0	0	0
11/12/2020	0	0	0	0
11/12/2020	0	1	0	0
Headache	Corona Result	Age60andAbov	Gender	Test Indication
0	negative	no	male	other
0	negative	no	male	other
0	negative	yes	female	other
0	negative	no	male	other
0	negative	no	male	contact with confirmed

It also examines data normalization, preprocessing, simulation and induction needs, essential criteria, complication considerations, identified construct post-processing, simulations, and instructional models, the most important numerous steps by steps defined. Initially, data load from database subsequently prepare data and when data preparation process complete, then data preprocessing, standardized data. The cleaned and pre-processed data display table 2. The mixed data chart is shown in Figure 4 without K-Means implementation. The X value colour circle is purple, and the second Y value colour circle is yellow.

Table 2: Pre-processed Israeli Ministry of Health Covid-19 Dataset

Cough	Fever	Sore Throat	ShortnessOf Breath
0.209985	0.050759	0.684658	0.145202
0.876941	0.069034	0.230935	0.363428
0.850973	0.061921	0.336166	0.353592
0.363601	0.646058	0.919711	0.548252
0.814712	0.867479	0.977511	0.889862
Headache	Corona Result	Gender	Test Indication
0.959292	0.858495	0.826742	0.463016
0.320959	0.597697	0.416783	0.002954
0.576014	0.553432	0.739722	0.838980
0.861257	0.628242	0.376887	0.510901
0.917373	0.261651	0.056288	0.412892
	Test Indication		
	0.852285		
	0.722472		
	0.163775		
	0.199961		
	0.035584		

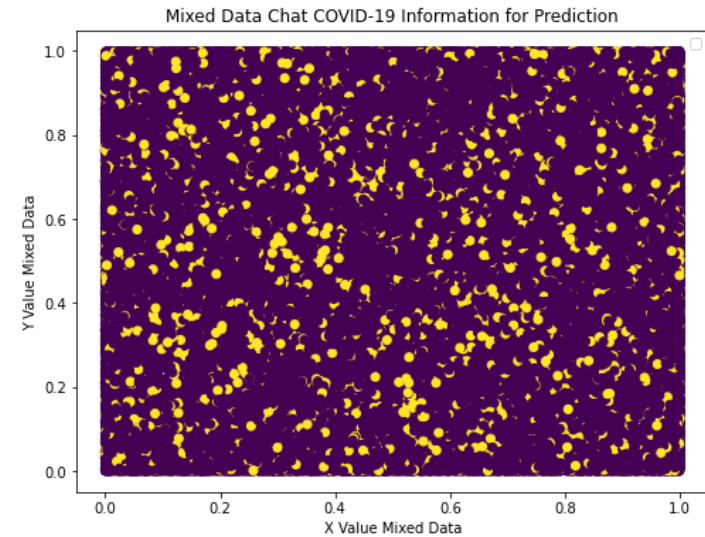


Figure 4: K-Means Earlier Execution Mixed Data Chart

5.5 K-Means Clustering Algorithm

The most popular kind of unsupervised learning, known as clustering, has a wide range of uses and widespread adoption in several fields. In order to create a set of data identified as clustering, information must be broken up and processed by a computer. Every cluster is assigned a distinctive identification number for identification purposes. The unsupervised K-means algorithm is a method of machine learning. This method categorises data as mixed or unstructured. The dataset starts with a first group of randomly chosen mean values, which acts as the beginning point for each following group, and then performs repetitive computations to optimise the position of the centre values [149]. The K-means algorithm operates on the following fundamental principles:

1. Determine the number of K clusters.
2. Compute the centroids by first sorting the dataset and then picking the K information for the centroids at random without substitution.
3. Recognizing fissures until there is minimal growth inside the centroids. In other words, the process of focusing information on clusters does not change.
4. Compute the quantity of the shaped distances between the details' focus facts and all the centroids.
5. Label each piece of information by pointing to the nearest whole number (centroids significance).
6. Determine the centroids for the clusters by calculating the cruel of all information focuses assigned to each cluster.
7. End.

