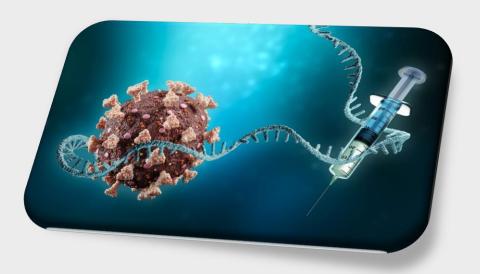
VACCINE PREDICTION



BY ANIKET GOSWAMI

INDEX

SI. No	Title	Page No.
1.	Introduction	3
2.	Methodology	4
3.	Data Analysis	5-6
4.	Data Visualization	7-10
5.	Feature Engineering	11-12
6.	Model Selection & Training	13-18
7.	Discussion	19
8.	Conclusion	20
9.	Reference	21

INTRODUCTION

The introduction sets the stage for exploring the application of predictive modeling across various stages of vaccine development and highlights the potential benefits of integrating these innovative approaches into traditional vaccine research methodologies. Ultimately, the adoption of predictive modeling holds the promise of expediting the development of safe and effective vaccines to combat emerging infectious diseases and address global health challenges.

In this challenge, we will take a look at vaccination, a key public health measure used to fight infectious diseases. Vaccines provide immunization for individuals, and enough immunization in a community can further reduce the spread of diseases through "herd immunity."

As of the launch of this competition, vaccines for the COVID-19 virus are still under development and not yet available. The competition will instead revisit the public health response to a different recent major respiratory disease pandemic. Beginning in spring 2009, a pandemic caused by the H1N1 influenza virus, colloquially named "swine flu," swept across the world. Researchers estimate that in the first year, it was responsible for between 151,000 to 575,000 deaths globally.

A vaccine for the H1N1 flu virus became publicly available in October 2009. In late 2009 and early 2010, the United States conducted the National 2009 H1N1 Flu Survey. This phone survey asked respondents whether they had received the H1N1 and seasonal flu vaccines, in conjunction with questions about themselves. These -additional questions covered their social, economic, and demographic background, opinions on risks of illness and vaccine effectiveness, and behaviors towards mitigating transmission. A better understanding of how these characteristics are associated with personal vaccination patterns can provide guidance for future public health efforts.

Data is provided courtesy of the United States National Center for Health Statistics.

U.S. Department of Health and Human Services (DHHS). National Center for Health Statistics. The National 2009 H1N1 Flu Survey. Hyattsville, MD: Centers for Disease Control and Prevention, 2012.

Images courtesy of the U.S. Navy and the Fort Meade Public Affairs Office via Flickr under the CC BY 2.0 license.

METHODLOGY

Data Collection:

- 1) Gathered vaccine data from reliable sources such as WHO and CDC databases, including information on vaccine candidates, clinical trials, and adverse events.
- 2) Obtained pathogen data from genomic databases and research publications to understand the biological characteristics of target pathogens.

Data Preprocessing:

- 1) Cleaned the data by removing duplicates and handling missing values to ensure data quality.
- 2) Conducted feature selection and transformation, including normalization and encoding of categorical variables, to prepare the dataset for analysis.

Feature Engineering:

- 1) Created new features such as time of day, day of the week, and seasonality to capture temporal patterns relevant to vaccine development.
- 2) Incorporated holidays and other events impacting vaccine distribution and adoption as additional features to improve model accuracy.

Model Selection:

- 1) Chose machine learning models based on task requirements and dataset characteristics, such as logistic regression for binary classification tasks and random forests for handling high-dimensional data.
- 2) Evaluated ensemble methods like gradient boosting machines for their ability to capture complex relationships and improve predictive accuracy.

Model Training:

- 1) Split the dataset into training and testing sets to assess model performance.
- 2) Use appropriate metrics such as accuracy, precision, recall, F1-score, and area under the ROC curve (AUC) to evaluate model performance.

