# H1N1 Vaccination Uptake Prediction

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## Overview

The primary goal of this project is to utilize data from the National 2009 H1N1 Flu Survey to predict individuals' likelihood of receiving the H1N1 vaccine. Given the significance of vaccination in combating infectious diseases, understanding the factors influencing vaccination uptake is paramount for public health efforts to improve immunization rates. By analyzing demographic, socio-economic, and attitudinal factors alongside health behaviors, this project seeks to provide actionable insights for future vaccination promotion strategies.

# Outline

- Business Understanding
- Exploratory Data Analysis
- Modelling
- Evaluation
- Conclusion
- Recommendations
- •Future Work

## **Business Understanding**

Our project centers on examining the H1N1 vaccination uptake among respondents of the National 2009 H1N1 Flu Survey. Vaccination represents a crucial measure for achieving herd immunity and reducing the spread of infectious diseases. The survey data offers a comprehensive view of respondents' backgrounds, opinions, and health behaviors, enabling us to identify key factors influencing vaccination decisions. However, challenges such as handling missing data and selecting appropriate machine learning models necessitate a systematic approach to address them effectively.

#### **Problem Statement**

Vaccine hesitancy poses a significant obstacle to public health efforts, leading to decreased immunization rates and heightened vulnerability to infectious diseases. Understanding the determinants of individuals' decisions regarding vaccine uptake is essential for designing targeted interventions and promoting community immunity. In this context, our project aims to predict the likelihood of individuals receiving the H1N1 flu vaccine using machine learning techniques and data from the National Flu Survey (NHFS 2009).

#### **Objectives**

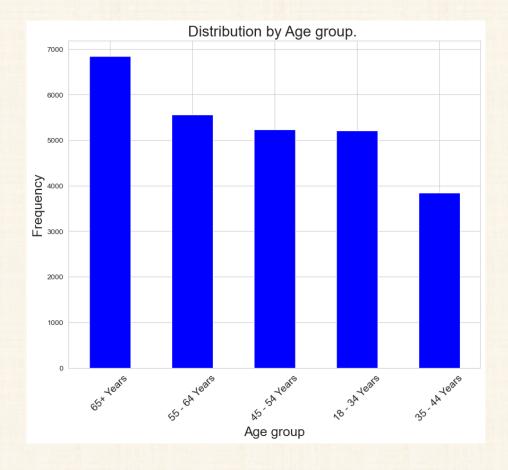
The objectives encompass several key areas:

- 1. Assessing feature importance within the dataset to identify critical factors for vaccination promotion.
- 2. Determining influential factors affecting H1N1 vaccine acceptance, including doctor recommendations and perceptions of vaccine effectiveness.
- 3. Evaluating the performance of different machine learning algorithms in predicting H1N1 vaccine uptake.
- 4. Analyzing the implications of predictive models to derive actionable insights for public health professionals and policymakers to enhance vaccination rates.

## EXPLORATORY DATA ANALYSIS

#### **Univariate Analysis**

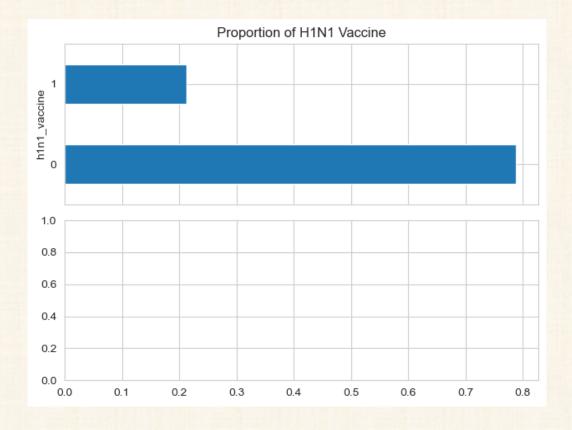
The plot displays the distribution of respondents' age groups, showing that the majority of respondents fall into the '65+ Years' category, with 6843 respondents. Following that, '55 - 64 Years' has the second-largest representation with 5563 respondents. '45 - 54 Years' and '18 - 34 Years' are close in count, with 5238 and 5215 respondents, respectively. '35 - 44 Years' has the fewest respondents at 3848, making it the smallest age group category.



## **EXPLORATORY DATA ANALYSIS**

#### **Bivariate Analysis**

The plots illustrate the distribution of respondents' vaccination statuses for H1N1 vaccine.'0' represents those who have not been vaccinated, accounting for 21,033 respondents, while '1' represents those who have been vaccinated, totaling 5,674 respondents. This distribution highlights that a majority of respondents in the dataset have not been vaccinated against H1N1.