These are a few mathematical separation strategies or functions that may be used to any algorithm. This method, like the Euclidean, Manhattan, and Hamming distances, is based on classification. Among these approaches are the following:

Euclidean	$\sqrt{\sum_{i=1}^k (x_i - y_i)^2}$
Manhattan	$\sum_{i=1}^k x_i - y_i $
Minkowski	$\left(\sum_{i=1}^k (x_i - y_i ^q) \right)^{1/q}$

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In this preprocessing, we included a standardized dataset and utilized it to generate the mixed data presentations. K-Means is a technique for data cleaning, and data preprocessing of such datasets, increasing interpretability while minimizing information loss, using K-Means two clusters. Within the K-Means clustering technique, each data point is allocated a probability or possibility score, indicating the degree of likelihood that it belongs to a particular cluster. It accomplishes this by successively producing new, highly asymmetrical variables. This reasoning was instantly used on the data matrix to produce the membership matrix that shows how closely connected each cluster is to each sample. This method essentially uses a clustering strategy, as shown by the ten-dimensional dataset, K-Means algorithm, and centroid clustering values. The Ministry of Health Covid-19 dataset, which has nine dimensions, is combined with the Clusters dataset. The Clusters dataset includes three features derived from the preprocessing values of the Ministry of Health Covid-19 dataset, as well as one feature representing the target property, which is the cluster number (see Table 3). Below is a concise definition of the K-Means Clustering Centroid Value. The structured data obtained from converting the unstructured dataset is represented by two clusters, visualized in Figure 5. The centroid values for the clusters, represented by the colors green and red, are indicated by the yellow asterisk (*) symbol. This information can be found in Table 6 illustrates a line chart representing the sum of squared error determined by the K-Means algorithm.

K-Means Clustering Centroid Value.

```
array([[0.50179588, 0.50052385, 0.50155221, 0.49727497,
0.49845892, 0.50047932, 0.50111732, 0.25017634, 0.49937262],
[0.49820804, 0.50010101, 0.49865365, 0.50206582, 0.50129637,
0.50033012, 0.49813375, 0.75055154, 0.50049609]])
```

Table 3: K-Means Two Clusters Preprocessed Pre-Processed Israeli Ministry of Health Covid-19 Dataset

Cough	Fever	Sore Throat	ShortnessOf Breath	Test Indication
0.209985	0.050759	0.684658	0.145202	0.463016
0.876941	0.069034	0.230935	0.363428	0.002954
0.850973	0.061921	0.336166	0.353592	0.838980
0.363601	0.646058	0.919711	0.548252	0.510901
0.814712	0.867479	0.977511	0.889862	0.412892
Headache	Corona Result	Gender	Test Indication	Clusters
0.959292	0.858495	0.826742	0.852285	0
0.320959	0.597697	0.416783	0.722472	0
0.576014	0.553432	0.739722	0.163775	1
0.861257	0.628242	0.376887	0.199961	1
0.917373	0.261651	0.056288	0.035584	0

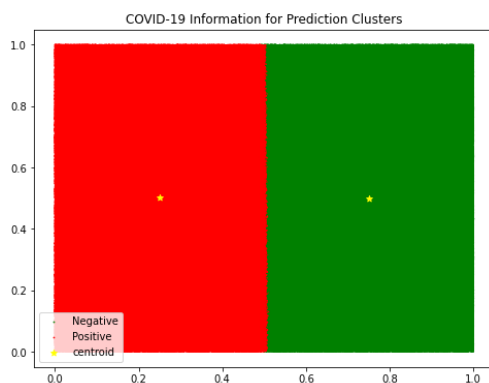


Figure 5: K-Means Two Clusters

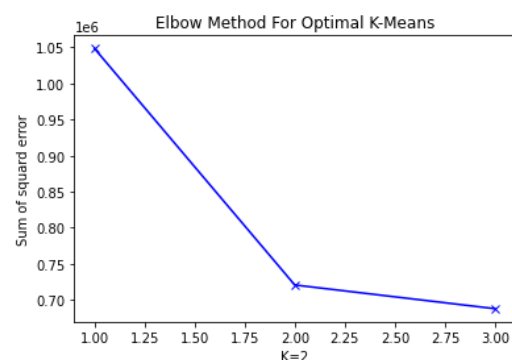


Figure 6: K-Means Sum of Squared Error Line Chart

Utilizing accuracy, f-measure, and recall we relate the development of CFD exhausting-equally clustering algorithms. The classification of COVID-19 results as legitimate, suspicious, or predicted is determined by evaluating a suspicion score, which measures the degree of deviation from normal patterns. This scoring mechanism assesses the extent of abnormality to categorize the COVID-19 outcome.

