

1 DENGUEWATCH: A SYSTEM FOR REAL-TIME
2 DENGUE MONITORING AND FORECASTING IN ILOILO
3 PROVINCE

4 A Special Problem Proposal
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Abstract

Dengue fever remains a significant public health concern in the Philippines, with cases rising dramatically in recent years. Nationwide outbreaks have placed immense strain on healthcare systems, underscoring the need for innovative approaches to surveillance and response. In Iloilo City, this national trend was reflected in a significant surge, with the Iloilo Provincial Health Office reporting 4,585 cases and 10 fatalities as of August 10, 2023—a 319% increase from the previous year’s 1,095 cases and one death. This study developed a centralized system for monitoring and modernizing data management of dengue cases in public health institutions, making it more efficient and acceptable. Using data gathered from the Iloilo Provincial Health Office and online sources, several deep learning models were trained to predict dengue cases, utilizing weather variables and historical case data as inputs. These models included Long Short-Term Memory (LSTM), ARIMA, Seasonal ARIMA, Kalman Filter (KF), and a hybrid KF-LSTM model. The models underwent time series cross-validation strategies to mimic real-world conditions as closely as possible and were evaluated using metrics such as Mean Squared Error (MSE), Root Mean Squared Error (RMSE), and Mean Absolute Error (MAE). The LSTM model demonstrated the best performance with the lowest RMSE of 16.90, followed by the hybrid KF-LSTM model at 25.56. The LSTM model was then integrated into the system to provide forecasting features that could support health institutions by offering actionable insights for proactive intervention strategies.

Keywords: ARIMA, artificial intelligence, dengue prediction, LSTM, Kalman Filter, deep learning, climate variables, public health, outbreak mitigation

Contents

43	1 Introduction	1
44	1.1 Overview	1
45	1.2 Problem Statement	2
46	1.3 Research Objectives	2
47	1.3.1 General Objective	2
48	1.3.2 Specific Objectives	2
49	1.4 Scope and Limitations of the Research	3
50	1.5 Significance of the Research	4
51	2 Review of Related Literature	6
52	2.1 Dengue	6
53	2.2 Outbreak Definition	6
54	2.3 Existing System: RabDash DC	7
55	2.4 Deep Learning	8
56	2.5 Kalman Filter	8
57	2.6 Weather Data	9
58	2.7 Chapter Summary	9

59	3 Research Methodology	10
60	3.1 Research Activities	11
61	3.1.1 Gather Dengue Data and Climate Data to Create a Com-	
62	plete Dataset for Forecasting	11
63	3.1.2 Develop and Evaluate Deep Learning Models for Dengue	
64	Case Forecasting	13
65	3.1.3 Integrate the Predictive Model into a Web-Based Data An-	
66	alytics Dashboard	17
67	3.1.4 System Development Framework	17
68	3.2 Development Tools	19
69	3.2.1 Software	19
70	3.2.2 Hardware	20
71	3.2.3 Packages	20
72	3.3 Application Requirements	22
73	3.3.1 Backend Requirements	22
74	3.3.2 User Interface Requirements	23
75	3.3.3 Security and Validation Requirements	25
76	3.4 Calendar of Activities	26
77	4 Results and Discussion/System Prototype	27
78	4.1 Data Gathering	27
79	4.2 Exploratory Data Analysis	28
80	4.3 Outbreak Detection	32
81	4.4 Model Training Results	33
82	4.4.1 LSTM Model	33

83	4.4.2	ARIMA Model	35
84	4.4.3	Seasonal ARIMA (SARIMA) Model	36
85	4.4.4	Kalman Filter Model	37
86	4.5	Model Simulation	39
87	4.6	System Prototype	39
88	4.6.1	Home Page	39
89	4.6.2	User Registration, Login, and Authentication	40
90	4.6.3	Encoder Interface	42
91	4.6.4	Admin Interface	50
92	4.7	User Testing	55
93	5	Conclusion	57
94		References	59
95	A	Appendix Title	62
96	B	Resource Persons	63

97 List of Figures

98	3.1	Workflow for forecasting the number of weekly dengue cases . . .	10
99	3.2	Testing Process for DengueWatch	18
100	3.3	Entity-Relationship Database Schema Hybrid Diagram for DengueDash	
101		Database Structure	22
102	3.4	Use Case Diagram for Admins	23
103	3.5	Use Case Diagram for Encoder	24
104	4.1	Snippet of the Combined Dataset	28
105	4.2	Data Contents	28
106	4.3	Dataset Statistics	29
107	4.4	Distribution of Dengue Cases	29
108	4.5	Frequency of Dengue Cases in Different Intervals	30
109	4.6	Trend of Dengue Cases	31
110	4.7	Ranking of Correlations	31
111	4.8	Ranking of Correlations (with lagged effects)	32
112	4.9	Training Folds - Window Size 5	34
113	4.10	Testing Folds - Window Size 5	34
114	4.11	ARIMA Prediction Results for Test Set	35

115	4.12 Seasonal ARIMA Prediction Results for Test Set	36
116	4.13 Kalman Filter Prediction Results for Test Set	38
117	4.14 Predicted vs Actual Dengue Cases 2025	39
118	4.15 Home Page	40
119	4.16 Sign Up Page	41
120	4.17 Login Page	41
121	4.18 First Part of Case Report Form	42
122	4.19 Second Part of Case Report Form	43
123	4.20 Bulk Upload of Cases using CSV	44
124	4.21 Dengue Reports	45
125	4.22 Detailed Case Report	46
126	4.23 Update Report Dialog	47
127	4.24 Delete Report Alert Dialog	48
128	4.25 Forecasting Page	49
129	4.26 Retraining Configurations	50
130	4.27 Start Retraining	51
131	4.28 Retraining Results	51
132	4.29 List of Verified Accounts	52
133	4.30 List of Pending Accounts	53
134	4.31 Account Details	53
135	4.32 DRU Registration	54
136	4.33 List of DRUs	54
137	4.34 DRU details	55

138	A.1 LSTM Prediction Results for Test Set	62
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139 List of Tables

140	3.1	Timetable of Activities for 2024	26
141	3.2	Timetable of Activities for 2025	26
142	4.1	Comparison of different models for dengue prediction	33
143	4.2	Comparison of Window Sizes	33
144	4.3	Comparison of SARIMA performance for each fold	37
145	4.4	Comparison of KF-LSTM performance for each fold	38
146	4.5	Computed System Usability Scores per Participant	55

Chapter 1

Introduction

1.1 Overview

From 2020 to 2022, dengue cases declined due to reduced surveillance during the COVID-19 pandemic (WHO, 2023), but cases surged in 2023 as restrictions were lifted. This year saw an increase in dengue outbreaks worldwide, with over five million cases and more than 5,000 deaths reported in over 80 countries (Bosano, 2023). Dengue is endemic in the Philippines, leading to longer and more widespread seasonal outbreaks. Globally, dengue infections have increased significantly, posing a major public health challenge. The World Health Organization reported a ten-fold rise in cases between 2000 and 2019, with a peak in 2019 when the disease spread across 129 countries (WHO, 2024).

Iloilo City and Province are intensifying efforts to curb the rising dengue cases (Lena, 2024). As of August 10, 2023, the Iloilo Provincial Health Office recorded 4,585 cases and 10 deaths, a 319% increase from last year's 1,095 cases and one death. Governor Arthur Defensor Jr. confirmed that the province has reached the dengue outbreak threshold based on Department of Health (DOH). Local government units (LGUs) have been informed, and the province's disaster management office is on blue alert, indicating disaster mode. (Perla, 2024)

In Iloilo City, 649 dengue cases were recorded this year 2024, with two deaths. Cases cluster in 40 out of 180 barangays, meaning multiple cases are being reported in these areas over several weeks. The city's health officer, Dr. Roland Jay Fortuna, reported high utilization of non-COVID-19 hospital beds, reaching over 76%, prompting concerns about hospital capacity.

171 This study explores the monitoring and forecasting of dengue outbreaks by an-
172 alyzing key factors such as temperature, relative humidity, and historical dengue
173 cases, using different models. The findings aim to provide an advanced, AI-driven
174 alternative for dengue prevention and control, targeting agencies like the Depart-
175 ment of Health (DOH). By aligning with the national AI Roadmap, particularly
176 in Iloilo City, this research aspires to improve outbreak responses through cutting-
177 edge technology rather than traditional reporting methods.

178 1.2 Problem Statement

179 Dengue remains a critical public health challenge worldwide, with cases increasing
180 due to the easing of COVID-19 restrictions and heightened global mobility. While
181 a temporary decline in cases was observed during the pandemic (2020–2022) due
182 to reduced surveillance efforts, 2023 marked a resurgence, with over five million
183 cases and more than 5,000 deaths reported across 80 countries. In dengue-endemic
184 regions like the Philippines, the threat is particularly severe. In Iloilo City and
185 Province, dengue cases rose by 319% as of August 2023, overwhelming local health-
186 care systems. This surge strained resources, with over 76% of non-COVID-19 hos-
187 pital beds occupied by dengue patients, highlighting the urgent need for effective
188 predictive tools. The lack of a reliable system to monitor and forecast dengue
189 outbreaks contributes to delayed interventions, exacerbating public health risks
190 and healthcare burdens in the region.

191 1.3 Research Objectives

192 1.3.1 General Objective

193 This study aims to develop a centralized monitoring and analytics system for
194 dengue cases in Iloilo City and Province with data management and forecasting
195 capabilities. The researchers will train and compare multiple deep learning models
196 to predict dengue case trends based on climate data and historical dengue cases
197 to help public health officials in possible dengue case outbreaks.

198 1.3.2 Specific Objectives

199 Specifically, this study aims to:

- 200 1. Gather dengue data from the Iloilo Provincial Health Office and climate data
201 (including temperature, rainfall, wind, and humidity) from online sources.
202 Combine and aggregate these data into a unified dataset to facilitate com-
203 prehensive dengue case forecasting.
- 204 2. Evaluate deep learning models for predicting dengue cases using metrics
205 such as Mean Absolute Error (MAE), Root Mean Squared Error (RMSE),
206 and Mean Squared Error (MSE). Compare the performance of these models
207 to determine the most accurate forecasting approach.
- 208 3. Develop a web-based analytics dashboard that integrates a predictive model
209 and provides data management system for dengue cases in Iloilo City and
210 the Province.
- 211 4. Assess the usability and effectiveness of the analytics dashboard through
212 structured feedback and surveys involving health professionals and policy-
213 makers.

214 1.4 Scope and Limitations of the Research

215 This study aims to gather dengue data from the Iloilo Provincial Health Office
216 and climate data from online sources such as PAGASA or weatherandclimate.com.
217 These data will be preprocessed, cleaned, and combined into a unified dataset to
218 facilitate comprehensive dengue case forecasting. However, the study is limited by
219 the availability and completeness of historical data. Inconsistent or missing data
220 points may introduce biases and reduce the quality of predictions. Furthermore,
221 the granularity of the data will be in a weekly format.

222 To evaluate deep learning models for predicting dengue cases, the study will
223 train and compare the performance of various models, using metrics like Mean
224 Absolute Error (MAE) and Root Mean Square Error (RMSE). While these models
225 aim to provide accurate forecasts, their performance is heavily influenced by the
226 quality and size of the dataset. Limited or low-quality data may lead to suboptimal
227 predictions. Additionally, the models cannot fully account for external factors
228 such as public health interventions or socio-economic conditions which may impact
229 dengue transmission dynamics.

230 The study also involves developing a web-based analytics dashboard that in-
231 tegrates predictive models and provides a data management system for dengue
232 cases in Iloilo City and the Province. This dashboard will offer public health
233 officials an interactive interface to visualize dengue trends, input new data, and

234 identify risk areas. However, its usability depends on feedback from stakeholders,
235 which may vary based on their familiarity with analytics tools. Moreover, exter-
236 nal factors such as limited internet connectivity or device availability in remote
237 areas may affect the system’s adoption and effectiveness. While the dashboard
238 provides valuable insights, it cannot incorporate all factors influencing dengue
239 transmission, emphasizing the need for ongoing validation and refinement.

240 1.5 Significance of the Research

241 This study’s development of an AI-based dengue forecasting and monitoring sys-
242 tem has wide-reaching significance for various stakeholders in Iloilo City:

- 243 • **Public Health Agencies:** Organizations like the Department of Health (DOH)
244 and local health units in Iloilo City and Province stand to benefit greatly
245 from the system. With dengue predictions, we can help these agencies opti-
246 mize their response strategies and implement targeted prevention measures
247 in high-risk areas before cases escalate.
- 248 • **Local Government Units (LGUs):** LGUs can use the system to support
249 their disaster management and health initiatives by proactively addressing
250 dengue outbreaks. The predictive insights allow for more efficient planning
251 and resource deployment in barangays and communities most vulnerable to
252 outbreaks, improving overall public health outcomes.
- 253 • **Healthcare Facilities:** Hospitals and clinics, which currently face high bed
254 occupancy rates during dengue season will benefit from early outbreak fore-
255 casts that can help in managing patient inflow and ensuring adequate hos-
256 pital capacity.
- 257 • **Researchers and Policymakers:** This AI-driven approach contributes valu-
258 able insights for researchers studying infectious disease patterns and policy-
259 makers focused on strengthening the national AI Roadmap. The system’s
260 data can support broader initiatives for sustainable health infrastructure
261 and inform policy decisions on resource allocation for dengue control.
- 262 • **Community Members:** By reducing the frequency and severity of outbreaks,
263 this study ultimately benefits the community at large. This allows for timely

264 awareness campaigns and community engagement initiatives, empowering
265 residents with knowledge and preventative measures to protect themselves
266 and reduce the spread of dengue.

Chapter 2

Review of Related Literature

2.1 Dengue

Dengue disease is a tropical and subtropical mosquito-borne viral illness and is a major health concern in the Philippines (Bravo, Roque, Brett, Dizon, & L’Azou, 2014). The majority of individuals with dengue experience no symptoms. Fever is the most common symptom, typically 4 to 7 days after being bitten by an infected mosquito (Zhou & Malani, 2024). In recent years, the trend of dengue cases in the Philippines has shown notable fluctuations, with periodic outbreaks occurring every 3 to 5 years, often influenced by climatic and environmental changes. According to the Department of Health (DOH), the number of reported cases has steadily increased over the past decades, attributed to urbanization, population growth, and inadequate vector control measures (World Health Organization (WHO), 2018). Moreover, studies suggest that El Niño and La Niña events have significant effects on dengue incidence, with warmer temperatures and increased rainfall providing favorable breeding conditions for mosquitoes (Watts, Burke, Harrison, Whitmire, & Nisalak, 2020). The study of Carvajal et. al. highlights the temporal pattern of dengue cases in Metropolitan Manila and emphasizes the significance of relative humidity as a key meteorological factor, alongside rainfall and temperature, in influencing this pattern (Carvajal et al., 2018).

2.2 Outbreak Definition

The definition of an outbreak is a critical factor in disease surveillance, as it determines the threshold at which an unusual increase in cases is considered a

290 public health concern. Studies suggest that outbreak thresholds should be context-
291 specific, given the variability in transmission dynamics across different locations
292 (Runge-Ranzinger et al., 2016). Outbreak definitions defined using the Endemic
293 Channel often base thresholds on 2 standard deviations (SD) above the mean
294 number of historic dengue cases. Other studies (Hemisphere, 2015) also used an
295 alert threshold of a 5-year mean plus 2 standard deviations. A study by (Brady,
296 Smith, Scott, & Hay, 2015) discussed that definitions of dengue outbreaks differ
297 significantly across regions and time, making them inconsistent and incomparable.

298 From the studies above, this research implements an outbreak definition basing
299 the threshold on 2 standard deviations (SD) above the mean number of historic
300 dengue cases. It is important to note that for future outbreak definitions, addi-
301 tional local context like available hospital space etc., must be taken into account
302 for a more effective outbreak definition.

303 2.3 Existing System: RabDash DC

304 RabDash, developed by the University of the Philippines Mindanao, is a web-
305 based dashboard for rabies data analytics. It combines predictive modeling with
306 genomic data, enabling local health authorities to optimize interventions and al-
307 locate resources more effectively. RabDash’s modules include trend visualization,
308 geographic hotspot mapping, and predictive forecasting, utilizing Long Short-
309 Term Memory (LSTM) models for time-series forecasting (RabDashDC, 2024).

310 For DengueWatch, RabDash serves as a strong inspiration, particularly in
311 its monitoring, historical trend visualization, and forecasting capabilities. These
312 features align well with the needs of dengue control efforts, providing real-time
313 insights into outbreak trends and enabling more effective, data-driven decision-
314 making. RabDash’s architecture is relevant to the DengueDash, as dengue out-
315 breaks similarly require time-series forecasting models. By using LSTM, RabDash
316 effectively models trends in outbreak data, which provides a framework for adapt-
317 ing LSTM to dengue forecasting. Research indicates that LSTM models outper-
318 form traditional methods, such as ARIMA and MLP, in handling the complexities
319 of time-dependent epidemiological data (Ligue & Ligue, 2022).

320 2.4 Deep Learning

321 The study of (Ligue & Ligue, 2022) highlights how data-driven models can help
322 predict dengue outbreaks. The authors compared traditional statistical meth-
323 ods, such as non-seasonal and seasonal autoregressive integrated moving average
324 (ARIMA), and traditional feed-forward network approach using a multilayer per-
325 ceptron (MLP) model with a deep learning approach using the long short-term
326 memory (LSTM) architecture in their prediction model. They found that the
327 LSTM model performs better in terms of accuracy. The LSTM model achieved a
328 much lower root mean square error (RMSE) compared to both MLP and ARIMA
329 models, proving its ability to capture complex patterns in time-series data (Ligue
330 & Ligue, 2022). This superior performance is attributed to LSTM’s capacity
331 to capture complex, time-dependent relationships within the data, such as those
332 between temperature, rainfall, humidity, and mosquito populations, all of which
333 contribute to dengue incidence (Ligue & Ligue, 2022).

