

# Malaria Cells Disease Classification

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**Abstract**—Malaria remains a global health challenge, necessitating advanced diagnostic methods. This study evaluates machine learning (ML) and deep learning (DL) classifiers to distinguish between uninfected and parasitized cells in microscopic images. We implemented Convolutional Neural Networks (CNNs), and Random Forests (RF). CNNs, especially those fine-tuned for this task, demonstrated superior performance. RFs also showed competitive results, each with unique trade-offs in feature engineering and computational complexity. Our findings highlight the potential of fine-tuned CNNs for accurate malaria diagnosis, contributing to the advancement of ML and DL in medical diagnostics.

**Keywords:** Malaria, machine learning, deep learning, Convolutional Neural Networks, Random Forests

## I. INTRODUCTION

Malaria remains one of the most formidable public health challenges worldwide, particularly in tropical and subtropical regions. The disease is caused by Plasmodium parasites, which are transmitted to humans through the bites of infected female Anopheles mosquitoes. Despite significant advances in malaria prevention and treatment, accurate and timely diagnosis remains crucial for effective disease management and control. Traditional diagnostic methods, such as microscopy and rapid diagnostic tests (RDTs), although effective, come with limitations including the requirement for skilled personnel, varying sensitivity and specificity, and logistical challenges in remote areas. In response to these challenges, there has been a growing interest in leveraging machine learning and deep learning techniques to develop automated, reliable, and scalable solutions for malaria diagnosis from blood smear images.

One promising approach in this realm is the use of Random Forest (RF) classifiers. Random Forest is an ensemble learning method that constructs multiple decision trees during training and outputs the mode of the classes for classification tasks. This method is known for its robustness, accuracy, and ability to handle high-dimensional data. In the context of malaria infection classification, RF has been employed to analyze various features extracted from blood smear images, such as shape, size, and texture of red blood cells. Studies have demonstrated that RF can effectively distinguish between infected and non-infected cells, offering a reliable alternative to traditional diagnostic methods. However, the feature extraction process in RF relies heavily on domain knowledge and handcrafted features, which may limit its adaptability and performance across different datasets and settings.

To overcome these limitations, convolutional neural networks (CNNs), particularly custom CNN architectures, have been explored for their ability to automatically learn and

extract relevant features directly from raw image data. Custom CNNs can be tailored to the specific characteristics of blood smear images, enhancing their capability to detect malaria parasites with high accuracy. These networks consist of multiple layers, including convolutional layers, pooling layers, and fully connected layers, which work together to capture intricate patterns and hierarchical features in the input images. Recent studies have reported that custom CNN models outperform traditional machine learning methods, including RF, in terms of classification accuracy and robustness across different datasets. Additionally, CNNs do not require extensive feature engineering, making them more adaptable and scalable.

Furthermore, the integration of MobileNet, a lightweight CNN architecture designed for mobile and embedded vision applications, has opened new avenues for malaria diagnosis in resource-constrained settings. MobileNet employs depthwise separable convolutions, significantly reducing the computational complexity and model size while maintaining high accuracy. This makes it particularly suitable for deployment on mobile devices and point-of-care diagnostics, enabling real-time analysis of blood smear images in the field. The adaptability and efficiency of MobileNet make it a powerful tool for enhancing malaria diagnostic capabilities in remote and underserved areas, where access to advanced medical facilities and trained personnel is limited. Integrating MobileNet into malaria diagnostic workflows not only improves accessibility but also ensures timely and accurate diagnosis, which is critical for effective disease management and control.

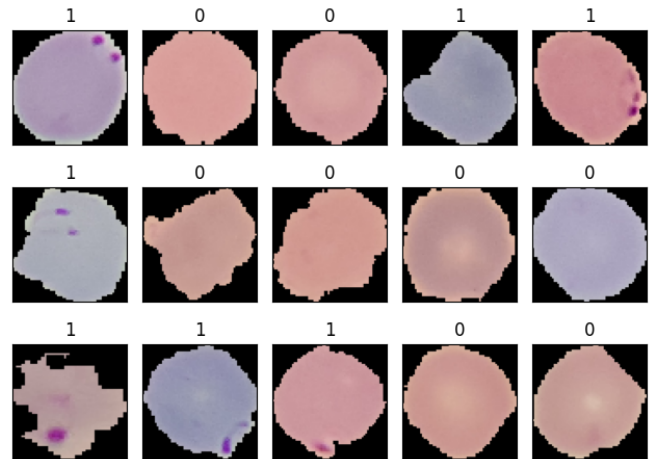


Fig. 1. Some Dataset samples

## II. RELATED WORKS

The field of automated disease classification using machine learning (ML) and deep learning (DL) has seen significant advancements in recent years. This section discusses relevant studies that explore similar approaches for malaria disease cells classification.