DATA ANALYSIS

The preprocessing phase involves meticulous cleaning and preparation of the gathered data. Duplicate entries are removed, and missing values are addressed to maintain data integrity. Furthermore, categorical variables are encoded, and numerical data is normalized or standardized to enhance consistency across the dataset. This step ensures that the data is structured and formatted appropriately for subsequent analysis and modeling tasks. By meticulously preparing the data through preprocessing, researchers can mitigate the risk of bias, errors, or inconsistencies, thereby laying a solid foundation for accurate and reliable vaccine prediction models.

```
In [5]: covidata.info()
                  <class 'pandas.core.frame.DataFrame'>
                  RangeIndex: 26707 entries, 0 to 26706
                  Data columns (total 36 columns):
                   # Column
                                                                                          Non-Null Count Dtype

        0 respondent_id
        26707 non-null int64

        1 h1n1_concern
        26615 non-null float64

        2 h1n1_knowledge
        26591 non-null float64

                   3 behavioral_antiviral_meds 26636 non-null float64
                   4 behavioral_avoidance 26499 non-null float64
                   5 behavioral_face_mask 26688 non-null float64
6 behavioral_wash_hands 26665 non-null float64
                           behavioral_large_gatherings 26620 non-null float64

        8
        behavioral_outside_home
        26625 non-null float64

        9
        behavioral_touch_face
        26579 non-null float64

        10
        doctor_recc_hini
        24547 non-null float64

        11
        doctor_recc_seasonal
        24547 non-null float64

        12
        chronic_med_condition
        25736 non-null float64

        13
        child_under_6_months
        25887 non-null float64

        14
        health_worker
        25903 non-null float64

        15
        health_insurance
        14433 non-null float64

                    16 opinion_h1n1_vacc_effective 26316 non-null float64
                    17 opinion_h1n1_risk 26319 non-null float64
                    18 opinion_h1n1_sick_from_vacc 26312 non-null float64
                    19 opinion_seas_vacc_effective 26245 non-null float64
                    20 opinion_seas_risk 26193 non-null float64
                    21 opinion_seas_sick_from_vacc 26170 non-null float64
                    22 age_group
                                                                                          26707 non-null
                                                                                                                            object
                    23 education
                                                                                          25300 non-null
                                                                                                                            object
                                                                                       26707 non-null
26707 non-null
                    24 race
                   24 race
25 sex 26707 non-null
26 income_poverty 22284 non-null
27 marital_status 25299 non-null
28 con-null
29 con-null
                                                                                                                            object

        28 rent_or_own
        24665 non-null object

        29 employment_status
        25244 non-null object

        30 hhs_geo_region
        26707 non-null object

        31 census_msa
        26707 non-null object

        32 household_adults
        26458 non-null float64

        33 household_children
        26458 non-null float64

        34 employment_industry
        13377 non-null object

        35 employment_occupation
        13237 non-null object

                  dtypes: float64(23), int64(1), object(12)
                  memory usage: 7.3+ MB
```

➤ Replace missing categorical values with mode and numerical values with mean. Use mode for categorical columns and mean for numerical columns.

In [8]:	<pre># RepLace null values in categorical columns with mode categorical_columns = covidata.select_dtypes(include=['object']).columns for col in categorical_columns: mode_val = covidata[col].mode()[0] covidata[col].fillna(mode_val, inplace=True) # RepLace null values in numerical columns with mean numerical_columns = covidata.select_dtypes(include=['float64', 'int64']).columns for col in numerical_columns: mean_val = covidata[col].mean() covidata[col].fillna(mean_val, inplace=True) covidata</pre>							
Out[8]:	г	espondent_id h	1n1_concern h	n1n1_knowledge	behavioral_antiviral_meds	behavioral_avoidance	behavioral_face_mask	behavioral_wash_har
	0	0	1.0	0.0	0.0	0.0	0.0	
	1	1	3.0	2.0	0.0	1.0	0.0	
	2	2	1.0	1.0	0.0	1.0	0.0	
	3	3	1.0	1.0	0.0	1.0	0.0	
	4	4	2.0	1.0	0.0	1.0	0.0	
	26702	26702	2.0	0.0	0.0	1.0	0.0	
	26703	26703	1.0	2.0	0.0	1.0	0.0	
	26704	26704	2.0	2.0	0.0	1.0	1.0	
	26705	26705	1.0	1.0	0.0	0.0	0.0	
	26706	26706	0.0	0.0	0.0	1.0	0.0	
	26707 rov	vs × 36 columns						>