5.6 Multi-Layer Perceptrons (MLP) Algorithm

An advanced optimization algorithm called the Multilayer Perceptron (MLP) is composed of multiple perceptrons. It consists of an input layer that receives input data, an output layer that generates judgments or estimates based on the input, and an arbitrary number of hidden layers that serve as the MLP's computational power. By varying the number of hidden layers, the MLP is capable of approximating any continuous function [150], [151]. In cases where datasets are not conditionally independent, the MLP overcomes this challenge by employing participants to develop machine learning and prediction models with a more flexible and complex framework. This approach, often used in supervised learning, addresses challenges related to difficult data patterns and enables scientific advancements in various fields. Some of these approaches are mentioned below:

Sigmoid	$S(z) = \frac{1}{(1 + e^{-z})}$
Linear Regression	$y = e^{(b_0 + b_1 * x)} / (1 + e^{(b_0 + b_1 * x)})$
Cost Regression	<p>Linear $(Cost(h\theta(x), y)) = -\log(h\theta(x)), \text{ if } y = 1 \text{ and}$</p> <p>$(Cost(h\theta(x), y)) = -\log(1 - h\theta(x)), \text{ if } y = 0$</p>
Nonlinear Regression	$Y = f(X, \beta) + \epsilon$

The MLP algorithm main steps exertion as follows:

1. Similar to a perceptron, the Multilayer Perceptron (MLP) utilizes partial derivatives of input data and parameters between input and hidden layers to compute values in the hidden layer. However, unlike an activation function, these values are not increased.
2. MLPs employ activation functions like rectified linear units (ReLU), sigmoid, or tanh in each of their hidden layers. These functions transform the calculated outputs to the visible layer.
3. Once the desired output is generated in the hidden layer through the activation function, partial derivatives are computed with respect to the relevant values and propagated to the next layer within the MLP.
4. This process is repeated for additional layers until the desired outcome is achieved.
5. The calculated results are then utilized for further analysis or decision-making.

The MLP prediction labels the old data values and predicts the value of the new data, where we try to make your predictions fit the labels during preparation, figure 7 shows the result of that MLP confusion matrix.

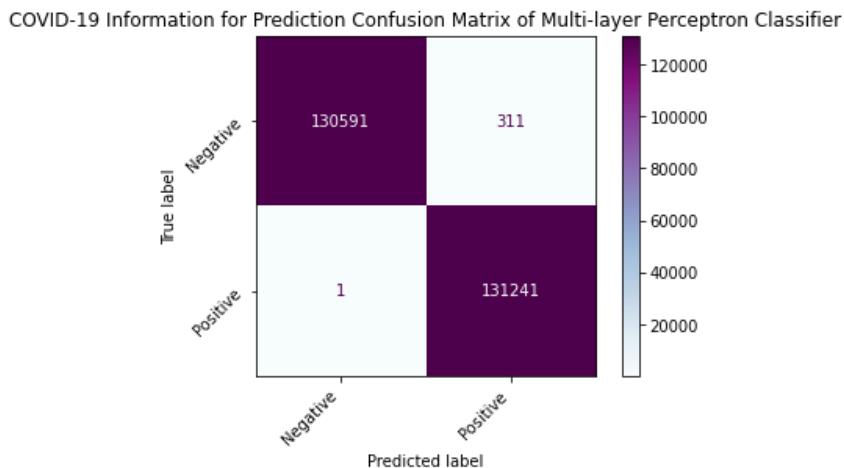


Figure 7: Confusion Matrix Multi-Layer Perceptrons (MLPs) Algorithm

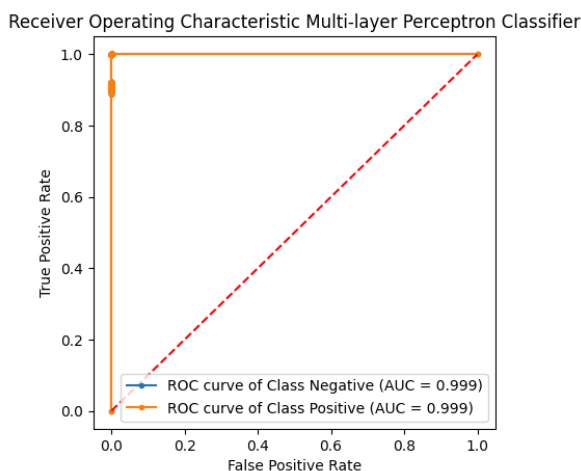


Figure 8: Multi-Layer Perceptrons (MLP) Receiver Operating Characteristic (ROC Curve)

In the context of this paper, the confusion matrix is represented as $[[A, B], [C, D]]$

- A represents the count of accurate predictions classifying an example as negative
- B signifies the count of inaccurate predictions labeling an example as positive
- C denotes the count of negative extrapolations that are incorrect
- D indicates the count of correct predictions identifying an example as positive.