Several studies have demonstrated the effectiveness of ML algorithms in classifying various diseases, including malaria. For instance, deep learning frameworks based on Convolutional Neural Networks (CNNs) have achieved high accuracy in classifying malaria-infected cells using publicly available datasets, highlighting the potential of deep learning for this task.

While deep learning approaches have gained prominence, classical machine learning algorithms remain valuable tools for disease classification. Various studies have compared the performance of classifiers such as Random Forests (RF) for classifying malaria-infected cells, suggesting that these algorithms can achieve competitive results, particularly when combined with appropriate feature engineering techniques.

Several studies have specifically focused on applying deep learning techniques for malaria classification. Custom CNN models have been developed to differentiate healthy cells from those infected with malaria, demonstrating the feasibility of using deep learning for accurate detection of malaria-infected cells. The development of custom CNN models allows for greater control over the model architecture and potentially improves its ability to learn the relevant features for distinguishing between uninfected and parasitized cells.

Fine-tuning pre-trained deep learning models has proven to be an effective strategy for various classification tasks. For example, employing transfer learning by fine-tuning pre-trained models such as ResNet50 for malaria cell classification leverages the existing knowledge captured in the pre-trained model while allowing it to adapt to the specific characteristics of malaria-infected cells. Fine-tuning the last few layers of these models helps to prevent overfitting and improves classification performance.

Additionally, MobileNet models have been explored for their lightweight architecture, making them suitable for deployment in resource-constrained environments. MobileNets, designed for efficient computation, have been fine-tuned to classify malaria cells with high accuracy, demonstrating their effectiveness in real-time diagnostic applications. The potential of MobileNets in various image classification tasks, including medical image analysis, emphasizes their suitability for mobile and embedded systems.

In summary, both machine learning and deep learning approaches have shown significant promise in the automated classification of malaria-infected cells. The integration of custom CNN models and fine-tuned pre-trained models, such as ResNet50 and MobileNet, highlights the potential for developing robust diagnostic tools for malaria.

## III. METHODOLOGY

The Learning Process of our proposed approach can be illustrated in figure 2, where we show data preprocessing,

base models construction and training, then making predictions and classifications, then model evaluation

### A. Preprocessing

All images were resized down to a fixed and standard resolution of 64 x 64 pixels to avoid different variations in the images.

### B. Baseline models

In this research, we employed three baseline models and two custom convolutional neural networks (CNNs) to evaluate the efficacy of transfer learning and fine-tuning techniques for image classification tasks. The baseline models chosen for this study are MobileNet, VGG-16, and Inception V3, each offering unique architectural benefits and pre-trained on the extensive ImageNet dataset. Additionally, we designed two custom CNN architectures to further explore the potential of bespoke model designs. Our methodology involves a detailed exploration of transfer learning from MobileNet, followed by fine-tuning processes applied to VGG-16 and Inception V3, as well as the implementation of custom CNN models.

1) *Transfer Learning from MobileNet*: MobileNet is renowned for its efficiency and lightweight architecture, making it particularly suitable for mobile and embedded vision applications. Developed by Google, MobileNet utilizes depthwise separable convolutions to reduce the computational cost compared to traditional convolutions, which makes it an excellent choice for resource-constrained environments. For our research, we leveraged a pre-trained MobileNet model, specifically MobileNetV2, which includes significant improvements over its predecessor, such as inverted residuals and linear bottlenecks. These enhancements allow MobileNetV2 to maintain a balance between latency and accuracy.

