# Predicting the outcome of a PCR test for COVID-19 using a routine blood exam: A replication

An example of how AI can help identify possible infections in a primary care/triage system

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## Abstract

This thesis replicates a study training different classifiers to predict the outcome of a PCR test for COVID-19 based on a routine blood exam. It reproduces the Random Forest and Logistic Regression classifiers. They were trained using 5-fold nested cross validation and compared to the classifiers' performance in the original paper. The replicated classifiers underperformed when contrasted with the original classifiers. However, they were still statistically significant and showed congruency with regards to findings from medical research. By focusing testing efforts on patients with a high probability of having contracted the virus, models like these can help assist medical staff during situations where testing capacities are restricted due to shortages in material or personnel.

# Acknowledgements

I want to thank...

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# Chapter 1

#### Introduction

In December 2019, a novel coronavirus named Sars-CoV-2 emerged in Wuhan China. It spread rapidly around the world, leading the World Health Organization (WHO) to declare a global pandemic in March 2020. To date, more than one year postoutbreak, the coronavirus disease COVID-19 caused by the Sars-CoV-2 coronavirus has infected more than 100 million people and has claimed more than 2 million dead [19]. Due to its unprecedented nature and its high ability to spread in the general population, it is crucial to identify infectious people early and isolate them as soon as possible in order to prevent the spread of the virus. Especially the high proportion of asymptomatic but infectious patients is a major challenge for the containment of this pandemic [31]. The main method to identify the virus is the reverse polymerase chain reaction (PCR) or reverse transcriptase-PCR (RT-PCR) technique. It identifies the virus by detecting the presence of its genetic material in a sample taken by nasopharyngeal swab wich collects nasal secretion from the back of the nose and throat. Unfortunately, the execution of the test is very time-consuming and takes at least four to five hours under optimal condition. Furthermore, the execution requires the use of special equipment and reagents, the involvement of skilled and qualified staff, personnel to collect samples, and relies on the proper genetic conservation of the RNA sequences [42, 16]. Medical staff in emergency departments have to assess the probability of a Sars-CoV-2 infection for each patient during triage and thereby have to decide who should be tested. In the event of a shortage of testing capabilities, this can be particularly difficult to do. Algorithmic solutions could provide assistance and reduce the uncertainty regarding who should be tested for the disease. There are different approaches to this algorithmic solution. One strategy is based on computer tomography scans or chest X-rays [46]. Models based on chest X-rays are often associated with high rates

of false negative predictions [46, 44]. Whereas models based on CT scans are not advantageous in comparison with a PCR test as they share common requirements like specialized equipment, long duration and high costs. Another approach is the use of blood tests which are generally available, deliver results much faster taking only a minimum of 15 minutes in an emergency setting and are much more cost effective. Therefore, his thesis replicates a feasibility study implementing different classifiers to predict the outcome of a PCR test for COVID-19 based on a routine blood exam.

# Chapter 2

#### Materials and Methods

#### 2.1 Data

The data used to train the classifiers was provided by Brinati et al. [6]. It was collected between the end of February 2020 and mid of March 2020 from patients admitted to the *IRCSS Ospedale San Raffaele* in Milan, Italy. It consists of 279 individuals who were selected randomly. For each individual, the data set provides their age, gender, the results of a routine blood screening, and a PCR test for Sars-CoV-2. A complete overview of the recorded variables is provided in Table A.1. The target variable *Swab* is binary and indicates the result of a PCR-test for Sars-CoV-2 taken by a nasopharyngeal swab. 0 indicates a negative test, while 1 indicates a positive test. The data set is slightly imbalanced towards positive cases, with 102 (37%) negative cases and 177 (63%) positive cases.

The data was cleaned and wrangled in order to analyze it properly. Since the variable Gender was provided as a string, it was transformed into two binary numerical variables called female and male by one-hot encoding. Further, two values of the variable Age were replaced with a missing value indicator, specifically the values 0 and 1. This was sensible, seeing that there was no other data recorded from minors. Thus these two values can be presumed to be input errors during the collection process. Further, the variable Lymphocytes had to be recast to a numeric format because there was an input error for one of its values rendering the column's contents a string instead of a numerical value. This process created one missing value in place of the erroneous value.

Table A.4 provides standard statistics for the data set's numerical features, specifically their measurement unit, mean, standard deviation, and median. These standard statistics, combined with the kernel density plots provided in Figure B.1, show

that all features are skewed relative to a (standard) normal distribution. Blood values are slanted positively, exhibiting a right-tailed distribution because, for most blood values, a lower or centered value is a sign of better health. Age is skewed negatively, exhibiting a left-tailed distribution since COVID-19 affected older individuals more severely than younger individuals, especially in Italy [34].