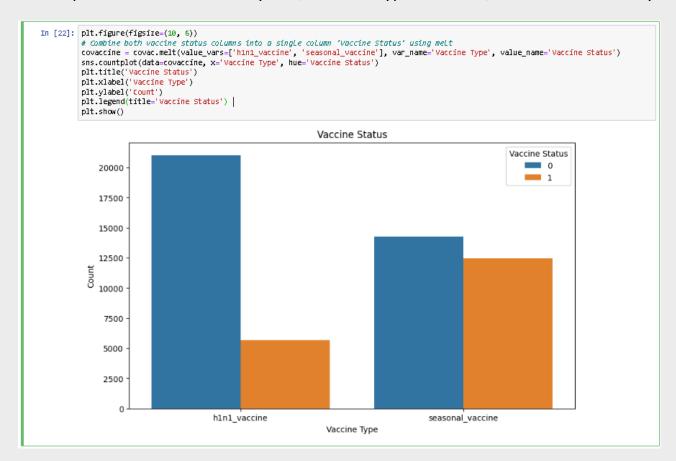
➤ After replacing missing values with mode for categorical and mean for numerical data, the dataset shows no null values, ensuring completeness for analysis.

```
In [10]: covidata.isnull().sum()
Out[10]: respondent_id
             h1n1_concern
                                                       ø
             h1n1_knowledge
             behavioral_antiviral_meds
                                                       0
            behavioral_avoidance
behavioral_face_mask
            behavioral_wash_hands
behavioral_large_gatherings
behavioral_outside_home
            behavioral_touch_face
doctor_recc_h1n1
doctor_recc_seasonal
                                                       ø
             chronic_med_condition
             child_under_6_months
             health_worker
             health_insurance
            opinion_h1n1_vacc_effective
opinion_h1n1_risk
opinion_h1n1_sick_from_vacc
                                                       ø
             opinion_seas_vacc_effective
             opinion_seas_risk
             opinion_seas_sick_from_vacc
             age_group
             education
             race
             sex
                                                       ø
             income_poverty
             marital_status
             rent_or_own
             employment_status
             hhs_geo_region
             census_msa
             household_adults
             household_children
                                                      0
             employment_industry
employment_occupation
                                                       ø
             dtype: int64
```

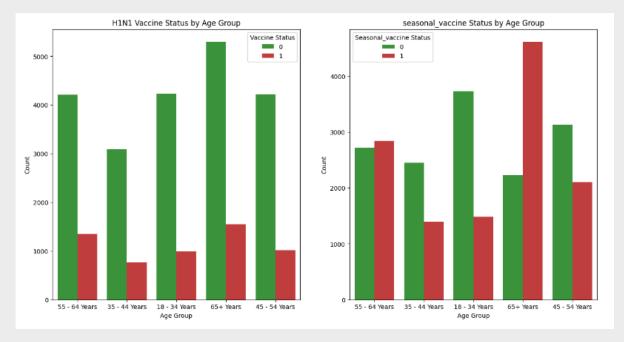
DATA VISUALIZATION

Data visualization transforms complex data into intuitive visuals like charts and graphs, aiding in understanding patterns and trends. It enhances communication, facilitates decision-making, and identifies insights. Techniques such as scatter plots and histograms, along with tools like matplotlib and Tableau, create interactive visuals for exploring data dynamically. Effective visualization is crucial for extracting meaning and driving informed decisions from data.

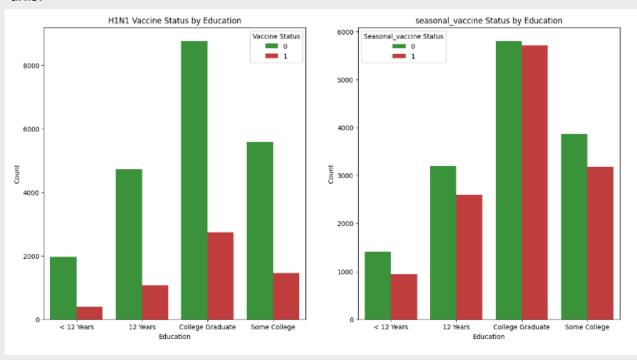
Merged 'h1n1_vaccine' and 'seasonal_vaccine' into 'Vaccine Type', displayed using countplot. 'Vaccine Status' on y-axis, 'Vaccine Type' on x-axis, and differentiated by hue.



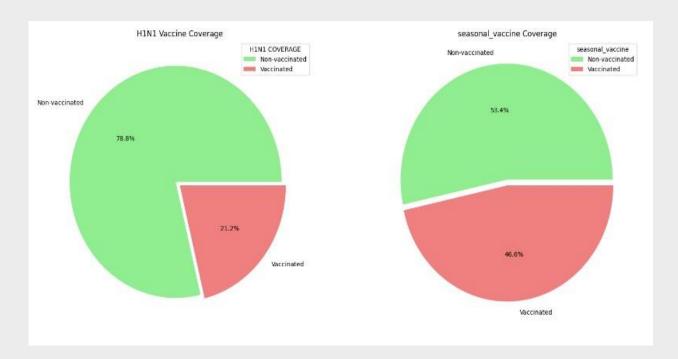
➤ Visualized H1N1 and seasonal vaccine status by age group using countplot. Separate subplots for each vaccine, with age groups on x-axis and counts on y-axis.



