

Improve diagnostic of typhoid through open science

Proposed model

By

Antima Dwivedi

Abstract

WHO estimates the global typhoid fever disease burden at 11-20 million cases annually, resulting in about 128 000–161 000 deaths per year. Typhoid risk is higher in populations that lack access to safe water and adequate sanitation. Poor communities and vulnerable groups including children are at the highest risk. The main aim of the Project is to improve diagnostics of typhoid through Open-science. Combining AI systems with an irreplaceable human clinician can advance better diagnosis.

Proposed Solution

1. The basic idea is to develop an application(android or web) and use the features of a mobile phone for computation and reducing human power.
2. Typhoid fever will be tested in two phases.

2.1 Basic testing:

According to the reference [\[1\]](#) there are 18 symptoms of enteric fever. Firstly application will produce the results according to the given rough set algorithm mentioned in the paper and if tested positive patient will go through the next stage which is widal testing.

2.1.1The methodology for Basic Testing:

There are eighteen (18) conditional attributes (symptoms) and one (1) decision attribute (level of severity), shown in table 1 and table 2 below respectively. All the attributes were discretized.

| RoughSet Representation | Symbol | Attribute (Symptom) | Attribute Type |
|--------------------------------|---------------|----------------------------|-----------------------|
| A1 | FVR | Fever | Discrete |
| A2 | ABP | Abdominal Pain | Discrete |
| A3 | COH | Cough | Discrete |
| A4 | DIA | Diarrhoea | Discrete |
| A5 | CON | Constipation | Discrete |

| | | | |
|-----|-----|---------------------------|----------|
| A6 | RPT | Rose spot | Discrete |
| A7 | MWK | Muscle Weakness | Discrete |
| A8 | ANR | Anorexia | Discrete |
| A9 | HDH | Headache | Discrete |
| A10 | SKR | Skin rash | Discrete |
| A11 | WTL | Weightless | Discrete |
| A12 | SMD | Stomach Distension | Discrete |
| A13 | MAL | Malaise | Discrete |
| A14 | OBS | Occult blood in the stool | Discrete |
| A15 | HMR | Haemorrhages | Discrete |
| A16 | DEM | Derilium | Discrete |
| A17 | ABR | Abdominal rigidity | Discrete |
| A18 | EPS | Epistaxis (Bloody nose) | Discrete |

Table 1: Conditional Attributes of Typhoid Fever

| Rough Set Representation | Symbol | Attribute (Symptom) | Attribute type |
|---------------------------------|---------------|----------------------------|-----------------------|
| Dec | Dec | Typhoid Fever diagnosed | Discrete |

Table 2: Decision Attribute of Typhoid Fever

2.1.2 Experimental result:

There are eighteen conditional attributes(symbols) A1 to A18 and one decision attribute(Typhoid Fever diagnosed) Dec. Each conditional attribute can take a value from High, Low, or Default, depending on the patient's feeling. Default exists for symptoms not perceived. For the decision attribute, there are five classes- Very Low, Low, Moderate, High, and Very High. To make the programming easier and the program more efficient,

these values were converted to integers since it is easier to work around numbers. The conditional variable Low was converted to 1 and the conditional variable High was converted to 2 while default takes the value 0. For example, A1 = 2 means Fever is High and A3 = 1 means Cough is Low. For the decision attribute, Very Low, Low, High, Moderate, High, and Very High were converted to 1,2,3,4 and 5 respectively. In this case, Dec = 1 means typhoid fever diagnosed is Very Low while Dec = 5, means typhoid fever diagnosed is Very High.

| Rule No | Details of the rule |
|---------|---|
| Rule 1 | $(A7 = 1) \& (A8 = 1) \& (A9 = 1) \& (A10 = 1) \& (A11 = 1) \& (A12 = 1) \& (A15 = 1) \& (A16 = 1) \Rightarrow (Dec = 1)$ |
| Rule 2 | $(A8 = 1) \& (A10 = 1) \& (A11 = 2) \& (A15 = 1) \Rightarrow (Dec = 2)$ |
| Rule 3 | $(A4 = 1) \& (A5 = 1) \& (A7 = 1) \& (A9 = 2) \& (A13 = 1) \Rightarrow (Dec = 2)$ |
| Rule 4 | $(A4 = 1) \& (A7 = 1) \& (A8 = 2) \& (A9 = 1) \& (A11 = 1) \& (A18 = 1) \Rightarrow (Dec = 2)$ |
| Rule 5 | $(A7 = 1) \& (A8 = 1) \& (A9 = 2) \& (A10 = 1) \& (A13 = 1) \& (A14 = 1) \Rightarrow (Dec = 2)$ |
| Rule 6 | $(A7 = 2) \& (A14 = 1) \& (A15 = 1) \& (A18 = 1) \Rightarrow (Dec = 3)$ |
| Rule 7 | $(A4 = 1) \& (A9 = 1) \& (A12 = 2) \Rightarrow (Dec = 3)$ |
| Rule 8 | $(A10 = 2) \& (A14 = 1) \& (A15 = 1) \& (A18 = 1) \Rightarrow (Dec = 3)$ |
| Rule 9 | $(A13 = 2) \& (A14 = 1) \& (A15 = 1) \& (A18 = 1) \Rightarrow (Dec = 3)$ |
| Rule 10 | $(A4 = 2) \& (A8 = 2) \& (A15 = 1) \Rightarrow (Dec = 3)$ |
| Rule 11 | $(A7 = 2) \& (A15 = 2) \& (A16 = 1) \Rightarrow (Dec = 4)$ |
| Rule 12 | $(A9 = 2) \& (A15 = 2) \& (A16 = 1) \Rightarrow (Dec = 4)$ |
| Rule 13 | $(A5 = 1) \& (A14 = 2) \& (A16 = 1) \Rightarrow (Dec = 4)$ |
| Rule 14 | $(A7 = 1) \& (A8 = 1) \& (A15 = 2) \Rightarrow (Dec = 4)$ |
| Rule 15 | $(A16 = 2) \Rightarrow (Dec = 5)$ |
| Rule 16 | $(A4 = 1) \& (A7 = 2) \& (A10 = 2) \& (A11 = 1) \& (A15 = 1) \Rightarrow (Dec = 5)$ |
| Rule 17 | $(A5 = 2) \& (A7 = 1) \& (A8 = 2) \& (A9 = 2) \& (A15 = 1) \Rightarrow (Dec = 2) \text{ OR } (Dec = 3)$ |

