VISVESVARAYA TECHNOLOGICAL UNIVERSITY

"Jnana Sangama", Belagavi-590018

A PROJECT REPORT
ON

" Health-Care Chatbot using AI "

Submitted in the partial fulfillment of the requirements for the award of

BACHELOR OF ENGINEERING DEGREE
In

COMPUTER SCIENCE & ENGINEERING

Submitted by

Akhilesh J A	**4AD17CS005**
Arjun V	**4AD17CS012**
Bhavana R	**4AD17CS016**
Kusum I K	**4AD17CS038**

Under the guidance of
Anil Kumar B H
Assistant Professor
Department of CSE
ATME College of Engineering

DEPARTMENT OF COMPUTER SCIENCE & ENGINEERING

ATME College of Engineering,

13th Kilometer, Mysore-Kanakapura-Bangalore Road
Mysore-570028

2020-2021

VISVESVARAYA TECHNOLOGICAL UNIVERSITY

Belagavi-590018

ATME College of Engineering

13th Kilometer, Mysore-Kanakapura-Bangalore Road

Department of Computer Science and Engineering

CERTIFICATE

This is to certify that the project work entitled "**Health-Care Chatbot using AI**" is the bonafide work carried out by following students,

Akhilesh J A	**4AD17CS005**
Arjun V	**4AD17CS012**
Bhavana R	**4AD17CS016**
Kusum I K	**4AD17CS038**

in partial fulfillment for the award of degree of Bachelor of Engineering in Computer Science & Engineering from the Visvesvaraya Technological University, Belagavi during the year 2020-2021. It is certified that all the corrections or suggestions indicated for internal assessment have been incorporated in the report deposited in the department library. The project report has been approved and satisfies the academic requirement with respect to project work prescribed for Bachelor of Engineering degree.

Signature of the guide	Signature of HOD	Signature of Principal
ANIL KUMAR B H	**Dr. PUTTEGOWDA D**	**Dr. L BASAVARAJ**
Assistant Professor	Head of the Dept. of CSE	Principal of ATMECE

External Viva

Name of examiners	**Signature of Examiners**
1 …………………….	………………………..
2 …………………	..……………………..

ACKNOWLEDGEMENT

The successful completion of our project would be incomplete without the mention of the names of the people who have made it possible. We are indebted to several individuals who have helped us to complete the project report.

We are thankful to **Dr. L Basavaraj**, **Principal**, **ATME College of Engineering, Mysore,** for having granted us permission and extended full use of the college facilities to carry out this project successfully.

We express our profound gratitude to **Dr. Puttegowda D, Head of the Department, Department of Computer Science and Engineering**, for his consistent co-operation and support.

At the outset we express our profound gratitude to our guide **Anil Kumar B H, Assistant Professor, Department of Computer Science and Engineering,** for his consistent co-operation and support.

We are greatly indebted to our project coordinator **M S Sunitha Patel, Assistant Professor, Department of Computer Science and Engineering**, for their timely inquiries into the progress of the project.

Lastly we would like to thank our family and friends for their cooperation and support for success full completion of our project.

Akhilesh J A (4AD17CS005)
Arjun V (4AD17CS012)
Bhavana R (4AD17CS016)
Kusum I K (4AD17CS038)

ABSTRACT

Healthcare is essential to lead a good life. However, it is rather difficult to procure the consultation with the physician for each and every well being problem. As we all know the world is suffering from a pandemic situation right now. Our GDP gradually decreased, as of now we have web application but with less functionality to spread awareness of COVID-19 and to connect essential COVID-19-related health services to the people. The thought is to create a medical chatbot (Viro-attack) using Artificial Intelligence that may diagnose the disease and provide fundamental information about the illness sooner than consulting a health care provider. This will lend a hand to scale back healthcare prices and strengthen accessibility to medical knowledge thru scientific chatbot. This Viro-attack web application helps us to get updates related to COVID-19 and it spreads awareness about Corona virus in this web application. It also provides a vaccine related updates and current active cases in nearest locality of the user. And this web application will be containing all the COVID-19 related information and the user can also get their health status in the web application by entering their current symptoms if they have any.

The Viro-attack stores the information in the database to spot the sentence keywords and to make a question resolution and answer the query. Ranking and sentence similarity calculation is performed the use of n-gram, TFIDF and cosine similarity. The score might be obtained for every sentence from the given input sentence and more equivalent sentences can be acquired for the query given. The third celebration, the skilled program, handles the question introduced to the bot that's not understood or isn't provide in the database.

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CHAPTER 1:

INTRODUCTION

In this COVID 19 tracking and alert system is used for. The prototype would be a software with web and mobile components. Using these platforms, information dissemination, disease prevalence and position tracking of carriers, confirmed carriers and status of treated patients could be easily managed. Every disease irrespective of the infectious agent presents a challenge especially when it is novel like COVID-19. Like other infectious diseases the corona virus present some symptoms in the infected patient. However, in some individuals, the disease is asymptomatic thus posing a special concern as it could spread unnoticed through the droplets of saliva or discharge from the nose, mouth, eyes, or other body cavities of asymptomatic patients. The incubation period of the virus is between 1-14 days within which there may be visible symptoms. Thus, the affected person may be living with the virus with or without symptoms. The most common symptoms of COVID-19 are fever, tiredness, and dry cough. The symptoms indicate the level of infection, which ranges from mild infection, severe infection, and critical infection. The symptoms are well-documented and include: Technology has played a significant role in the detection, prevention and control of public health problems. Sophisticated evolutionary technologies have been applied to various areas of health care delivery. Notable systems include clinical decision support systems, expert systems, electronic health systems, to mentioned. Having regard to the foregoing, this work proposes a full tracking system to augment the activities of public health workers and security agencies in tracking cases from the point of entry and association with cases.

The ongoing coronavirus disease 2019 (COVID-19) pandemic has overwhelmed the healthcare systems of countries around the world, exposing the challenges faced by public health agencies when responding to rapidly emerging outbreaks. In particular, the scarcity of reliable data on the incidence of COVID-19 cases has hindered a timely response. On a national scale, control efforts should be guided by accurate data on cases and disease burden, ideally captured through widespread surveillance. However, very few countries affected by COVID 19 have sufficient viral testing capacity to monitor cases occurring in the community adequately. Hospitalization and death rates provide relatively robust indicators of SARS-CoV-2 transmission in some areas, but these are lagged by about 2 and 3 weeks, respectively. Identifying alternative indicators of transmission that reflect the timing of new infections is therefore an important priority for responding to the epidemic.

The first COVID-19 confirmed case occurred in Bangladesh on March 8th, with nearly 200,000 confirmed cases by July 15. SARS-CoV-2 testing capacity has increased significantly from a daily average of fewer than 100 tests in March to about 15,000 in June. However, as in most countries, the testing capacity can only cover a small fraction of even symptomatic cases. Reporting delays in rural and remote parts of the country also make it difficult to monitor the epidemic across the country in real-time.

To augment surveillance, a participatory surveillance system based on self-reported symptoms via national telephone hotlines and the internet, assisted by a telemedicine team of clinicians, was deployed in March and rapidly scaled up over the course of the first few months of the outbreak.

