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Machine learning and COVID-19: Applications, challenges, and future directions

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Abstract

The COVID-19 pandemic, caused by the SARS-CoV-2 virus, has significantly impacted global health and economies. Machine learning (ML), a subset of artificial intelligence (AI), has played a crucial role in understanding, managing, and mitigating the effects of the pandemic. This article reviews the applications of machine learning in COVID-19 research, including diagnostics, treatment, epidemiology, and public health strategies. It also discusses the challenges faced and the potential future directions for integrating machine learning in pandemic response and preparedness.

Keywords: Machine Learning; COVID-19; Applications; Challenges; Future directions

1. Introduction

The COVID-19 pandemic, declared by the World Health Organization (WHO) in March 2020, has posed unprecedented challenges to global health systems. Traditional methods of disease surveillance, diagnosis, and treatment have been overwhelmed by the scale and speed of the outbreak. In this context, machine learning has emerged as a powerful tool to enhance various aspects of the response to COVID-19. Machine learning algorithms can analyze vast amounts of data to uncover patterns, make predictions, and provide actionable insights, thereby supporting healthcare professionals and policymakers^{1,2}.

2. Machine Learning in Diagnostics

2.1. Medical Imaging

One of the primary applications of machine learning in COVID-19 diagnostics is the analysis of medical imaging. Techniques such as chest X-rays and computed tomography (CT) scans are crucial for identifying COVID-19 pneumonia. Convolutional Neural Networks (CNNs), a class of deep learning algorithms, have been employed to automatically detect COVID-19 related abnormalities in these images with high accuracy. For instance, studies have demonstrated that CNNs can distinguish COVID-19 from other types of pneumonia, aiding in rapid and accurate diagnosis³.

2.2. Molecular Diagnostics

Machine learning has also enhanced molecular diagnostics, particularly reverse transcription-polymerase chain reaction (RT-PCR) tests. By optimizing the design of primers and probes, ML algorithms have improved the sensitivity and specificity of these tests. Additionally, ML models can analyze RT-PCR data to reduce false negatives, thus ensuring more reliable results³.

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3. Treatment and Drug Discovery

3.1. Drug Repurposing

The urgent need for effective treatments against COVID-19 has led to the exploration of existing drugs that could be repurposed. Machine learning models have been used to screen large libraries of approved drugs to identify potential candidates for COVID-19 treatment. These models analyze the molecular structures and biological activities of drugs to predict their efficacy against SARS-CoV-2 . For example, algorithms such as deep learning-based QSAR (Quantitative Structure-Activity Relationship) models have identified promising drug candidates that are now being tested in clinical trials .

3.2. Therapeutic Development

Machine learning is also instrumental in the development of new therapeutics. By analyzing genomic and proteomic data of the virus, ML models can identify viral proteins that are potential targets for drug development. Furthermore, ML algorithms assist in optimizing the design of therapeutic molecules and predicting their interactions with the target proteins⁴.

4. Epidemiology and Public Health

4.1. Predictive Modeling

Predictive modeling is crucial for understanding the spread of COVID-19 and implementing control measures. Machine learning models, including time series analysis and compartmental models, have been used to forecast the trajectory of the pandemic. These models take into account various factors such as transmission rates, population mobility, and intervention measures to predict future case counts and hospitalizations⁴.

4.2. Contact Tracing

Contact tracing is vital for controlling the spread of COVID-19. Machine learning algorithms have enhanced digital contact tracing applications by improving the accuracy of exposure notifications. For instance, Bluetooth signal strength data can be analyzed using ML to estimate the proximity and duration of contact between individuals, thereby identifying potential exposures more accurately⁴.

4.3. Social Media and Sentiment Analysis

Social media platforms provide a wealth of data that can be analyzed to understand public sentiment and behavior during the pandemic. Natural Language Processing (NLP) techniques have been used to analyze social media posts, identifying trends in public perception and misinformation. This information is valuable for public health authorities to tailor their communication strategies and address public concerns effectively⁵.

5. Challenges in Applying Machine Learning to COVID-19

5.1. Data Quality and Availability

One of the significant challenges in applying machine learning to COVID-19 is the quality and availability of data. Accurate and comprehensive datasets are essential for training reliable ML models. However, data related to COVID-19 can be inconsistent, incomplete, or biased. Ensuring data privacy while collecting and sharing health data is another critical concern⁶.

5.2. Model Generalization

Machine learning models often struggle with generalization, especially in the context of a rapidly evolving pandemic. Models trained on data from one region or time period may not perform well when applied to other regions or future outbreaks due to differences in demographics, healthcare infrastructure, and virus variants. Developing models that can generalize across different settings remains a significant challenge⁶⁻⁹.