| | |
|---------|---|
| Rule 18 | $(A5 = 1) \ \& \ (A7 = 1) \ \& \ (A8 = 2) \ \& \ (A9 = 1) \ \& \ (A11 = 1) \ \& \ (A16 = 1) \Rightarrow (Dec = 4) \text{ OR } (Dec = 5);$ |
|---------|---|

Table 3: Rules Generated for the five cases of Typhoid Fever

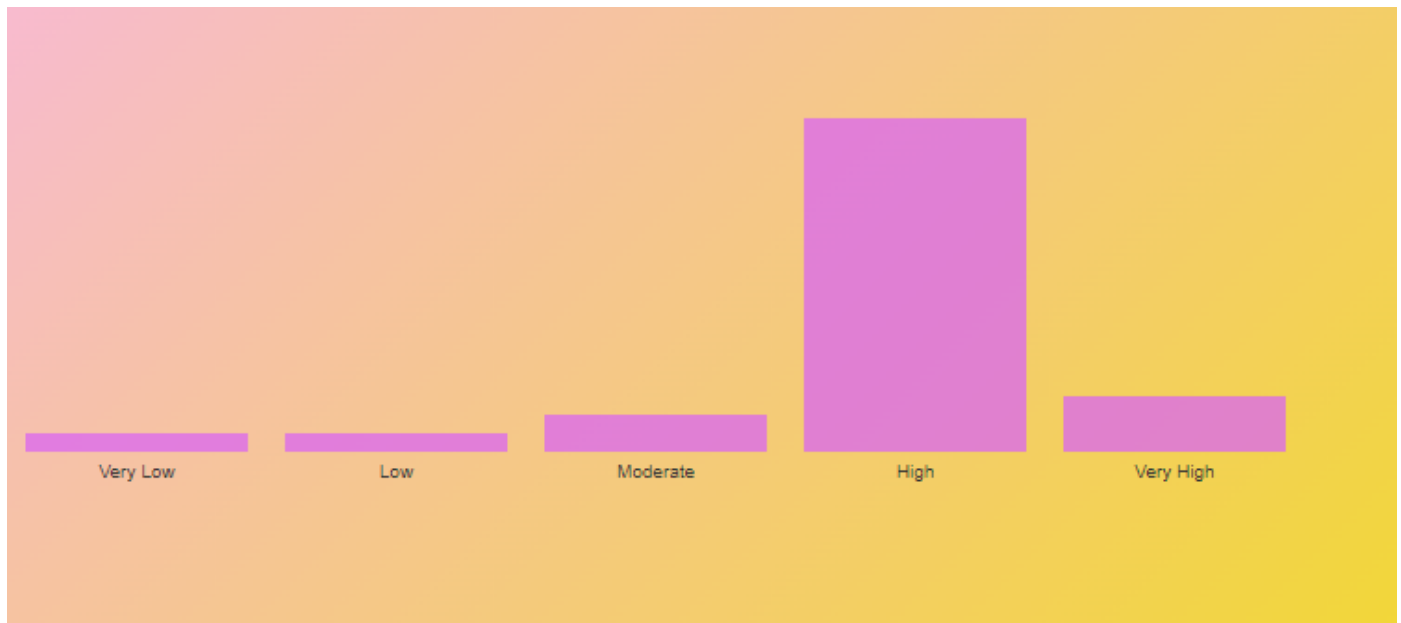


Image 1: Test Results

2.2 Widal testing:

Enteric fever is mainly caused by **Salmonella Typhi** and **Salmonella Paratyphi A & B**. Antibodies specific Flaggellar Antigen 'H' and Somatic Antigen 'O' of *Salmonella* species usually become detectable in the blood after 7 days from onset of infection in individual infected with typhoid. This test facilitates quantitative estimation of antibodies to salmonella antigens in human serum by slide.