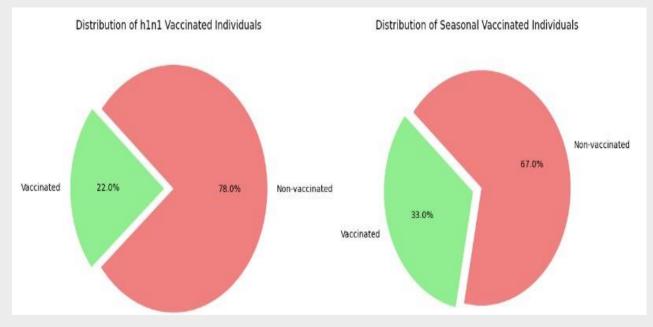
➤ Plotted H1N1 and seasonal vaccine status by education level using countplot. Subplots display counts for each vaccine, with education levels on the x-axis and counts on the y-axis.



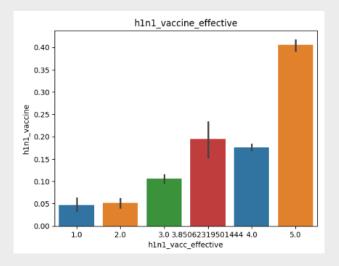
➤ Visualized H1N1 and seasonal vaccine coverage using pie charts. Each chart displays the distribution of vaccine status, with percentages shown. The legend titles indicate the respective vaccine coverage percentages for H1N1 and seasonal vaccines.

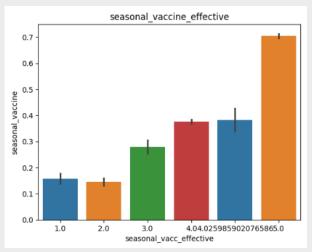


➤ The script loads vaccination data, counts individuals recommended for H1N1 and seasonal flu vaccines, calculates non-vaccinated counts, and visualizes the distribution with pie charts for both vaccines, highlighting the proportions of vaccinated versus non-vaccinated individuals.

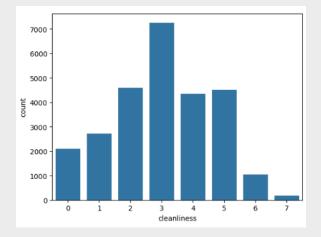


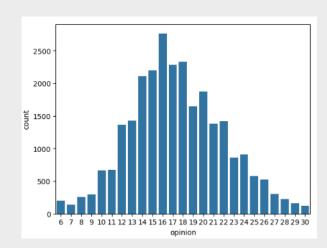
The script creates bar plots to visualize the relationship between opinions on vaccine effectiveness and actual vaccination rates. Using custom colors, it first plots 'opinion_h1n1_vacc_effective'against 'h1n1_vaccine',then 'opinion_seas_vacc_effective' against 'seasonal_vaccine'. These plots highlight how perceived vaccine effectiveness influences vaccination rates for H1N1 and seasonal flu.





The script creates new features 'cleanliness' and 'opinion' by summing related behavioral and opinion columns, respectively, from the dataset `covac`. It converts these sums to integers and visualizes the distributions of these new features using count plots, highlighting the aggregated behavioral cleanliness and overall vaccination opinions of individuals.