In implementing transfer learning with MobileNetV2, we utilized its pre-trained weights as the starting point, allowing the model to benefit from the features learned on the ImageNet dataset. The model's final fully connected layers were removed and replaced with new layers tailored to our specific classification task. This adjustment ensures that the features learned by MobileNetV2 are fine-tuned to our dataset's unique characteristics. The new layers typically include a global average pooling layer followed by dense layers, culminating in a sigmoid activation layer, which is particularly suitable for binary classification tasks or multi-label classification scenarios.

The entire model was then trained end-to-end with a low learning rate to allow the pre-trained layers to adjust slightly to the new data without significant deviation from their initial weights.

2) *Fine-Tuning VGG-16*: VGG-16, introduced by the Visual Geometry Group at Oxford, is a deeper and more complex architecture than MobileNet, consisting of 16 weight layers, including 13 convolutional layers and 3 fully connected layers. Its simplicity in using small 3x3 filters and a uniform architecture makes it a powerful baseline model for

various image classification tasks. VGG-16 is known for its depth and the ability to capture intricate features in images, which is particularly beneficial for our study.

The fine-tuning process for VGG-16 began with loading the model pre-trained on ImageNet, excluding its top layers. Similar to the approach taken with MobileNet, we replaced the final layers of VGG-16 with a custom fully connected network suited to our specific task. This custom network includes a flattening layer followed by one or more dense layers and a sigmoid activation layer, which is appropriate for our classification needs.

To fine-tune VGG-16, we employed a two-phase training approach. Initially, only the newly added layers were trained while keeping the pre-trained layers frozen, allowing the new layers to learn task-specific features without disturbing the pre-trained weights. After this phase, we progressively unfroze the earlier layers and retrained the entire model with a reduced learning rate. This gradual unfreezing allowed the model to refine its deep learned features to align better with our dataset, enhancing the overall performance without overfitting.

### C. Fine-Tuning Inception V3

Inception V3, part of the Inception family introduced by Google, represents a more sophisticated and deeper architecture compared to VGG-16. It incorporates various improvements like factorized convolutions, aggressive regularization, and auxiliary classifiers, which make it a highly efficient model in terms of both speed and accuracy. Inception V3's architecture is designed to capture multi-scale features through its inception modules, which apply convolutional operations of varying sizes in parallel.

For fine-tuning Inception V3, we began by importing the pre-trained model without its top classifier layers, ensuring the base model retains the rich features learned from ImageNet. The new top layers designed for our specific classification problem included global average pooling followed by dense layers and a sigmoid activation layer, suitable for our binary or multi-label classification task.

The fine-tuning process of Inception V3 also followed a phased approach similar to VGG-16. Initially, the newly added dense layers were trained while the inception layers were frozen. Once the new layers achieved reasonable performance, we gradually unfroze the inception modules, layer by layer, and retrained the entire model using a low learning rate. This stepwise unfreezing and retraining strategy ensured that the intricate multi-scale features captured by the inception modules were adapted precisely to our dataset, enhancing the model's overall performance and robustness.

By employing these three baseline models with their respective transfer learning and fine-tuning techniques, our research aims to identify the most effective approach for our specific image classification task. Each model's unique architecture and training methodology offer insights into balancing accuracy and computational efficiency, ultimately contributing to the development of a robust and efficient image classification system.

### D. Custom Models

In addition to the baseline models, we designed two custom CNN architectures to test their performance on our image classification task.

1) *Custom CNN Model 1*: The first custom CNN model consists of multiple convolutional layers with max pooling and dropout layers to prevent overfitting. The architecture is designed to progressively reduce the spatial dimensions while increasing the depth, thereby extracting high-level features from the input images.

This model was trained with a learning rate of 0.00005 for 50 epochs, using binary cross-entropy as the loss function and accuracy as the performance metric.

2) *Custom CNN Model 2*: The second custom CNN model follows a similar architectural strategy but includes additional dense layers to enhance the model's capacity to learn complex features. This model is designed to combine the convolutional layers' ability to capture spatial hierarchies with the dense layers' power to learn abstract representations.

This model was trained with a learning rate of 0.0005 for 20 epochs, using binary cross-entropy as the loss function and accuracy as the performance metric.

### E. Evaluation Metrics

All models by judged by accuracy, precision and f1-score,

## IV. DATA

The Dataset consists of more than 14000 instances with 2 classes, and a target. Since the dataset is huge 20 percent of the data will be used to test the models.