2.2.1 Principal of the test:

When the colored, smooth, attenuated antigen suspensions are mixed and incubated with patient serum, Anti-salmonella antibodies present in the patient serum react with Antigen suspensions and give agglutination. Agglutination can be observed microscopically for one minute.

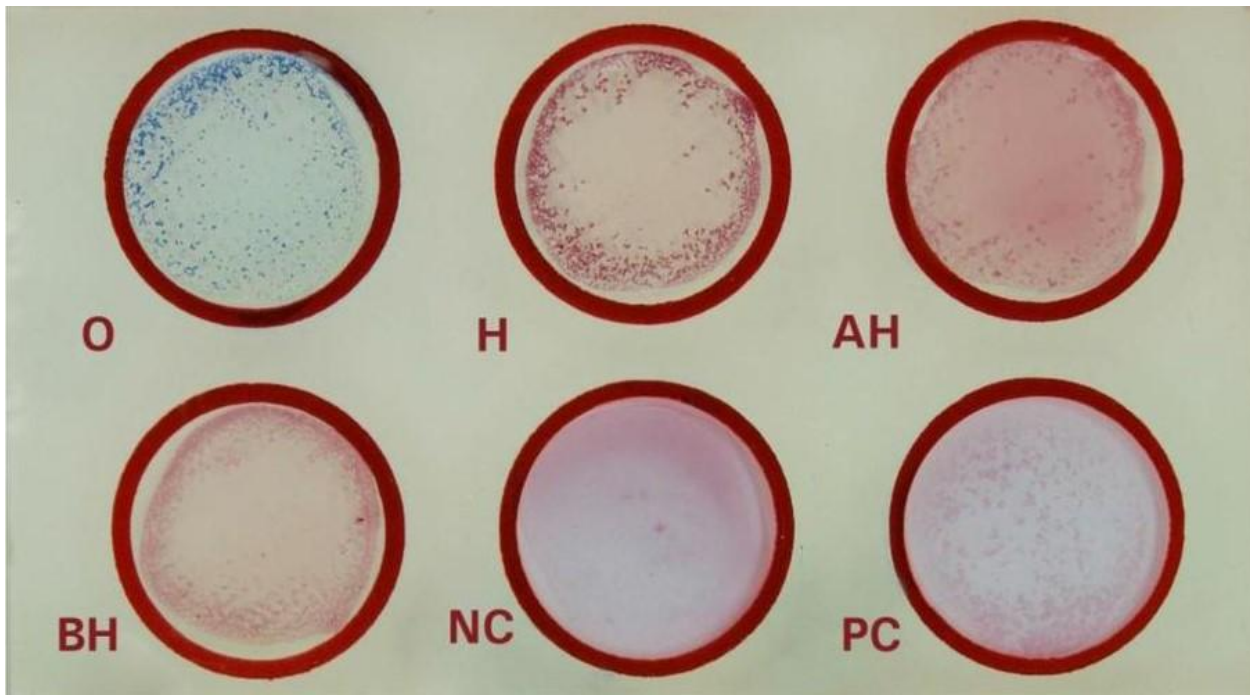


Image 2: Test Result

2.2.2 Interpretation of result

Observe agglutination or formation of clouds in the wells. Compare it with the positive control. Agglutination is the positive test results that indicate the presence of corresponding antibodies in the patients' serums. The absence of agglutination is a negative test result and indicates that corresponding antibodies are not present in the patient's serum.

3. If the patient is tested positive, It is also observed that there will be changes in some hematological parameters. According to the reference [\[2\]](#) significant reduction in the values for **PCV, WBC, ESR, and HAE** concentration in typhoid positive males in comparison to typhoid negative males was observed.

| Parameters | Positive Male | Control Male |
|------------|-----------------------------|-----------------------------|
| PCV | 40.70 ± 4.36 ^a | 44.19 ± 2.96 ^b |
| WBC | 5.65 ± 1.81 ^a | 6.47 ± 2.52 ^b |
| NEUT | 65.27 ± 16.69 ^a | 63.11 ± 15.32 ^a |
| LYMP | 27.07 ± 15.67 ^a | 28.94 ± 13.85 ^a |
| MONO | 7.69 ± 3.52 ^a | 7.67 ± 2.07 ^a |
| ESR | 193.09 ± 64.25 ^a | 246.37 ± 53.92 ^b |
| HAE Conc. | 13.37 ± 1.48 ^a | 14.62 ± 1.16 ^b |
| PLT | 10.09 ± 7.04 ^a | 4.97 ± 5.27 ^a |

Image-3

In females, a significant decrease was observed in values for PCV, ESR, HAE concentration, and PLT in typhoid positive females when compared to typhoid negative females.