By showing the Receiver Operating Characteristic curve for a no-skill classifier on a fictitious dataset, we can demonstrate this. The resulting MLP algorithm ROC Curve picture 8 illustrates outcome.

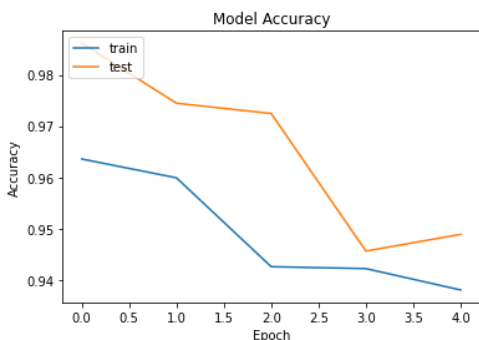


Figure 9: Model Accuracy Multi-Layer

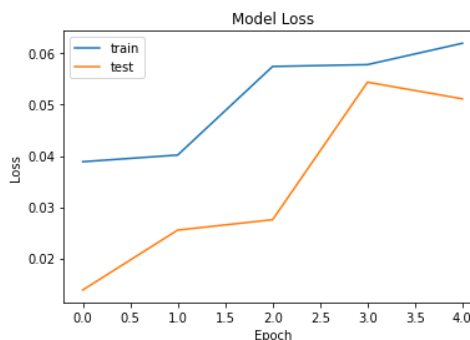


Figure 10: Model Loss Multi-Layer Perceptrons

Perceptrons (MLPs) Algorithm

(MLPs) Algorithm

In this paper, we used the concept of the ROC curve to analyze our model. This will gain the accuracy of the estimated prediction method while frequently meeting the patterns of covid-19 prediction. In this study, we examined our model using the model accuracy and model loss concepts. This will improve the accuracy of the approximated prediction approach while also fulfilling the patterns of covid-19 prediction on a regular basis. Figure 9, 10 displays the result model accuracy and model loss multi-Layer perceptrons (MLPs) algorithm.

5.7 Decision Tree Algorithm

The Decision Tree method falls under the umbrella of supervised ML methods. In addition, the decision tree approach may be utilized to beat classification techniques applications. The purpose of creating a Tree Structure is to design a development model that predicts the category or values of the target attribute by learning fundamental choice rules from past results (training data). In Decision Trees, we begin at the root of the tree to generate a data point for a data. The importance of the record's quality is balanced against the quantities of the fundamental property. We proceed towards the next nodes involves the comparison by following the branches that equivalent to that outcome. These are some scientific methods or functions that may be utilized in conjunction with any algorithm [152]. This approach, like the Information Gain and Entropy methods, is established on the creation of a DT and classification. The following are some of these approaches:

Information Gain

$$\text{Information Gain} = E(Y) - E(Y|X)$$

Entropy

$$\text{Entropy}(s) = -P(+)\log_2 P(+)- P(-)\log_2 P(-)$$

The DT algorithm significant steps work as follows:

1. It started with S, the initial root node.
2. The procedure repeats over the comparatively duplicate variable of the sequence, evaluating the Entropy (H) and Information Gain (IG) of this capability with each iterative process.
3. The feature with the shortest entropy or greatest information gain is instead selected.
4. The measurement S is instead partitioned by such desired characteristic to provide a number of observations.
5. The approach is repeated for each segment, reflecting only qualities which have never been accepted previously.
6. End.

With the use of the decision tree algorithm, The multi-layer perceptrons prediction labels the old data values. It predicts the value of data, where we try to make your predictions fit the labels during preparation with the use of algorithm decision tree algorithm figure. 11 shows the result of that confusion matrix.