334 2.5 Kalman Filter

335 The Kalman Filter is another powerful tool for time-series forecasting that can be
336 integrated into our analysis. It provides a recursive solution to estimating the state
337 of a linear dynamic system from a series of noisy measurements. Its application
338 in epidemiological modeling can enhance prediction accuracy by accounting for
339 uncertainties in the data (Li et al., 2022). Studies have shown that Kalman filters
340 are effective in predicting infectious disease outbreaks by refining estimates based
341 on observed data. A study published in *Frontiers in Physics* utilized the Kalman
342 filter to predict COVID-19 deaths in Ceará, Brazil. They found that the Kalman
343 filter effectively tracked the progression of deaths and cases, providing critical in-
344 sights for public health decision-making (Ahmadini et al., 2021). Another research
345 article in *PLOS ONE* focused on tracking the effective reproduction number (R_t)
346 of COVID-19 using a Kalman filter. This method estimated the growth rate of
347 new infections from noisy data, demonstrating that the Kalman filter could main-
348 tain accurate estimates even when case reporting was inconsistent (Arroyo-Marioli,
349 Bullano, Kucinskas, & Rondón-Moreno, 2021).

350 Our study will compare ARIMA, seasonal ARIMA, Kalman Filter, and LSTM
351 models using our own collected dengue case data along with weather data to
352 identify the most effective model for real-time forecasting.

2.6 Weather Data

The relationship between weather patterns and mosquito-borne diseases is inherently nonlinear, meaning that fluctuations in disease cases do not respond proportionally to changes in climate variables (Colón-González, Fezzi, Lake, & Hunter, 2013). Weather data, such as minimum temperature and accumulated rainfall, are strongly linked to dengue case fluctuations, with effects observed after several weeks due to mosquito breeding and virus incubation cycles. Integrating these lagged weather effects into predictive models can improve early warning systems for dengue control (Cheong, Burkart, Leitão, & Lakes, 2013). A study also suggests that weather-based forecasting models using variables like mean temperature and cumulative rainfall can provide early warnings of dengue outbreaks with high sensitivity and specificity, enabling predictions up to 16 weeks in advance (Hii, Zhu, Ng, Ng, & Rocklöv, 2012).

We will utilize weather data, including variables such as temperature, rainfall, and humidity, as inputs for our dengue forecasting model. Given the strong, nonlinear relationship between climate patterns and dengue incidence, these weather variables, along with their lagged effects, are essential for enhancing prediction accuracy and providing timely early warnings for dengue outbreaks.

2.7 Chapter Summary

This chapter reviewed key literature relevant to our study, focusing on existing systems, predictive modeling techniques and the role of weather data in forecasting dengue outbreaks. We examined systems like RabDash DC, which integrates predictive modeling with real-time data to inform public health decisions, providing a foundational structure for our Dengue Watch System. Additionally, deep learning approaches, particularly Long Short-Term Memory (LSTM) networks, were highlighted for their effectiveness in time-series forecasting, while alternative methods such as ARIMA and Kalman Filters were considered for their ability to model complex temporal patterns and handle noisy data.

The literature further underscores the significance of weather variables—such as temperature and rainfall—in forecasting dengue cases. Studies demonstrate that these variables contribute to accurate outbreak prediction models. Leveraging these insights, our study will incorporate both weather data and historical dengue case counts to build a reliable forecasting model.

Chapter 3

Research Methodology

This chapter lists and discusses the specific steps and activities that will be performed to accomplish the project. The discussion covers the activities from pre-proposal to Final SP Writing.

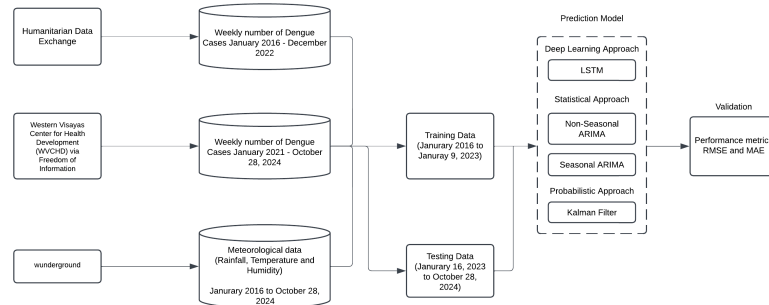


Figure 3.1: Workflow for forecasting the number of weekly dengue cases

This summarizes the workflow for forecasting the number of weekly dengue cases. This workflow focuses on using statistical, deep learning, and probabilistic models to forecast the number of reported dengue cases. The approach involves deploying several models for prediction, including ARIMA and Seasonal ARIMA as statistical approaches, LSTM as a deep learning approach, and the Kalman Filter as a probabilistic approach. These methods are compared with each other to determine the most accurate model.

3.1 Research Activities

3.1.1 Gather Dengue Data and Climate Data to Create a Complete Dataset for Forecasting

Acquisition of Dengue Case Data

The historical dengue case dataset used in this study was obtained from the Humanitarian Data Exchange and the Western Visayas Center for Health Development (WVCHD) via Freedom of Information (FOI) requests. The decision to use weekly intervals was driven by the need for precision and timeliness in capturing fluctuations in dengue cases and weather conditions. Dengue transmission is influenced by short-term changes in weather variables such as rainfall and temperature, which impact mosquito breeding and virus transmission cycles. A weekly granularity allowed the model to better capture these short-term trends, enabling more accurate predictions and responsive public health interventions.

Moreover, using a weekly interval provided more data points for training the models compared to a monthly format. This is particularly critical in time series modeling, where larger datasets help improve the robustness of the model and its ability to generalize to new data. Also, the collection of weather data was done by utilizing web scraping techniques to extract weekly weather data (e.g., rainfall, temperature, and humidity) from Weather Underground (wunderground.com).

Data Fields

- **Time.** Represents the specific year and week corresponding to each entry in the dataset.
- **Rainfall.** Denotes the observed average rainfall, measured in millimeters, for a specific week.
- **Humidity.** Refers to the observed average relative humidity, expressed as a percentage, for a specific week.
- **Max Temperature.** Represents the observed maximum temperature, measured in degrees Celsius, for a specific week.
- **Average Temperature.** Represents the observed average temperature, measured in degrees Celsius, for a specific week.

- 429 • **Min Temperature.** Represents the observed minimum temperature, mea-
430 sured in degrees Celsius, for a specific week.
- 431 • **Wind.** Represents the observed wind speed, measured in miles per hour
432 (mph), for a specific week.
- 433 • **Cases.** Refers to the number of reported dengue cases during a specific
434 week.

435 **Data Integration and Preprocessing**

436 The dengue case data was integrated with the weather data to create a com-
437 prehensive dataset, aligning the data based on corresponding timeframes. The
438 dataset underwent a cleaning process to address any missing values, outliers, and
439 inconsistencies to ensure its accuracy and reliability. To ensure that all features
440 and the target variable were on the same scale, a MinMaxScaler was applied to
441 normalize both the input features (climate data) and the target variable (dengue
442 cases).

443 **Exploratory Data Analysis (EDA)**

- 444 • Analyzed trends, seasonality, and correlations between dengue cases and
445 weather factors.
- 446 • Created visualizations like time series plots and scatterplots to highlight
447 relationships and patterns in the data.

448 **Outbreak Detection**

449 To detect outbreaks, we computed the outbreak threshold value of dengue cases
450 using the formula,

$$\text{Outbreak Threshold Value} = \mu + 2\sigma \quad (3.1)$$

451 where μ is the historical mean and σ is the standard deviation.

452 3.1.2 Develop and Evaluate Deep Learning Models for 453 Dengue Case Forecasting

454 The deep learning models were developed and trained to forecast weekly dengue
455 cases using historical weather data (rainfall, temperature, wind, and humidity)
456 and dengue case counts. The dataset was normalized and divided into training and
457 testing sets, ensuring temporal continuity to avoid data leakage. The methodology
458 for preparing and training the model are outlined below.

459 Data Preprocessing

460 The raw dataset included weekly aggregated weather variables (rainfall, tempera-
461 ture, wind, humidity) and dengue case counts. The "Time" column was converted
462 to a datetime format to ensure proper temporal indexing. To standardize the data
463 for training, MinMaxScaler was employed, normalizing the feature values and tar-
464 get variable to a range of 0 to 1. This step ensured that the models could efficiently
465 process the data without being biased by feature scaling differences.

466 LSTM Model

467 The dataset was split into training and test sets to evaluate the model's perfor-
468 mance and generalizability:

- 469 • **Training Set:** 80% of the data (572 sequences) was used for model training,
470 enabling the LSTM to learn underlying patterns in historical dengue case
471 trends and their relationship with weather variables.
- 472 • **Test Set:** The remaining 20% of the data (148 sequences) was reserved for
473 testing

474 To prepare the data for LSTM, a sliding window approach was utilized. Se-
475 quences of weeks of normalized features were constructed as input, while the
476 dengue case count for the subsequent week was set as the target variable. This
477 approach ensured that the model leveraged temporal dependencies in the data for
478 forecasting. To enhance the performance of the LSTM model in predicting dengue
479 cases, Bayesian Optimization was employed using the Keras Tuner library. The
480 tuning process aimed to minimize the validation loss (mean squared error) by
481 adjusting key model hyper-parameters. The search space is summarized below:

482 **LSTM units:**

- 483 • min value: 32
- 484 • max value: 128
- 485 • step: 16
- 486 • sampling: linear

487 **Learning Rate:**

- 488 • min value: 0.0001
- 489 • max value: 0.01
- 490 • step: None
- 491 • sampling: log

492 The tuner was instantiated with:

- 493 • **max trials = 10:** Limiting the search to 10 different configurations
- 494 • **executions per trial = 3:** Running each configuration thrice to reduce
495 variance
- 496 • **validation split = 0.2:** Reserving 20% of the training data for validation

497 The hyperparameter tuning was conducted for three different window sizes of
498 data: 5, 10, and 20. This allows the model to have the optimal hyperparameters
499 used for each window size. Training was conducted over 100 epochs with early
500 stopping to prevent overfitting while maintaining computational efficiency. A
501 batch size of 1 was used, enabling the model to process individual sequences,
502 which is suitable for smaller datasets but results in longer training times. The
503 Adam optimizer, known for its adaptive learning capabilities and stability was
504 employed.

505 To validate the effectiveness of the model, cross-validation was implemented.
506 However, standard k-fold cross-validation randomly shuffles the data, which isn't
507 suitable for time series since the order of observations is important. To address
508 this, a time series-specific cross-validation strategy was used with TimeSeriesS-
509 plit from the scikit-learn library. This method creates multiple train-test splits

510 where each training set expands over time and each test set follows sequentially.
511 This approach preserves the temporal structure of the data while helping reduce
512 overfitting by validating the model across different time segments.

513 After training, predictions on both the training and test datasets were rescaled
514 to their original scale using the inverse transformation of MinMaxScaler. Model
515 performance was evaluated using the mean squared error (MSE), root mean
516 squared error (RMSE) and mean absolute error (MAE).

517 **ARIMA**

518 The ARIMA model was utilized to forecast weekly dengue cases, leveraging histor-
519 ical weather data—including rainfall, maximum temperature, and humidity—as
520 exogenous variables alongside historical dengue case counts as the primary depen-
521 dent variable. The dataset was partitioned into training (80%) and testing (20%)
522 sets while maintaining temporal consistency.

523 To identify the optimal ARIMA configuration, a comprehensive grid search
524 was performed across the following parameter ranges:

- 525 • Autoregressive order (p): 0 to 3
- 526 • Differencing order (d): 0 to 2
- 527 • Moving average order (q): 0 to 3

528 Each combination of (p,d,q) was used to fit an ARIMA model, and perfor-
529 mance was evaluated based on the mean squared error (MSE) between the pre-
530 dicted and actual dengue cases on the test set. The parameter set that achieved
531 the lowest MSE was selected as the final model configuration.

532 Following model selection, the best-fit ARIMA model was retrained on the
533 training set and subsequently used to forecast dengue cases for the test period.
534 The predictions were assigned to the **PredictedCases** column in the test dataset.
535 Model performance was further assessed using key evaluation metrics, including
536 MSE, root mean squared error (RMSE), and mean absolute error (MAE). Visual
537 comparisons between actual and predicted dengue cases were produced through
538 line plots to better illustrate the model’s forecasting accuracy.

539 Seasonal ARIMA (SARIMA)

540 The SARIMA modeling process began with data preprocessing, which included
541 handling missing values through interpolation or imputation, and standardizing
542 features to ensure stable model training. The dataset was then split into training
543 and testing sets in an 80:20 ratio, preserving the temporal order of observations.
544 Seasonality analysis was conducted using time series decomposition and autocor-
545 relation plots, which revealed a periodicity of 52 weeks—justifying the adoption
546 of a seasonal model. To fine-tune the model, a grid search was performed over a
547 range of SARIMA parameters $(p,d,q)(P,D,Q)[S]$, while stationarity was validated
548 using the Augmented Dickey-Fuller (ADF) test. The model was then trained
549 on the dataset using rainfall, temperature, and humidity as exogenous variables,
550 with convergence ensured by setting a maximum number of iterations. Residual
551 diagnostics were used to confirm that residuals were uncorrelated, indicating a
552 good model fit. For evaluation, forecasts were compared against actual values,
553 and results were visualized with line plots. Finally, to validate the model’s gener-
554 alizability across different time periods, Time Series Cross-Validation with three
555 folds was applied. This allowed assessment of the model’s performance on multi-
556 ple time segments, providing insights into its robustness in real-world forecasting
557 scenarios.

558 Kalman Filter:

- 559 • Input Variables: The target variable (Cases) was modeled using three re-
560 gressors: rainfall, max temperature, and humidity.
- 561 • Training and Testing Split: The dataset was split into 80% training and
562 20% testing to evaluate model performance.
- 563 • Observation Matrix: The Kalman Filter requires an observation matrix,
564 which was constructed by adding an intercept (column of ones) to the re-
565 gressors.

566 The Kalman Filter’s Expectation-Maximization (EM) method was employed
567 for training, iteratively estimating model parameters over 10 iterations. After
568 training, the smoothing method was used to compute the refined state estimates
569 across the training data. Observation matrices for the test data were constructed
570 in the same manner as for the training set, ensuring compatibility with the learned
571 model parameters. On the test data, the Kalman Filter applied these parameters
572 to predict and correct the estimated dengue cases, providing more stable and
573 accurate forecasts compared to direct regression models. Additionally, a hybrid

574 Kalman Filter–LSTM (KF-LSTM) model was developed to combine the strengths
575 of both approaches. In this setup, the LSTM model was first used to predict
576 dengue cases based on historical data and weather features. The Kalman Filter
577 was then applied as a post-processing step to the LSTM predictions, smoothing
578 out noise and correcting potential errors.

579 **3.1.3 Integrate the Predictive Model into a Web-Based** 580 **Data Analytics Dashboard**

581 **Dashboard Design and Development**

- 582 • Design an intuitive, user-friendly web-based dashboard incorporating:
 - 583 – Interactive visualizations of yearly dengue case trends.
 - 584 – Data input and update forms for dengue and weather data.
 - 585 – Map display of dengue cases in each district in Iloilo City

586 **Model Integration and Deployment**

- 587 • Deploy the best-performing model within the dashboard as a backend service
588 to enable real-time or periodic forecasting.

589 **3.1.4 System Development Framework**

590 The Agile Model is the birthchild of both iterative and incremental approaches
591 in Software Engineering. It aims to be flexible and effective at the same time by
592 being adaptable to change. It's also important to note that small teams looking
593 to construct and develop projects quickly can benefit from this kind of method-
594 ology. As the Agile Method focuses on continuous testing, quality assurance is a
595 guarantee since bugs and errors are quickly identified and patched.

596 **Design and Development**

597 After brainstorming and researching the most appropriate type of application to
598 accommodate both the prospected users and the proposed solutions, the team
599 has decided to proceed with a web application. Given the time constraints and
600 available resources, it has been decided that the said means is the most pragmatic

601 and practical move. The next step is to select modern and stable frameworks
 602 that align with the fundamental ideas learned by the researchers in the university.
 603 The template obtained from WVCHD and Iloilo Provincial Epidemiology and
 604 Surveillance Unit was meticulously analyzed to create use cases and develop a
 605 preliminary well-structured database that adheres to the requirements needed
 606 to produce a quality application. The said use cases serve as the basis of general
 607 features. Part by part, these are converted into code, and with the help of selected
 608 libraries and packages, it resulted in the desired outcome that may still modified
 609 and extended to achieve scalability.

610 Testing and Integration

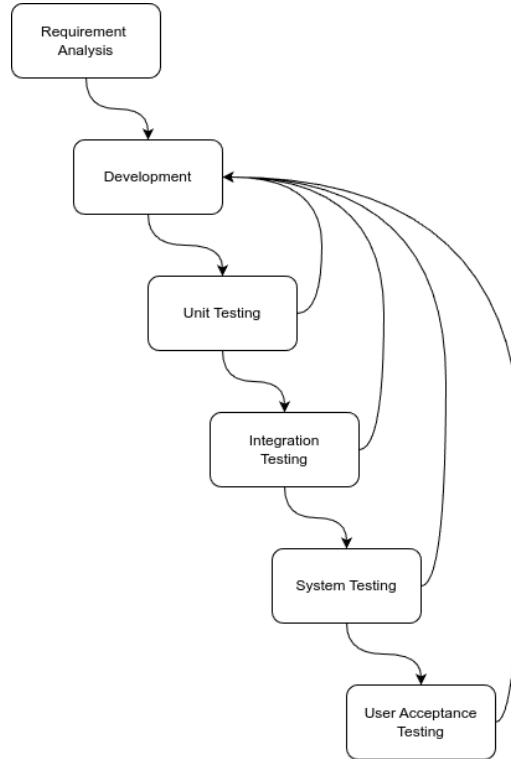


Figure 3.2: Testing Process for DengueWatch

611 Implementing testing is important to validate the system's performance and ef-
 612 ficacy. Thus a series of tests were conducted to identify and resolve bugs during
 613 the developmental phase. Each feature was rigorously tested to ensure quality as-
 614 surance, with particular emphasis on prerequisite features, as development cannot
 615 progress properly if these fail. Because of this, integration between each feature

616 serves as a pillar for a cohesive user experience. Since dengue reports include
617 confidential information, anonymized historical dengue reports were used to train
618 the model and create the foundational architecture of the system. By using func-
619 tional tests, data validation and visualization can be ensured for further continual
620 improvements. Security testing is also important as it is needed to safeguard
621 confidential information when the system is deployed. It includes proper authen-
622 tication, permission views, and mitigating common injection attacks. Finally, a
623 user acceptance test from the prospected users, in this case, doctors, nurses, and
624 other health workers is crucial to assess its performance and user experience. It
625 enables the developers to confirm if the system meets the needs of the problem.