The participatory surveillance system was set up through a public-private partnership. and is designed to collect syndromic information, to identify potential disease hotspots, and to provide information about COVID-19 to participants. Any surveillance data that relies on self reported symptoms to monitor transmission will be subject to a range of biases, including the extent to which people are aware of and know how to use the system, and reporting behavior of people in the middle of a pandemic, which has naturally created much fear and uncertainty. Given the lack of specificity of the main symptoms of COVID-19, namely fever and cough, we also expect many people experiencing symptoms to have another disease unrelated to the coronavirus outbreak. Nevertheless, an uptick in individuals reporting symptoms consistent with COVID-19, particularly if verified through an interview with a clinician, may provide important insights into transmission hotspots. While participatory crowdsourced syndromic surveillance has been utilized in many contexts [1]-[7], including for COVID-19 [8], [9], their ability to track an emerging outbreak at a high spatial resolution has not been evaluated previously.

Here, we show that one such system, though noisy, provides an indication of where and when to expect new cases, suggesting that it could be a useful model in other places that need to map COVID-19 risk for decision making. The syndromic data suggests that the outbreak had spread across the country much faster than is evident from official case counts, consistent with geographic spread based on population mobility data.

1.1 Methods

The self-reported syndromic surveillance data analyzed here was compiled from three main sources:

1) a hotline number equipped with an Interactive Voice Response (IVR) system.
2) several internet and mobile applications and
3) an unstructured supplementary service data (USSD) based messaging system (see Figure 1)

All systems are available free of charge to the user. Individuals are asked to report on their symptoms (cough, fever, and shortness of breath), contact with people with symptoms contact with someone who had tested positive for COVID19, and in some cases, their age and gender (see Supplementary Methods S1 for additional detail).

Each response in the system is geolocated based on the nearest cell phone tower of the respondent, and mapped to upazilas, the operationally relevant administrative units in Bangladesh.

A subset of individuals reporting symptoms is connected with a human verifier - telemedicine doctors, healthcare professionals or trained field workers for a preliminary diagnosis, based on their responses to the questions and algorithms specific to each mobile phone operator (see Supplementary Methods S1 for additional detail).

Following an evaluation over the phone with a human verifier, individuals are then classified as having high or low risk for COVID-19. This classification is based on the reported symptoms, contact with people with symptoms, and, to some extent, the judgement of the human verifier.

In the initial phase of the outbreak, high risk classification was also based on whether or not the individual was from an area with confirmed COVID-19 cases.

Hence, we see a stronger correlation of the number classified as high risk with reported cases at the start of the outbreak (Supplementary Figure S1). Since self-reported data is inherently noisy, here we focus on the subset of people reporting multiple symptoms consistent with COVID-19 and those who were connected with a human verifier.

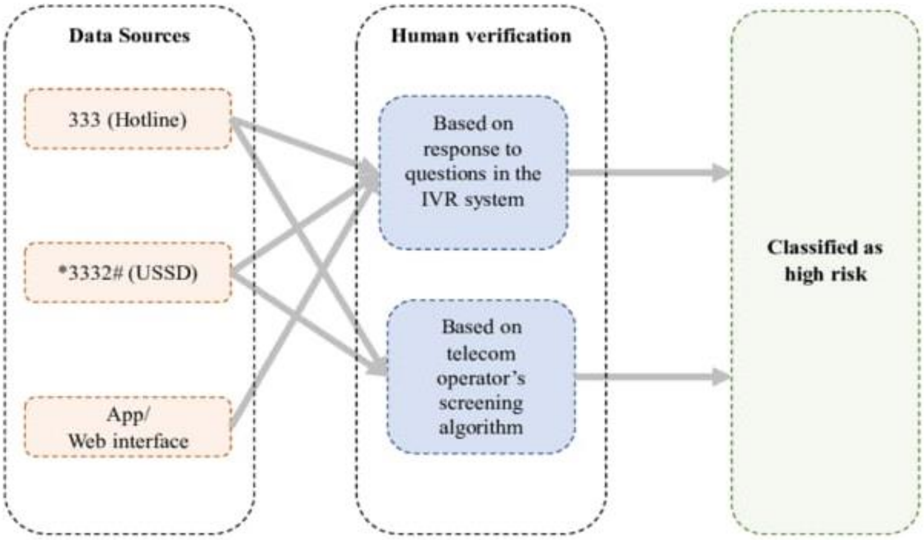


Figure 1.1: Self-reported syndromic data streams and human verification process

We combine these data from the multiple sources to establish

i) The number of individuals reporting multiple symptoms consistent with COVID-19 and
ii) The number of suspected cases that are classified as high risk following human verification. We estimate these values for each of the 544 upazilas.
iii) To adjust for variations in population density in different upazilas, we calculate both the raw counts as well as the per capita count for each metric using population data from Worldpop [10].
iv) The self-reported syndromic surveillance system was ramped up and widely advertised starting at the beginning of April. Here, we analyze data available from April 1 to June 15. To reduce noise in the daily data, we sum the measures by week. Results are qualitatively similar when using two-week windows.

CHAPTER 2:

Literature Survey

Estimation of the prevalence and contagiousness of undocumented novel coronavirus [severe acute respiratory syndrome-coronavirus 2 (SARS-CoV-2)] infections is critical for understanding the overall prevalence and pandemic potential of this disease.

Here, we use observations of reported infection within China, in conjunction with mobility data, a networked dynamic metapopulation model, and Bayesian inference, to infer critical epidemiological characteristics associated with SARS-CoV-2, including the fraction of undocumented infections and their contagiousness.

2.1 Related works

Demonstrates the detailed literature survey

- Estimation of the prevalence and contagiousness of undocumented novel coronavirus [severe acute respiratory syndrome-coronavirus 2 (SARS-CoV-2)] infections is critical for understanding the overall prevalence and pandemic potential of this disease.
- Here, we use observations of reported infection within China, in conjunction with mobility data, a networked dynamic metapopulation model, and Bayesian inference, to infer critical epidemiological characteristics associated with SARS-CoV-2, including the fraction of undocumented infections and their contagiousness.
- The recent outbreak of the novel coronavirus (COVID-19) has led to a major concern of the potential for not only an epidemic but a pandemic.
- Although most of the cases are still occurring in Hubei province, China, there are some other epicenters developing in China. COVID-19 appears to be highly contagious.

- It is classified as a type of RNA virus, belonging to the family of coronaviruses, which primarily leads to a respiratory system infection.
- I. Ghinai, T. D. McPherson, J. C. Hunter, and H. L. Kirking. "First known person-to person transmission of severe acute respiratory syndrome coronavirus 2 (SARS-CoV 2) in the USA," Lancet, vol. 395, no. 10230, pp. 1137-1144, Mar. 2020, doi: 10.1016/S0140-6736(20)30607-3.
- In January, 2020, a novel virus, severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), was identified as the causative agent for a cluster of pneumonia cases initially detected in Wuhan City, Hubei province, China.- SARS-CoV-2, which causes the disease now named coronavirus disease 2019 (COVID-19), had spread throughout China and to 26 additional countries as of Feb 18, 2020.
- Phylogenetic data implicate a zoonotic origin, and the rapid spread suggests ongoing person-to-person transmission. Several studies offer additional insight into person-to person transmission.
- The primary purpose of fire alarm system is to provide an early warning of fire so that people can be evacuated & immediate action can be taken to stop or eliminate of the fire effect as soon as possible.
- Alarm can be triggered by using detectors or by manual call point (Remotely). To alert/evacuate the occupants siren are used. With the Intelligent Building of the rapid development of technology applications, commercial fire alarm market demand growth, the key is to use the bus system intelligent distributed computer system fire alarm system, although installation in the system much easier than in the past, but still cannot meet the modern needs, the installation costs of equipment costs about 33% 70.
- The last 15 years have seen the rapid emergence of big data and data science research, which lies at the intersection of computer science, statistics and data visualization, and builds on the growing wealth of digital footprints.
- The increasing availability of electronic records and passive data generated by the use of Internet, mobile phones, satellites, and radio-frequency sensors can be mined to uncover new patterns and associations. One can also take advantage of the interactive digital infrastructure to design participatory platforms and citizen science experiments.