COVID-19 Information for Prediction Confusion Matrix of Decision Tree Classifier

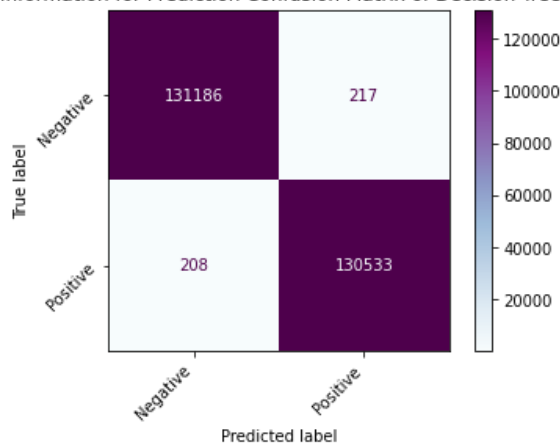


Figure 11: Confusion Matrix Decision Tree Algorithm

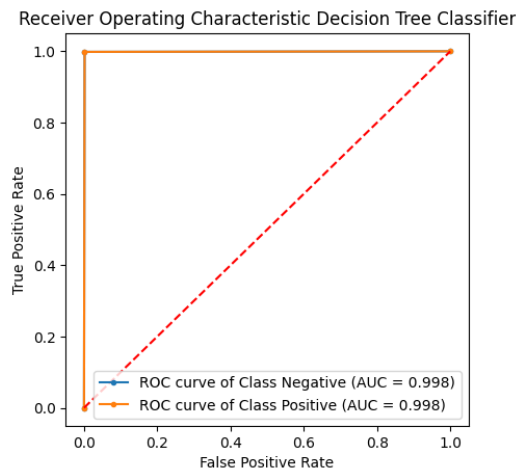


Figure 12: Decision Tree Receiver Operating Characteristic (ROC Curve)

Assuming that our decision tree model sounds fitted in this, the confusion matrix helped us calculate the predicted labels of our detection prediction mentioned in figure 11 & 12.

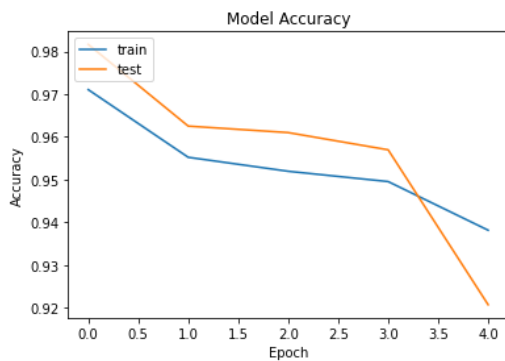


Figure 13: Model Accuracy Decision Tree Algorithm

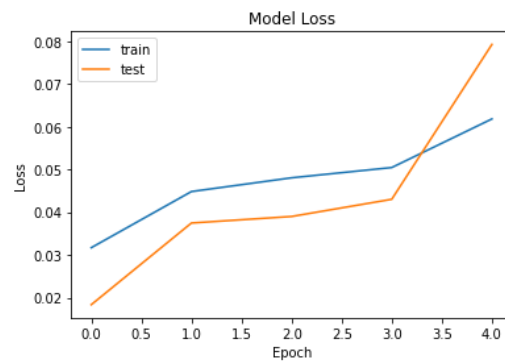


Figure 14: Model Loss Decision Tree Algorithm

In this work, we evaluated our model using the model accuracy and model loss concepts. This will improve the approximated prediction strategy's accuracy while also fulfilling the covid-19 forecast patterns on a regular basis. Figure 13, 14 presentations the result model accuracy and model loss decision tree algorithm.

5.8 Naive Bayes Algorithm

A supervised ML method built on the Bayes theorem, Naive Bayes (NB) algorithm manages categorization issues. This technique is typically employed in sentiment analysis with a sizable train data set, and it is a probabilistic and practical classification strategy that helps in the construction of quick ML algorithms' capacity to provide precise forecasts. These are methods or statements from science that may be applied to enhance any algorithm [152]. This method is classification-based, like the Bayes Theorem method. These viewpoints are as follows::

Bayes Theorem Formula

$$P(A|B) = \frac{P(B|A) \cdot P(A)}{P(B)} \quad (10)$$

The probability of an incidence is calculated by the Naive Bayes classifier in the following steps:

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1. Compute the statistical significance for every one of the target class indicated.
2. Estimate the significant chance to every parameter per each category.
3. Calculate the conditional probabilities using the Bayes Formula and these values.
4. Using the Probabilistic Technique and enter inputs data, compute the conditional probability.
5. Evaluate if the category has an increased probability, provided that such input relates to the data with a high possibility.
6. End.