| Parameters | Positive Female | Control Female |
|------------|-----------------------------|-----------------------------|
| PCV | 35.47 ± 4.25 ^a | 38.14 ± 2.72 ^b |
| WBC | 6.42 ± 2.29 ^a | 7.01 ± 2.82 ^a |
| NEUT | 60.48 ± 15.10 ^a | 60.12 ± 15.84 ^a |
| LYMP | 31.92 ± 13.99 ^a | 32.33 ± 14.91 ^a |
| MONO | 7.41 ± 2.49 ^a | 7.62 ± 2.20 ^a |
| ESR | 225.67 ± 92.66 ^a | 270.64 ± 51.06 ^b |
| HAE Conc. | 11.78 ± 1.46 ^a | 12.68 ± 0.91 ^b |
| PLT | 12.35 ± 6.58 ^a | 6.30 ± 7.96 ^b |

Image-4

4. To give the patients better treatment it is required that patients go through the CBC(Complete Blood Count tests).According to the reference[3]. In this research, a deep learning-based blood cell counting method has been proposed. Authors employ a deep learning-based object detection method to detect different blood cells. YOLO uses a single neural network to predict bounding boxes and class probabilities directly from the full image in one evaluation. They retrain the YOLO framework to automatically identify and count RBCs, WBCs, and platelets from blood smear images. To improve the counting accuracy, a verification method has been developed to avoid repeated counting by the framework. Also, the trained model has been tested with images from another dataset to

observe the generalization of the method. Below mentioned image shows the proposed deep learning-based blood cell identification and counting system.

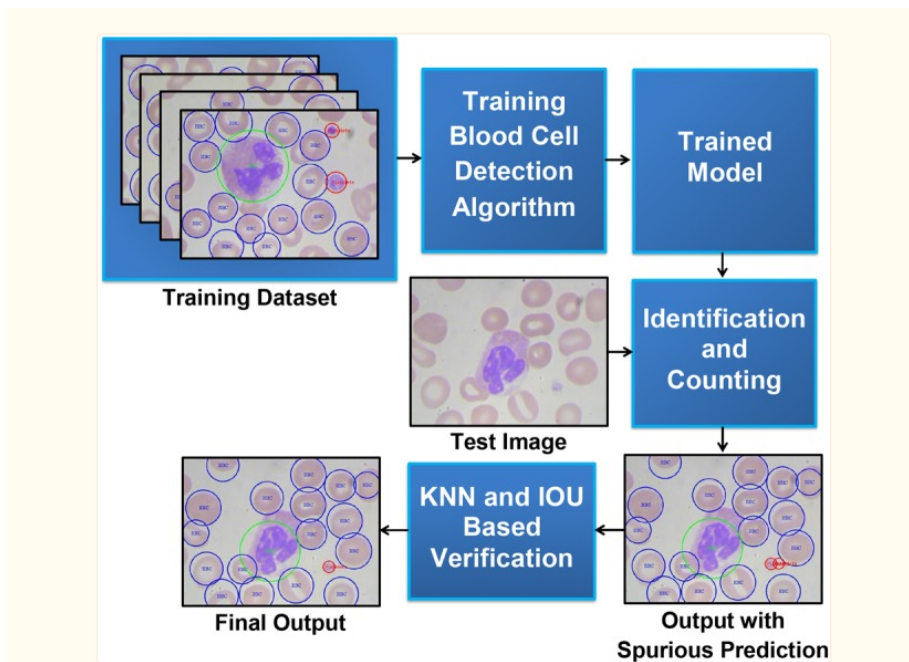
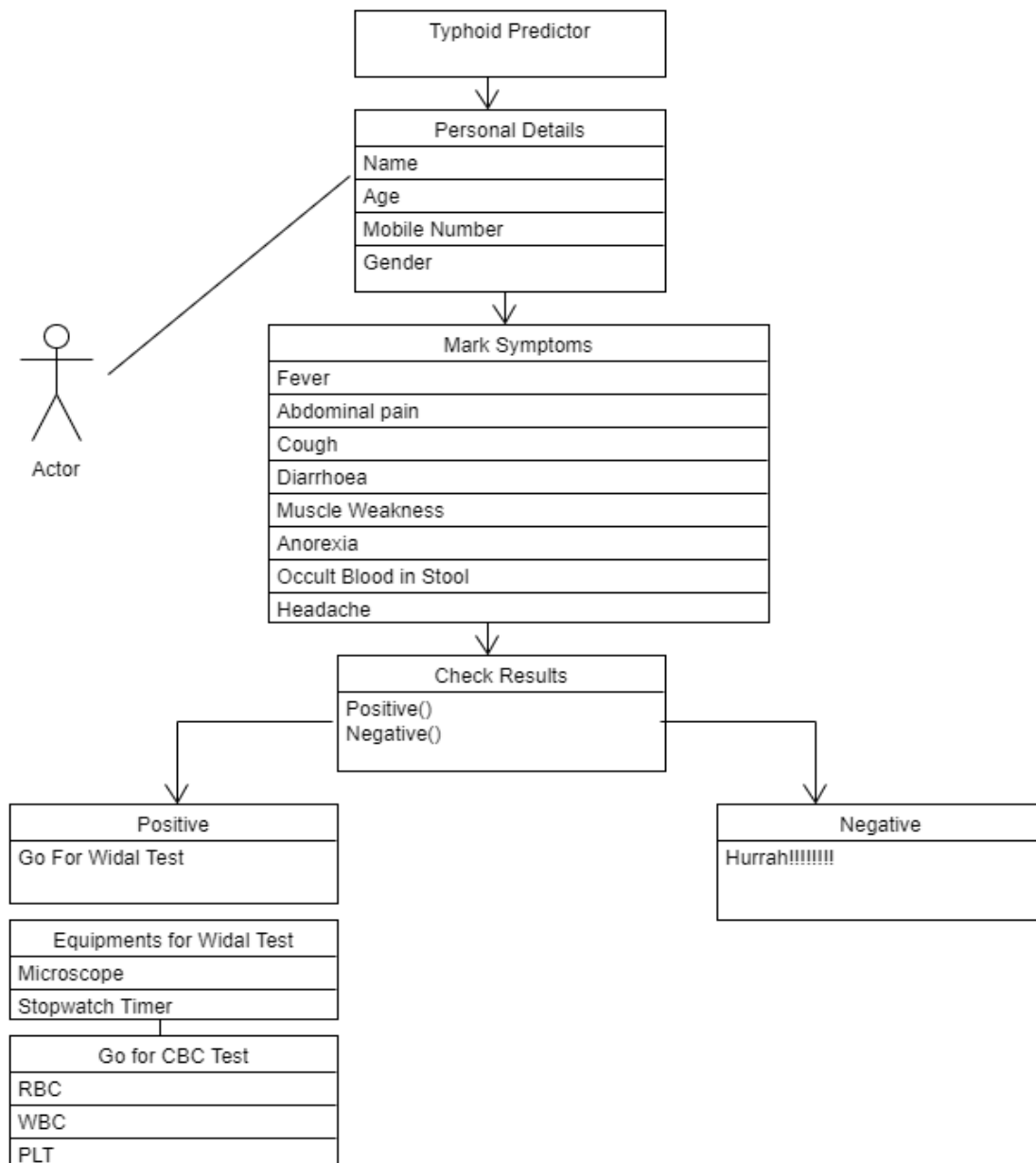