626 **3.2 Development Tools**

627 **3.2.1 Software**

628 **Github**

629 GitHub is a cloud-based platform that tracks file changes using Git, an open-
630 source version control system (*About GitHub and Git - GitHub Docs*, n.d.). It is
631 used in the project to store the application’s source code, manage the system’s
632 source version control, and serve as a repository for the Latex files used in the
633 actual research.

634 **Visual Studio Code**

635 Visual Studio Code is a free, lightweight, and cross-platform source code editor
636 developed by Microsoft (*Why Visual Studio Code?*, 2021). As VS Code supports
637 this project’s programming and scripting languages, it was chosen as the primary
638 source code editor.

639 **Django**

640 Django is a free and open-sourced Python-based web framework that offers an
641 abstraction to develop and maintain a secure web application. As this research
642 aims to create a well-developed and maintainable application, it is in the best
643 interest to follow an architectural pattern that developers and contributors in the

644 future can understand. Since Django adheres to Model-View-Template (MVT)
645 that promotes a clean codebase by separating data models, business logic, and
646 presentation layers, it became the primary candidate for the application’s back-
647 bone.

648 **Next.js**

649 A report by Statista (2024) claims that React is the most popular front-end frame-
650 work among web developers. However, React has limitations that can be a nui-
651 sance in rapid software development, which includes routing and performance op-
652 timizations. This is where Next.js comes in—a framework built on top of React.
653 It offers solutions for React’s deficiency, making it a rising star in the framework
654 race.

655 **Postman**

656 As the application heavily relies on the Application Programming Interface (API)
657 being thrown by the backend, it is a must to use a development tool that facilitates
658 the development and testing of the API. Postman is a freemium API platform
659 that offers a user-friendly interface to create and manage API requests (*What is*
660 *Postman? Postman API Platform*, n.d.).

661 **3.2.2 Hardware**

662 The web application was developed on laptop computers with minimum specifica-
663 tions of an 11th-generation Intel i5 CPU and 16 gigabytes of RAM. Furthermore,
664 an RTX 3060 mobile GPU was also utilized to retrain the integrated model locally.

665 **3.2.3 Packages**

666 **Django REST Framework**

667 Django Rest Framework (DRF) is a third-party package for Django that provides a
668 comprehensive suite of features to simplify the development of robust and scalable
669 Web APIs (Christie, n.d.). These services include Serialization, Authentication
670 and Permissions, Viewsets and Routers, and a browsable API .

671 Leaflet

672 One of the features of the web application is the ability to map the number
673 of cases using a Choropleth Map. Leaflet is the only free, open-sourced, and
674 most importantly, stable JavaScript package that can do the job. With its ultra-
675 lightweight size, it offers a comprehensive set of features that does not trade
676 off performance and usability (*Leaflet — an open-source JavaScript library for*
677 *interactive maps*, n.d.).

678 Chart.js

679 Another feature of the application is to provide users with informative, approach-
680 able data storytelling that is easy for everyone to understand. The transformation
681 of pure data points and statistics into figures such as charts is a big factor. Thus,
682 there is a need for a package that can handle this feature without compromising
683 the performance of the application. Chart.js is a free and open-source JavaScript
684 package that is made to meet this criteria as it supports various types of charts
685 (*Chart.js*, n.d.).

686 Tailwind CSS

687 Using plain CSS in production-quality applications can be counterproductive.
688 Therefore, CSS frameworks were developed to promote consistency and accelerate
689 the rapid development of web applications (Joel, 2021). One of these is Tailwind,
690 which offers low-level utility classes that can be applied directly to each HTML
691 element to create a custom design (*Tailwind CSS - Rapidly build modern web-*
692 *sites without ever leaving your HTML.*, n.d.). Given the limited timeline for this
693 project, using this framework is a wise choice due to its stability and popularity
694 among developers.

695 Shadcn

696 Shadcn offers a collection of open-source UI boilerplate components that can be
697 directly copied and pasted into one's project. With the flexibility of the provided
698 components, Shadcn allows developers to have full control over customization and
699 styling. Since this is built on top of Tailwind CSS and Radix UI, it is supported
700 by most modern frontend frameworks, including Next.js (Shadcn, n.d.).

701 **Zod**

702 Data validation is integral in this web application since it will handle crucial data
703 that will be used for analytical inferences and observations. Since Zod is primarily
704 used for validating and parsing data, it ensures proper communication between
705 the client and the server (Zod, n.d.).

706 3.3 Application Requirements

707 3.3.1 Backend Requirements

708 Database Structure Design

709 Determining how data flows and how it would be structured is crucial in creating
710 the system as it defines how extendible and flexible it would be for future features
711 and updates. Thus, creating a comprehensive map of data ensures proper nor-
712 malization that eliminates data redundancy and improves data integrity. Figure
713 3.3 depicts the designed database schema that showcases the relationship between
714 the application's entities.

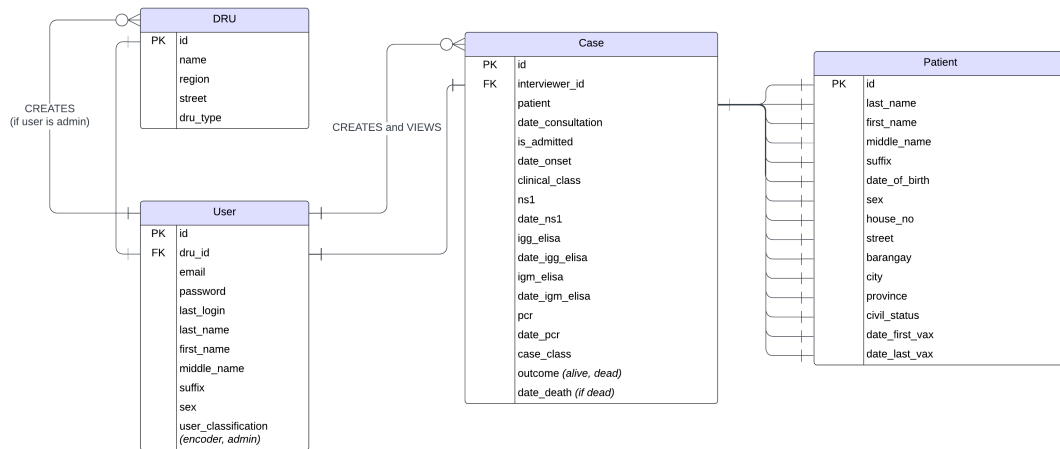


Figure 3.3: Entity-Relationship Database Schema Hybrid Diagram for DengueDash Database Structure

3.3.2 User Interface Requirements

Admin Interface

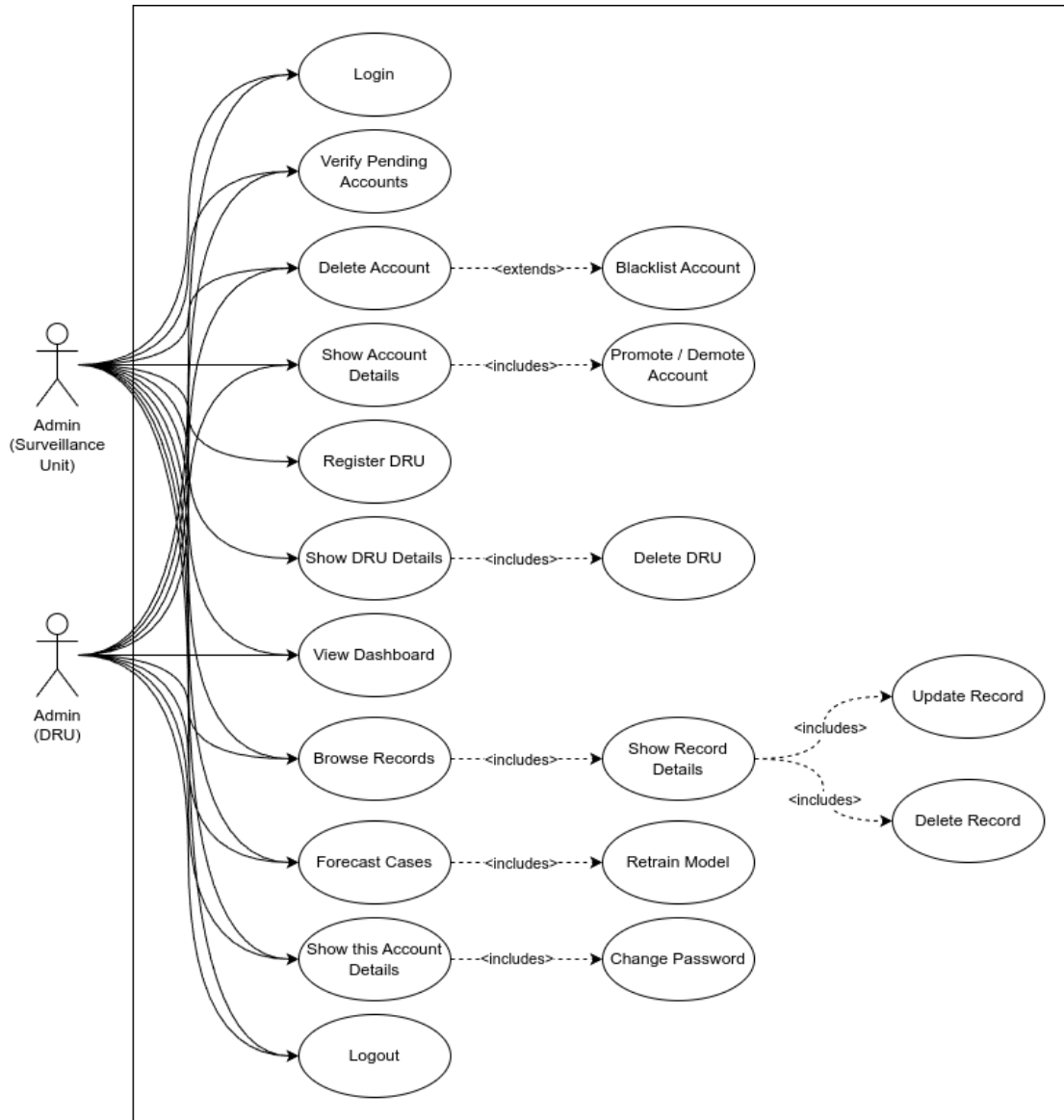


Figure 3.4: Use Case Diagram for Admins

Figure 3.4 shows the actions of an admin for a specific Disease Reporting Unit (DRU) and an admin for a specific Surveillance Unit can take in the application. Both of them include the management of accounts, browsing records, and forecasting and retraining all the consolidated data under their supervision. Most

721 importantly, these users must verify the encoders who register under their ju-
 722 risdiction before allowing their account to access the application in the name of
 723 safeguarding the integrity of the data. The only advantage of the latter type of ad-
 724 ministrator is that it has a one-step higher authorization as it manages the DRUs.
 725 In addition, only the authorized surveillance unit administrator can register and
 726 create a DRU to uphold transparency and accountability.

727 Encoder Interface

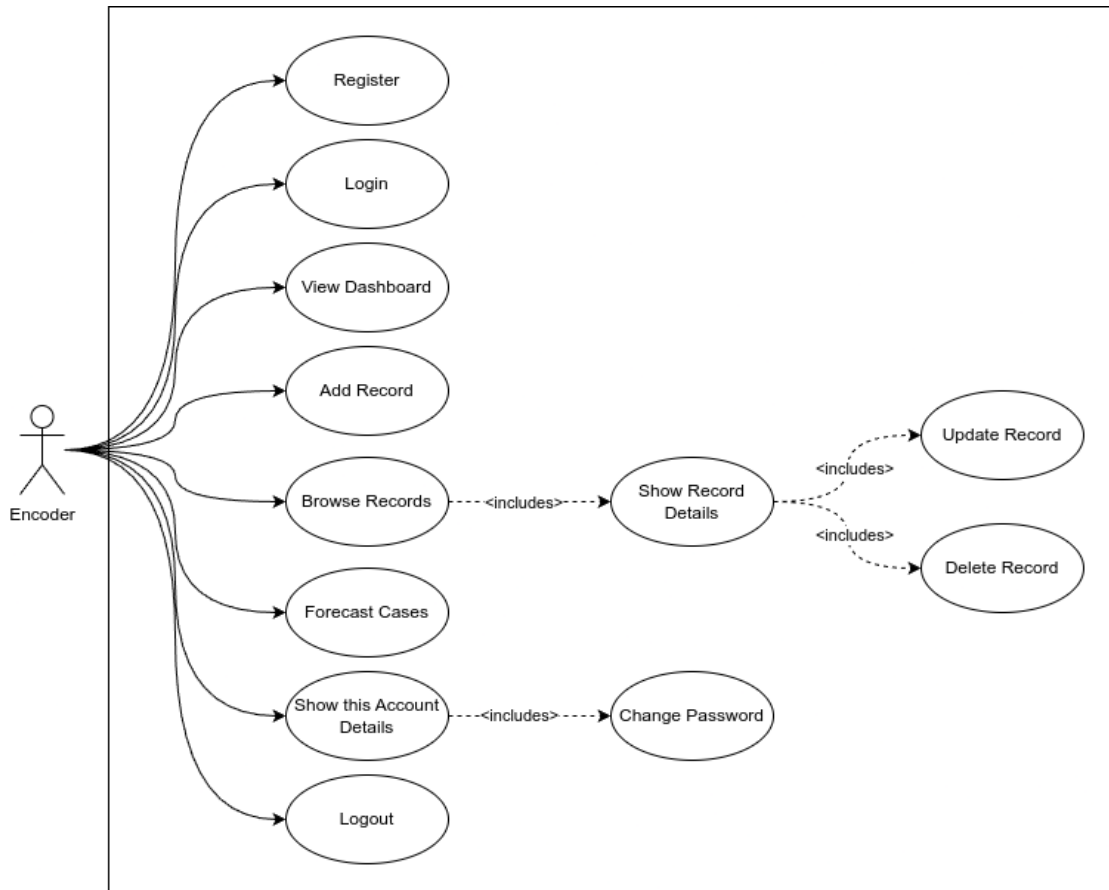


Figure 3.5: Use Case Diagram for Encoder

728 Figure 3.5, on the other hand, illustrates the use cases for the system's primary
 729 users. These users can register but must wait for further verification to access the
 730 application. Similar to the previous interfaces, encoders can browse and manage
 731 records, as well as forecast the consolidated cases under a specific surveillance or
 732 disease reporting unit, but they are not allowed to retrain the model. Lastly, they

733 are the only type of user that can file and create dengue cases by filling out a form
734 with the required details.

735 **3.3.3 Security and Validation Requirements**

736 **Password Encryption**

737 Storing passwords as plain text in the database is a disgrace and a mortal sin in
738 production. It is important to implement precautionary methods such as hashing
739 and salting, followed by encryption with a strong algorithm, to prevent bad actors
740 from using the accounts for malicious transactions. By default, Django generates
741 a unique random salt for each password and encrypts it with Password-Based Key
742 Derivation Function 2 (PBKDF2) with a SHA256 hash function. Utilizing these
743 techniques ensures that in the event of a data breach, cracking these passwords
744 would be time-consuming and useless for the attackers.

745 **Authentication**

746 DengueWatch utilizes JSON Web Tokens (JWT) to authenticate the user. Since
747 the mechanism operates in a stateless manner, tokens are served only after a
748 successful login, eliminating the need for the server to keep a record of the token,
749 which is vulnerable to session hijacking. In addition, these tokens are signed with
750 a secret key, ensuring they have not been tampered with.

751 **Data Validation**

752 Both the backend and frontend should validate the input from the user to preserve
753 data integrity. Thus, Zod is implemented in the latter to help catch invalid inputs
754 from the user. By doing this, the user can only send proper requests to the server
755 which streamlines the total workflow. On the other hand, Django has also a built-
756 in validator that checks the data type and ensures that the input matches the
757 expected format on the server side. These validation processes ensure that only
758 valid and properly formatted data is accepted, which reduces the risk of errors
759 and ensures consistency across the web application.

3.4 Calendar of Activities

A Gantt chart showing the schedule of the activities is included below. Each bullet represents approximately one week of activity.

Table 3.1: Timetable of Activities for 2024

Activities	Aug	Sept	Oct	Nov	Dec
Project Initiation and Team Formation	••				
Literature Review and Data Gathering	••	••••			
Data Cleaning and Feature Selection		••		•	•
Creating System Dashboard		••	••••	•	
Analysis and Interpretation of Results			•		•
Documentation	••	••••	••••	••••	••••

Table 3.2: Timetable of Activities for 2025

Activities	Jan	Feb	Mar	Apr	May
Create Admin Dashboard	•	•••			
Integrate the Best Model to the System	•	••••			
Extend Features to Accommodate a National Setting		•	••		
User Testing			••	•	
Documentation	••	••••	••••	••••	••••

Chapter 4

Results and Discussion/System Prototype

4.1 Data Gathering

The data for dengue case prediction was gathered from a variety of reliable sources, enabling a comprehensive dataset spanning from January 2011 to October 2024. This dataset includes 720 rows of data, each containing weekly records of dengue cases along with corresponding meteorological variables, such as rainfall, temperature, and humidity.