- The field of infectious diseases research is not immune to the big data revolution, as attested by a near-exponential increase in the number of publications at the nexus of big data, digital epidemiology, and infectious diseases since approximately 2001.
- While big data have proven immensely useful in fields such as marketing and earth sciences, public health is still relying on more traditional surveillance systems and awaiting the fruits of a big data revolution.
- A new generation of big data surveillance systems is needed to achieve rapid, flexible, and local tracking of infectious diseases, especially for emerging pathogens. In this opinion piece, we reflect on the long and distinguished history of disease surveillance and discuss recent developments related to use of big data.
- We start with a brief review of traditional systems relying on clinical and laboratory reports. We then examine how large-volume medical claims data can, with great spatiotemporal resolution, help elucidate local disease patterns.
- Finally, we review efforts to develop surveillance systems based on digital and social data streams, including the recent rise and fall of Google Flu Trends. We conclude by advocating for increased use of hybrid systems combining information from traditional surveillance and big data sources, which seems the most promising option moving forward. Throughout the article, we use influenza as an exemplar of an emerging and reemerging infection which has traditionally been considered a model system for surveillance and modeling.
- Human mobility connects populations and can lead to large fluctuations in population density, both of which are important drivers of epidemics.
- Measuring population mobility during infectious disease outbreaks is challenging, but is a particularly important goal in the context of rapidly growing and highly connected urban centers in low and middle income countries, which can act to amplify and spread local epidemics nationally and internationally.
- Here, we combine estimates of population movement from mobile phone data for over 4 million subscribers in the megacity of Dhaka, Bangladesh, one of the most densely populated cities globally. We combine mobility data with epidemiological data from a household survey, to understand the role of population mobility on the spatial spread of the mosquito-borne virus chikungunya within and outside Dhaka city during a large outbreak in 2017.

- The peak of the 2017 chikungunya outbreak in Dhaka coincided with the annual Eid holidays, during which large numbers of people traveled from Dhaka to their native region in other parts of the country.
- We show that regular population fluxes around Dhaka city played a significant role in determining disease risk, and that travel during Eid was crucial to the spread of the infection to the rest of the country. Our results highlight the impact of large-scale population movements, for example during holidays, on the spread of infectious diseases.
- These dynamics are difficult to capture using traditional approaches, and we compare our results to a standard diffusion model, to highlight the value of real-time data from mobile phones for outbreak analysis, forecasting, and surveillance.
- In humans, malaria parasites grow and multiply first in the liver cells and then exponentially in the red blood cells. It is the blood stage of the parasite lifecycle causes the symptoms of malaria in humans.
- Malaria is usually classified as asymptomatic, uncomplicated or severe.
- **Asymptomatic malaria** can be caused by all Plasmodium species; the patient has circulating parasites but no symptoms.
- **Uncomplicated malaria** can be caused by all Plasmodium species. Symptoms generally occur 7-10 days after the initial mosquito bite. Symptoms are non-specific and can include fever, moderate to severe shaking chills, profuse sweating, headache. nausea, vomiting, diarrhoea and anaemia, with no clinical or laboratory findings of severe organ dysfunction.
- **Severe malaria** is usually caused by infection with Plasmodium falciparun.

2.2 Existing System

There are several existing systems right now such as covid19india.org which is controlled and monitored under Govt of India. And has several features. such as showing the insights which could be useful for further data processing or data analytics.

The above one is just restricted for India, but other such sites exists which monitor the current stuffs all over the world or any particular country which can used for any such similar sites.

In the existing system only a crime can be reported, also it has more workload for the authorized person, but in the case of Proposed System, the user can register the site and send the first information report or complaint about a particular situation or person.

2.3 Problem statement

We all know that we are affected by a pandemic situation, so we all are facing problems in this time and we need a regular updates in this time about a covid-19 cases and our health status too.

But in our current stage we not having an existing system that we shows a every information related to covid-19 and also our health status.

We will not get every information in single site or website know everything about coronavirus.

We don't have below mentioned features in one system

1. To identify, track and forecast outbreaks.
2. To identify, track and forecast outbreaks.
3. To create Chat Bot with multiple regional language supporting Conversational Al Techniques.

CHAPTER 3:

INTEGRATION

3.1 Proposed Method

This user interface is used to get all info about COVID-19 cases in one single platform where we are providing a user risk scan to get follow of there covid-19 symptoms and go through check out there health status also.

The user can also check out the covid-19 real time tracking of cases of every country and every locality and here we also spread awareness about coronavirus to user's.

Technology has played a significant role in the detection, prevention and control of public health problems. Sophisticated evolutionary technologies have been applied to various areas of health care delivery. Notable systems include clinical decision support systems, expert systems, electronic health systems, to mention but few.

To a great extent, computing and information technologies have demystify diagnosis and management of complex medical cases as they are employed at various levels ranging from information gathering, documentation, intelligent insights to accurate decision making. Modern ICTs readily augment human expertise in several ways, such as: system-enabled diagnosis, disease management, drug administration, expert prognosis, etc.

With the outbreak of COVID 19, tracking of cases has been challenging in prevalent regions and less prevalent regions alike. Having regard to the foregoing, this work proposes a full tracking system to augment the activities of public health workers and security agencies in tracking cases from the point of entry and association with cases.

The proposed system should have the following features. The transactions should take place in a secured format between various clients in the network.

It provides flexibility to the user to transfer the data through the network very easily by compressing the large amount of file.

It should also identify the user and provide the communication according to the prescribed level of security with transfer of the file requested and run the required process at the server if necessary.

In this system the data will be send through the network as a audio file. The user who received the file will do the operations like de embedding, decryption, and decompress in their level of hierarchy etc.

3.2 Software Requirements

Software Requirements Specification (SRS) is the starting point of the software development activity. Little importance was given to this phases in the early days of software development. The emphasis was first on coding and then shifted to design.

As systems grew more complex, it become evident that the goal of the entire system cannot be easily comprehended.

Hence need for the requirements analysis phase arose. Now, for large software systems, requirements analysis is perhaps the most difficult activity and also the most error prone. Some of the difficulty is due to the scope of this phase.

The software project is imitated by the client needs. In the beginning these needs are in the minds of various people in the client organization.

The requirement analyst has to identify the requirements by tacking to these people and understanding there needs. In situations where the software is to automated a currently manuals process, most of the needs can be understood by observing the current practice.

The SRS is a means of translating the ideas in the minds of the clients (the output) into formal document (the output of the requirements phase).

Thus the output of the phase is a set of formally specified requirements, which hopefully are complete and consistent, while the input has none of these properties.

Frontend languages
HTML5
Cascading Style Sheet (CSS)
JavaScript
jQuery

Backend Framework
Django

OPERATING SYSTEM	: Windows 10
XAMPP	: PostgreSQL 13
LANGUAGE	: html 5
WEB TECHNOLOGY	: JavaScript, jQuery
BACKEND	: pgAdmin 4

CHAPTER 4:

Methodology

The object-oriented approach was strictly adopted owing to the ease at which the system problem domain could be decomposed into participating components. System extensibility was also considered as against the limitations of some methodologies. The procedures adopted included: general survey and documentation of covid19 cases and public health technology requirements in our Regional places; conceptualization of an automated multi-platform model with requirements, actors, inputs, processing and outputs defined.