In order to confirm the observation of non-normality, a Shapiro-Wilk test for normality was performed. The test probes the null-hypothesis that the samples of a variable come from a normally distributed population. If the test's p-value is smaller than 0.05, a commonly chosen  $\alpha$  level, the null-hypothesis is rejected, meaning the data is not normally distributed [40]. The test results are provided in Table A.5 and show that all of the variables are non-normally distributed. This observation will be important during the assessment of the imputation method.

Table A.3 shows that most features have missing values. 196 samples have at least one feature missing, which amounts to 70% of the data. Due to the data set's small size, it is not feasible to exclude these individuals from the analysis process. It is rather more constructive to use an imputation method that models the missing values based on the data set's observed values. Therefore, Brinati et al. chose to use Multivariate Imputation by Chained Equations.

# 2.2 Multivariate Imputation by Chained Equations

Multivariate Imputation by Chained Equations or MICE for short is an imputation method proposed by Buuren and Groothuis-Oudshoorn [8]; it is also known as fully conditional specification (FCS). MICE is a method that imputes missing data by estimating a set of possible values from distributions of observed data. Each variable with missing data  $x_k$  is regressed on the set of all other variables  $x_1, ..., x_n$ . This set is restricted to occurrences where the incomplete variable  $x_k$  has observed values. MICE assumes that the data are missing at random (MAR). That is, the probability of missing data does not depend on the unobserved data but is only dependent (conditional) on the observed data. Due to its individualistic approach, MICE can handle variables of different types using different modeling choices for different variable types.

The imputation process is based on the following four main steps [45, 4]: Firstly, all missing values are imputed using a simple imputation method (e.g., mean imputation). These imputations can be thought of as "place holders" used during the first modeling phase. During step 2, the "place holder" imputations for one variable

 $x_k$  are set back to missing. In step 3, all observed values from variable  $x_k$  in step 2 are regressed on the imputations model's other variables. Since this is the model building phase, this step only uses samples where  $x_k$  has observed values. Therefore,  $x_k$  is the dependent variable, and all other variables are independent variables used in the regression model. In step 4, the missing values in  $x_k$  are replaced with imputations (predictions) from the regression model built in step 3. All values of  $x_k$ , the observed and the imputed values, are then used in subsequent regression models of other variables.

Steps 2-4 are repeated for every variable with missing data. After the algorithm cycled through all variables, one iteration is completed. Steps 2-4 are repeated for a user-specified number of cycles. Generally, ten to twenty cycles should suffice to stabilize the imputation results, indicating that the parameters controlling the imputations should have converged by then. This imputation process is usually repeated m times, creating m slightly differently imputed data sets, which are then used in the subsequent analysis. According to [7, 4, 45], already a small number of imputed data sets, usually three to ten, is sufficient to provide sensible results during analysis. It can, of course, be advantageous to use a higher number of imputed data sets to get a broader range of estimates. However, setting m higher requires more computations and storage and may not be worth preoccupying these extra resources [7].

#### 2.3 Classifiers

The original paper implements eight classifiers, namely Random Forest, Logistic Regression, Decision Tree, K-nearest Neighbors, Naive Bayes, Support Vector Machines, Extremely Randomized Trees, and three-way Random Forest [6]. Here, I will reproduce the Random Forest, Logistic Regression, and Decision Tree classifiers. The following section introduces them.

#### 2.3.1 Decision Tree

Since Decision Trees are the basic building block of Random Forests it is necessary to take a closer look at them [5]. Consequently, the use of Random Forests will be motivated. Moreover, a Decision Tree will be used during the validation phase to make the Random Forest model more intuitive. A Decision Tree has a flowchart-like structure where each internal or decision node tests an attribute. Each branch

corresponds to one attribute value, and each leaf node represents a classification. It is built up using the ID3 algorithm [37].

ID3 tries to determine the most informative attribute of a given data set given the distribution of its values. This attribute is then used as a root of the Decision Tree, and a branch is created for every value this attribute can take, which also creates a subset of the data set that only has the attribute value of the branch. This process is repeated for every branch with the remaining subset of the training set until a leaf node is reached [35].