# Multivariate Analysis

		Correlation Matrix Heatmap																					
h1n1_concern	1	0.062	0.09	0.23	0.16	0.29	0.25	0.25	0.25	0.14	0.13	0.093	0.049	0.033	0.24	0.37	0.36	0.23	0.33	0.22	-0.016	0.05	0.12
h1n1_knowledge	0.062	1	-0.011	0.088	0.03	0.089	-0.049	-0.068	0.086	0.089	0.069	-0.022	0.021	0.17	0.12	0.072	-0.019	0.085	0.075	-0.061	0.025	0.05	0.12
behavioral_antiviral_meds	0.09	-0.011	1	0.049	0.15	0.064	0.11	0.13	0.071	0.049	0.03	0.0082	0.028	0.0092	0.03	0.1	0.078	0.015	0.084	0.083	0.044	0.084	0.041
behavioral_avoidance	0.23	0.088	0.049	1	0.065	0.34	0.23	0.22	0.33	0.065	0.071	0.038	-0.0004	0.0012	0.11	0.12	0.13	0.12	0.13	0.082	0.019	0.04	0.048
behavioral_face_mask	0.16	0.03	0.15	0.065	1	0.083	0.18	0.16	0.1	0.081	0.067	0.066	0.039	0.068	0.037	0.13	0.11	0.041	0.11	0.088	0.014	0.0058	0.07
behavioral_wash_hands	0.29	0.089	0.064	0.34	0.083	1	0.19	0.19	0.36	0.085	0.097	0.03	0.036	0.053	0.14	0.17	0.15	0.14	0.17	0.087	0.0096	0.047	0.075
behavioral_large_gatherings	0.25	-0.049	0.11	0.23	0.18	0.19	1	0.58	0.25	0.079	0.09	0.1	0.021	-0.032	0.052	0.13	0.18	0.078	0.13	0.13	-0.032	-0.0094	0.018
behavioral_outside_home	0.25	-0.068	0.13	0.22	0.16	0.19	0.58	1	0.27	0.067	0.082	0.097	0.018	-0.034	0.05	0.12	0.17	0.067	0.12	0.14	-0.027	-0.0095	0.022
behavioral_touch_face	0.25	0.086	0.071	0.33	0.1	0.36	0.25	0.27	1	0.084	0.096	0.028	0.026	0.066	0.1	0.14	0.13	0.1	0.14	0.089	-0.00055	0.023	0.072
doctor_recc_h1n1	0.14	0.089	0.049	0.065	0.081	0.085	0.079	0.067	0.084	1	0.59	0.15	0.076	0.097	0.15	0.25	0.11	0.1	0.19	0.055	0.0039	0.028	0.38
doctor_recc_seasonal	0.13	0.069	0.03	0.071	0.067	0.097	0.09	0.082	0.096	0.59	1	0.2	0.035	0.057	0.11	0.16	0.064	0.17	0.23	0.024	-0.039	-0.046	0.2
chronic_med_condition	0.093	-0.022	0.0082	0.038	0.066	0.03	0.1	0.097	0.028	0.15	0.2	1	-0.0013	-0.026	0.043	0.12	0.081	0.09	0.16	0.052	-0.07	-0.11	0.094
child_under_6_months	0.049	0.021	0.028	-0.0004	0.039	0.036	0.021	0.018	0.026	0.076	0.035	-0.0013	1	0.079	0.007	0.086	0.037	0.0036	0.05	0.037	0.044	0.098	0.066
health_worker	0.033	0.17	0.0092	0.0012	0.068	0.053	-0.032	-0.034	0.066	0.097	0.057	-0.026	0.079	1	0.053	0.12	0.0089	0.03	0.089	-0.018	0.013	0.037	0.17
opinion_h1n1_vacc_effective	0.24	0.12	0.03	0.11	0.037	0.14	0.052	0.05	0.1	0.15	0.11	0.043	0.007	0.053	1	0.26	0.062	0.47	0.26	0.012	0.011	-0.015	0.27
opinion_h1n1_risk	0.37	0.072	0.1	0.12	0.13	0.17	0.13	0.12	0.14	0.25	0.16	0.12	0.086	0.12	0.26	1	0.33	0.22	0.56	0.2	0.03	0.095	0.32
opinion_h1n1_sick_from_vacc	0.36	-0.019	0.078	0.13	0.11	0.15	0.18	0.17	0.13	0.11	0.064	0.081	0.037	0.0089	0.062	0.33	1	0.078	0.27	0.49	0.015	0.071	0.075
opinion_seas_vacc_effective	0.23	0.085	0.015	0.12	0.041	0.14	0.078	0.067	0.1	0.1	0.17	0.09	0.0036	0.03	0.47	0.22	0.078	1	0.34	-0.017	-0.022	-0.076	0.18
opinion_seas_risk	0.33	0.075	0.084	0.13	0.11	0.17	0.13	0.12	0.14	0.19	0.23	0.16	0.05	0.089	0.26	0.56	0.27	0.34	1	0.2	0.006	0.026	0.26
opinion_seas_sick_from_vacc	0.22	-0.061	0.083	0.082	0.088	0.087	0.13	0.14	0.089	0.055	0.024	0.052	0.037	-0.018	0.012	0.2	0.49	-0.017	0.2	1	0.023	0.057	0.0083
household_adults	-0.016	0.025	0.044	0.019	0.014	0.0096	-0.032	-0.027	-0.00055	0.0039	-0.039	-0.07	0.044	0.013	0.011	0.03	0.015	-0.022	0.006	0.023	1	0.19	0.0075
household_children	0.05	0.05	0.084	0.04	0.0058	0.047	-0.0094	-0.0095	0.023	0.028	-0.046	-0.11	0.098	0.037	-0.015	0.095	0.071	-0.076	0.026	0.057	0.19	1	-0.0033
h1n1_vaccine	0.12	0.12	0.041	0.048	0.07	0.075	0.018	0.022	0.072	0.38	0.2	0.094	0.066	0.17	0.27	0.32	0.075	0.18	0.26	0.0083	0.0075	-0.0033	1
	h1n1_concern	h1n1_knowledge	behavioral_antiviral_meds	behavioral_avoidance	behavioral_face_mask	behavioral_wash_hands	behavioral_large_gatherings	behavioral_outside_home	behavioral_touch_face	doctor_recc_h1n1	doctor_recc_seasonal	dhronic_med_condition	child_under_6_months	health_worker	opinion_h1n1_vacc_effective	opinion_h1n1_risk	opinion_h1n1_sick_from_vacc	opinion_seas_vacc_effective	opinion_seas_risk	opinion_seas_sick_from_vacc	household_adults	household_children	h1n1_vaccine