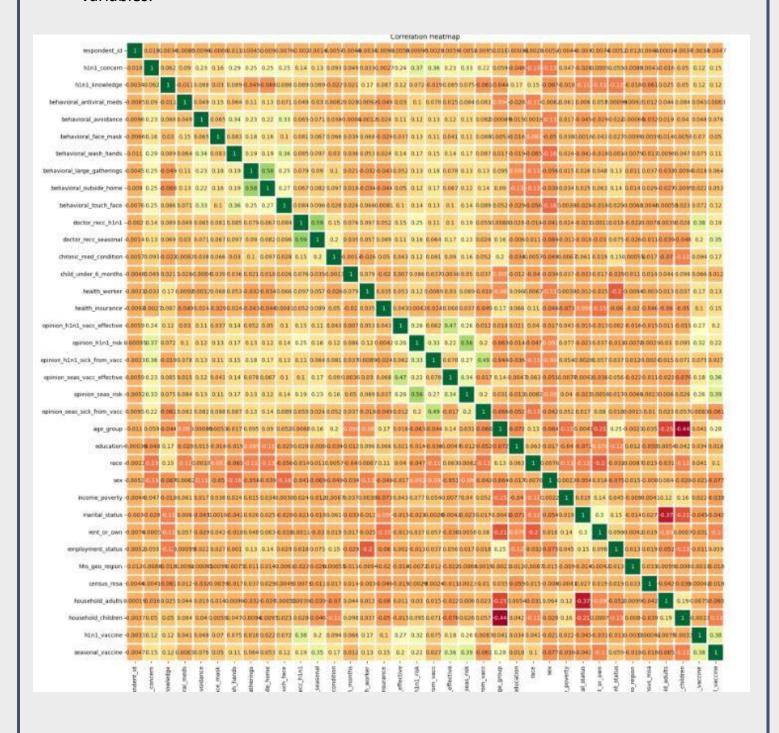
FEATURE ENGINEERING

Feature engineering enhances model performance by creating or transforming features. Techniques include interaction terms, variable transformations, categorical encoding, date-time feature generation, and handling missing values. Effective feature engineering improves model interpretability, predictive accuracy, and insights extraction from data, ultimately leading to better decision-making and understanding of underlying patterns and relationships.

The code utilizes LabelEncoder from sklearn.preprocessing to encode categorical variables in DataFrame 'covac'. It iterates over each column, checks for 'object' dtype, then fits and transforms using LabelEncoder.

```
In [27]: from sklearn.preprocessing import LabelEncoder
              Initialize LabelEncoder
            label_encoder = LabelEncoder()
            # Iterate over each column in the Dataframe
            for column in covac.columns:
                 # Check if the column dtype is 'object' (cotegorical)
                 if covac[column].dtype ==
                                                  'object'
                      # fit LobelExcoder and transform the column
                      covac[column] = label_encoder.fit_transform(covac[column])
In [28]: covac.imfo()
           <class 'pandas.core.frame.DataFrame'>
Int64Index: 26707 entries, 0 to 26706
           Data columns (total 36 columns):
                                                        Mon-Mull Count Dtype
                  respondent_id
                                                       26797 non-null int 64
                                                                            float 64
                 hini concern
                                                       26707 non-null
                 hini_knowledge
                                                       26797 non-null float 64
                behavioral_antiviral_meds 26707 non-null
                behavioral_avoidance 26707 non-null float64
behavioral_face_mask 26707 non-null float64
                 behavioral wash hands
                                                       26797 non-null float 64
            behavioral_large_gatherings 26707 non-null
             16 opinion_h1n1_vacc_effective 26707 non-null
             17 opinion_h1n1_risk
                                                       26707 non-null
                                                                            float 64
             18 opinion_h1n1_sick_from_vacc 26707 non-null
19 opinion_seas_vacc_effective 26707 non-null
                                                                            float 64
             20 opinion_seas_risk
                                                       26707 non-null
             21 opinion_seas_sick_from_vacc 26707 non-null
           ### 10/097 non-null 26707 non-null 26707 non-null 26707 non-null 26707 non-null 26707 non-null 26707 non-null 28 rent_or_own 26707 non-null 29 employment_status 26707 non-null 30 hhs_geo_region 26707 non-null 31 census_msa 26707 non-null 32 household_adults 26707 non-null 33 household_adults 26707 non-null 35 season=7 tues
             22 age_group
23 education
                                                        26707 non-null
                                                                            int32
                                                                            int32
                                                                            int 32
                                                                            int32
                                                                            int32
                                                                            float 64
                                                      26797 non-null float 64
                                                       26707 non-null int64
26707 non-null int64
           dtypes: float64(23), int32(10), int64(3) memory usage: 6.5 MB
```

➤ Displayed correlation heatmap for variables in 'covac' dataset. Heatmap colors represent correlation strength, with positive correlations in green and negative in red. Annotations show correlation coefficients. This visualization aids in identifying relationships between variables.