To produce valid specifications of the proposed system, the following object oriented approach components were employed: use cases, class diagrams, and component diagrams respectively. In March 2020, the World Health Organization (WHO) declared COVID-19 a pandemic, caused by the novel SARS-CoV-2 virus. Following the call from the WHO to immediately assess available data to learn what care approaches are most effective and evaluate the effects of therapies, this collection aims to report on original peer-reviewed research articles in methodological approaches to medical research related to COVID-19.The first confirmed case of COVID-19 occurred in the United States (US) in Washington State on January 20, 2020.

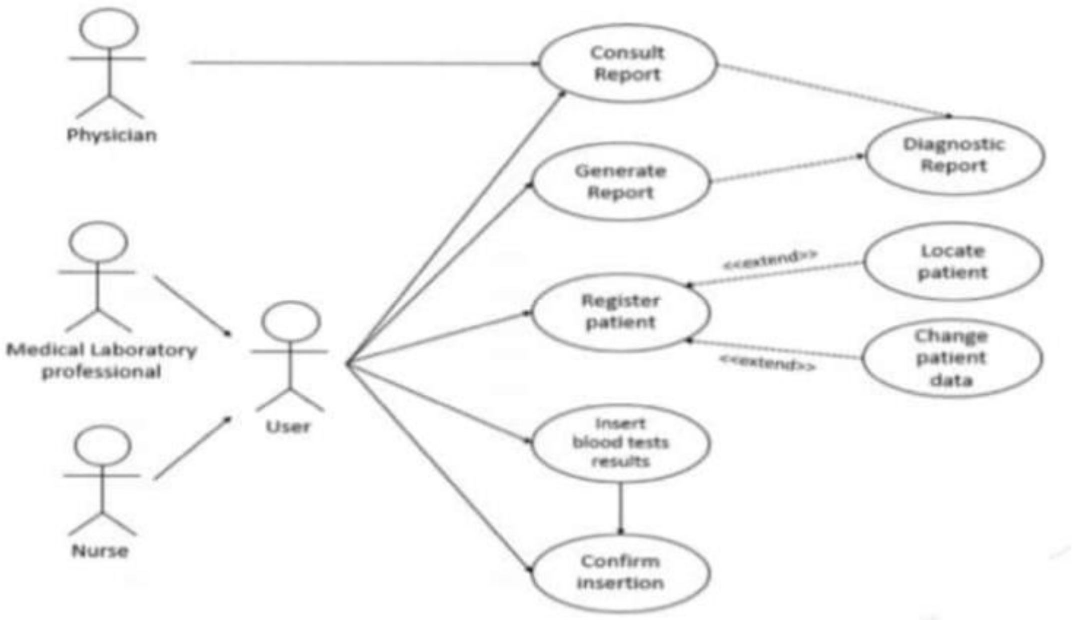
[1] Non-pharmaceutical interventions, such as quarantines and mass social distancing. were the primary public health strategy for blunting COVID-19 spread. As confirmed case counts climbed, state, county, and municipal governments adopted policies recommending or requiring actions to reduce social density and slow the progression of the outbreak.

The timing and intensity of social distancing policy responses has varied. Multiple efforts sought to rapidly code these social distancing policy responses for analysis 12.3.4.5.6.7.8.9.10.111. Social distancing policy coding has been critical to COVID-19 disease models that have influenced policy decision-making whether to impose or case social distancing approaches. For example, Dr. Deborah Birs, the U.S. Coronavirus Response Coordinator, has repeatedly cited the COVID-19 projections prepared by the University of Washington's Institute for Health Metrics and Evaluation (IHME).

However, the methods used by various modeling efforts for linking COVID policies to projected outcomes (e.g., rates of infection, hospitalization, or death), have been quite divergent Social distancing coding efforts have used a range of methodologies and frameworks to characterize and code policy responses, resulting in a diversity of social distancing policy taxonomies and classification schemes. These efforts have characterized social distancing into taxonomies consisting of 1 domain (e.g., stay at home order in place) to upwards of six domains. For example, McGrail et al. used a single domain of "lockdown," coded as the date the lockdown started and ending as of the date non-essential retail stores re-opened.

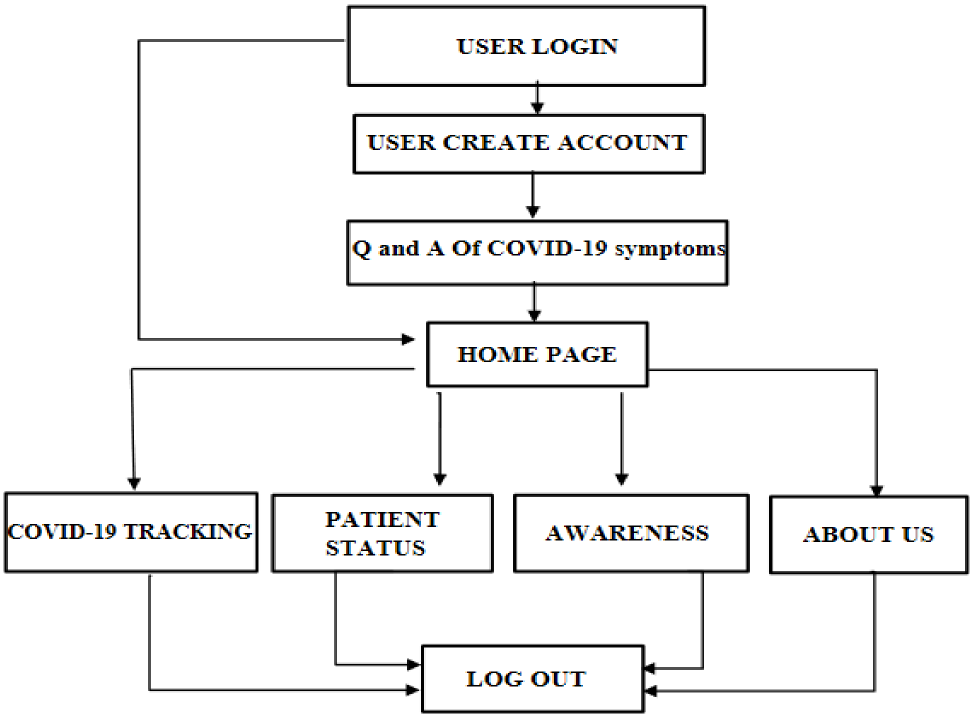
In contrast, Adolph et al., which developed one of the first publicly available datasets, developed a COVID-19 framework originally consisting of five domains: (1) recommendations or restrictions on gatherings, regardless of the size of gathering; (2) K-12 school closures; (3) restaurant restrictions on in-person dining; (4) non-essential business closures; and (5) mandatory stay-at-home orders [2].

4.1 BLOCK DIAGRAM:



The health system of many countries has been overwhelmed by the pandemic, with many losing a significant number of their health professionals in the fight against the virus. While doctors and nurses are so visible at the front lines and are being applauded for the gallant role they are playing in the recovery of hundreds of thousands of COVID-19 patients, the world knows little about those behind their successes, the Medical Laboratory Scientists (MLS). Medical laboratory science is the bedrock of diagnostic medicine and the role of the MLS in containing any pandemic cannot be overemphasized. An effective and timely diagnostics approach is fundamental and germane for the successful containment of any outbreak and the MLS are at the forefront. They are the ones testing clinical specimens from infected and clinically recovered patients. As disease detectives, their role in the fight against the COVID 19 pandemic include, but not limited to: diagnosis, monitoring, confirmation of recovery. safety and efficacy testing of broad-spectrum antiviral agents, discovery and development of vaccines, validation of testing protocols and testing kits, offering of advisories to guide government policy on containment at all levels amongst others.