With the NB algorithm, the multi-layer perceptrons prediction labels the previous values. The NB method is employed to predict the values of the data, and during the training phase, efforts are made to align the forecasts with the corresponding labels. The resulting confusion matrix is presented in Figure 15.

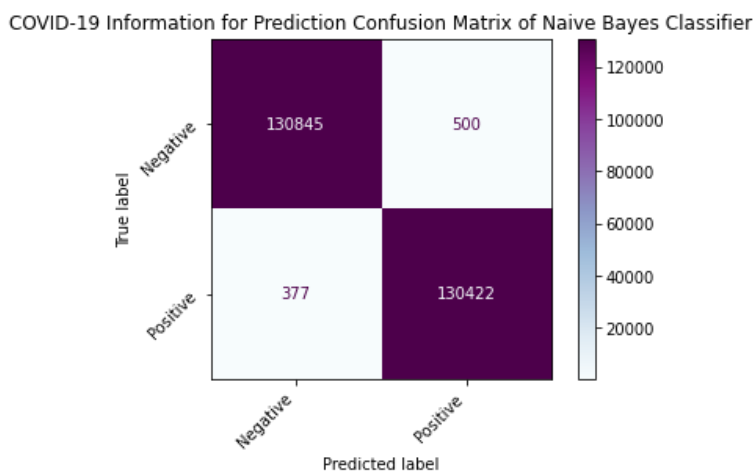


Figure 15: Confusion Matrix Naive Bayes Algorithm

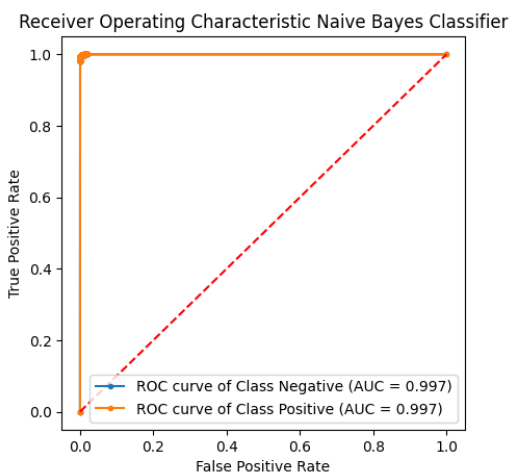


Figure 16: Naive Bayes Receiver Operating Characteristic (ROC Curve)

The best thing about this confusion matrix is that it doesn't mislead the outcome. It illustrates a classifier model's systematic performance when its filtering inception is altered. In diagnostic judgement, ROC analysis is inextricably linked to cost/benefit evaluation, as seen in NB ROC Curve figure 16.

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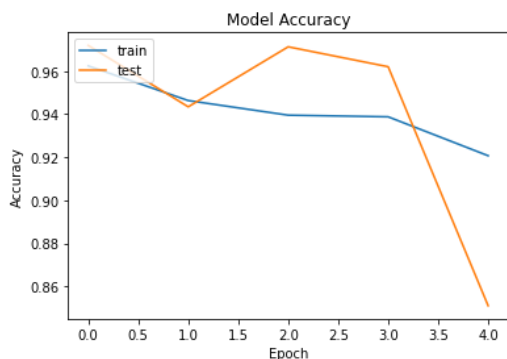


Figure 17: Model Accuracy Naive Bayes Algorithm

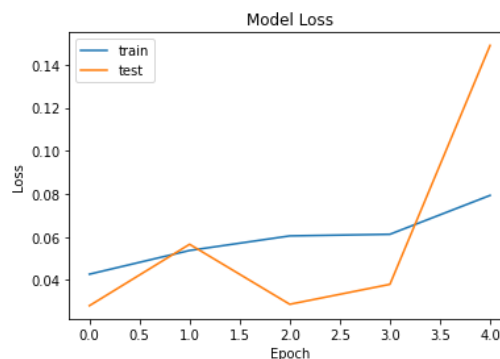


Figure 18: Model Loss Naive Bayes Algorithm

In this study, we assessed the performance of our model by considering the framework's accuracy and modeling loss metrics. By doing so, we aimed to enhance the accuracy of the approximate prediction strategy while ensuring its consistency with the patterns observed in covid-19 predictions. The outcomes of the naive Bayes algorithm for model accuracy and model loss can be observed in Figures 17 and 18, respectively.

