

## INTEGRATED ARTIFICIAL INTELLIGENCE REMOTE SMART PANDEMIC ASSESSMENT CABIN (i-RSPAC) AS ALTERNATIVE SOLUTION OF PREVENTION AND CONTROLLED THE PANDEMIC

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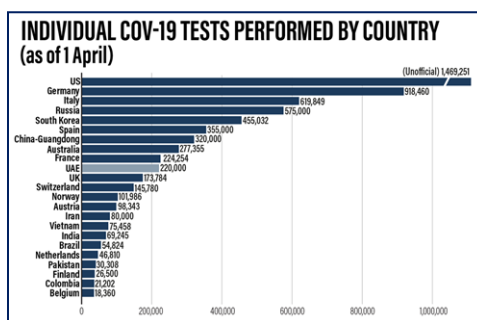
### Abstract

As present dynamic global challenges raised and focused in how to monitor, control and prevent the escalation of pandemic; most of the countries have similar challenges to provide accessible healthcare services, pandemic monitoring and citizen health assessment to identified, monitored, and controlled the escalation of pandemic. Each country in global race era to get maximum rates of citizen population health testing as reference and identified the escalation of pandemic and get feedback information related the control measures effect, which has been taken.

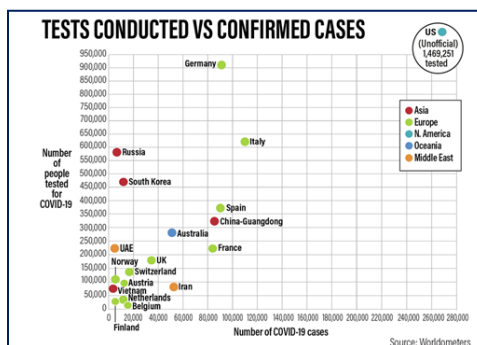
This research paper is part of analysis review the relationship of population testing rate with 5(five) main features to identify, mitigate and control the pandemic through provision of independent automated remote medical assessment cabin.

In today cutting-edge global technology, Artificial Intelligence has reached significant growth and support Smart City Pillars Development including Environment, Living, Mobility, Governance, Economy, and Peoples. Integration of the technology have made significant additional value to better advanced function in development of Smart City, Smart Village, Smart Country or even Smart Global Integrated System. Several modern countries have started massive and integrated development in integrated Artificial Intelligence as part of Embedded Smart City Integrating System. The positive impact to this growth is borderless and cashless society has been growth significantly, which affect to the changes of living style, mobility, economy, people interaction, government services, and environment.

As present dynamic global challenges raised and focused in how to monitor, control and prevent the escalation of pandemic, most of the countries, have similar challenge to provide accessible healthcare services, pandemic monitoring and citizen health assessment to identified, monitored, and controlled the escalation of pandemic including accessible information. Each country in global race era to get maximum rates of citizen population health testing as reference and identified the escalation of pandemic and get feedback information related the control measures effect, which has been taken.



Graph 1. Individual Cov-19 Tests performed by Country (The National, April 2020)



Graph 2. Test Conducted vs Confirmed Cases (The National, April 2020)

The Exploratory Data Analysis methodology defined as below :

- Data mining/ gathers from Wordlometer,
- Correlation Data Analysis
- Predictive Power Score Analysis
- Linear Regression Analysis
- Decision Tree Analysis

As Pandemic World Report which has been gathered from Wordlometer on 18 December 2020, with focused to 49 Asian Country, with total population test as target, and features data (total case, total death, total recovered, new case, active case), its observed that 14% or 7 countries have met population testing rate above 50%.

```
[9]: AsiaCountryData.count()
[9]: No.          49
      Country,    49
      Total Cases 49
      New Case     49
      Total Death  49
      New Death    49
      Total Recovered 49
      Active Cases  49
      Serious, Critical 49
      Tot Cases/ 1M Pop 49
      Deaths/ 1M Pop  49
      Total Tests   49
      Tests/ 1M Pop  49
      Population    49
      Test Rate     49
      dtype: int64
```

Table 1. List Data Count

From 49 Asian countries have mean/ average total tests 9,408,651 compared to the average total case 397,817.