4.2 FLOW CHAT:



Coronavirus pandemic is spreading in large numbers. Experts suggest that social distancing has been used for a long time as one of the methods to curb or reduce the spike in diseases and infectious illnesses. Thus, apps and innovative solutions such as these, which promote the same idea can help authorities make the population aware and save lives. The app, which is a coronavirus tracker of sorts works on the basis of contact. tracing and can help a user identify possible coronavirus 'hotspot' around his or her area. It can help people stay safe and adopt necessary precaution in some areas where there are cases and accordingly, help stop or prevent community transmission to an extent. By the basis of geotagging, it can also alert a specific user about their proximity to a nearby infection case or hotspot. The app also helps users self-identify their risk and monitor their health assessment, considering the times when it can get difficult (and most of all, is not particularly safe to step out and visit health clinics). Aarogya Setu app also helps people identify the symptoms, alert them about the best safety precautions and other relevant information concerning the spread of COVID-19 While this is a noble initiative, the app also lists down basic quarantine measures for those who are considered to be in the high-risk' category. It can also help people, who have had a travel history self-quarantine and prevent any risk of transmission.

4.3 Plan of work:

- Login/Sign-Up Module: This module enables all actors to create an account and access their accounts on the proposed system.
- Free end module: it is the end where user can visit the site to see the present statistics of every region of a country and also get an information related to COVID-19.
- Tracking Module: This module helps the officers to track the geographical positions of the cases when the need arises. The module will map the code assigned earlier to the case.
- Information Module: The information module provides a guest with a platform to interact with the system. The guest may request or report some issues and can also obtain relevant information on transmission, distribution, etc.
- The above-mentioned site is using state bulletins and official handles to update our numbers. The data is validated by a group of volunteers and published into a Google sheet and an APL.
- API is available for all at api.covid19india.org. there main intention is to we can use this data in the fight against this virus.
- The interface was created by a group of dedicated volunteers who curate and verify the data coming from several sources.
- We extract the details, like a patient's relationship with other patients to identify local and community transmissions, travel history and status

4.4 Sign-up Page:

```
{% load static %}
<!-- <!DOCTYPE html>
<html lang="en">
<head>
    <meta charset="UTF-8">
    <meta name="viewport" content="width=device-width, initial-scale=1.0">
    <title>Document</title>
</head>
<body>
    <form role="form" action="" method="POST">
        {% csrf_token %}
        <input type="text" name="username" placeholder="USERNAME">
        <input type="text" name="email" placeholder="em">
        <input type="text" name="password1" placeholder="pass">
        <input type="text" name="password2" placeholder="conf pass">
        <input type="submit" value="submit" name="submit">
    </form>
</body>
</html>
 -->
<!DOCTYPE html>
<html lang="en">
<head>
    <meta charset="UTF-8">
    <meta name="viewport" content="width=device-width, initial-scale=1.0">
    <title>User-Login-Page</title>
    <link rel="icon" href="{% static 'assets/12.png' %}" type="image/x-icon">
    <link
href="https://fonts.googleapis.com/css?family=Roboto|Tangerine:wght@700|Roboto+Condensed|Roboto+Slab|Beth+Ellen|Pattaya|Great+Vibes|Kaushan+Script|Pacifico|Satisfy|Courgette|Dancing+Script|Oleo+Script|Playball&display=swap" rel="stylesheet">
```

```
    <script                                    src="https://kit.fontawesome.com/cf8ea53283.js"
crossorigin="anonymous"></script>
    <link rel="stylesheet" href="{% static 'signup page/css1/signup.css' %}">
    <link                                                                         rel="stylesheet"
href="https://cdnjs.cloudflare.com/ajax/libs/OwlCarousel2/2.3.4/assets/owl.carousel.min.
css"                                                                        integrity="sha512-
tS3S5qG0BlhnQROyJXvNjeEM4UpMXHrQfTGmbQ1gKmelCxlSEBUaxhRBj/EFTzpb
P4RVSrpEikbmdJobCvhE3g==" crossorigin="anonymous" />
    <link                                                                         rel="stylesheet"
href="https://cdnjs.cloudflare.com/ajax/libs/OwlCarousel2/2.3.4/assets/owl.theme.default.
min.css"                                                                    integrity="sha512-
sMXtMNL1zRzolHYKEujM2AqCLUR9F2C4/05cdbxjjLSRvMQIciEPCQZo++nk7go3
BtSuK9kfa/s+a4f4i5pLkw==" crossorigin="anonymous"
    />
</head>
<body>
    <div class="outer-rect">
        <div class="inner-rect">
            <div class="row">
                <div class="column2">


                    <form role="form" action="" method="POST">
                        {% csrf_token %}
                        <div class="title">
                            <h6>Stay Home , Stay Safe</h6>
                            <h3>Sign-Up</h3>
                        </div>
                        <div class="form-inputs">
                            <input     type="text"     name="username"     placeholder="Username"
size="27" class=" form-in1">
                            <div class="input-icon">
                                <i class="fas fa-hand-holding-heart"></i> </div>
                        </div>
```

```
<!-- <div cla ss="form-inputs">
    <input type="text" placeholder="Last Name" size="27" class=" form-in1">
    <div class="input-icon">
        <i class="fas fa-hand-holding-medical"></i> </div>
</div> -->
<div class="form-inputs">
    <input type="text" name="email" placeholder="email-id" size="27" class="form-in1">
    <div class="input-icon">
        <i class="fas fa-user"></i>
    </div>
</div>
<div class="form-inputs">
    <input type="password" name="password1" placeholder="New password" size="27" class="form-in1">
    <div class="input-icon">
        <i class="fas fa-user-shield"></i>
    </div>
</div>
<div class="form-inputs">
    <input type="password" name="password2" placeholder="confirm password" size="27 " class="form-in1 ">
    <div class="input-icon ">
        <i class="fas fa-user-lock "></i>
    </div>
</div>
<!-- <p>
    <input type="radio " id="test1 " name="radio-group " checked>
    <label for="test1 ">Apple</label>
</p>
<p>
    <input type="radio " id="test2 " name="radio-group ">
```

```
          <label for="test2 ">Peach</label>
        </p> -->
        <!-- <input type="button " value="submit " name="submit "> -->
        <button type="submit " class="btn btn-login " style="width:200px;
padding: 13px; ">REGISTER</button><br><br>
        <a class="btn btn-login " href="{% url 'Userlogin' %} ">
          Sign In</a>
      </form>
      <!-- <div id="arrowAnim ">
              <div class="arrowSliding ">
                <div class="arrow "></div>
              </div>
              <div class="arrowSliding delay1 ">
                <div class="arrow "></div>
              </div>
              <div class="arrowSliding delay2 ">
                <div class="arrow "></div>
              </div>
              <div class="arrowSliding delay3 ">
                <div class="arrow "></div>
              </div>
            </div> -->
    </div>
    <div class="column ">
      <a href=" "><img src="{% static 'assets/1.png' %} "></a>
      <!-- <h1>Vir</h1> -->
      <div class="row1 ">
        <img src="{% static 'assets/viro1.png' %} " style="margin-top: -250px; ">
      </div>
      <div class="owl-carousel ">
        <img src="{% static 'assets/undraw_Access_account_re_8spm.svg' %} "
alt=" " class="login-page ">
```

```
                    <img src="{% static 'assets/undraw_authentication_fsn5.svg' %} " alt=" "
class="login-page ">
                    <img src="{% static 'assets/undraw_Fingerprint_re_uf3f.svg' %} " alt=" "
class="login-page ">
                    <img src="{% static 'assets/undraw_healthy_options_sdo3.svg' %} " alt="
" class="login-page ">
                    <img src="{% static 'assets/undraw_medicine_b1ol.svg' %} " alt=" "
class="login-page ">
                    <img src="{% static 'assets/undraw_secure_login_pdn4.svg' %} " alt=" "
class="login-page ">
                </div>
                <div class="follow ">
                    <h4>Follow us   <b><i class="fab fa-facebook " style="color:
white;font-size: 22px; "></i> 
                        <i class="fab fa-twitter " style="color:white;font-size: 22px;
"></i> 
                        <i class="fab fa-instagram " style="color: white;font-size: 22px;
"></i> 
                        <i class="fab fa-whatsapp " style="color: white;font-size: 22px;
"></i> </b></h4>

                </div>
            </div>
        </div>
    </div>
</div>
<script src="https://code.jquery.com/jquery-3.5.1.min.js "></script>
<script
src="https://cdnjs.cloudflare.com/ajax/libs/OwlCarousel2/2.3.4/owl.carousel.min.js "
integrity="sha512-
bPs7Ae6pVvhOSiIcyUClR7/q2OAsRiovw4vAkX+zJbw3ShAeeqezq50RIIcIURq7Oa20r
W2n2q+fyXBNcU9lrw==" crossorigin=" anonymous "></script>
<script>
```