6. Results and discussion

Machine learning is an empirical technique that teaches algorithm to solve challenges instead of being supervised ML. DL is currently the ML champion, thanks to better techniques, computer power, and large data sets. Nevertheless, conventional ML technique continue to play an important role in the industry. The paper introduces a novel approach that combines the integration of K-Means with other Supervised Machine Learning Algorithms (SMLA) to create a powerful classifier. The researchers conducted a comparative study to evaluate the performance of their approach against other commonly used SMLA. The integration of K-Means is a key component of their approach, which allows for the identification of clusters within the data. This clustering helps in grouping similar instances together, enabling more effective classification. By combining K-Means with SMLA, the researchers aimed to enhance the classifier's accuracy and performance. To determine the best classifier, the researchers compared the performance of their integrated approach with other established SMLA. They likely used various metrics such as accuracy, precision, recall, or F1 score to assess the performance of each classifier. By conducting this comparative study, they aimed to identify which classifier yielded the highest performance on their dataset. Overall, the paper proposes a new approach that integrates K-Means with SMLA for classification tasks. The researchers performed a comparative study to determine the best classifier, and their findings provide insights into the effectiveness of their approach compared to other methods. The SMLA techniques used in this study are Multi-Layer Perceptrons (MLPs), Decision Trees (DT), and Naive Bayes. In the next step, we combined the algorithms to check the most accurate combination over covid-19 diagnosis prediction based on symptoms. The highest accuracy we gained using our algorithms' combination was through K-Means, Multi-Layer Perceptrons (MLPs). Next we acquire the second-ranked combination which was K-Means, Decision Tree. Finally, K-Means, Naïve Bayes was ranked third.

Table 4: Combination of Algorithms Model Accuracy Covid-19 Diagnosis Prediction Based On Symptoms

Combination of Algorithms	Accuracy
K-Means, Multi-Layer Perceptrons (MLPs)	99.8809814453125 %
K-Means, Decision Tree (DT)	99.83787536621094%
K-Means, Naïve Bayes (NB)	99.66545104980469 %

Table 5: Combination of Algorithms Parameter Score Covid-19 Diagnosis Prediction Based On Symptoms

S/#.	Parameter Score (%)	K-Means, Multi-Layer Perceptrons (MLPs)	K-Means, Decision Tree (DT)	K-Means, Naïve Bayes (NB)
1	Accuracy	0.99880981	0.99837875	0.99665451

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2	Precision	0.99880981	0.99837875	0.99665451
3	Recall	0.99880981	0.99837875	0.99665451
5	Sensitivity	0.99762417	0.99834859	0.99619323
6	Specificity	0.99999238	0.99840906	0.99711771
7	F1-Score	0.99880981	0.99837875	0.99665451

The combination of our implemented algorithm, which is K-Means, Multi-Layer Perceptrons (MLPs), has reached at its maximum outcome in terms of accuracy. However, the combination between K-Mean and DT was ranked second, followed by our third algorithm consisting of K-Means and Naïve Bayes Algorithm and table 4, and 5 briefly defined results.

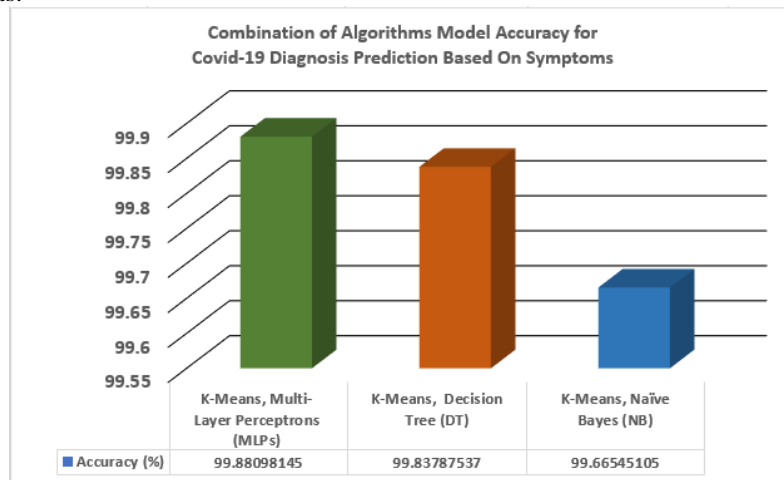


Figure 19: Combination of Algorithms Model Accuracy Covid-19 Diagnosis Prediction Based On Symptoms