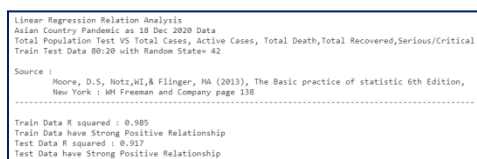
```
round(Features1.describe()),1
(
  Total Tests  Total Cases  New Case  Total Death  New Death
count      49.0         49.0       49.0         49.0       49.0
mean    9408651.0     397817.0       22.0       6493.0        0.0
std    31460635.0     1436694.0       152.0     21846.0        2.0
min         0.0         31.0         0.0         0.0         0.0
25%    462833.0       9759.0         0.0         85.0         0.0
50%    1527037.0      89743.0         0.0        913.0         0.0
75%    4656410.0     201368.0         0.0       2739.0         0.0
max    16000000.0     9977834.0      1062.0     144829.0       11.0

  Total Recovered  Active Cases  Serious, Critical
count         49.0          49.0          49.0
mean     361670.0     29655.0       558.0
std     1366160.0     61966.0      1698.0
min         30.0          0.0          0.0
25%      4616.0       468.0          0.0
50%     87846.0      8874.0         12.0
75%    169282.0     25695.0        196.0
max     952044.0     312961.0      8944.0
1)
```

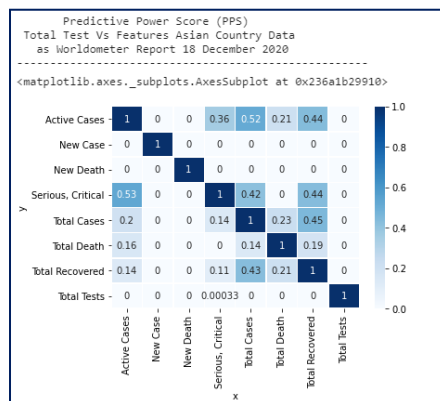
Table 2. Descriptive Data

Correlation Total Test vs Features Asian Country Data as Worldometer Report 19 December 2020								
	Total Tests	Total Cases	New Case	New Death	Total Recovered	Active Cases	Serious, Critical	
Total Tests	1.00	0.65	-0.09	0.66	-0.09	0.68	0.48	0.53
Total Cases	0.65	1.00	-0.04	0.96	-0.04	1.00	0.21	0.94
New Case	-0.09	-0.04	1.00	-0.04	1.00	-0.04	-0.04	-0.01
Total Death	0.66	0.96	-0.04	1.00	-0.04	0.96	0.26	0.96
New Death	-0.09	-0.04	1.00	-0.04	1.00	-0.01	-0.04	-0.01
Total Recovered	0.68	1.00	-0.04	0.96	-0.01	1.00	0.79	0.93
Active Cases	0.48	0.21	-0.04	0.26	-0.04	0.79	1.00	0.90
Serious, Critical	0.53	0.94	-0.01	0.96	-0.03	0.93	0.90	1.00

Exploratory Data Analysis through Linear Regression method with split train and test data 80, 20 ratios, the result is target and features data have strong positive relationship.

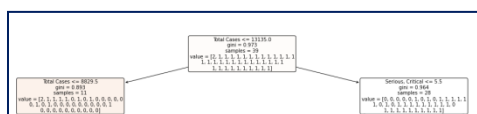


Meanwhile through Predictive Power Score Analysis, it's found that total test having relation with serious/critical.



dfppc_matrix(Features1)									
dfppc.head()									
	x	y	ppscore	case	is_valid_score	metric	baseline_score	model_score	model
0	Total Tests	Total Tests	1.000000	predict_self	True	None	0.000000e+00	1.000000e+00	None
1	Total Tests	Serious, Critical	0.000000	regression	True	mean absolute error	5.562041e+02	9.855881e+02	DecisionTreeRegressor
2	Serious, Critical	Total Tests	0.000332	regression	True	mean absolute error	8.877535e+06	8.876009e+06	DecisionTreeRegressor
3	Serious, Critical	Serious, Critical	1.000000	predict_self	True	None	0.000000e+00	1.000000e+00	None

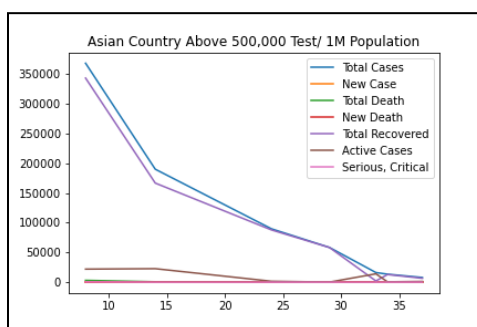
With reference of PPS Analysis, the further examination by perform through decision tree analysis.