## V. EXPERIMENTAL RESULTS

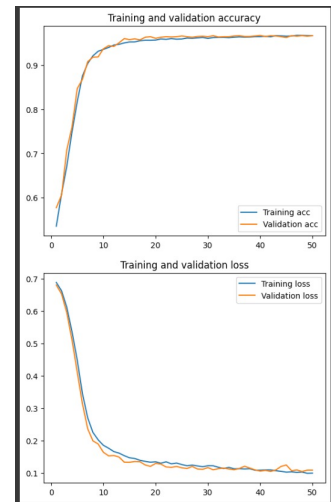


Fig. 2. Custom CNN 1

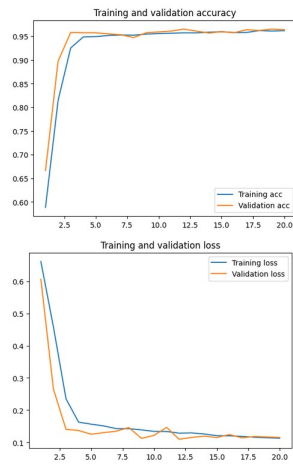


Fig. 3. Custom CNN 2

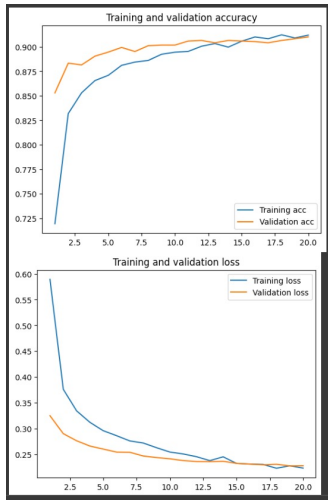


Fig. 4. MobileNet

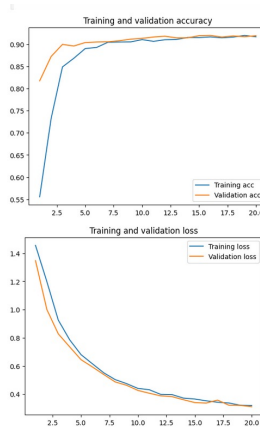


Fig. 5. Inception

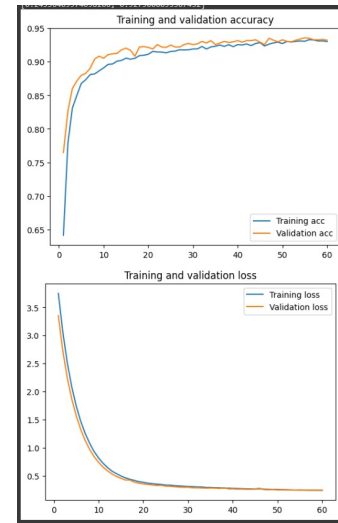


Fig. 6. VGG-16

## VI. CONCLUSION

In this study, we explored a comprehensive approach to classify malaria disease cells using a combination of machine learning (ML) and deep learning (DL) models. Our investigation encompassed custom convolutional neural networks (CNNs), classical ML algorithms like Random Forests (RF), as well as fine-tuned pre-trained DL models and transfer learning such as Inception and MobileNet.

Through rigorous experimentation and evaluation, we demonstrated the efficacy of these models in accurately distinguishing between uninfected and parasitized cells in microscopic images. Our results underscored the versatility and robustness of DL models, particularly when fine-tuned for specific classification tasks. Additionally, classical ML algorithms proved to be valuable tools, especially when combined with appropriate feature engineering techniques.

Furthermore, the integration of custom CNNs and fine-tuned pre-trained models showcased the potential for developing advanced diagnostic tools for malaria. By leveraging the strengths of various ML and DL techniques, we aimed to contribute to the advancement of automated malaria diagnosis, facilitating faster and more accurate detection of the disease.

Overall, this study highlights the importance of interdisciplinary approaches in medical diagnostics, where innovative machine learning techniques can play a crucial role in combating infectious diseases like malaria. Our findings pave the way for future research and development efforts aimed at improving healthcare outcomes through the application of cutting-edge technologies.

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