Image-5

Tasks:(All the tasks mentioned here are according to my proposed solution and not the actual tasks of the internship)

1. Collect the dataset on a large scale in which 18 conditional attributes(Symptoms) and 1 decisional attribute(Result) and, some blood smear images will be presented.
2. By Using the Rough set algorithm predict the output by taking into consideration of symptoms.
3. If the result from step 2 is positive, Make a UI to use the mobile phone's high-resolution camera and timer to detect agglutination with the reactions of antigens and patients serum.
4. It is observed that enteric fever significantly reduces the PCV and PLT of human blood. To calculate the complete blood count YOLO algorithm mentioned in the reference [3] will be deployed in the Application.
5. Some basic UIs such as personal details, mark your symptoms, and test results will also be included in the application.


Unified Model of Proposed Solution



Design of an android app



After hitting start button, medical practitioner will submit the all records of patients along with symptoms.



Personal Details


Name _____

Age _____

Mobile number _____


Gender _____

Mark your Symptoms




Do you have fever?

- ☐ High
- ☐ Low
- ☐ Default



Do you have Abdominal Pain?

- ☐ High
- ☐ Low
- ☐ Default



Do you have Cough?

- ☐ High
- ☐ Low
- ☐ Default



Do you have diarrhoea?

- ☐ High
- ☐ Low
- ☐ Default



Do you have rose spots on body?