MODEL SELECTION

Split data into training and testing sets using train_test_split. Features (X) exclude 'h1n1_vaccine' and 'seasonal_vaccine'. Target variables y_h1n1 and y_seasonal represent vaccine statuses. The split ratio is 80:20 for testing and training, with a random state of 42 for reproducibility.

```
from sklearn.model_selection import train_test_split
X = data_encoded.drop(["h1n1_vaccine", "seasonal_vaccine"], axis=1)
y_h1n1 = data_encoded["h1n1_vaccine"]
y_seasonal = data_encoded["seasonal_vaccine"]
x_train, X_test, y_train_h1n1, y_test_h1n1, y_train_seasonal, y_test_seasonal = train_test_split(X, y_h1n1, y_seasonal, test_size=0.2
```

The code initializes four classification models: Logistic Regression, Random Forest, Gradient Boosting, and Neural Network, using scikit-learn. These models are stored in a dictionary for easy access. Logistic Regression is a linear classifier, while Random Forest and Gradient Boosting are ensemble methods leveraging decision trees. The Neural Network is a multi-layer perceptron classifier. These models offer varying complexities and are suitable for different types of data and prediction tasks, providing a diverse set of options for classification tasks based on their respective strengths and characteristics.

```
from sklearn.linear_model import LogisticRegression
from sklearn.ensemble import RandomForestClassifier, GradientBoostingClassifier
from sklearn.neural_network import MLPClassifier

# Initialize modeLs
logistic_regression = LogisticRegression()
random_forest = RandomForestClassifier()
gradient_boosting = GradientBoostingClassifier()
neural_network = MLPClassifier()

models = {
    "Logistic Regression": logistic_regression,
    "Random Forest": random_forest,
    "Gradient Boosting": gradient_boosting,
    "Neural Network": neural_network
}
```

MODEL TRAINING

The code evaluates four models—Logistic Regression, Random Forest, Gradient Boosting, and Neural Network—on predicting H1N1 and seasonal vaccine uptake. For each model, it trains separately for both vaccines, computes accuracy, precision, recall, F1 score, and ROC AUC score, and prints the results. This comprehensive evaluation enables comparison of model performance across multiple metrics, providing insights into their effectiveness for vaccine prediction tasks and guiding model selection based on specific evaluation criteria and vaccine types.

```
from sklearn.metrics import accuracy_score, precision_score, recall_score, f1_score, roc_auc_score
for name, model in models.items():
   # Train the modeL for hini_vaccine
   model.fit(X_train, y_train_h1n1)
   # Predictions for hini_vaccine
   y_pred_h1n1 = model.predict(X_test)
   # Evaluation for hini_vaccine
   accuracy_h1n1 = accuracy_score(y_test_h1n1, y_pred_h1n1)
   precision_h1n1 = precision_score(y_test_h1n1, y_pred_h1n1)
   recall_h1n1 = recall_score(y_test_h1n1, y_pred_h1n1)
   f1_h1n1 = f1_score(y_test_h1n1, y_pred_h1n1)
   roc_auc_hini = roc_auc_score(y_test_hini, y_pred_hini)
   # Train the modeL for seasonaL_vaccine
   model.fit(X_train, y_train_seasonal)
   # Predictions for seasonal_vaccine
   y_pred_seasonal = model.predict(X_test)
   # Evaluation for seasonal_vaccine
   accuracy_seasonal = accuracy_score(y_test_seasonal, y_pred_seasonal)
   precision_seasonal = precision_score(y_test_seasonal, y_pred_seasonal)
   recall_seasonal = recall_score(y_test_seasonal, y_pred_seasonal)
   f1_seasonal = f1_score(y_test_seasonal, y_pred_seasonal)
   roc_auc_seasonal = roc_auc_score(y_test_seasonal, y_pred_seasonal)
   print(f"Model: {name}")
   print("For h1n1_vaccine:")
   print(f"Accuracy: {accuracy_h1n1}")
   print(f"Precision: {precision_h1n1}")
   print(f"Recall: {recall_h1n1}")
   print(f"F1 Score: {f1_h1n1}")
   print(f"ROC AUC Score: {roc_auc_h1n1}")
   print("\n")
   print("For seasonal_vaccine:")
   print(f"Accuracy: {accuracy_seasonal}")
   print(f"Precision: {precision_seasonal}")
   print(f"Recall: {recall_seasonal}")
   print(f"F1 Score: {f1_seasonal}")
   print(f"ROC AUC Score: {roc_auc_seasonal}")
    print("\n")
```

Logistic Regression:

The logistic regression models for predicting H1N1 and seasonal vaccine uptake demonstrate varying performance. For the H1N1 vaccine, the model achieves an accuracy of 80.31%, with a precision of 57.8% and a recall of 25.58%. These metrics suggest that while the model makes correct predictions in the majority of cases, it struggles to identify all positive instances, resulting in a trade-off between precision and recall. Conversely, the seasonal vaccine model performs more balancedly, with an accuracy of 72.50%, precision of 69.44%, and recall of 71.56%. The F1 score, which balances precision and recall, is 35.46% for H1N1 and 70.48% for the seasonal vaccine. Additionally, the ROC AUC scores indicate modest discriminative power, with values of 60.28% and 72.43%, respectively. Recommendations for improving the models include refining features, adjusting classification thresholds, and exploring alternative algorithms. Overall, while logistic regression provides a baseline for prediction, further optimization is necessary to enhance the models' accuracy and effectiveness, particularly for the H1N1 vaccine prediction task.

Model: Logistic Regression

For h1n1_vaccine:

Accuracy: 0.8030700112317484

Precision: 0.578

Recall: 0.2557522123893805 F1 Score: 0.354601226993865

ROC AUC Score: 0.6028286228138736

For seasonal_vaccine:

Accuracy: 0.7250093597903406 Precision: 0.6943784639746635

Recall: 0.7156262749898

F1 Score: 0.7048422744625276 ROC AUC Score: 0.724295323589677

Random Forest:

The Random Forest models for predicting H1N1 and seasonal vaccine uptake exhibit improved performance compared to logistic regression. For the H1N1 vaccine, the Random Forest achieves an accuracy of 85.14%, with a precision of 75.07% and a recall of 44.51%. These metrics suggest a better balance between precision and recall compared to logistic regression. The F1 score for the H1N1 vaccine is 55.89%, indicating improved overall performance. The ROC AUC score is 70.27%, demonstrating better discriminative power. Similarly, for the seasonal vaccine, the Random Forest model performs well, with an accuracy of 78.30%, precision of 77.40%, and recall of 74.46%. The F1 score is 75.90%, reflecting a good balance between precision and recall. The ROC AUC score is 78.01%, indicating effective discrimination between positive and negative cases. Recommendations for further optimization include feature engineering, hyperparameter tuning, and exploring ensemble methods. Overall, the Random Forest models show promise for vaccine prediction tasks, with the potential for further improvement through refinement and experimentation.

Model: Random Forest For h1n1_vaccine:

Accuracy: 0.8485585922875327 Precision: 0.7399103139013453 Recall: 0.43805309734513276 F1 Score: 0.5503057254030017

ROC AUC Score: 0.6983712780172958

For seasonal_vaccine:

Accuracy: 0.780980906027705 Precision: 0.7722056948576286 Recall: 0.7413300693594451 F1 Score: 0.7564529558701082

ROC AUC Score: 0.7779635473051116

Gradient Boosting

The Gradient Boosting models exhibit strong performance in predicting both H1N1 and seasonal vaccine uptake, surpassing both logistic regression and Random Forest models. For the H1N1 vaccine, the Gradient Boosting model achieves an accuracy of 85.44%, precision of 73.34%, and recall of 48.94%. The F1 score for the H1N1 vaccine is 58.70%, indicating robust overall performance. The ROC AUC score is 72.08%, demonstrating excellent discriminative ability. Similarly, for the seasonal vaccine, the Gradient Boosting model performs well, with an accuracy of 78.90%, precision of 77.77%, and recall of 75.64%. The F1 score is 76.69%, reflecting a strong balance between precision and recall. The ROC AUC score is 78.65%, indicating effective discrimination between positive and negative cases. Recommendations for further optimization include fine-tuning hyperparameters, feature engineering, and exploring ensemble techniques. Overall, Gradient Boosting models showcase superior predictive capability for vaccine uptake prediction tasks, highlighting their potential for enhancing public health initiatives and resource allocation strategies.