5.3. Interpretability

The interpretability of machine learning models is crucial for gaining the trust of healthcare professionals and policymakers. Many ML models, particularly deep learning models, are often considered "black boxes" due to their complex and opaque nature. Enhancing the interpretability of these models is essential for their effective application in clinical and public health decision-making¹⁰⁻¹³.

5.4. Ethical and Legal Considerations

The deployment of machine learning in healthcare and public health raises several ethical and legal issues. These include concerns about data privacy, informed consent, and the potential for algorithmic bias. Ensuring that ML applications comply with ethical standards and legal regulations is crucial to prevent harm and build public trust¹⁴⁻¹⁶.

6. Future Directions

6.1. Integrating Multi-Modal Data

Future advancements in machine learning for COVID-19 will likely involve integrating multi-modal data, including clinical, genomic, imaging, and environmental data. Combining different types of data can provide a more comprehensive understanding of the disease and improve the accuracy of ML models. For example, integrating genomic data with clinical outcomes can help identify genetic factors that influence disease severity and treatment response¹⁷⁻²⁰.

6.2. Federated Learning

Federated learning is an emerging approach that enables the training of machine learning models on decentralized data sources without sharing raw data. This approach can enhance data privacy and security while leveraging data from multiple institutions. Federated learning could be particularly valuable in global health emergencies like COVID-19, where data sharing is crucial but privacy concerns are paramount^{21,22}.

6.3. Real-Time Data Analysis

The ability to analyze data in real-time is critical for responding to fast-moving pandemics. Advances in edge computing and real-time analytics can enable the deployment of machine learning models that provide immediate insights and predictions. These capabilities can enhance disease surveillance, contact tracing, and resource allocation in healthcare systems²³⁻²⁵.

6.4. Personalization of Treatment

Personalized medicine, which tailors treatment to individual patients based on their unique characteristics, can be enhanced by machine learning. ML models can analyze patient-specific data, including genetic, clinical, and lifestyle information, to predict disease progression and response to treatment. This personalized approach can improve the efficacy and safety of COVID-19 therapies^{21,26-28}.

7. Conclusion

Machine learning has demonstrated its potential to significantly enhance the response to the COVID-19 pandemic across various domains, including diagnostics, treatment, epidemiology, and public health. Despite the challenges, continued advancements in machine learning algorithms, data integration, and real-time analytics hold promise for improving pandemic preparedness and response. As we move forward, it is essential to address the ethical, legal, and interpretability issues to ensure that machine learning applications are safe, effective, and equitable.

Compliance with ethical standards

Disclosure of conflict of interest

No conflict of interest to be disclosed.