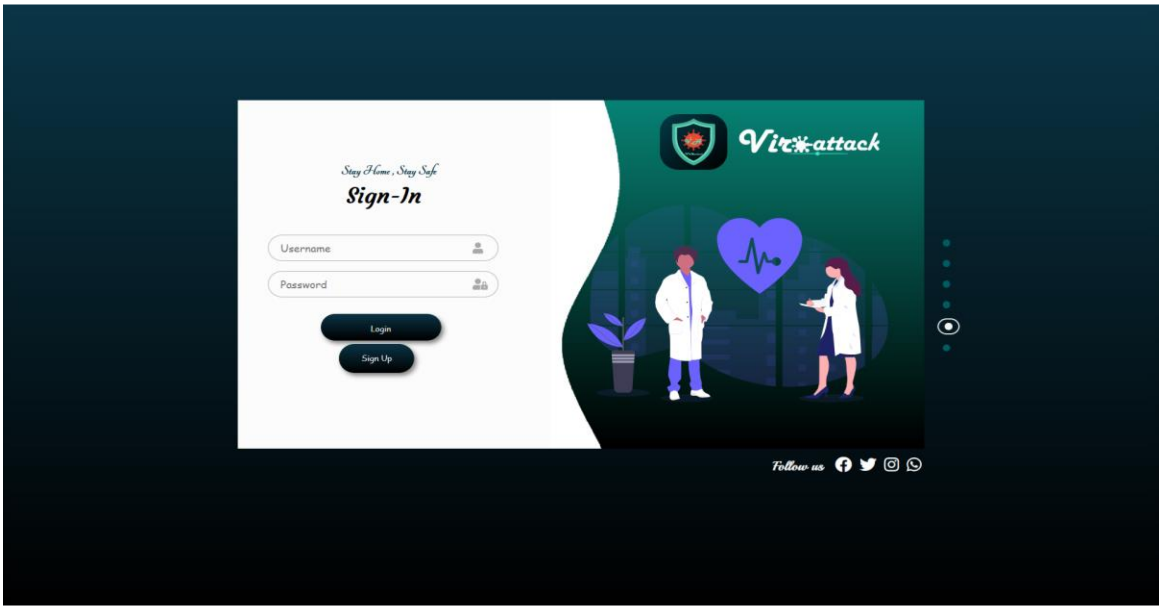
```
        $(document).ready(function() {
            $('.owl-carousel').owlCarousel({
                // rtl: true,
                loop: true,
                autoplay: true,
                autoplayTimeout: 2000,
                autoplayHoverPause: true,
                items: 1
            });
        });
    </script>
</body>
</html>
```

4.5 Database Connection:

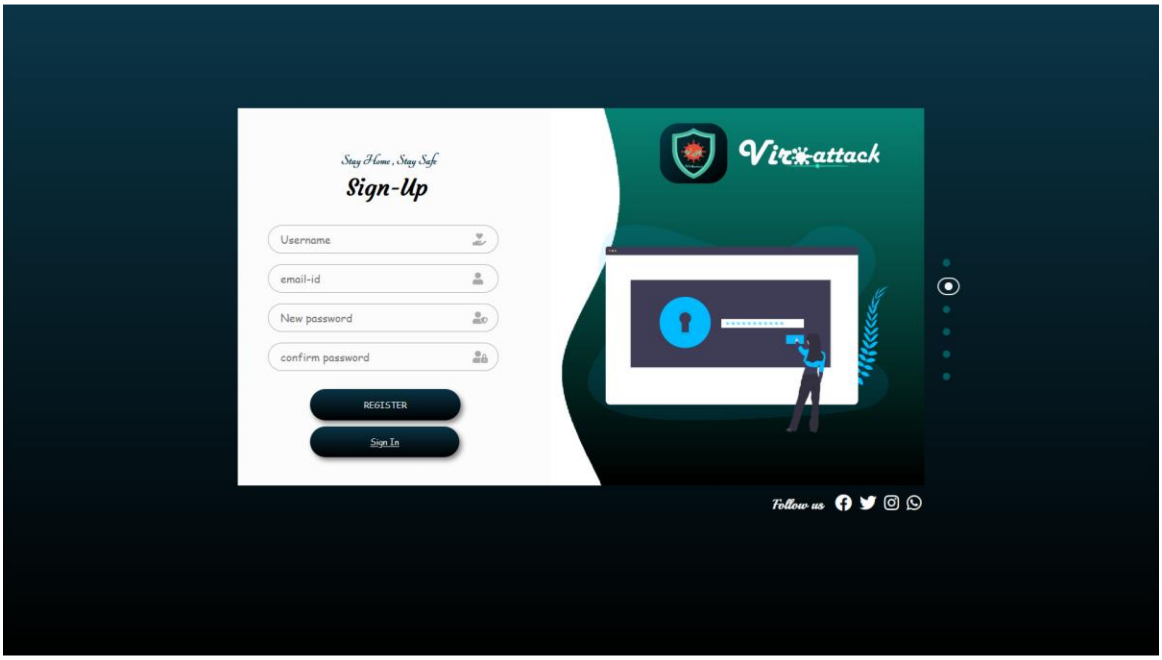
```
# Database
# https://docs.djangoproject.com/en/3.1/ref/settings/#databases

DATABASES = {
    'default': {
        'ENGINE': 'django.db.backends.postgresql',
        'NAME': 'sample',
        'USER': 'postgres',
        'PASSWORD':'admin123',
        'HOST':'localhost',
    }
}
```

CHAPTER 5:

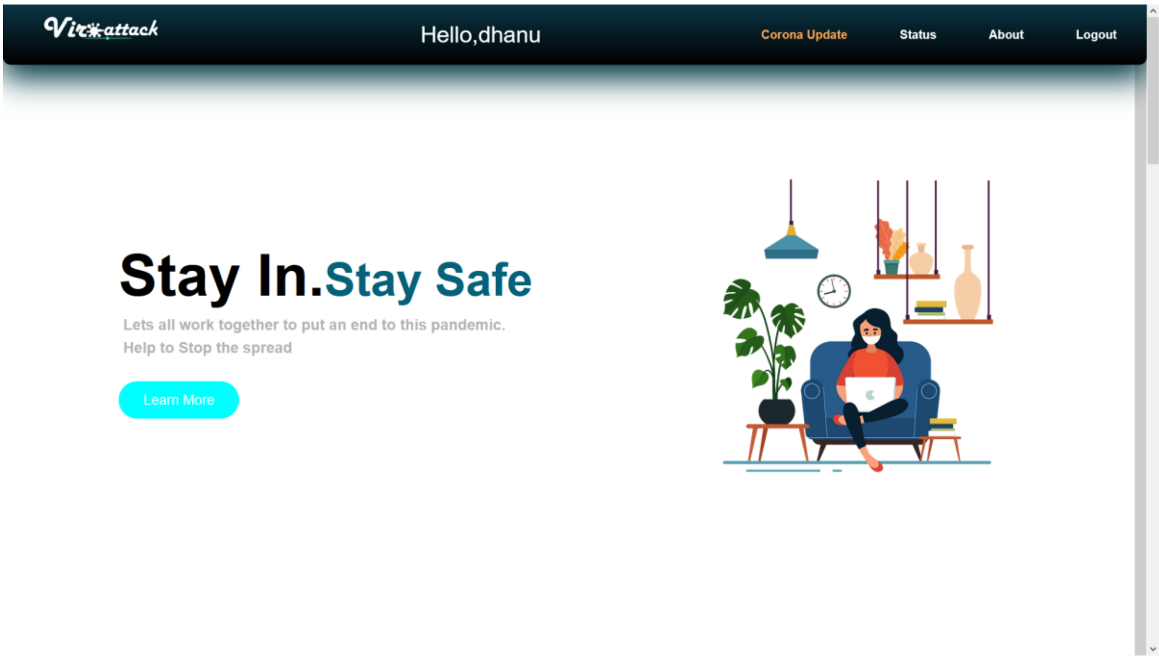
SNAPSHOTS



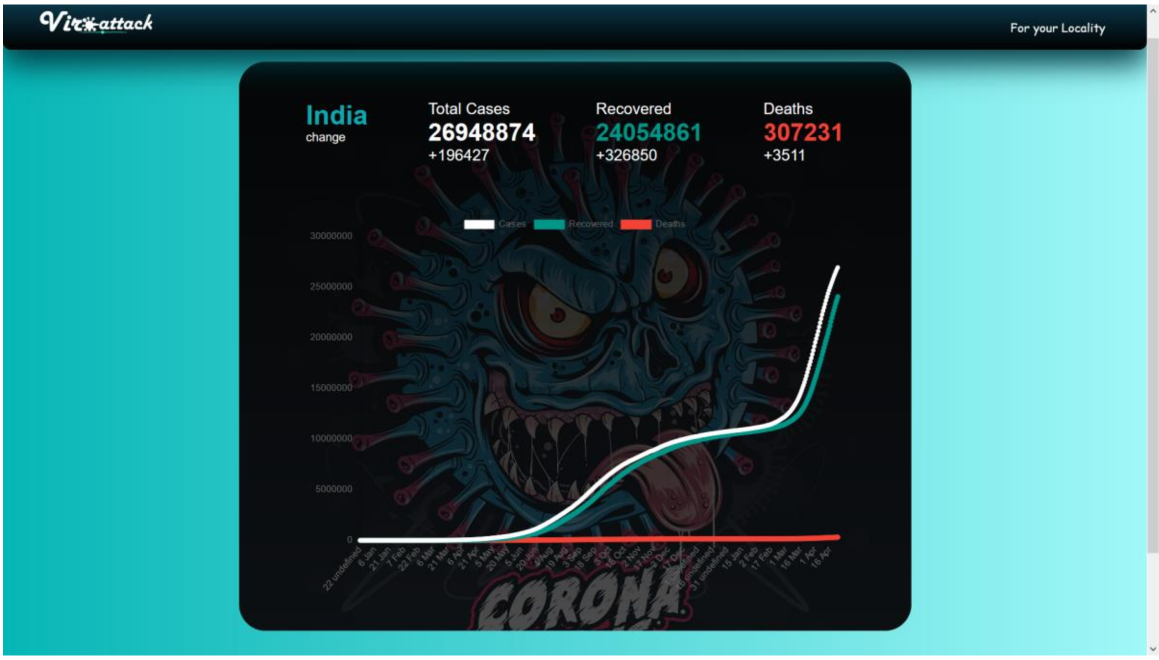
Snapshot 5.1 - Login Page



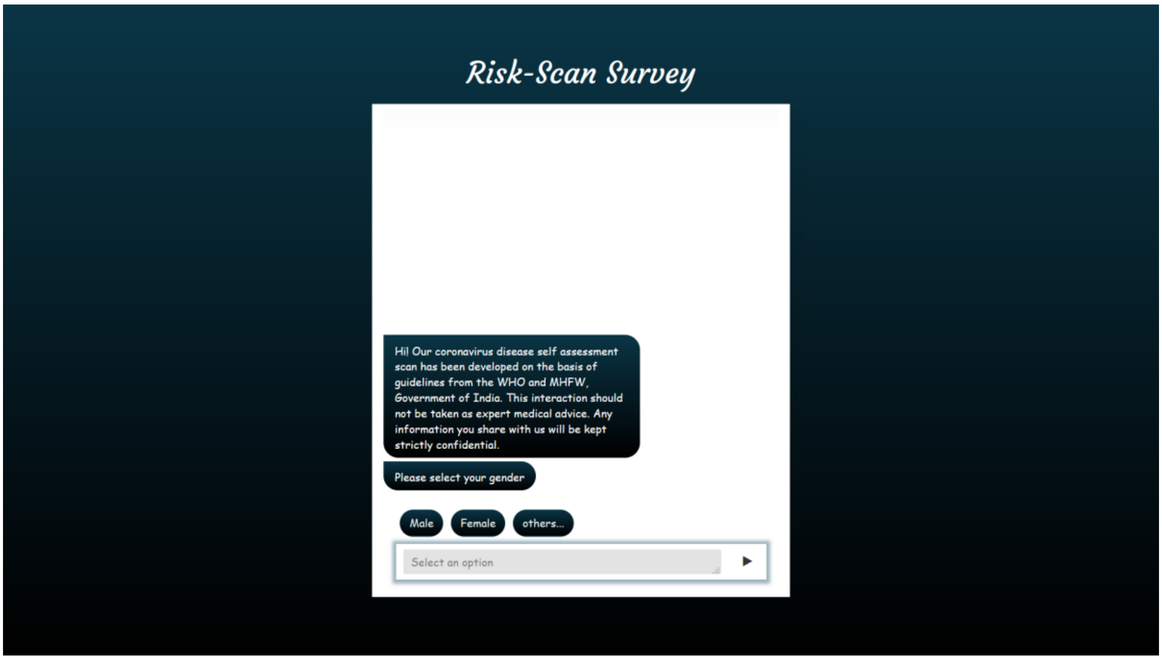
Snapshot 5.2 - Signup Page



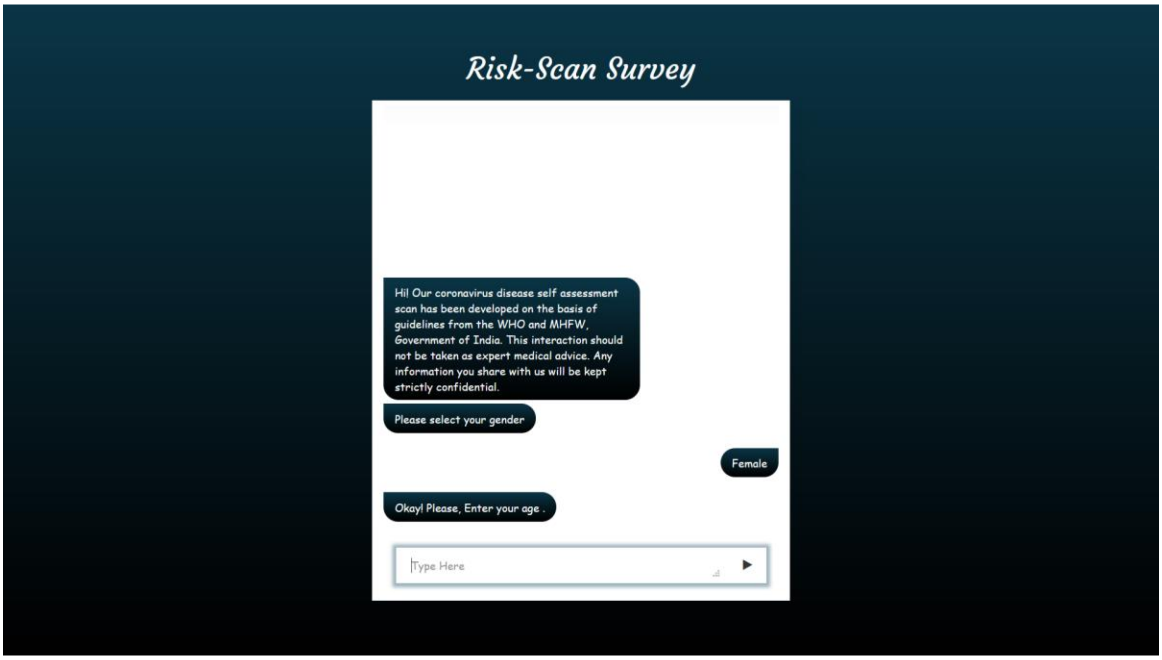
Snapshot 5.3 - Home Page



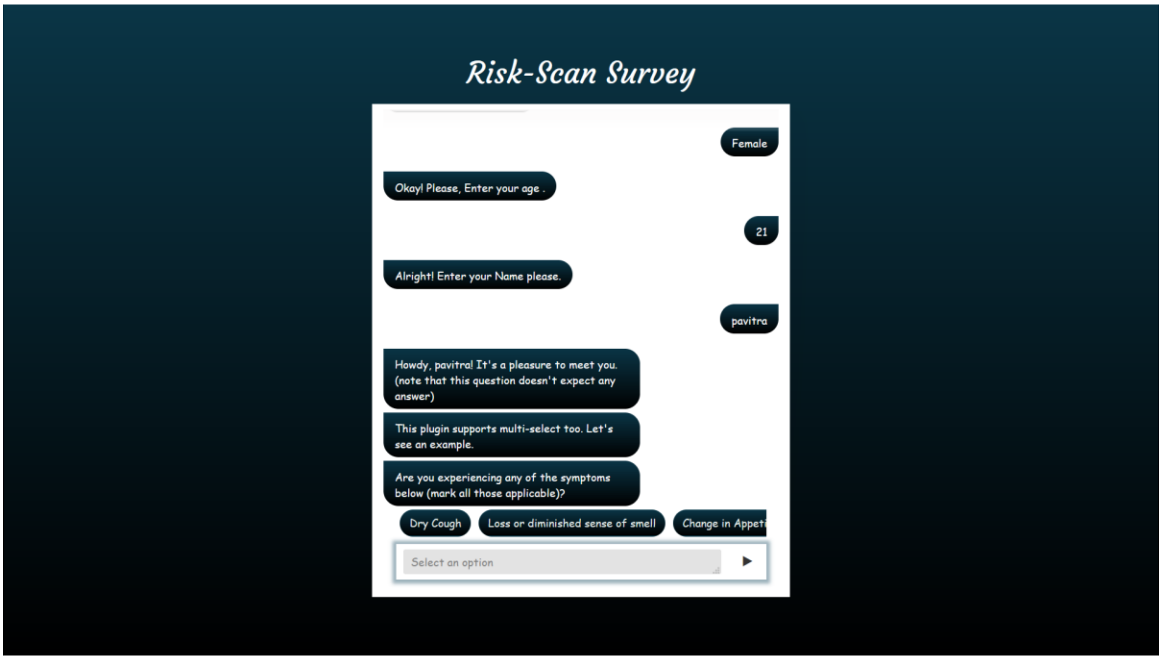
Snapshot 5.4 - Corona Update Page



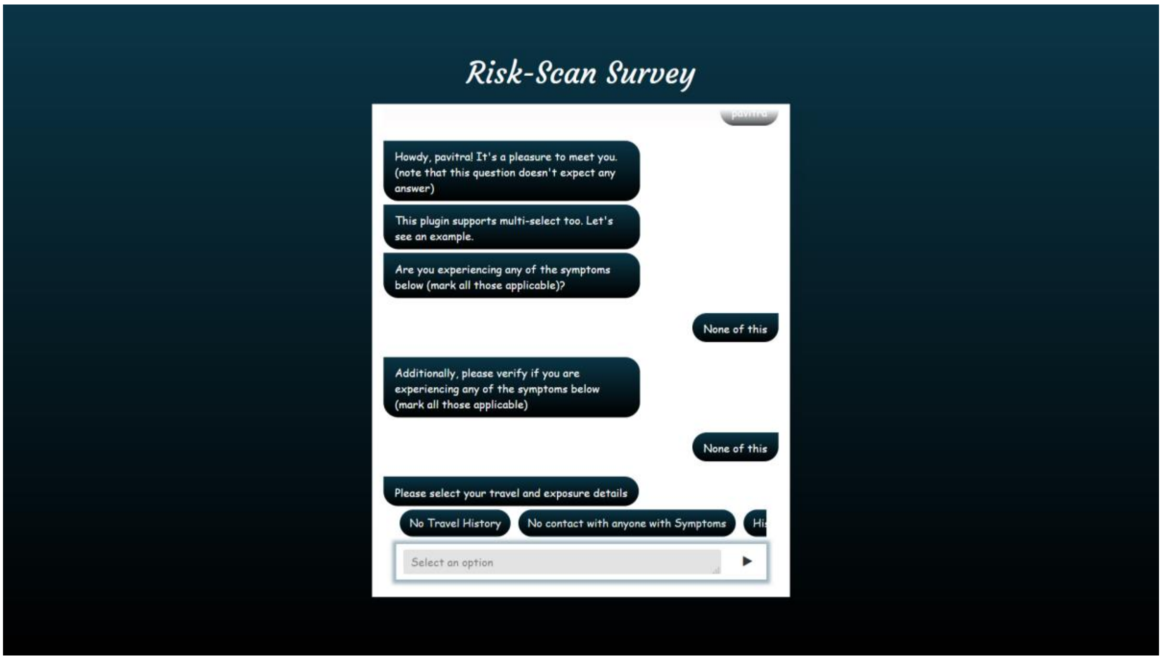
Snapshot 5.5 - Chatbot



Snapshot 5.6 - Chatbot



Snapshot 5.7 - Chatbot



Snapshot 5.8 - Chatbot

CONCLUSION

The software of chatbot within the clinical domain is slightly means beyond then our imaginations. We have covered nearly all of the points which a clinical chatbot will have to fortify to cater the desire of the affected person. In the past few years there were lot of medical chatbot models has been invented which were rather expensive for a standard particular person however we've attempted to triumph over this downside in our ‘well-being care chatbot machine. The increased real-world submission of the chatbot and imposing that for more domain names can further overview this chatbot framework.

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