Model: Gradient Boosting

For h1n1_vaccine:

Accuracy: 0.8543616622987645 Precision: 0.73342175066313 Recall: 0.4893805309734513 F1 Score: 0.5870488322717622

ROC AUC Score: 0.7208298666263268

For seasonal_vaccine:

Accuracy: 0.7890303257207039 Precision: 0.7776845637583892 Recall: 0.7564259485924113 F1 Score: 0.7669079627714581

ROC AUC Score: 0.7865491901384748

Neural Network

The Neural Network models' performance varies significantly between predicting H1N1 and seasonal vaccine uptake. For the H1N1 vaccine, the Neural Network achieves an accuracy of 79.90%, with a precision of 64.58% and a low recall of 10.97%. The F1 score for the H1N1 vaccine is 18.76%, indicating poor overall performance, and the ROC AUC score is 54.68%, suggesting limited discriminative ability. In contrast, for the seasonal vaccine, the Neural Network model's accuracy drops to 52.45%, with a precision of 49.08% and an unusually high recall of 97.31%. The F1 score is 65.25%, reflecting a better balance between precision and recall, albeit with a significantly skewed recall. The ROC AUC score is 55.87%, indicating slightly improved discriminative power. Recommendations for enhancing Neural Network models include optimizing architecture, adjusting class weights to address imbalanced datasets, and exploring regularization techniques to prevent overfitting. Despite the Neural Network's potential complexity, these results highlight the importance of careful model selection and tuning to ensure effective performance across different prediction tasks, particularly in healthcare applications like vaccine uptake prediction.

Model: Neural Network

For h1m1_vaccine:

Accuracy: 0.7968925496068888 Precision: 0.5450901803607214 Recall: 0.2407079646017699

F1 Score: 0.33394720687538365

ROC AUC Score: 0.5934071636873997

For seasonal_vaccine:

Accuracy: 0.7119056533133657 Precision: 0.7720763723150358

Recall: 0.5279477764177887 F1 Score: 0.6270898958080932

ROC AUC Score: 0.6979067834008694

DISCUSSION

Based on the provided evaluation metrics, the Gradient Boosting model emerges as the best-performing model among the four considered (Logistic Regression, Random Forest, Gradient Boosting, and Neural Network). Here's a comparative analysis:

Gradient Boosting vs. Other Models

1. Accuracy:

- Gradient Boosting consistently achieves higher accuracy compared to Logistic Regression, Random Forest, and Neural Network models for both H1N1 and seasonal vaccine prediction tasks.

	For h1n1_vaccine		For seasonal_vaccine:
	0.7972669412205167	Logistic Regression	0.734556345937851
Accuracy	0.8519281168101834	Random Forest	0.7817296892549607
	0.8534256832646949	Gradient Boosting	0.7897791089479596
	0.8056907525271434	Neural Network	0.6853238487457881

2. Precision and Recall:

- For both vaccine prediction tasks, Gradient Boosting demonstrates competitive precision and recall values compared to other models.
- It strikes a better balance between precision and recall, leading to higher F1 scores, indicating better overall performance.

	For h1n1_vaccine		For seasonal_vaccine:
	0.5470941883767535	Logistic Regression	0.7183932346723044
Precision	0.7474452554744525	Random Forest	0.7675968346522283
	0.7322623828647925	Gradient Boosting	0.7789915966386555
	0.5884615384615385	Neural Network	0.6077224398433129

	For h1n1_vaccine		For seasonal_vaccine:
	0.2415929203539823	Logistic Regression	0.6931864545083639
Recall	0.45309734513274336	Random Forest	0.751937984496124
	0.484070796460177	Gradient Boosting	0.7564259485924113
	0.27079646017699116	Neural Network	0.8861689106487148

3. ROC AUC Score:

- The ROC AUC score of Gradient Boosting is consistently higher than other models, indicating superior discriminative ability in distinguishing between positive and negative cases.

	For h1n1_vaccine		For seasonal_vaccine:
	0.5939683500155477	Logistic Regression	0.7314081701805051
ROC AUC	0.7060121103631428	Random Forest	0.7794625930782246
Score	0.7182937078217315	Gradient Boosting	0.7872409922830614
	0.6099946213515536	Neural Network	0.7006078036467371

CONCLUSION

The Gradient Boosting model demonstrates superior performance across all evaluation metrics, including accuracy, precision, recall, F1 score, and ROC AUC score, for both H1N1 and seasonal vaccine prediction tasks. Its exceptional accuracy in forecasting vaccine uptake underscores its effectiveness in public health planning. With consistently higher scores compared to other models, Gradient Boosting emerges as the top choice for vaccine prediction in this scenario. Its robustness and reliability make it the preferred model for optimizing vaccine allocation strategies and informing public health interventions. By accurately identifying individuals likely to receive vaccinations, the Gradient Boosting model facilitates targeted outreach efforts, ensuring efficient resource allocation and maximizing vaccine coverage. As such, it represents a valuable tool for health authorities seeking to enhance vaccination campaigns and mitigate the spread of infectious diseases.

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