- 0.2

## EXPLORATORY DATA ANALYSIS

The heatmap visualizes the relationships between various factors in a public health survey about H1N1 (swine flu). The color intensity indicates the strength and direction of the correlation. Positive correlations (dark blue) suggest that factors tend to increase together or decrease together. Conversely, negative correlations (beige) show opposing trends. There's a weak negative correlation between concern about H1N1 and the number of adults or children in the household, which might be due to a perceived lower risk or a focus on protecting others. These findings offer valuable insights into public health behaviors and opinions, but it's important to remember that correlation doesn't imply causation.

The most significant predictors include recommendations from doctors (num\_doctor\_recc\_h1n1), opinions on the vaccine's effectiveness (num\_opinion\_h1n1\_vacc\_effective), and perceived risk of H1N1 (num\_opinion\_h1n1\_risk). These factors likely highlight the importance of trusted medical advice and personal beliefs about the vaccine's benefits and risks in driving vaccination decisions. Conversely, the least significant predictors include behavioral factors like going outside the home (num\_behavioral\_outside\_home), household adults (num\_household\_adults), and employment status (cat\_employment\_status\_Unemployed).

## MODELLING

#### Evaluated models:

Decision Tree: 75% accuracy, struggled with minority class.

•KNN: 81% accuracy, better balance.

•Logistic Regression: 83% accuracy, handled class imbalance well.

•Random Forest: 83% accuracy, strong but faced class challenges.

•Gradient Boosting: 84% accuracy, best overall performance.

#### **Model Tuning**

Hyperparameters of the Gradient Boosting Classifier were optimized using grid search, improving predictive performance through cross-validation.

The tuned model and preprocessing steps were integrated into a deployment pipeline for seamless use by public health professionals and policymakers.

## **EVALUATION** and CONCLUSION

Gradient Boosting Classifier achieved the highest accuracy (84%) and balanced performance. Logistic Regression and Random Forest were also strong performers. Decision Tree and KNN were less effective.

Key predictors of vaccination include doctor recommendations, vaccine effectiveness opinions, and perceived H1N1 risk. Gradient Boosting Classifier is the preferred model for this dataset.

Public health campaigns should focus on education, tailored strategies for different demographics, and emphasizing medical advice and vaccine effectiveness. Gradient Boosting Classifier is recommended for prediction, with Logistic Regression and Random Forest as alternatives.

Further tuning of the Gradient Boosting Classifier, exploring ensemble methods, integrating additional data sources, and collaborating with public health experts to enhance model effectiveness.

## Thank You

This comprehensive presentation has been prepared by Jacinta Chepkemoi, utilizing data-driven insights to enhance public health strategies for increasing H1N1 vaccine uptake. For further inquiries or collaborations, please connect with me on LinkedIn. I am eager to collaborate and contribute to advancements in public health and vaccination efforts. www.linkedin.com/in/jacinta-chepkemoi-9936b0220