1. Dengue Case Data: The primary source of historical dengue cases came from the Humanitarian Data Exchange and the Western Visayas Center for Health Development (WVCHD). The dataset, accessed through Freedom of Information (FOI) requests, provided robust case numbers for the Western Visayas region. The systematic collection of these data points was essential for establishing a reliable baseline for model training and evaluation.
2. Weather Data: Weekly weather data was obtained by web scraping from Weather Underground, allowing access to rainfall, temperature, wind, and humidity levels that correlate with dengue prevalence.

```
data.head()
```

	Time	Rainfall	MaxTemperature	AverageTemperature	MinTemperature	Wind	Humidity	Cases
0	2011-01-03	9.938571	29.444400	25.888890	23.888900	11.39	86.242857	5
1	2011-01-10	8.587143	30.000000	26.705556	24.444444	7.32	88.028571	4
2	2011-01-17	5.338571	30.000000	26.616667	25.000000	7.55	84.028571	2
3	2011-01-24	5.410000	30.555556	26.483333	20.555556	10.67	80.971429	7
4	2011-01-31	2.914286	28.333333	25.283333	18.650000	11.01	74.885714	2

Figure 4.1: Snippet of the Combined Dataset

#	Column	Non-Null	Count	Dtype
---	-----	-----	-----	-----
0	Time	720	non-null	datetime64[ns]
1	Rainfall	720	non-null	float64
2	MaxTemperature	720	non-null	float64
3	AverageTemperature	720	non-null	float64
4	MinTemperature	720	non-null	float64
5	Wind	720	non-null	float64
6	Humidity	720	non-null	float64
7	Cases	720	non-null	int64
dtypes: datetime64[ns](1), float64(6), int64(1)				
memory usage: 45.1 KB				

Figure 4.2: Data Contents

781 4.2 Exploratory Data Analysis

782 From the summary above, the dataset consists of 720 weekly records with 8
783 columns:

- 784 • **Time.** Weekly timestamps (e.g. "2011-w1")
- 785 • **Rainfall.** Weekly average rainfall (mm)
- 786 • **MaxTemperature, AverageTemperature, MinTemperature.** Weekly
787 temperature data (C)
- 788 • **Wind.** Wind speed (m/s)
- 789 • **Humidity.** Weekly average humidity (%)
- 790 • **Cases.** Reported dengue cases

	Time	Rainfall	MaxTemperature	AverageTemperature	MinTemperature	Wind	Humidity	Cases
count	720	720.000000	720.000000	720.000000	720.000000	720.000000	720.000000	720.000000
mean	2017-12-02 11:22:00	13.957499	32.191142	28.110319	25.038472	6.172417	81.609442	23.744444
min	2011-01-03 00:00:00	0.000000	-14.600000	24.494444	12.222222	1.910000	73.185714	0.000000
25%	2014-06-21 06:00:00	1.270000	31.666667	27.504167	25.000000	4.117500	79.885713	5.000000
50%	2017-12-07 12:00:00	4.318000	32.222222	28.161111	25.000000	5.725000	81.771429	12.000000
75%	2021-05-11 18:00:00	10.414000	32.777778	28.751389	25.555556	7.860000	83.503571	26.000000
max	2024-10-28 00:00:00	445.008000	58.333333	30.916667	32.222222	19.200000	89.571429	319.000000
std	NaN	35.448846	2.616379	0.999800	1.291659	2.446703	2.831674	37.144813

Figure 4.3: Dataset Statistics

From the statistics in figure 4.3, the number of cases ranges from 0 to 319. The average number of dengue cases per week is 23.74, with a median of 12 cases and a standard deviation of 37.14. The distribution is highly skewed, with some weeks experiencing significant number of cases (up to 319 cases). Rainfall shows a wide variation (0 to 445mm), while temperature remains relatively stable, with an average of 28.1 degree celsius. Humidity levels ranges from 73% to 89% with a mean of 81.6%.

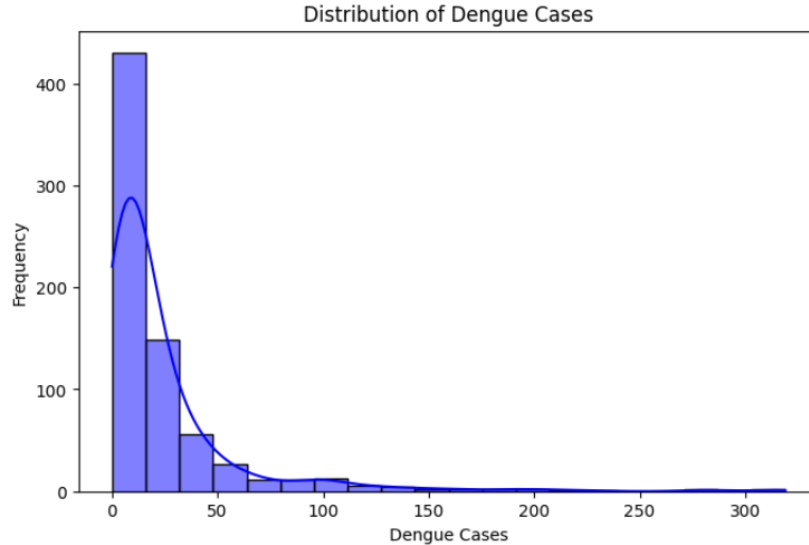


Figure 4.4: Distribution of Dengue Cases

In figure 4.4, a histogram of dengue cases shows a right-skewed distribution, indicating that most weeks experience low case counts, while a few weeks record outbreaks.

To further analyze the distribution, dengue cases were categorized into different intervals (Figure 4.5): 0-5 cases, 6-15 cases, 16-30 cases, 31-100 cases and 101+

803 cases. The majority of weeks falls within the 0-5 cases and 6-15 cases categories,
 804 indicating that most weeks have low dengue cases. Meanwhile, weeks with 101+
 cases are rare, suggesting that extreme outbreaks are not frequent.

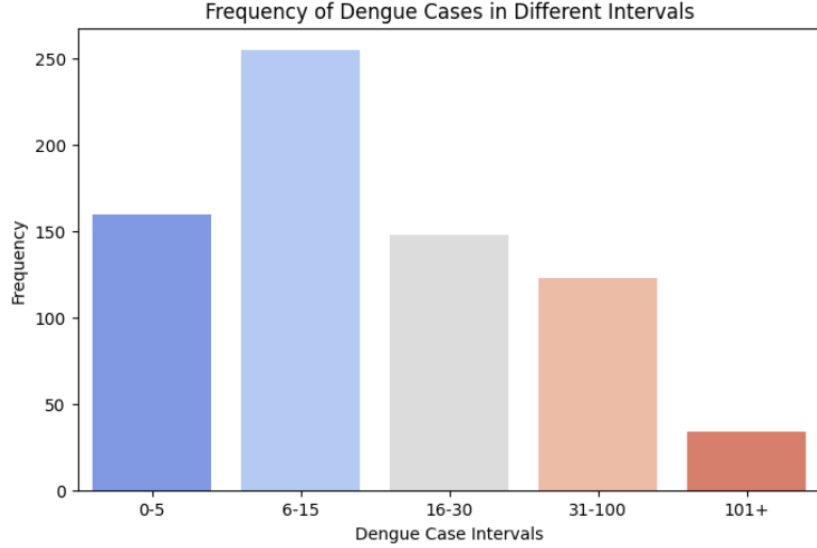


Figure 4.5: Frequency of Dengue Cases in Different Intervals

805

806 Figure 4.6 illustrates the trend of weekly dengue cases over time. The data
 807 reveals periodic spikes in the number of cases, suggesting a seasonal pattern in
 808 dengue cases. Notably, peak cases are observed during certain periods approx-
 809 imately 3 years, potentially aligning with specific climatic conditions such as
 810 increased rainfall or temperature changes. This underscores the importance of
 811 incorporating climate variables into the forecasting model.

812 Figure 4.7 shows the ranking of correlation coefficients between dengue cases
 813 and selected features, including rainfall, humidity, maximum temperature, aver-
 814 age temperature, minimum temperature, and wind speed. Among these, rainfall
 815 exhibits the highest positive correlation with dengue cases (correlation coefficient
 816 0.13), indicating that increased rainfall may contribute to higher cases counts.
 817 This aligns with existing studies suggesting that stagnant water from heavy rain-
 818 fall creates breeding grounds for mosquitos. It is followed by humidity (0.10),
 819 suggesting that higher humidity levels may enhance mosquito reproduction, lead-
 820 ing to more dengue cases. Temperature has a weak to moderate positive corre-
 821 lation with dengue cases, with maximum temperature (0.09) showing a stronger
 822 relationship than average and minimum temperature.

823 Figure 4.8 shows the ranking of correlation coefficients between dengue cases
 824 and selected features, with the addition of lagged effects. The analysis reveals no

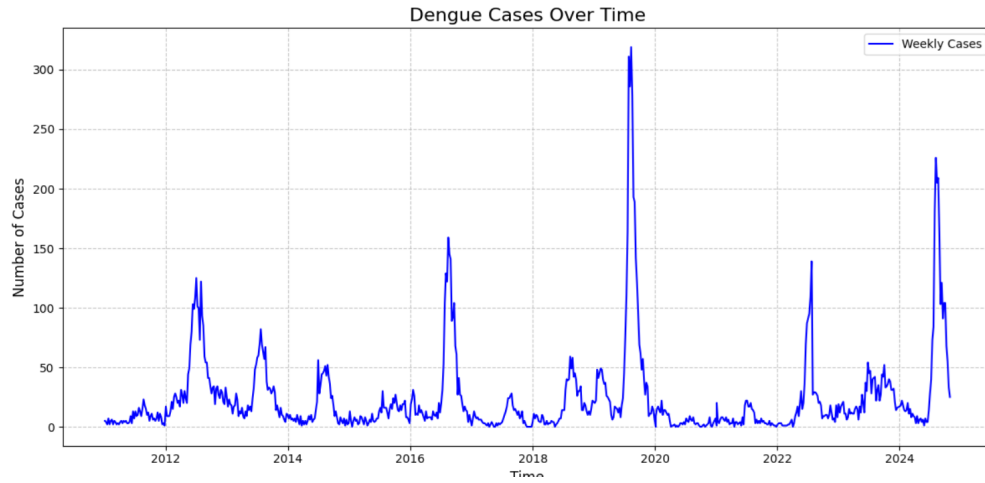


Figure 4.6: Trend of Dengue Cases

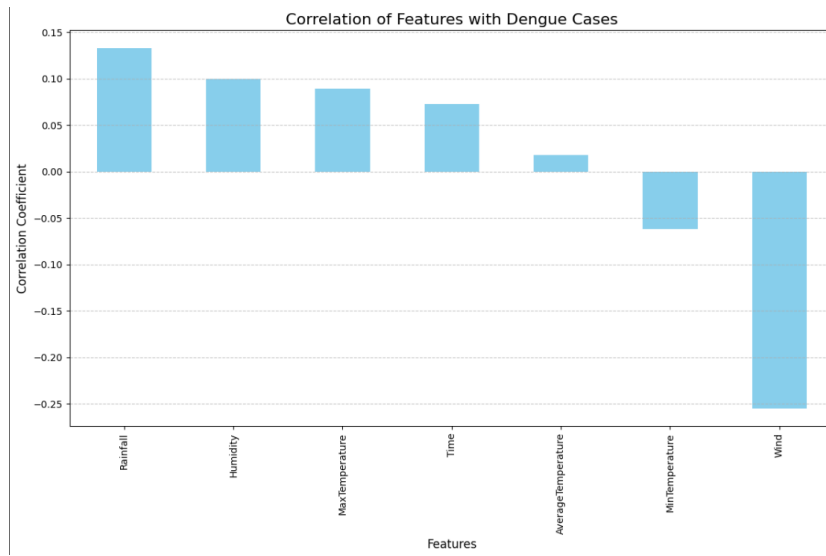


Figure 4.7: Ranking of Correlations

improvement in correlation when lagged variables are compared to direct observations. This suggests that the observed values of rainfall, humidity, and maximum temperature remain the most significant predictors for dengue case forecasting. Overall, the exploratory data analysis highlights the significance of rainfall, humidity, and max temperature variables in dengue case forecasting.

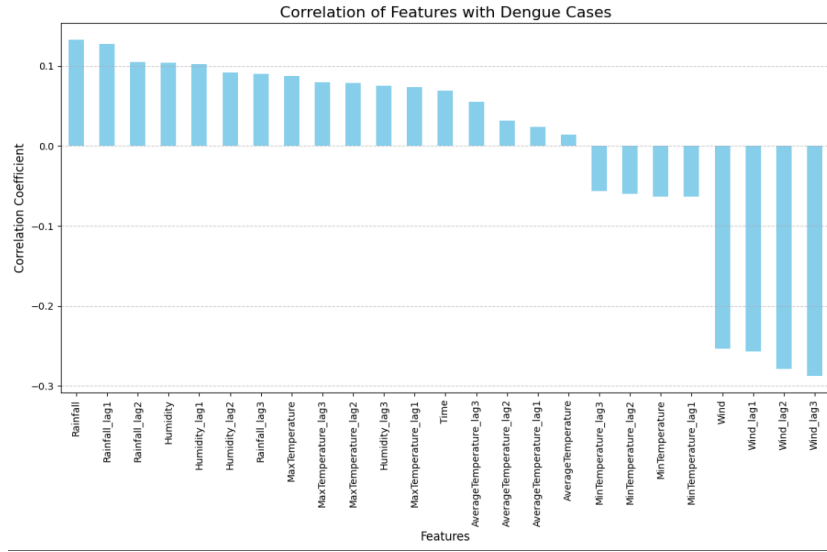


Figure 4.8: Ranking of Correlations (with lagged effects)

4.3 Outbreak Detection

To identify outbreaks, we calculated the outbreak threshold value using the historical mean as the endemic channel. The threshold is determined using the formula:

$$\text{Outbreak Threshold Value} = \mu + 2\sigma \quad (4.1)$$

$$= 23.744444 + 2(37.144813) \quad (4.2)$$

$$= 23.744444 + 74.289626 \quad (4.3)$$

$$= 98.03407 \quad (4.4)$$

where μ is the historical mean and σ is the standard deviation.

This result indicates that dengue cases exceeding 98 in Iloilo City can be considered an outbreak. However, it is important to note that this threshold serves only as a baseline. Additional parameters, such as the number of hospital beds available in the city, must be considered to compute a more effective threshold and develop an appropriate response strategy.

839 4.4 Model Training Results

840 The models were evaluated using three metrics: MSE, RMSE, and MAE. The
 841 table below provides a summary and comparative analysis of each model's results
 842 across these metrics, offering insights into the strengths and limitations of each
 843 forecasting technique for dengue case prediction in Iloilo City. The lower values
 844 of the three metrics indicate better forecasting performance. Table 4.1 shows that
 845 the models performed differently on testing data. LSTM outperformed the other
 846 models with the lowest RMSE, MSE, and MAE while the other three models had
 847 relatively higher values for the three metrics.

Method	LSTM	Seasonal ARIMA	ARIMA	Kalman Filter	KF-LSTM
Testing MSE	285.54	1261.20	1521.48	1474.82	785.35
Testing RMSE	16.90	34.45	39.00	38.40	25.56
Testing MAE	9.45	18.73	25.80	22.33	14.55
Best Parameters	Window Size: 5 Learning Rate: 0.01 Units: 64	(2,0,2)(0,1,1)	(1,2,2)	Observation Covariance: 10.0 Transition Covariance: $0.1 \times \text{Identity}$	Same as LSTM

Table 4.1: Comparison of different models for dengue prediction

848 4.4.1 LSTM Model

849 The LSTM model was tuned for the following parameters: learning rate and units.
 850 The hyperparameter tuning was conducted for each window size, finding the best
 851 parameters for each window size. Further evaluating which window size is most
 852 suitable for the prediction model, Table 4.2 shows the evaluation metrics for each
 window size used in the LSTM model training.

Window Size	MSE	RMSE	MAE	R ²
5	285.54	16.90	9.45	0.83
10	334.63	18.29	9.85	0.80
20	294.85	17.17	9.35	0.83

Table 4.2: Comparison of Window Sizes

853

854 The results indicate that a window size of 5 weeks provides the most accurate
 855 predictions, as evidenced by the lowest MSE and RMSE values. Furthermore, the
 856 R² score of 0.83 indicates that 83% of the variability in the target variable (cases)
 857 is explained by the independent variables (the inputs) in the model, making it a
 858 reliable configuration overall.

859 Figure 4.9 illustrates the model's performance in predicting dengue cases for
 860 each fold using a window size of 5. As shown in the plot, the training set progres-

861 sively increases with each fold, mimicking a real-world scenario where more data
862 becomes available over time for dengue prediction. Figure 4.10 demonstrates that
863 the predicted cases closely follow the trend of the actual cases, indicating that the
864 LSTM model successfully captures the underlying patterns in the data. It is also
865 evident that as the fold number increases and the training set grows, the accuracy
866 of the predictions on the test set improves. Despite the test data being unseen,
867 the model exhibits a strong ability to generalize, suggesting it effectively leverages
868 past observations to predict future trends.