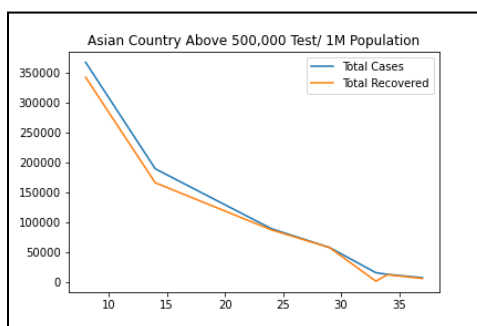
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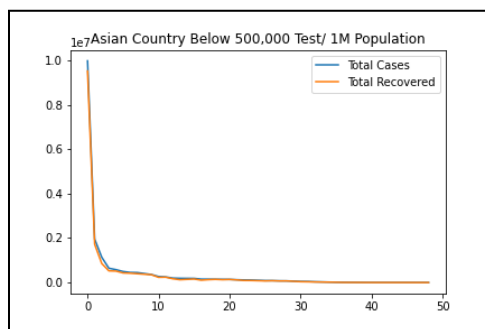
As observed from graphic plot distribution, it's shown that country with testing rate above 500,000 Test/1M Population, Total Case and Total Recovered is highly identified.



With visibility of main features identification, the government or decision maker could perform mitigation and control the area of pandemic through clustering or other approaching tracking method.



Graph 6. Country with below 500,000 Test/ 1 M Population



Graph 7. Country with below 500,000 Test/ 1 M Population

The main reason observation to 92% countries with below 500,000 Test/ 1M Population testing rate, mostly due to limited accessibility of pandemic testing facility to the citizen. And majority of countries involve health care personnel's to perform the testing instead utilizing integrated artificial intelligence self-assessment medical equipment under artificial supervised/unsupervised monitoring.

The challenges to reach the number of pandemic testing based citizen population, such as:

1. Testing method still utilizing direct involvement of medical and health care front liner to perform the test which potentially adding another exposure if improper personnel health protection is not taken in places.
2. Un-availability supervised self-assessment method with more accessible, reliable, and user friendly.
3. Less awareness from the citizen to perform health assessment.
4. Several academic research have been performed in several country to get reliable and faster analyze method with contactless/ less exposure of medical front liner, such as Gadjah Mada University in Indonesia with GeNose method.
5. Latest research of testing method have less than 5 minutes to get test results
6. Limited information could be accessed by citizen related to pandemic and how to control and mitigate it.

Main objective of this paper as alternative innovation to solve population testing rate gap due to limited medical assessment facility in several country to identified, mitigated and controlled pandemic region based on data analytic through integrated embedded Artificial Intelligence Remoted Pandemic Assessment Cabin (i-RSPAC) and provide accessible medical self-assessment and to help medical or health front liner by reducing potential exposure though minimizing direct contact.

Integrated Remoted Smart Pandemic Assessment Cabin (i-RSPAC) is technology innovation development cabin which functioned as early medical assessment/ symptom detection as part of pandemic identification, control and mitigation.

In fully integrated operation, i-RSPAC could be integrated as part of embedded Integrated Pandemic, Environment, and Disaster Country Management System (i-PEDeXMS).



Graph 8. i-RSPAC Process Operating Flow Diagram

Operating Flow Diagram i-RSPAC as below:

1. Personnel ID and Health Clearance Scanned Check.  
This process performed scanning of personnel identification card such ID card, Passport, Driving License, etc. Scanned captured data image will be process through Artificial Intelligence unsupervised machine learning method and followed by identification process to Government Citizen Central Databank and update the record of Health Assessment Record. Health Clearance or Health Card Check will validate personnel's information related healthcare individual such as medical assessment history, individual allergic record, etc.
2. Personnel Protection Selection  
During this process, AI will guide the user to select the type of Personnel Protection, as minimum is hand sanitizer, mask, hand gloves, and face shield. And further AI also will guide the user to perform hand sanitizing and wear the selected personnel protection properly. During this process, AI will go through unsupervised and reinforcement machine learning methods.
3. Medical Pre-Assessment Check.  
Blood Oxygen level check will be performed to check oxygen saturation level and follow with body temperature check through thermal camera scanning. During this stage AI will guide the user, including guiding to the mark up point for thermal scanned. Thermal camera will capture body temperature of the user and the image will go for comparing process from pandemic symptom image database to identified whether the patient having the first symptom.  
This process will involve combination between unsupervised and reinforcement machine learning methods.
4. Semi-automated Medical Assessment/ Testing  
From this point, i-RSPAC could be set up or configured the accuracy requirement of test based on what type of method will be used. Several method could be integrated to this system as long as the testing methodology could met user friendly testing method, rapid diagnostic compatibility, portability, testing process should less than 5 minutes, support for test result digitalize data gathered process.  
As a brief process for Direct Saliva Swab Test methods, i-RSPAC will initiate to drop the sampling kit for Saliva Test through sampling dispenser. And further AI will guide the user to collect the sampling kit, take the saliva sample, and put the sampling kit in separate analyzing chamber for further analyzing process.  
For another method such as GeNose, sampling kit will drop in sampling kit dispenser and AI will guide the user to perform sampling collection through to the sampling kit and follow with sample analyzing process. The analyzing process will go for approximate less than 5 minutes.



Graph 9. Ge-Nose Assessment Method

5. Personnel Protection Re-validation  
During this stage AI will validated the correctness of wearing the personnel protection including mask, hand gloves, and face-shield. Verification process will go through CCTV

image recognition which integrated and embedded with Artificial Intelligence unsupervised and reinforcement machine learning. The guidance will be shown through visual display and audio.

6. Body dis-infection

After personnel protection has been completely verified, the next process is body disinfection. To prevent any allergy symptom, it could be arranged to use disinfectant with combination anti allergic materials and flavor such flower. This will make add in to user as user friendly approach.

7. Record and Printing Report

After disinfection process is completed, the system will save the analysis data, send to main server, and printing the assessment report.

The report will contain of date, time, name, ID number, and testing report (body temperature and Test result whether positive or negative result).

8. Self Cleaning and Cabin Disinfection

Last cycle before accepting next user, AI will perform auto clean and self disinfection.

The conclusion of development of integrated Remote Smart Pandemic Assessment Cabin including expected impact to society:

1. Reduced the direct contact of health care front liner during performing medical assessment test.
2. Provide accessibility to citizen for medical self-assessment
3. Provide self-awareness and encourage to society related pro-active control and mitigation the pandemic
4. As alternative technology solution to bridging the gap related medical self-assessment services facility especially for the country with testing population rate below 500,000 tests/ 1M Population.
5. As alternative reference base data for government or country decision maker to identified, mitigated, and control the pandemic.
6. References report or information for traveller or public places to access the public facility

### References

1. AI Development Life Cycle : Explained, DevTeam.Space
2. Notes from the AI frontier: Modelling the impact of AI on the world economy, McKinsey&Company, September 2018
3. Kyosuke Yamamoto; Takashi Togami; Norio Yamaguchi; Seishi Ninomiya. Machine Learning-Based Calibration of Low-Cost Air Temperature Sensors Using Environmental Data, MDPI, Basel, Switzerland, 2017
4. Mounib Khanafer and Shervin Shirmohammadi. Applied AI in Instrumentation and Measurement : The Deep Learning Revolution, IEEE Instrumentation & Measurement Magazine, September 2020
5. Aime Lay-Ekuakille; Moise Avoci Ugwiri; John Peter Djungha Okitadiowo; Vito Telesca; Pietro Picuno; Consolatina Liguori; Satya Singh. SAR Sensors Measurements for Environmental Classification: Machine Learning-Based Performances, IEEE Instrumentation & Measurement Magazine, September 2020
6. Nick Webster, Coronavirus: UAE ranks sixth on global scale of Covid-19 testing, rise in number of completed tests gives authorities best chance of containing the virus, The National, April 06, 2020
7. Karen Gilchrist, China gets top score as citizens rank their governments' response to the coronavirus outbreak, CNBC Newsletter, May 06 2020
8. Natasa Adelayanti, UGM Innovation: GeNose Can Detect Covid-19 Less Than 2 Minutes, Universitas Gadjah Mada News Report Portal, 25 September 2020