- ☐ High
- ☐ Low
- ☐ Default



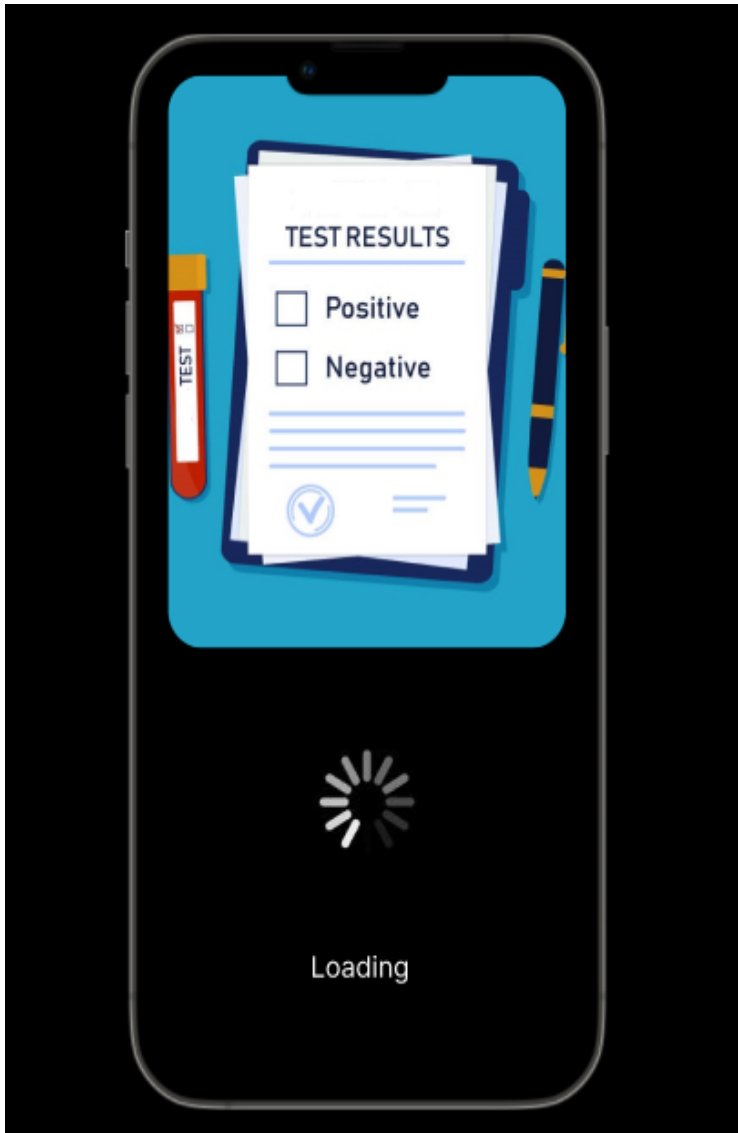
Do you have muscle weakness?

- ☐ High
- ☐ Low
- ☐ Default



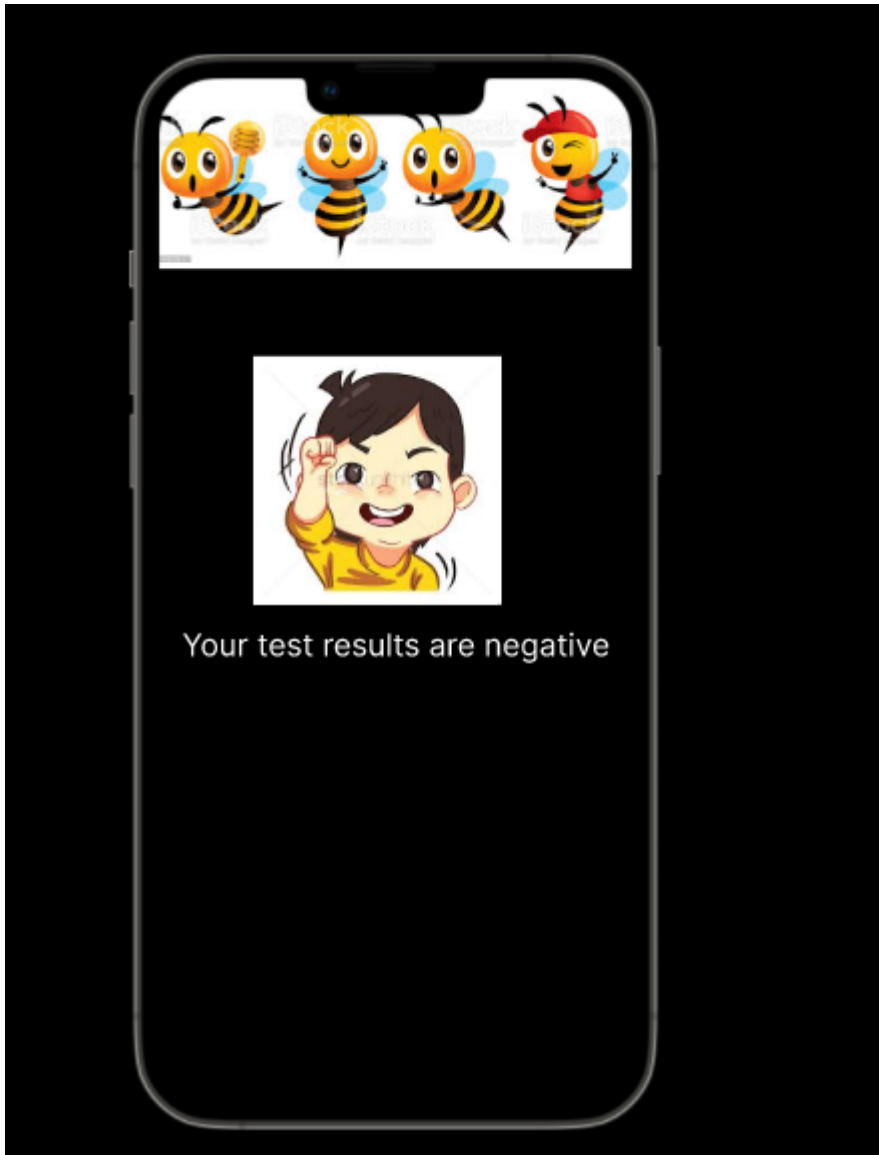
Do you have anorexia?