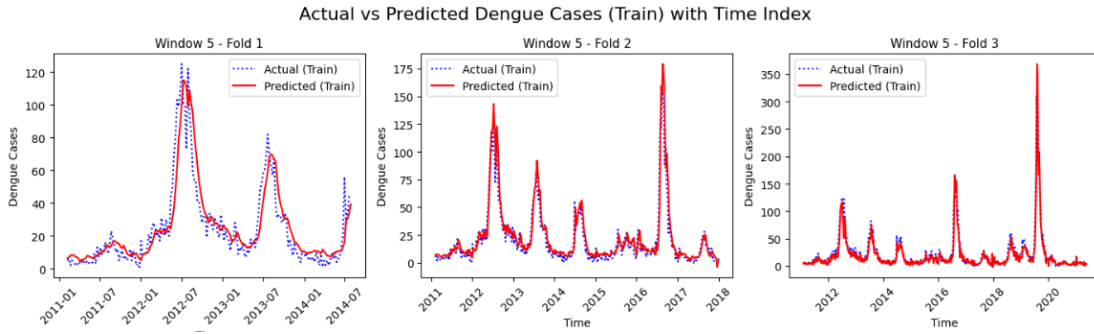


Figure 4.9: Training Folds - Window Size 5

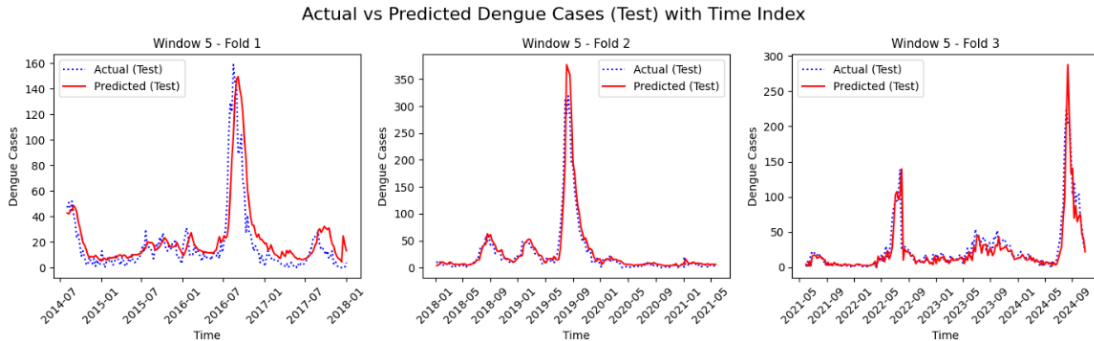


Figure 4.10: Testing Folds - Window Size 5

869 4.4.2 ARIMA Model

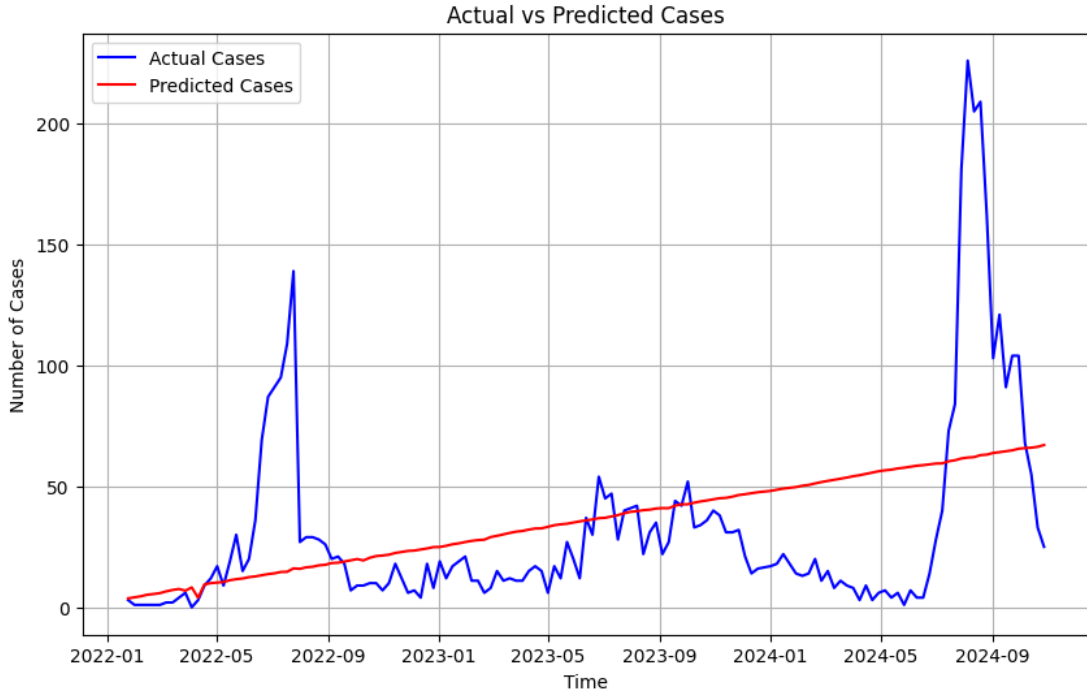


Figure 4.11: ARIMA Prediction Results for Test Set

870 The ARIMA model was developed to capture non-seasonal trends in the data.
 871 To determine the best model configuration, grid search was used to explore vari-
 872 ous combinations of ARIMA parameters, ultimately selecting **ARIMA(1, 2, 2)**.
 873 The model was iteratively refined over **400 iterations** to ensure convergence to
 874 an optimal solution. Figure 4.11 illustrates the comparison between actual and
 875 predicted dengue cases in the test set. As shown in the plot, the ARIMA model
 876 struggled to capture the non-linear characteristics and abrupt spikes in the data.
 877 Consequently, it failed to accurately reflect the fluctuations and outbreak patterns
 878 seen in the actual case counts.

879 The model's performance was assessed using regression metrics to evaluate its
 880 forecasting capability. The ARIMA model yielded the following error metrics:

- 881 • **MSE (Mean Squared Error):** 1521.48
- 882 • **RMSE (Root Mean Squared Error):** 39.01
- 883 • **MAE (Mean Absolute Error):** 25.80

4.4.3 Seasonal ARIMA (SARIMA) Model

To address the limitations of the ARIMA model, a Seasonal ARIMA (SARIMA) model was developed to capture both non-seasonal and seasonal variations in the data.

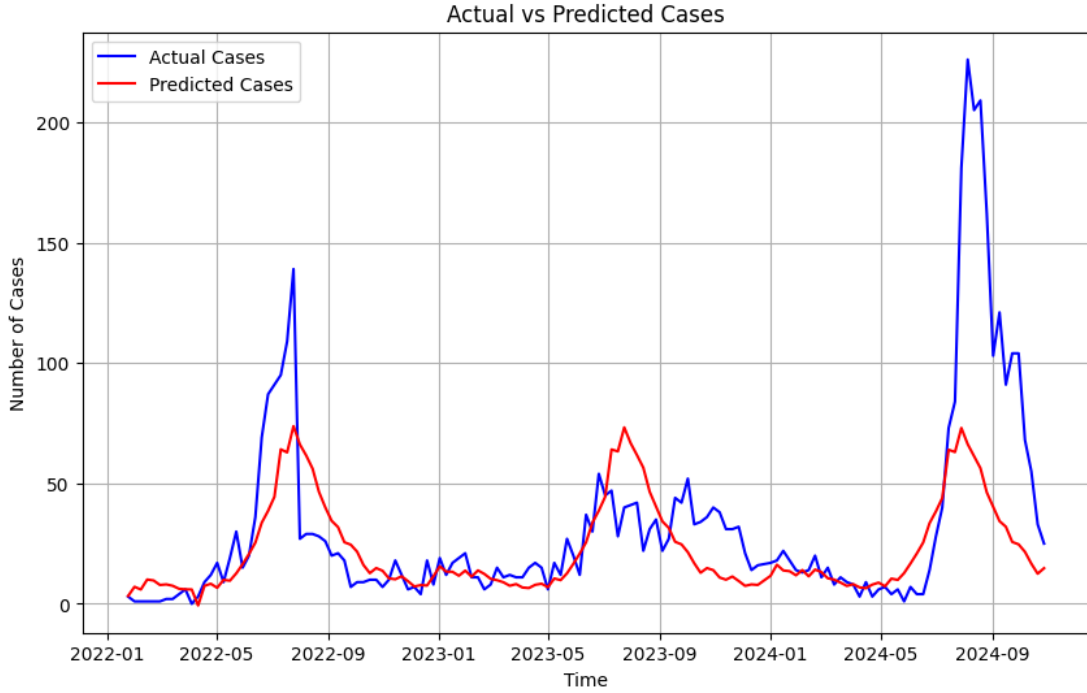


Figure 4.12: Seasonal ARIMA Prediction Results for Test Set

This model incorporates seasonal parameters, which were tuned using grid search to find the best configuration: **SARIMA(2, 0, 2)(0, 1, 1)[52]**. As with ARIMA, **400 iterations** were applied to ensure a robust fit. As shown in Figure 4.12, the SARIMA model demonstrates a notable improvement in performance. Unlike its non-seasonal counterpart, it effectively captures the general trend and aligns more closely with the peaks observed in the actual dengue cases, indicating its ability to model seasonal dynamics.

The model's performance was assessed using regression metrics to evaluate its forecasting capability. The SARIMA model yielded the following error metrics:

- **MSE:** 1109.69
- **RMSE:** 33.31

899

- **MAE: 18.09**

900 The lower error values, when compared to the ARIMA model, highlight the
 901 SARIMA model's superior capability in forecasting dengue cases. Its effective-
 902 ness in capturing seasonal patterns contributed to a more accurate representation
 903 of the actual cases.

904 After training the model, the SARIMA model was validated using the same
 905 Time Series Cross-Validation strategy employed in the LSTM model. Table 4.3
 906 presents the performance metrics for each fold, as well as the average metrics
 907 across all folds. The average RMSE and MAE values were close to those obtained
 908 during the initial training phase, indicating that the SARIMA model performed
 909 consistently across different time segments.

Fold	MSE	RMSE	MAE
1	659.68	25.68	16.00
2	2127.49	46.12	21.30
3	996.43	31.56	18.89
Average	1261.20	34.45	18.73

Table 4.3: Comparison of SARIMA performance for each fold

910 4.4.4 Kalman Filter Model

911 Figure 4.13 shows the comparison between the actual dengue cases and the pre-
 912 dicted values on the test set. As illustrated in the plot, the Kalman Filter model
 913 demonstrates a moderate ability to follow the general trend of the actual data.
 914 While it effectively captures some rising and falling patterns, it still struggles to
 915 accurately replicate the sharp peaks and extreme values found in the real case
 916 counts. This limitation is particularly noticeable during the large spikes in 2022
 917 and 2024. The model's performance was evaluated using standard regression met-
 918 rics. The results are as follows:

$$\text{MSE} = 1474.82, \quad \text{RMSE} = 38.40, \quad \text{MAE} = 22.34$$

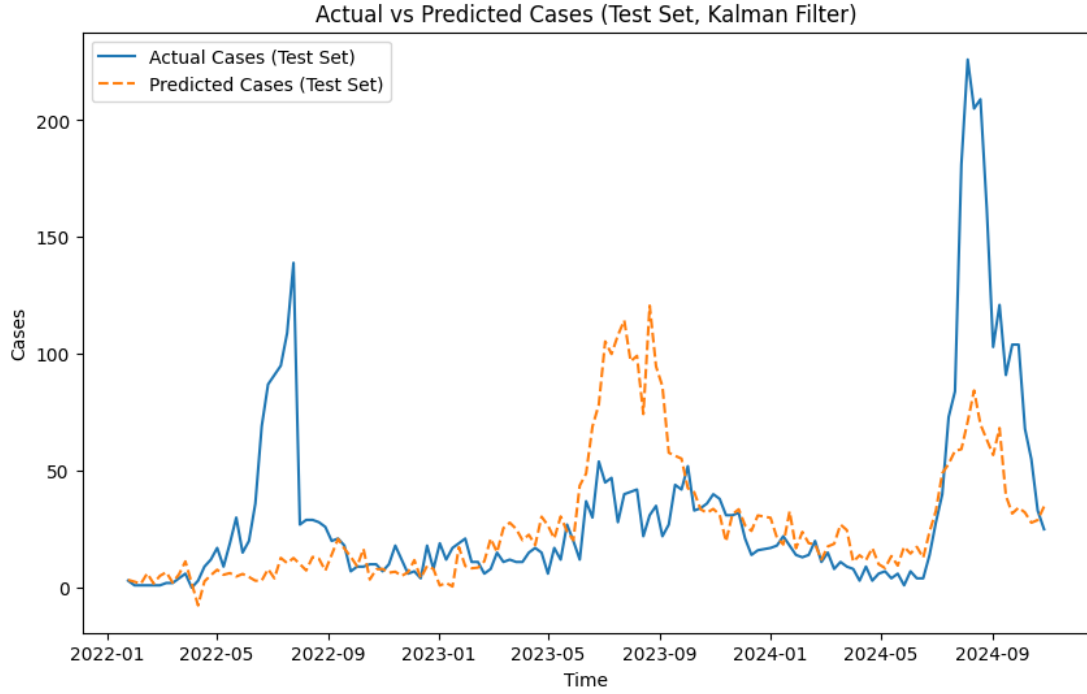


Figure 4.13: Kalman Filter Prediction Results for Test Set

919 The Kalman Filter was then combined with the LSTM model in order to see
 920 improvements in its predictions. Table 4.4 shows the metrics across three folds
 921 using the same Time Series Cross Validation Strategy employed in the previous
 922 models to see how it performed on different time segments.

Fold	MSE	RMSE	MAE
1	113.59	10.66	6.42
2	752.51	27.43	12.11
3	1489.95	38.60	25.13
Average	785.35	25.56	14.55

Table 4.4: Comparison of KF-LSTM performance for each fold

923 As can be seen in the table above, the performance of the hybrid model demon-
 924 strated improvements in all metrics as compared to just using the Kalman Filter
 925 alone.

4.5 Model Simulation

To evaluate the LSTM model's real-world forecasting ability, a simulation was conducted to predict dengue cases for the year 2025. The model was trained exclusively on data from 2011 to 2024, using both dengue cases and weather variables. Importantly, the actual dengue case values for 2025 were never included during training. Instead, only the weather variables collected for 2025 were input into the model to generate predictions for that year. After prediction, the forecasted dengue cases for 2025 were compared against the true observed cases to assess the model's accuracy. Figure 4.14 shows that the predicted values closely follow the trend, although it may overestimate the dengue cases in some weeks.

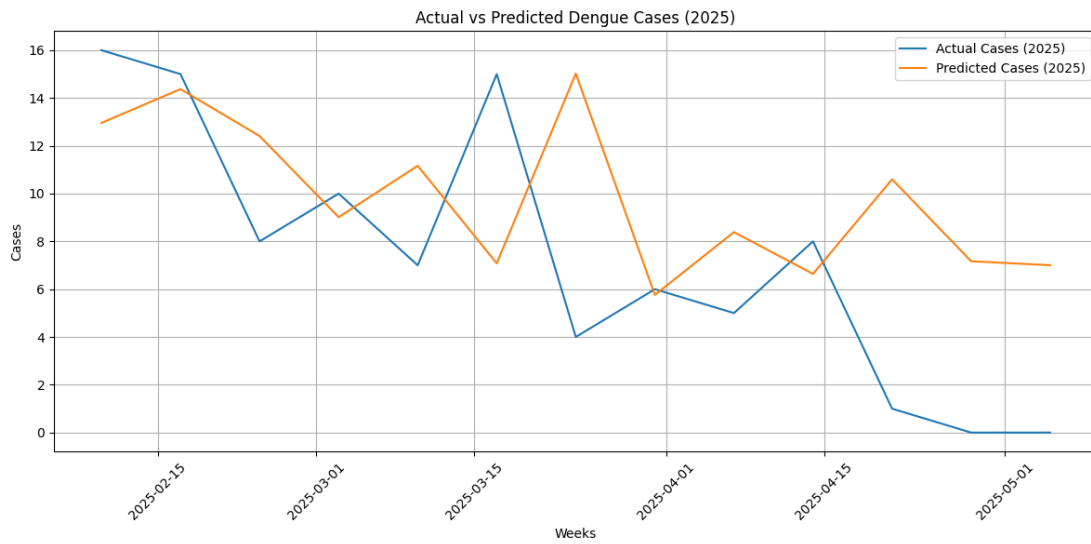


Figure 4.14: Predicted vs Actual Dengue Cases 2025

4.6 System Prototype

4.6.1 Home Page

The Home Page is intended for all visitors of the web application. The Analytics Dashboard, which displays relevant statistics for dengue cases at a certain year and location, is the primary component highlighted, as seen in Figure 4.15. This component includes a combo chart that graphs the number of dengue cases and deaths per week in a specific year, a choropleth map that tracks the number of

943 dengue cases per location, and various bar charts that indicate the top locations
944 affected by dengue.