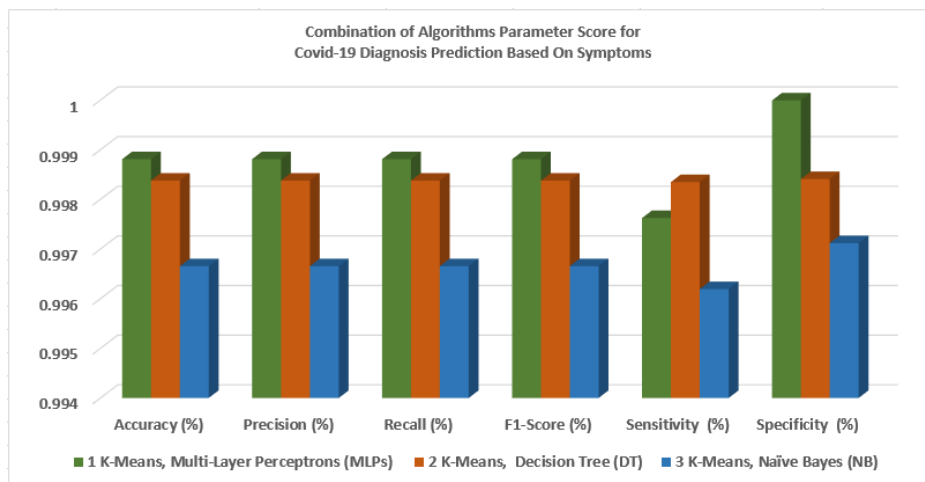


Figure20: Combination of AlgorithmsParameter ScoreCovid-19 Diagnosis Prediction Based On Symptoms

As per the results, the accuracy graph also shows the combinations' prediction at its maximum mentioned in Figure 19. Depending on the context, there may be adjustments or reductions made to the accuracy metric. Figure 20 illustrates that accuracy, precision, recall, sensitivity, f1-Score, and specificity are optimized and exhibit their highest levels of correctness.

7. Conclusion

The novelty of this research lies in the comprehensive exploration and utilization of multiple algorithms, namely K-Means Clustering, Multi-Layer Perceptrons (MLPs), Decision Tree, and Naive Bayes, for COVID-19 case detection. By leveraging these algorithms and the Israeli Ministry of Health COVID-19 dataset, the study achieved highly accurate results. The significant contributions of K-Means and Multi-Layer Perceptrons (MLPs) to the overall accuracy highlight their potential effectiveness in COVID-19 case identification. Furthermore, the application of the K-Means methodology to enhance accuracy adds novelty to the research approach. We utilized the publicly released COVID-19 dataset from the Israeli Ministry of Health to classify and cluster the data. The K-Means methodology was employed to enhance accuracy. Combining the K-Means and Multi-Layer Perceptrons (MLPs) yielded an accuracy of 99.8809814453125%. Similarly, combining the K-Means and Decision Tree resulted in an accuracy of 99.83787536621094%, and combination of K-Means with the Naive Bayes Algorithm produced an accuracy of 99.66545104980469%. The future direction of this work involves further exploration and refinement of the employed algorithms for COVID-19 case detection. Building upon the success of combining K-Means and Multi-Layer Perceptrons (MLPs), future research could investigate the integration of other advanced machine learning techniques to enhance accuracy. Additionally, the study could expand its dataset sources beyond the Israeli Ministry of Health, considering diverse and comprehensive data to validate the algorithmic approaches in different contexts and regions.

8. Future Implications

This study built and examined various ML & DL algorithms of supervised & unsupervised learning by creating a classifier depending on a predefined model to estimate COVID-19. K-Means, Decision Tree, Naive Bayes and Multi-Layer Perceptron algorithms are used for the data analysis. The same data sets can be used to explore other ML & DL algorithms in the prediction of COVID-19 and other diseases. The other data sets can be used for the same analysis and/or other analysis in COVID-19 and/or other diseases.

9. Limitations

Since the specific data is used for predicting COVID-19 diagnosis by ML and DL approaches, therefore the results are limited to the scope of used data. The specific ML & DL algorithms are used for the analysis therefore the results are limited to the scope of these ML & DL algorithms

10. Acknowledgement

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11. Conflict of Interest

The current study's authors have no conflicting interests.

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