- ☐ High
- ☐ Low
- ☐ Default

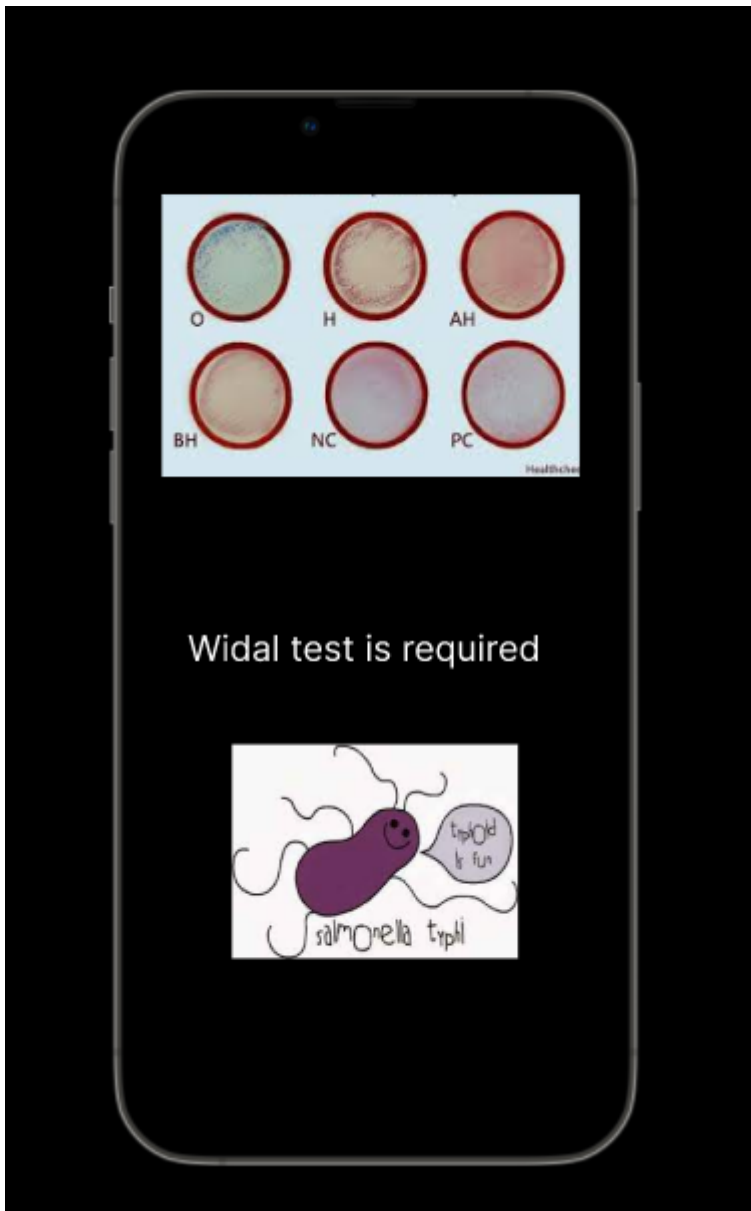


According to the basic testing based on symptoms, results will be produced in the form of positive and negative.

If a patient is negative his or her screen will show like this:



If the patient is positive he will go for the next stage of the test which is the Widal test.



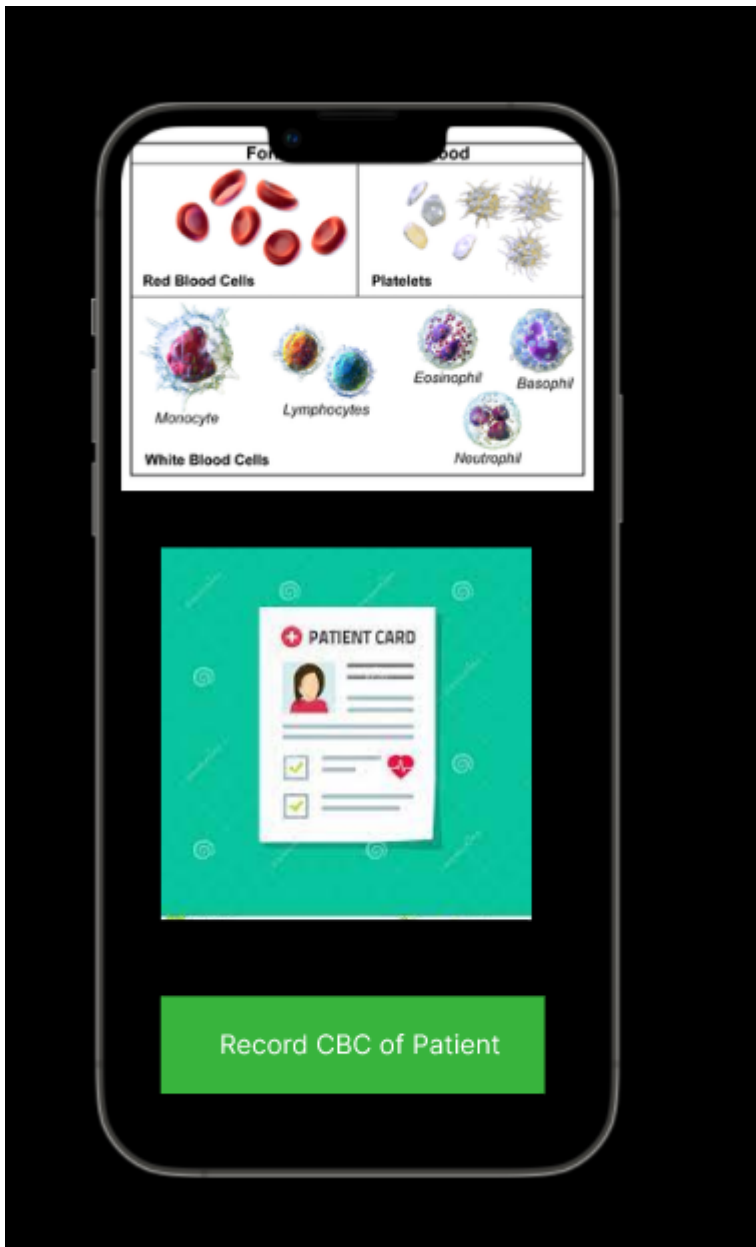
A microscope and a timer will be needed to detect the cloud formation in wells.