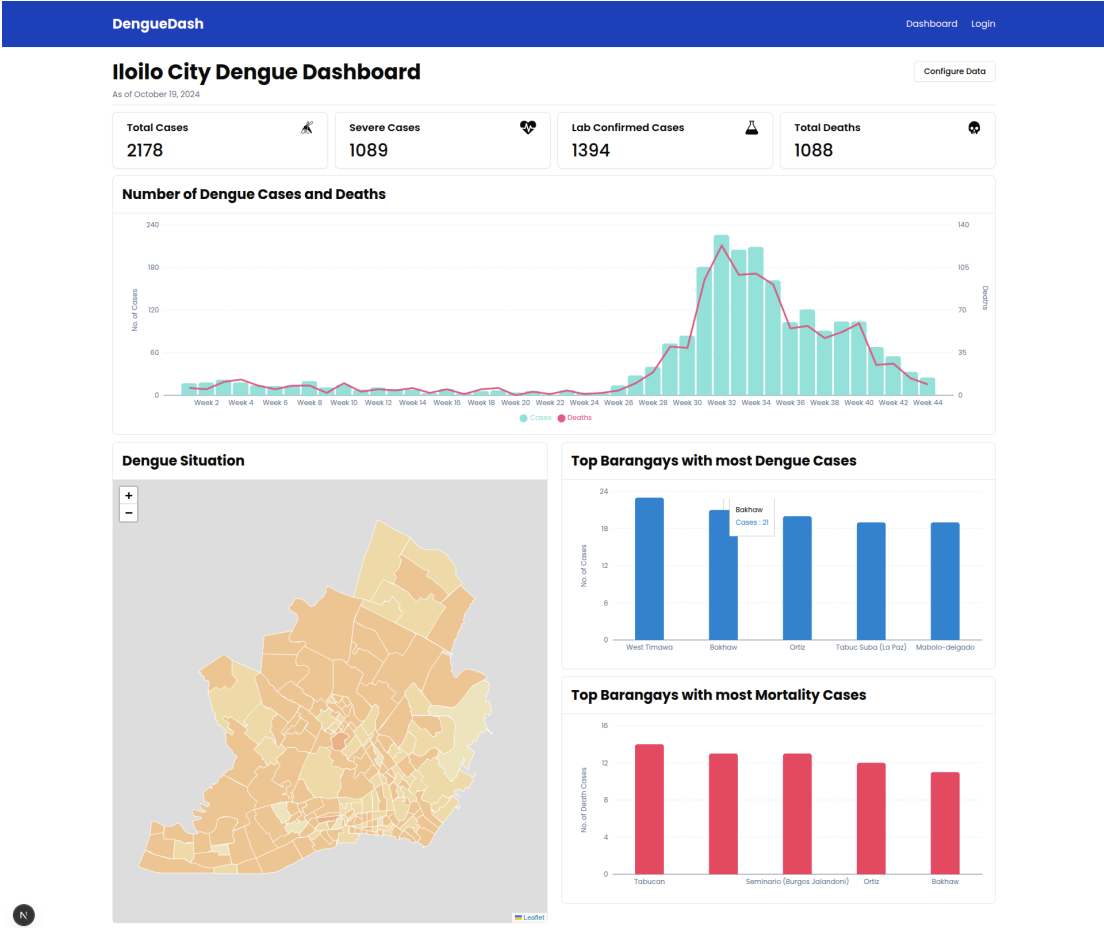


Figure 4.15: Home Page

945 **4.6.2 User Registration, Login, and Authentication**

946 The registration page, as shown in Figure 4.16, serves as a gateway to access the
947 authenticated pages of the web application. Only prospected encoders can create
948 an account since administrator accounts are only made by existing administra-
949 tor accounts to protect the data's integrity in production. After registering, the
950 "encoder account" cannot access the authorized pages yet as it needs to be veri-
951 fied first by an administrator managing the unit the user entered. Once verified,
952 the user can log in to the system through the page shown in Figure 4.17. Af-
953 ter entering the correct credentials, which consist of an email and password, the

954 system uses HTTP-only cookies containing JSON Web Tokens (JWT) to prevent
955 vulnerability to Cross-site Scripting (XSS) attacks. It will then proceed to the
956 appropriate page the type of user belongs to.

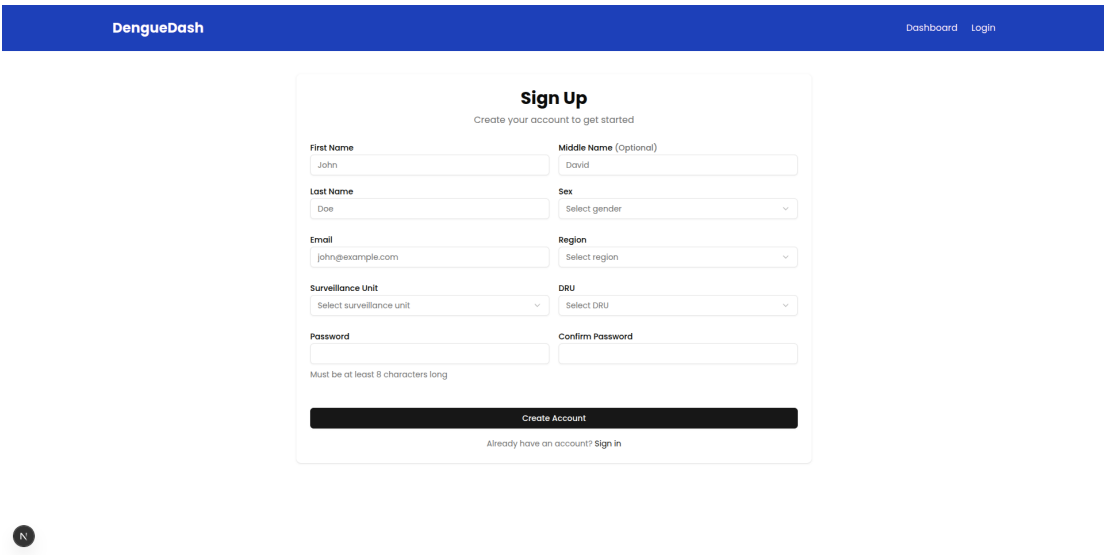


Figure 4.16: Sign Up Page

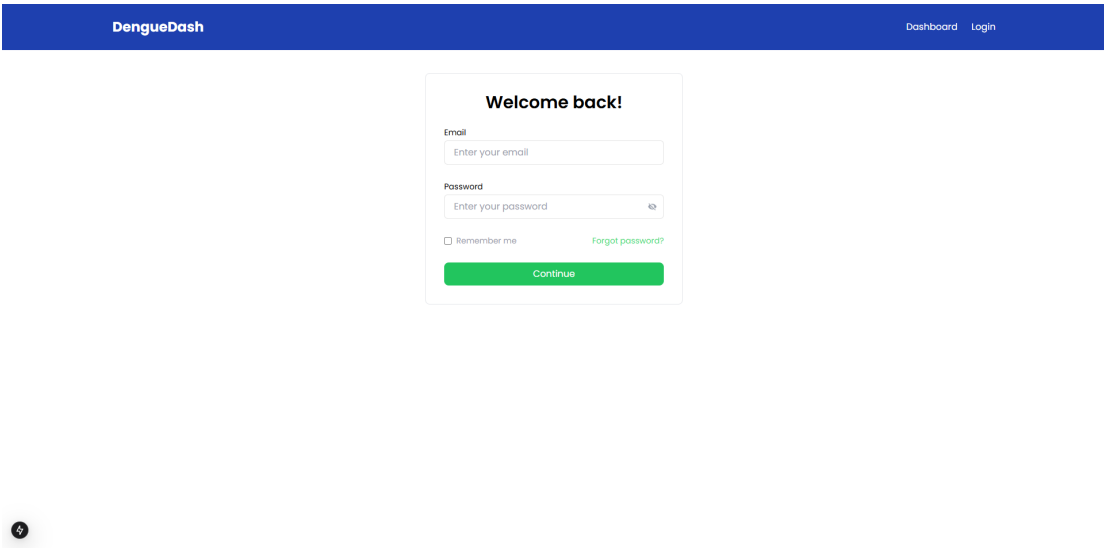


Figure 4.17: Login Page

4.6.3 Encoder Interface

Case Report Form

Figures 4.18 and 4.19 show the digitized counterpart of the form obtained from the Iloilo Provincial Epidemiology and Surveillance Unit. As the system aims to support expandability for future features, some fields were modified to accommodate more detailed input. It is worth noting that all of the included fields adhere to the latest Philippine Integrated Disease and Surveillance Response (PIDS) Dengue Forms, which the referenced form was based on. By doing this, if implemented on a national scale, the transition between targeted users will be easier. Moreover, the case form includes the patient's basic information, dengue vaccination status, consultation details, laboratory results, and the outcome. On the other hand, encoders can also create case records using a "bulk upload" feature that makes use of a formatted CSV file template. As shown in Figure 4.20, an encoder can download the template using the "Download Template" button, and insert multiple records inside the file, then upload it by clicking the "Click to upload" button. The web application automatically checks the file for data inconsistencies and validation.

The screenshot displays the 'Case Report Form' interface within the 'DengueDash' application. The left sidebar shows the navigation menu with options: Analytics, Forms (selected), Case Report Form, Data Tables, and Settings. The main content area is titled 'Case Report Form' and includes a 'Bulk Upload' button. The form is organized into two tabs: 'Personal Information' (active) and 'Clinical Status'. Under 'Personal Information', there are two sub-sections: 'Personal Detail' and 'Address'. 'Personal Detail' contains input fields for First Name, Middle Name, Last Name, Suffix, Sex (a dropdown menu), Civil Status (a dropdown menu), and Date of Birth (a date picker). 'Address' contains dropdown menus for Region, Province, City, and Barangay, as well as text input fields for Street and House No. The 'Clinical Status' tab is currently inactive. At the bottom of the form, there is a 'Next' button. The user's profile information, 'Elizabeth Thomas R...' and 'elwis@example.com', is visible in the bottom left corner.

Figure 4.18: First Part of Case Report Form

DengueDash

Modules

Analytics

Forms

Case Report Form

Data Tables

Settings

Elizabeth Thomas Ro...

zewis@example.com

Building Your Application > Data Fetching

Case Report Form

Bulk Upload

Personal Information

Clinical Status

Consultation

Date Admitted/Consulted/Seen

Pick a date

Is Admitted?

Select

Date Onset of illness

Pick a date

Clinical Classification

Select

Laboratory Results

NS1

Pending Result

Date done (NS1)

Pick a date

IgG ELISA

Pending Result

Date done (IgG ELISA)

Pick a date

IgM ELISA

Pending Result

Date done (IgM ELISA)

Pick a date

PCR

Pending Result

Date done (PCR)

Pick a date

Outcome

Case Classification

Select

Outcome

Select

Date of Death

Pick a date

Previous

Submit

Figure 4.19: Second Part of Case Report Form

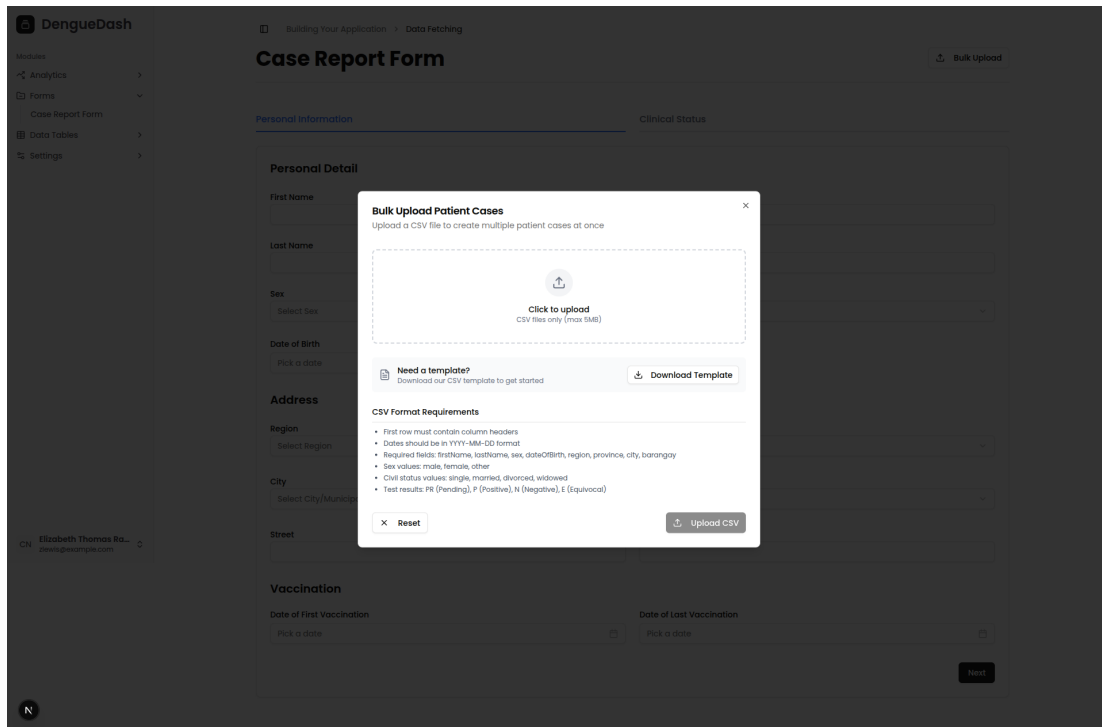


Figure 4.20: Bulk Upload of Cases using CSV

974 Browsing, Update, and Deletion of Records

975 Once the data generated from the case report form or the bulk upload is vali-
 976 dated, it will be assigned as a new case and can be accessed through the Dengue
 977 Reports page, as shown in Figure 4.21. The said page displays basic information
 978 about the patient related to a specific case, including their name, address, date
 979 of consultation, and clinical and case classifications. It is also worth noting that
 980 it only shows cases the user is permitted to view. For example, in a local Disease
 981 Reporting Unit (DRU) setting, the user can only access records that belong to
 982 the same DRU. On the other hand, in a consolidated surveillance unit such as a
 983 regional, provincial, or city quarter, its users can view all the records from all the
 984 DRUs that report to them. Moving forward, Figure 4.22 shows the detailed case
 985 report of the patient on a particular consultation date.

DengueDash

Modules

Accounts

>

DRU

>

Analytics

>

Data Tables

>

Dengue Reports

>

Settings

>

Ilolo City Epedemiol...

ilolocess@gmail.com

Dengue Reports

Case ID	Name	Barangay	City	Date Consulted	Clinical Classification	Case Classification	Action
25017095	Hodges, Destiny Michelle	Pala Benedicto Rizal (Mandurriao)	ILOILO CITY (Capital)	2024-11-03	Severe dengue	Probable	Open
25017077	Cuevas, Robert Rebecca	Democracia	ILOILO CITY (Capital)	2024-11-03	With warning signs	Confirmed	Open
25017090	Middleton, Joseph Michael	Tanza-Esperanza	ILOILO CITY (Capital)	2024-11-01	With warning signs	Suspect	Open
25017089	Medina, Michael Paige	Tacas	ILOILO CITY (Capital)	2024-11-01	With warning signs	Probable	Open
25017081	Love, Paula Kimberly	Magsaysay	ILOILO CITY (Capital)	2024-11-01	With warning signs	Suspect	Open
25017073	Smith, Anna Andrea	Desamparados	ILOILO CITY (Capital)	2024-11-01	Severe dengue	Confirmed	Open
25017094	Morrison, Michael Sarah	El 98 Castilla (Claudio Lopez)	ILOILO CITY (Capital)	2024-10-31	Severe dengue	Probable	Open
25017093	Barnes, Charles Robert	Rima-Rizal	ILOILO CITY (Capital)	2024-10-31	With warning signs	Suspect	Open

< Previous

1

2

...

2137

Next >

Figure 4.21: Dengue Reports

Modules

- Accounts >
- DRU >
- Analytics >
- Data Tables >
- Dengue Reports >
- Settings >

Ilalo City Epidemiol...
ilalocase@gmail.com

Building Your Application > Data Fetching

Personal Information

Full Name
Medina, Michael Paige

Sex
Male

Full Address
995 Monique Spur, Tacas, ILOILO CITY (Capital), Ilalo

Date of Birth
October 11, 1935

Civil Status
Widowed

Vaccination Status

First Dose
April 26, 2023

Last Dose
May 31, 2020

Case Record #25017089

Date of Consultation
November 1, 2024

Date Onset of Illness
October 23, 2024

Patient Admitted?
No

Clinical Classification
With warning signs

Laboratory Results

NSI Negative	Date Done October 27, 2024
IgG Elisa Equivocal	Date Done October 30, 2024
IgM Elisa Pending Result	Date Done N/A
PCR Pending Result	Date Done N/A

Outcome

Case Classification
Probable

Date of Death
October 31, 2024

Outcome
Dead

Interviewer

Interviewer
Daniels, Lisa Long

DRU
Molo District Health Center

Update Case

Delete Case

Figure 4.22: Detailed Case Report

986 To update the case, the user can click the "Update Case" button, where a
 987 dialog will appear, and the updateable fields will be shown. It is worth noting
 988 that in this case, only fields under Laboratory Results and Outcome are included
 989 since they are the only ones that are time-based, where the result may change in
 990 the future. After updating, a prompt will show confirming the action of the user.
 991 Moving forward, to delete a case record, the user must click the "Delete Case"
 992 button, and a prompt verifying the action will appear. After confirming, the case
 993 will be deleted permanently.