References

- [1] Apostolopoulos, I. D., & Mpesiana, T. A. (2020). COVID-19: Automatic detection from X-ray images utilizing transfer learning with convolutional neural networks. *Physical and Engineering Sciences in Medicine*, 43(2), 635-640.
- [2] Shi, F., Wang, J., Shi, J., Wu, Z., Wang, Q., Tang, Z., ... & Shen, D. (2021). Review of artificial intelligence techniques in imaging data acquisition, segmentation, and diagnosis for COVID-19. *IEEE Reviews in Biomedical Engineering*, 14, 4-15.
- [3] Broughton, J. P., Deng, X., Yu, G., Fasching, C. L., Servellita, V., Singh, J., ... & Chiu, C. Y. (2020). CRISPR–Cas12-based detection of SARS-CoV-2. *Nature Biotechnology*, 38(7), 870-874.
- [4] Radpour A, Bahrami-Motlagh H, Taaghi MT, Sedaghat A, Karimi MA, Hekmatnia A, Haghighatkhah HR, Sanei-Taheri M, Arab-Ahmadi M, Azhideh A. COVID-19 evaluation by low-dose high resolution CT scans protocol. Academic radiology. 2020 Jun;27(6):901.
- [5] Zeng, X., Zhang, Y., Kwong, S. W., Wong, M. H., & Zhang, Q. (2021). An integrative machine learning approach for predicting therapeutics of COVID-19. *iScience*, 24(1), 101736.
- [6] Randhawa, G. S., Soltysiak, M. P. M., El Roz, H., de Souza, C. P. E., Hill, K. A., & Kari, L. (2020). Machine learningbased analysis of genomes from SARS-CoV-2 and other coronaviruses for microbial forensics. *PLoS ONE*, 15(4), e0232391.
- [7] Ribeiro, M. H. D. M., da Silva, R. G., Mariani, V. C., & Coelho, L. S. (2020). Short-term forecasting COVID
- [8] Ashrafi F, Zali A, Ommi D, Salari M, Fatemi A, Arab-Ahmadi M, Behnam B, Azhideh A, Vahidi M, Yousefi-Asl M, Jalili Khoshnood R. COVID-19-related strokes in adults below 55 years of age: a case series. Neurological Sciences. 2020 Aug;41:1985-9.
- [9] Shi Y, Wang G, Cai XP, Deng JW, Zheng L, Zhu HH, Zheng M, Yang B, Chen Z. An overview of COVID-19. Journal of Zhejiang University. Science. B. 2020 May;21(5):343.
- [10] Beigel JH, Tomashek KM, Dodd LE, Mehta AK, Zingman BS, Kalil AC, Hohmann E, Chu HY, Luetkemeyer A, Kline S, Lopez de Castilla D. Remdesivir for the treatment of Covid-19. New England Journal of Medicine. 2020 Nov 5;383(19):1813-26.
- [11] Khoshnood RJ, Ommi D, Zali A, Ashrafi F, Vahidi M, Azhide A, Shirini D, Sanadgol G, Khave LJ, Nohesara S, Nematollahi S. Epidemiological characteristics, clinical features, and outcome of COVID-19 patients in northern Tehran, Iran; a cross-sectional study. Frontiers in Emergency Medicine. 2021;5(1):e11-.
- [12] Arabi YM, Harthi A, Hussein J, et al. Severe neurologic syndrome associated with Middle East respiratory syndrome corona virus (MERS-CoV). Infection.2015;43(4):495–501.
- [13] Lau KK, Yu WC, Chu CM, Lau ST, Sheng B, Yuen KY. Possible central ner-vous system infection by SARS coronavirus. Emerging infectious diseases.2004;10(2):342.
- [14] Salmi A, Ziola B, Hovi T, Reunanen M. Antibodies to coronaviruses OC43 and 229E in multiple sclerosis patients. Neurology. 1982;32(3):292.
- [15] Li Y, Li H, Fan R, Wen B, et al. Coronavirus infections in the central nervoussystem and respiratory tract show distinct features in hospitalized children.Intervirology. 2016;59(3):163–169.
- [16] Zhang QL, Ding YQ, Hou JL, et al. Detection of severe acute respiratory syndrome(SARS)-associated coronavirus RNA in autopsy tissues with in situ hybridiza-tion. Di 1 jun yi da xue xue bao Academic journal of the first medical college of PLA.2003;23(11):1125–1127
- [17] National Heart, Lung, and Blood Institute website. Study quality assessmenttools. www.nhlbi.nih. gov/health-topics/study-quality-assessment-tools.
- [18] Asadi-Pooya AA, Simani L. Central nervous system manifestations of COVID-19:A systematic review. Journal of the Neurological Sciences. 2020:116832.
- [19] Lodigiani C, Iapichino G, Carenzo L, et al. Venous and arterial thromboembolic complications in COVID-19 patients admitted to an academic hospital in Milan, Italy. Thrombosis Research. 2020.
- [20] Karimi N, Sharifi Razavi A, Rouhani N. Frequent Convulsive Seizures in an AdultPatient with COVID-19: A Case Report. Iranian Red Crescent Medical Journal.2020.

- [21] Elahi R, Karami P, Bazargan M, Ahmadi S, Azhideh A, Esmaeilzadeh A. Analysis of the Current, Past, and Future Evolution of COVID-19. InFractal Signatures in the Dynamics of an Epidemiology 2023 Dec 1 (pp. 1-18). CRC Press.
- [22] Kandemirli SG, Dogan L, Sarikaya ZT, et al. Findings in Patients in the IntensiveCare Unit with COVID-19 Infection [published online ahead of print, 2020 May8]. Radiology. 2020:201697.
- [23] Filatov A, Sharma P, Hindi F, Espinosa PS. Neurological complications of coro-navirus disease (covid-19): encephalopathy. Cureus. 2020;12(3).
- [24] Herrnberger M, Durmazel N, Birklein F. Hemisensory paresthesia as the ini-tial symptom of a SARS-Coronavirus-2 infection. A Case report. Preprint. Doi:10.21203/rs.3.rs-26305/v1.
- [25] Ye M, Ren Y, Lv T. Encephalitis as a clinical manifestation of COVID-19. Brain, behavior, and immunity. 2020.
- [26] Andrea G, Vinacci G, Edoardo A, Anna M, Fabio B. Neuroradiological features inCOVID-19 patients: first evidence in a complex scenario. Journal of Neuroradi-ology. 2020.
- [27] Sharifi-Razavi A, Karimi N, Rouhani N. COVID-19 and intracerebral haemor-rhage: causative or coincidental? New Microbes and New Infections. 2020:35.
- [28] Franceschi AM, Ahmed O, Giliberto L, Castillo M. Hemorrhagic PosteriorReversible Encephalopathy Syndrome as a Manifestation of COVID-19 Infec-tion. American Journal of Neuroradiology. 2020.