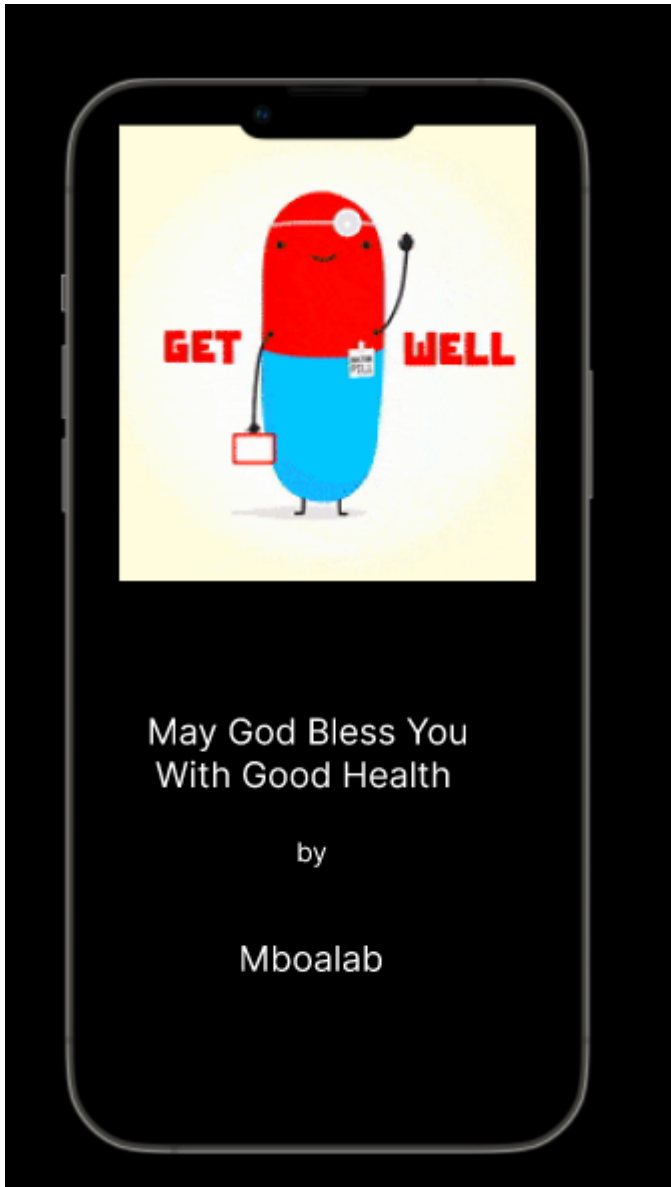
A CBC test is also advised by medical practitioners.



All the records will be saved in a patient's file which will be stored digitally.



Mboalb wishes you good health!!



Tools needed to develop the application

- Datasets
- Java, Kotlin, SQLite, XML
- Android Studio, Java Development Kit
- GitHub for Version control.

Future Enhancement

- Other methods of Typhoid diagnosis such as the Slide Semi-Quantitative Method and Quantitative Tube Method can also be added to the application for more accuracy of test results.

- Collection of datasets on a large scale so that accuracy of algorithms can be increased.

References

[1] A Machine Learning Approach to Clinical Diagnosis of Typhoid Fever by Abiodun Oguntimilehin, Adebayo O Adetunmbi and Abiola O.B.

[2] Changes in some hematological parameters in typhoid fever patients attending Landmark University Medical Center, Omuaran-Nigeria by James A. Ndko Victor T. Dojumo, Jeremiah A. Akinwumi, Vicyor O. Fajobi Akinyomade O. Owolabi, Oludolapo Olatinsu.

[3] Machine learning approach of automatic identification and counting of blood cells by Mohammad Mahmudul Alam and Mohammad Tariqul Islam.