DengueDash

Building Your Application

Data Fetching

Modules

Accounts

DRU

Analytics

Data Tables

Dengue Reports

Settings

Personal Information

Full Name

Medina, Michael Paige

Date of Birth

October 11, 1935

Sex

Male

Civil Status

Widowed

Full Address

995 Monique Spur, Tacos, ILILO CITY (Capital), Iloilo

Vaccination Status

First Dose

April 26, 2023

Case Record #

Date of Consultation

November 1, 2024

Date Onset of Illness

October 23, 2024

Laboratory Results

NSI

Negative

IgG Elisa

Equivocal

IgM Elisa

Pending Result

PCR

Pending Result

Outcome

Case Classification

Probable

Date of Death

October 31, 2024

Interviewer

Daniels, Lisa Long

Update Case #25017095

Laboratory Results

NSI

Pending Result

IgG Elisa

Equivocal

IgM Elisa

Equivocal

PCR

Equivocal

Outcome

Case Classification

Probable

Date Done

n/a

Date Done

November 7th, 2024

Date Done

November 7th, 2024

Date Done

November 5th, 2024

Outcome

Outcome

Alive

Cancel

Save Changes

Update Case

Delete Case

Date Done

N/A

Outcome

Dead

DRU

Molo District Health Center

Figure 4.23: Update Report Dialog

47

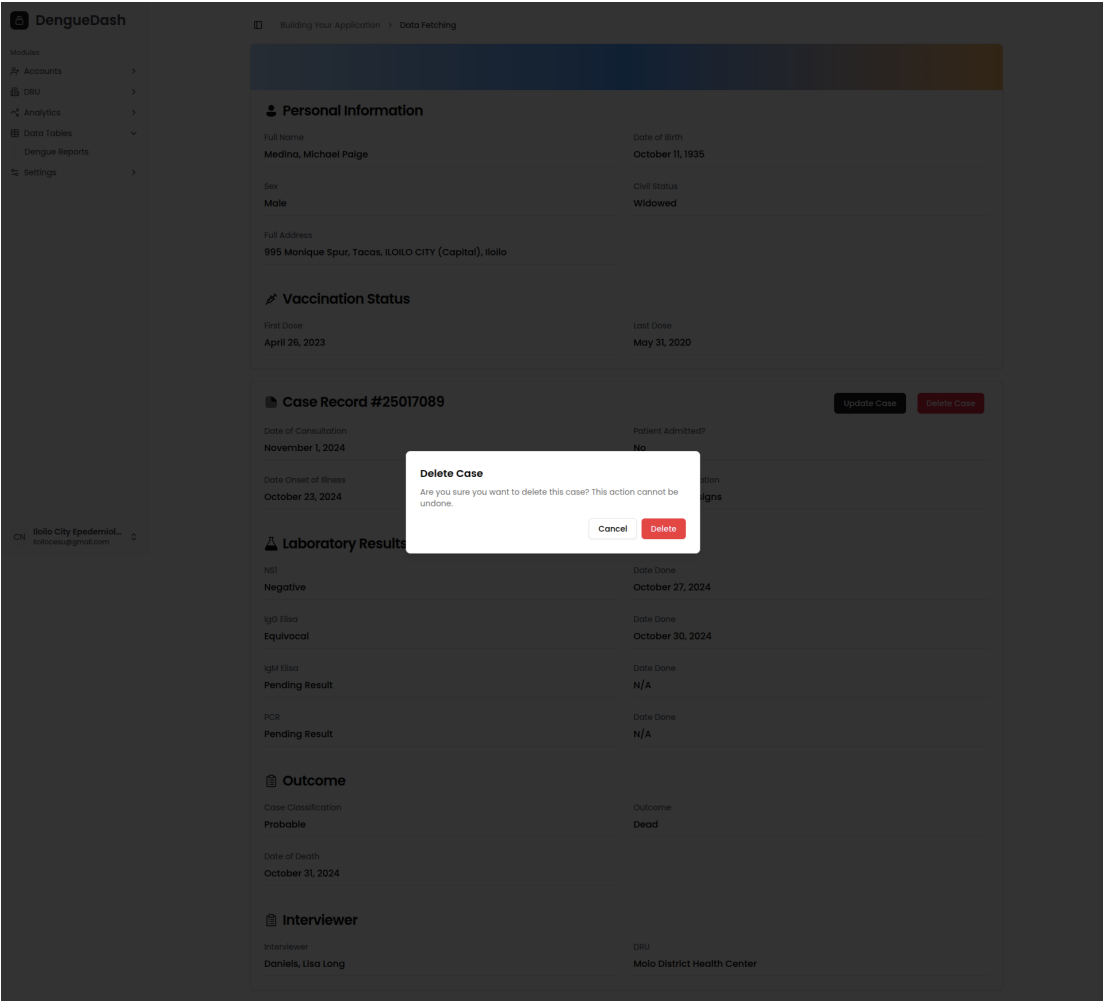


Figure 4.24: Delete Report Alert Dialog

994 **Forecasting**

995 The main highlight of the web application’s feature is the Forecasting Page. This
996 is where users can forecast dengue cases for the next following weeks. To predict,
997 the application utilizes the exported LSTM model in a Keras format derived
998 from training the consolidated data from the database. It requires the recent
999 weekly dengue cases, weather variable data (temperature, humidity, and rainfall)
1000 based on the window size, and future weather data through OpenWeatherMap
1001 API. However, due to limitations imposed in the current plan subscribed in the
1002 API, only the next 16 days of weather data can be fetched. As a result, the web
1003 application can only make a two-week prediction. Moving forward, the Forecasting
1004 page, as shown in Figure 4.25, introduces a user-friendly interface that shows the

1005 current cases for the week, and the predictions for the next two weeks with a range
1006 of 90 percent to 110 percent confidence interval that is presented in a simple but
1007 organized manner. There is also a line chart that shows the number of cases from
1008 the last 5 weeks plus the forecasted weekly cases. In addition, the current weather
1009 data for a specific week is also shown as well as the the forecasted weather data
1010 fetched from the said API. Lastly, locations where dengue cases have been reported
1011 for the current week are listed in the Location Risk Assessment component.

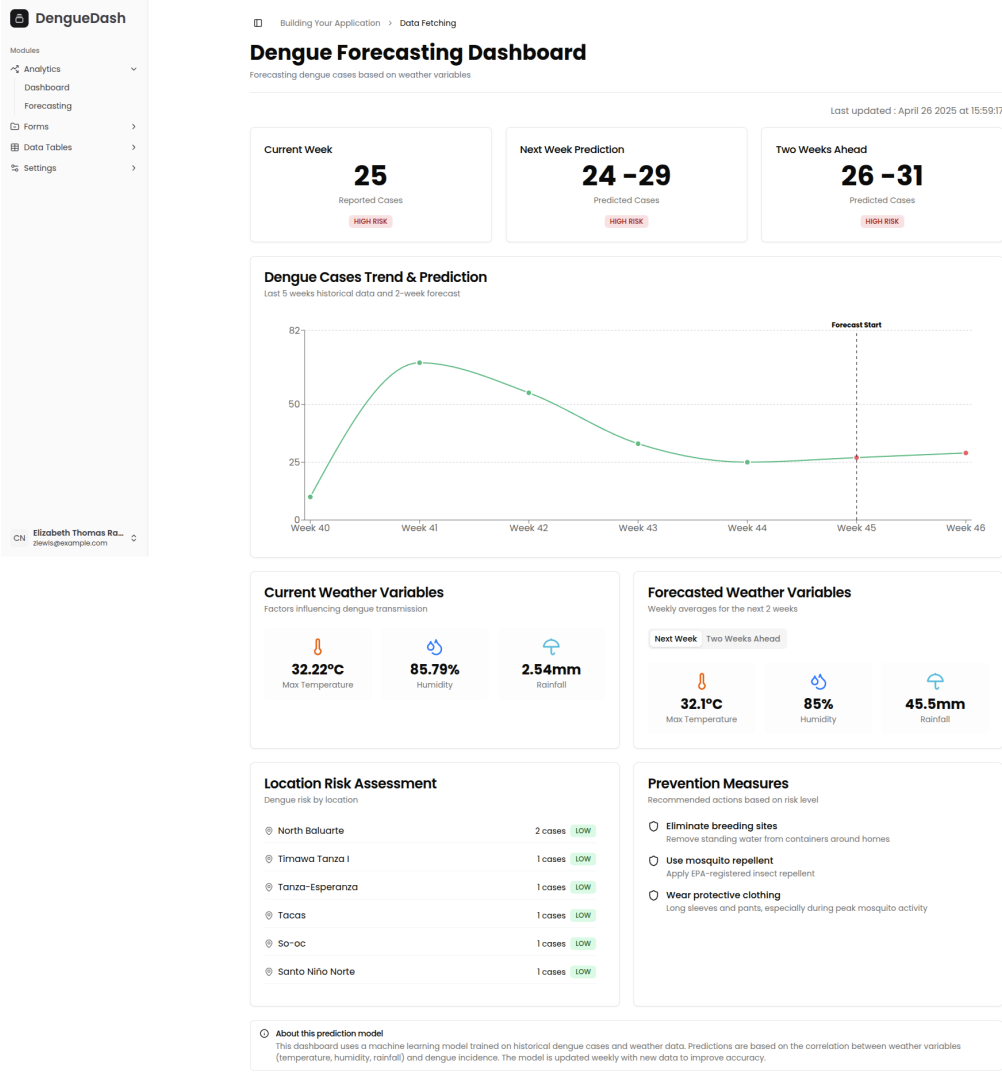


Figure 4.25: Forecasting Page

1012 **4.6.4 Admin Interface**

1013 **Retraining**

1014 With LSTM being the best-performing model among the models used in forecast-
1015 ing dengue cases, it is the model chosen to power the prediction and retraining
1016 of the consolidated data within the web application. Since the retraining process
1017 consumes a lot of processing power and requires a more advanced understanding
1018 of how it works, it was decided that the said feature should only be available
1019 to admin users. Furthermore, the retraining component in the Forecasting page
1020 includes three additional components that include the configuration of LSTM pa-
1021 rameters (Figure 4.26), the actual retraining of the consolidated data from the
1022 database (Figure 4.27), and the results of the retraining that shows the current
1023 and previous model metrics depending on the parameters entered (Figure 4.28).
1024 It is also worth noting that when trained, the model used a seeded number to
1025 promote reproducibility.

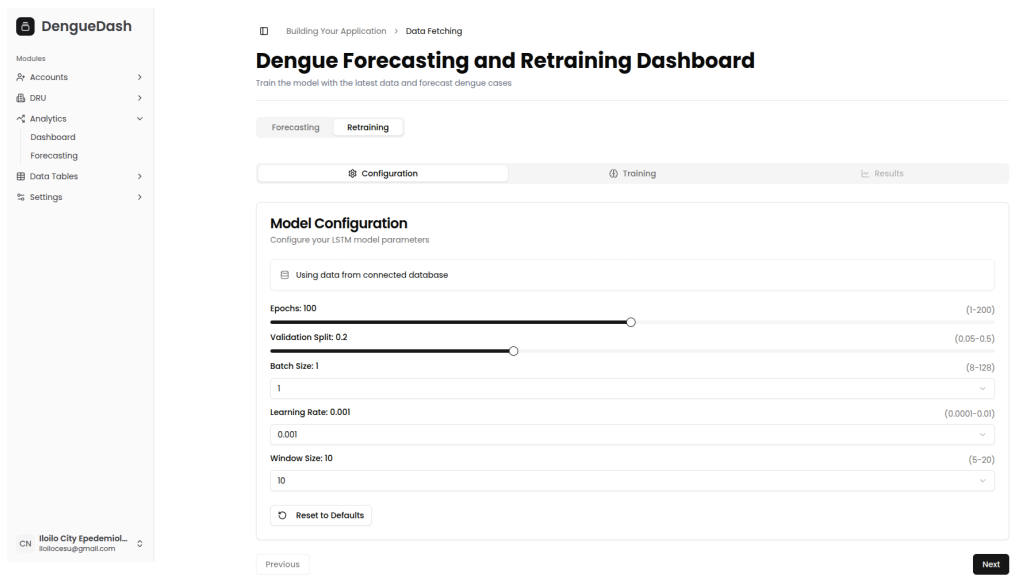
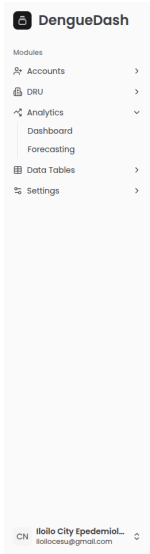


Figure 4.26: Retraining Configurations



Building Your Application > Data Fetching

Dengue Forecasting and Retraining Dashboard

Train the model with the latest data and forecast dengue cases

Forecasting Retraining

Configuration Training Results

Training Status

Monitor your model training status

Ready to Train

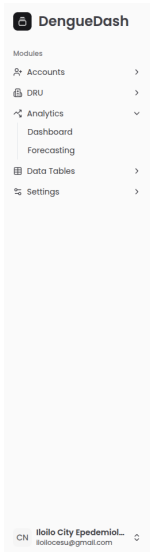
Start the training process when you're ready. The model will be trained with the configuration parameters you've set.

Start Training

Previous

Next

Figure 4.27: Start Retraining



Building Your Application > Data Fetching

Dengue Forecasting and Retraining Dashboard

Train the model with the latest data and forecast dengue cases

Forecasting Retraining

Configuration Training Results

Model Results

View the model's performance metrics and charts

Metrics

Charts

Current Model Metrics

MSE:	296.999
RMSE:	17.234
MAE:	10.138
R ² :	0.826

Previous Model Metrics

MSE:	311.420
RMSE:	17.647
MAE:	9.711
R ² :	0.818

Previous

Figure 4.28: Retraining Results

1026 **Managing Accounts**

1027 Proper management of accounts is important to protect the integrity and confi-
1028 dentiality of data. Thus, it is crucial for administrators to track their users and
1029 control the flow of information. As discussed in the user registration of encoders,
1030 admin users from a specific DRU or surveillance have the power to grant them ac-
1031 cess to the web application. Figure 4.30 illustrates the interface for this scenario,
1032 as the admins can approve or reject their applications. Once approved, these users
1033 can access the features given to encoders and may be promoted to have admin-
1034 istrative access, as shown in Figure 4.31. When deleting an account, the user’s
1035 email will be blacklisted and illegible to use when creating another account, and
1036 all the cases reported by this user will be soft-deleted. The same figure also shows
1037 the expanded details of the user, which include personal information and brief
1038 activity details within the system.

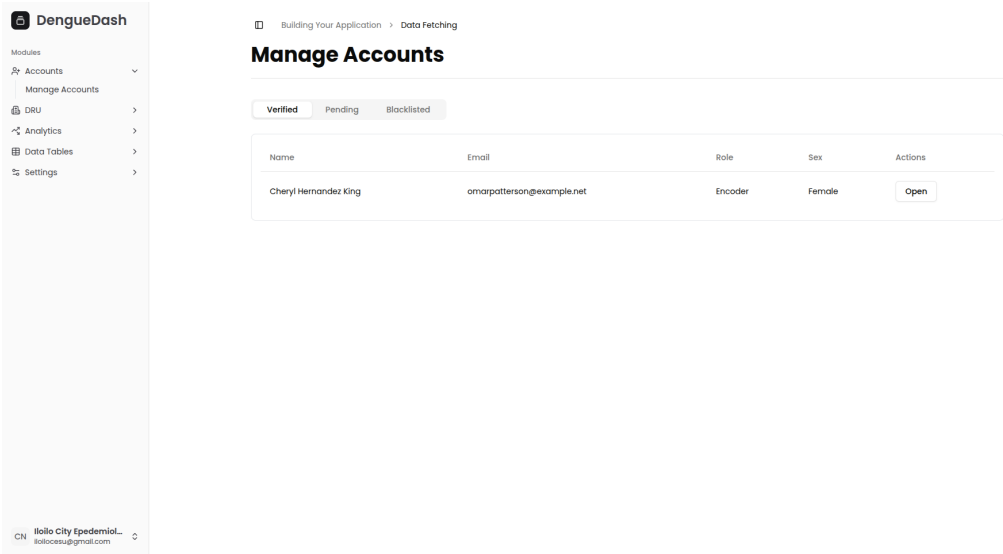


Figure 4.29: List of Verified Accounts

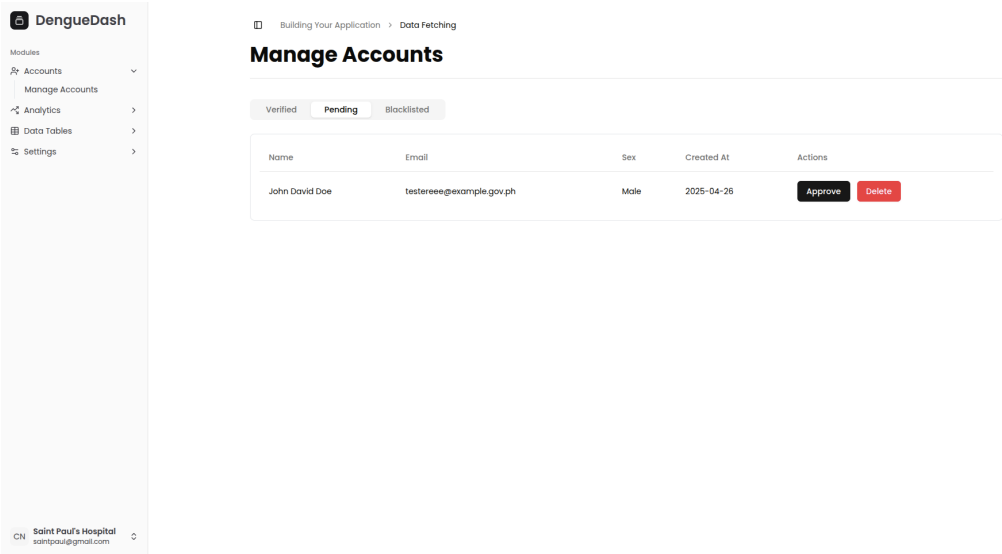


Figure 4.30: List of Pending Accounts

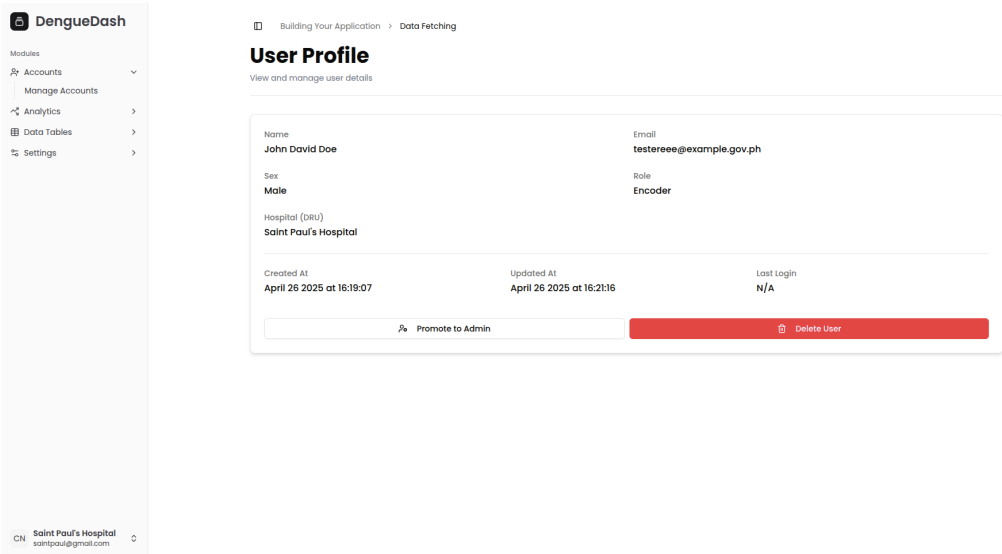


Figure 4.31: Account Details

1039 **Managing DRUs**

1040 Unlike the registration of encoder accounts, the creation of Disease Reporting
1041 Units can only be done within the web application, and the user performing the
1042 creation must be an administrator of a surveillance unit. Figure 4.32 presents the

1043 fields the admin user must fill out, and once completed, the new entry will show
1044 as being managed by that unit, as shown in Figure 4.33. Figure 4.34, on the other
1045 hand, shows the details provided in the registration form as well as its creation
1046 details. There is also an option to delete the DRU, and when invoked, all the
1047 accounts being managed by it, and the cases reported under those accounts will
1048 be soft-deleted.

DengueDash

Modules

- Accounts
- DRU
 - Manage DRU
 - Add DRU
- Analytics
- Data Tables
- Settings

Register Disease Reporting Unit

Add a new Disease Reporting Unit to the surveillance system.

Name

Enter DRU name

The official name of the Disease Reporting Unit.

Address Information

Region **Province**

Select Region Select Province

City/Municipality **Barangay**

Select City/Municipality Select Barangay

Street Address

House/Building No, Street Name

Email **Contact Number**

example@health.gov +63 912 345 6789

DRU Type

Select DRU type

The category that best describes this reporting unit.

Register DRU

Figure 4.32: DRU Registration

DengueDash

Modules

- Accounts
- DRU
 - Manage DRU
 - Add DRU
- Analytics
- Data Tables
- Settings

Manage Disease Reporting Units

View and manage Disease Reporting Units

DRU Name	Email	
Molo District Health Center	molohealth@gmail.com	Open
Jaro I Health Center	jarohealth@gmail.com	Open
Saint Paul's Hospital	saintpaul@gmail.com	Open

Figure 4.33: List of DRUs

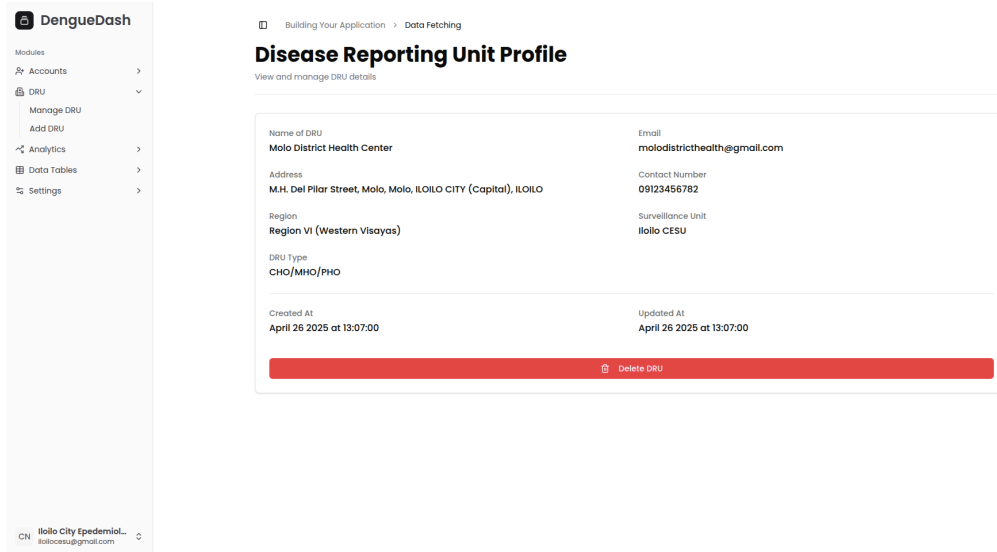


Figure 4.34: DRU details

1049 4.7 User Testing

1050 To evaluate the usability of the system, the System Usability Scale (SUS) was
 1051 utilized. SUS is a Likert-scale-based questionnaire comprising 10 items that are
 1052 critical to assessing system usability. A total of five participants completed the sur-
 1053 vey. Their responses were processed following the step-by-step calculation method
 1054 adopted from (Babich, 2015). The resulting usability scores for each participant
 1055 are shown in Table 4.5.

Participant	Usability Score
1	95.0
2	90.0
3	85.0
4	87.5
5	85.0
Average	88.5

Table 4.5: Computed System Usability Scores per Participant

1056 The average System Usability Scale (SUS) score across systems is typically
 1057 68 (Babich, 2015). In this testing, the system achieved an average SUS score
 1058 of 88.5, indicating a highly positive user experience. This score suggests that
 1059 participants found the system not only enjoyable to use but also intuitive enough

1060 to recommend to others. Furthermore, it demonstrates that the system is suitable
1061 for real-world applications without presenting significant complexity for first-time
1062 users.

Chapter 5

Conclusion

Revolutionizing Dengue Surveillance: The Rise of AI-Driven Forecasting

The development of DengueWatch marks a transformative leap forward in public health technology, providing Iloilo City with a centralized system to combat one of the most persistent mosquito-borne diseases. Previously, data was recorded manually on paper, making tracking and analysis slow and error-prone. DengueWatch digitizes this process, enabling faster, more accurate monitoring. More than an academic project, DengueWatch serves as a practical solution aimed at shifting the approach from reactive outbreak response to proactive prevention. By combining deep learning models with real-time climate data integration, the system achieves a level of accuracy and usability that makes it viable for real-world deployment.

At the heart of DengueWatch is a Long Short-Term Memory (LSTM) neural network, which outperformed traditional forecasting models such as ARIMA and Kalman Filter. The LSTM model achieved a Root Mean Square Error (RMSE) of 16.30, compared to 39.00 and 38.40 for ARIMA and Kalman, respectively—demonstrating a substantial improvement in predictive capability. This advantage stems from the LSTM's ability to capture long-term dependencies and model nonlinear relationships between environmental factors and disease patterns.

The analysis also revealed that climate indicators, particularly rainfall and humidity, play a significant role in dengue outbreaks, typically leading to a surge in cases three to five weeks after anomalies are detected. By incorporating these lagged effects, DengueWatch achieved an explanatory power of 83% ($R^2 = 0.83$), offering a game-changing advantage for early intervention and resource allocation.

1089 Usability testing further underscored DengueWatch’s readiness for real-world
1090 deployment. The system achieved an average System Usability Scale (SUS) score
1091 of 88.5, significantly above the industry benchmark of 68. This indicates that
1092 users found the system intuitive, efficient, and suitable for operational use in
1093 public health contexts. Key features such as a user-friendly dashboard, a two-week
1094 forecasting window aligned with mosquito life cycles, and automated outbreak
1095 alerts ensure that the system supports timely, effective responses.

1096 Beyond its immediate application in Iloilo City, the framework behind Dengue-
1097 Watch holds the potential for broader impact. With minor adaptations, it can
1098 be scaled nationally through integration with Department of Health surveillance
1099 systems.

1100 DengueWatch exemplifies how deep learning can bridge the gap between data
1101 science and life-saving interventions. It empowers health workers to act preemp-
1102 tively, policymakers to allocate resources strategically, and communities to en-
1103 gage in early preventive measures. As climate change accelerates the spread of
1104 vector-borne diseases, systems like DengueWatch will become indispensable in
1105 safeguarding public health. This system not only demonstrates the power of AI
1106 in epidemiological forecasting but also lays the foundation for a smarter, more
1107 resilient approach to combating infectious diseases in the years ahead.

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Appendix A

Data Collection Snippets

Time	Rainfall	MaxTemperature	AverageTemperature	MinTemperature	Wind	Humidity	Cases
2011-w1	9.938571429	29.4444	25.88889	23.8889	11.39	86.24285714	5
2011-w2	8.587142857	30	26.70555556	24.44444444	7.32	88.02857143	4
2011-w3	5.338571429	30	26.61666667	25	7.55	84.02857143	2
2011-w4	5.41	30.55555556	26.48333333	20.55555556	10.67	80.97142857	7
2011-w5	2.914285714	28.33333333	25.28333333	18.65	11.01	74.88571429	2
2011-w6	3.44	31.11111111	27.53333333	25	3.69	85.27142857	5
2011-w7	1.444285714	30	27.06111111	25	6.69	82.1	6
2011-w8	0.7685714286	30.55555556	27.03333333	25	7.82	76.18571429	2
2011-w9	4.064285714	30.55555556	26.75	24.44444444	6.64	84.1	5
2011-w10	1.252857143	31.11111111	27.7	25.55555556	7.92	80.18571429	4
2011-w11	7.068571429	28.33333333	26.03888889	23.88888889	10.35	85.7	2
2011-w12	3.567142857	30.55555556	26.4	24.44444444	9.57	87.74285714	3
2011-w13	2.745714286	30	26.61666667	25	10.05	86.25714286	2
2011-w14	0.09285714286	30	27.44444444	25	8.25	76.32857143	4
2011-w15	1.008571429	31.11111111	26.89444444	22.77777778	7.93	80.64285714	5
2011-w16	0.8771428571	31.66666667	28.43333333	24.44444444	4.76	80.35714286	3
2011-w17	2.15	32.77777778	28.87222222	25.55555556	5.54	81.77142857	5
2011-w18	3.062857143	32.77777778	28.62777778	25	5.15	81.9	4
2011-w19	9.828571429	32.77777778	27.97222222	25	4.18	85.77142857	5
2011-w20	2.848571429	33.33333333	29.71111111	25.55555556	3.77	79.65714286	3
2011-w21	11.74142857	32.77777778	28.51111111	25	4.28	81.81428571	3
2011-w22	14.52857143	32.77777778	28.47222222	25.55555556	4.04	82.45714286	4
2011-w23	11.51714286	32.22222222	28.26111111	24.44444444	3.91	84.24285714	9
2011-w24	8.784285714	32.22222222	27.71111111	24.44444444	3.87	84.7	3
2011-w25	10.43714286	32.77777778	27.47777778	24.44444444	4.46	86.52857143	13
2011-w26	6.702857143	32.22222222	28.39444444	25	3.94	81.87142857	7
2011-w27	14.48	32.22222222	27.66666667	25	4.19	85.42857143	13
2011-w28	3.32	32.22222222	27.49444444	19.68333333	6.69	80.78571429	9
2011-w29	17.33714286	32.77777778	27.95555556	25	3.57	80.05714286	10
2011-w30	22.77	31.66666667	26.63888889	24.44444444	5.13	88.01428571	16
2011-w31	9.875714286	32.77777778	27.81111111	25	4.66	83.11428571	13

Figure A.1: Snippet of Consolidated Data

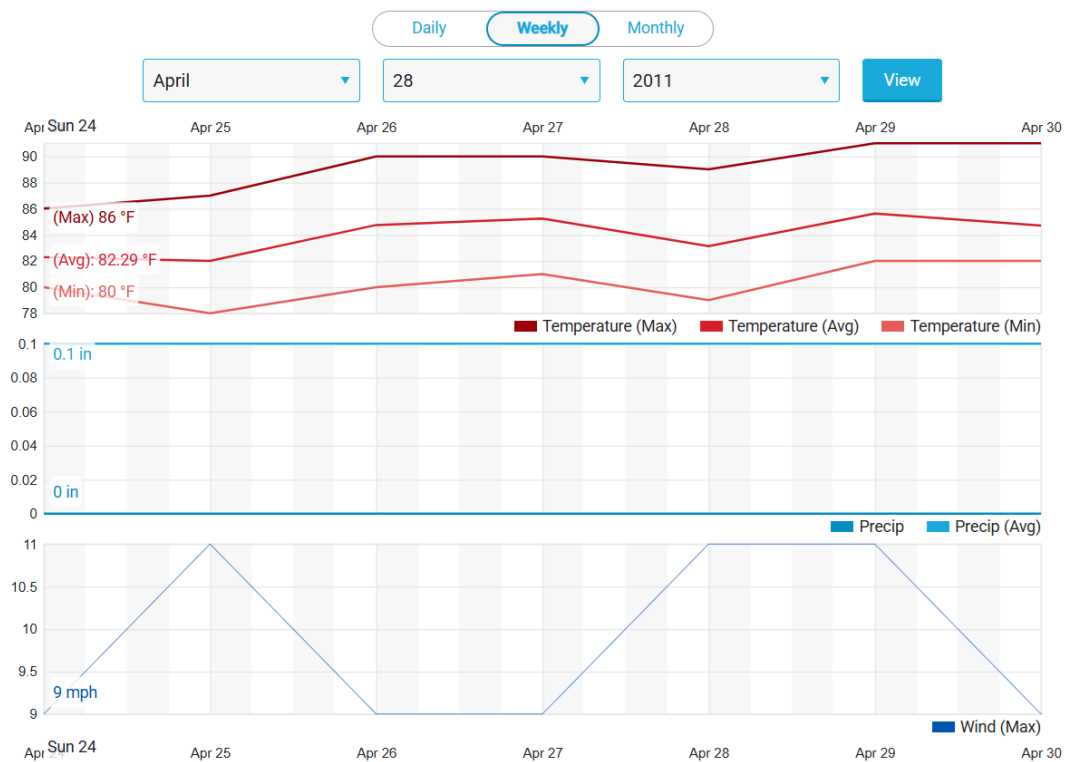


Figure A.2: Snippet of Weather Data Collection

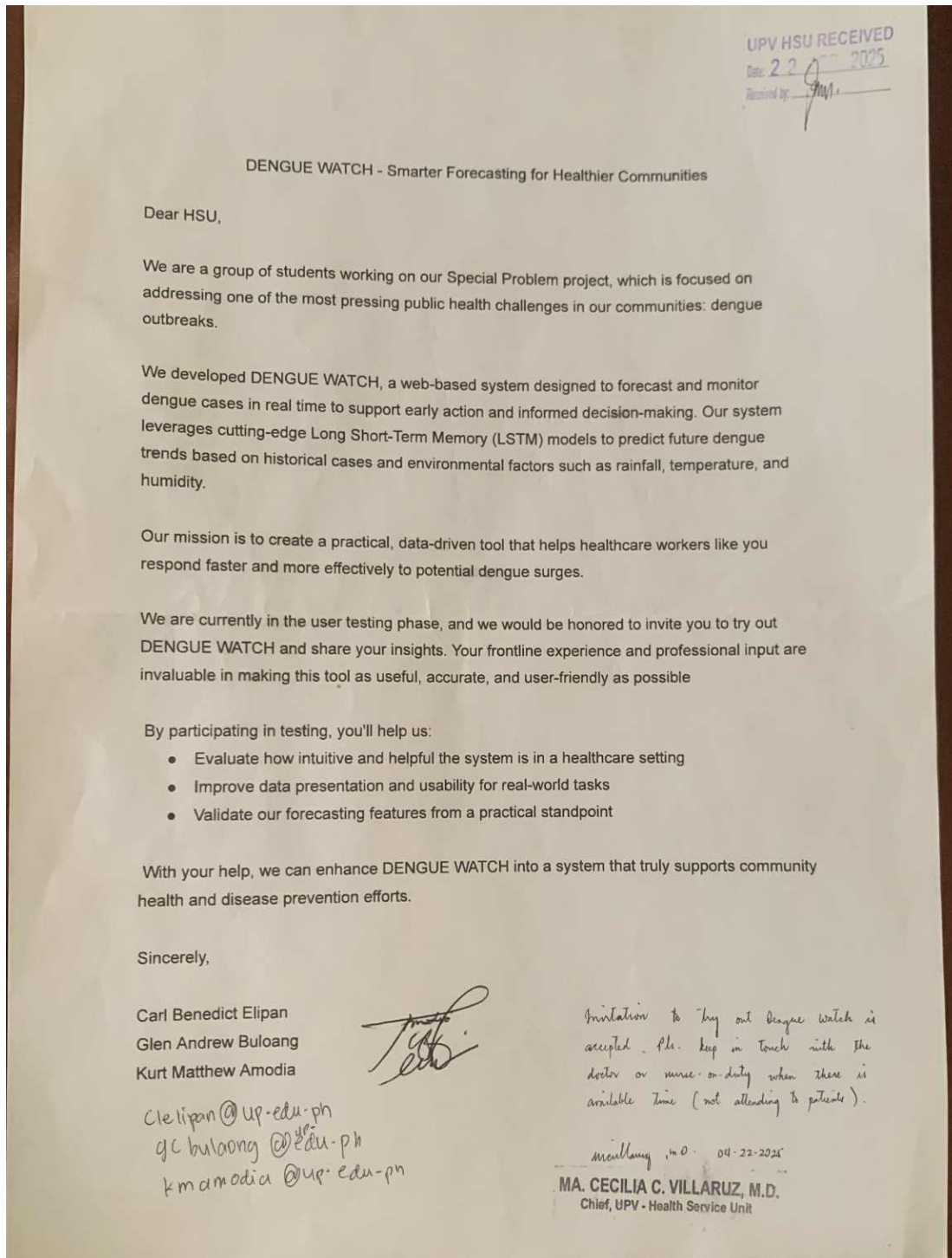


Figure A.3: Letter of Approval for User Testing in UPV HSU

Please enter your participant number: 2

System Usability Scale (SUS)

This is a standard questionnaire that measures the overall usability of a system. Please select the answer that best expresses how you feel about each statement after using the system

	Strongly Disagree	Somewhat Disagree	Neutral	Somewhat Agree	Strongly Agree
1. I think I would like to use DengueWatch frequently to monitor and forecast dengue cases.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I found DengueWatch unnecessarily complex when entering or analyzing data.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I thought DengueWatch was easy to use, even for someone unfamiliar with AI forecasting tools.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I think I would need the support of an IT or technical person to use all the features of DengueWatch.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I found the visualizations (charts, maps, graphs) in DengueWatch to be well-integrated and informative.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I thought there was too much inconsistency in how different parts of the DengueWatch system behaved.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I believe most public health workers would learn to use DengueWatch very quickly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I found DengueWatch very cumbersome to use when entering weekly case reports or viewing forecasts.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. I felt confident in using DengueWatch to get the information I needed for decision-making.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. I needed to learn a lot of things before I could get going with DengueWatch.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How likely are you to recommend this website to others? (please circle your answer)

Not at all likely 0 1 2 3 4 5 6 7 8 9 10 Extremely likely

Please provide important comments about the website:

Figure A.4: System Usability Score Questionnaire

1196 **Appendix B**

1197 **Resource Persons**

1198 **Mr. Firstname1 Lastname1**

1199 Role1

1200 Affiliation1

1201 emailaddr1@domain.com

1202 **Ms. Firstname2 Lastname2**

1203 Role2

1204 Affiliation2

1205 emailaddr2@domain.net

1206