ID3 can use many different measures to decide which is the most informative attribute. Two of the most popular ones are Information Gain and the Gini Impurity. Information Gain uses the entropy measure to compute the impurity, also known as an attribute's heterogeneity. Entropy originates from information theory and describes the average information content of an attribute's possible outcome. It is calculated, as shown in Equation 2.1, where S is a set of samples and C are the possible outcome labels of the target variable. A high entropy represents a high average information content in an attribute [24]. Information Gain measures the expected reduction in entropy of a set S caused by learning the state of a random attribute A. It is calculated, as shown in Equation 2.2, and can be described as the difference between the entropy of a set S and the weighted average of the child entropies  $E(S_v)$  where  $S_v$  is a subset of S where the attribute A has the value v. This is computed for all remaining attributes, the attribute that maximizes Information Gain is then selected as a new node [35].

$$E(S) = \sum_{i=1}^{C} -p(i) \log_2(p(i))$$
(2.1)

$$Gain(S, A) = E(S) - \sum_{v}^{V} \frac{|S_v|}{S} E(S_v)$$

$$(2.2)$$

The Gini Impurity or Gini index measures the impurity in a set S that is the probability of incorrect classification of a random sample. It is calculated as shown in Equation 2.3. The measure, which the algorithm uses to determine which attribute is chosen as a node, is called the Gini gain. It is calculated as shown in Equation 2.4 and can be described as the average Gini Impurity. The attribute with the lowest value is selected for the Gini gain since we want to minimize the attributes' incorrect classification [37].

$$G = 1 - \sum_{i=1}^{C} p(i)^2 \tag{2.3}$$

$$Gini(S, A) = \sum_{i=1}^{C} \frac{|S_i|}{|S|} G(S_i)$$
 (2.4)

#### 2.3.2 Random Forest

The Random Forest Classifier is an ensemble classifier that uses multiple Decision Tree instances to classify the given data. It uses two methods to diversify the different classifications of the Decision Tree instances called tree bagging and feature bagging [5].

During tree bagging, the Decision Tree is not trained on the whole training set but a subset of the training set. The subsets are generated by sampling the original data set with replacement. A certain percentage of samples is selected from the original data set and the remaining percentage are duplicates of the already selected samples. This process generates new bagged training sets  $S_i$  with the same size as the original training set S. If the size of the bagged set is smaller than the size of the original set, this process is called sub-bagging [5, 39].

Feature bagging or feature subset selection limits the number of features the individual Decision Trees can use at each new split in consideration. For each decision node consideration, several features are randomly selected and presented to the Decision Tree algorithm. A hyperparameter controls the number of features available to the algorithm. For classification problems, this is usually set to  $\sqrt{p}$  where p is the number of features present in the complete data set [5, 3].

Each Decision Tree in the forest generates a classification. A majority vote over all Decision Trees determines the final classification of the Random Forest. Using tree and feature bagging, Random Forests average over all individual Decision Tree models, reducing the variance of classification and avoiding overfitting [3].

#### 2.3.3 Logistic Regression

Logistic Regression is a modification of linear regression that models the probability p(X) that a sample X belongs to a specific category. To do so, it uses a special form of the sigmoid function called the logistic function where  $\mathbf{X}$  is a vector or matrix of samples and  $\vec{\beta}$  is a vector of the coefficients [39, 3]:

$$p(\mathbf{X}) = \phi_{sig}(\mathbf{X}) = \frac{e^{\mathbf{X}\vec{\beta}}}{1 + e^{\mathbf{X}\vec{\beta}}} = \frac{1}{1 + e^{-\mathbf{X}\vec{\beta}}}$$
(2.5)

After some manipulation, we can see

$$\frac{p(\mathbf{X})}{1 - p(\mathbf{X})} = e^{\mathbf{X}\vec{\beta}} \tag{2.6}$$

The left-hand side of Equation 2.6 is called odds. It can take a value between 0 and  $\infty$  indicating very low or very high probabilities of having a particular category, e.g. 0 for a negative case and 1 for a positive case. After applying the logarithm to both sides of Equation 2.6, the log-odds or logit is obtained (Equation 2.7), which is linear in X [29, 3].

$$ln\left(\frac{p(\mathbf{X})}{1 - p(\mathbf{X})}\right) = \mathbf{X}\vec{\beta} \tag{2.7}$$

Since  $\beta_0$  and all  $\beta_i$  of the vector  $\vec{\beta}$  are unknown, they must be estimated on the available training data. The method that is used to achieve this is called maximum likelihood estimation (MLE). MLE tries to find estimates for the coefficients  $\beta$  such that the estimated probability  $\hat{p}(x_i)$  of having a paricular category for each individual is as close as possible to the individual's observed category. In other words, MLE tries to find estimates for the coefficients  $\beta$  of the model  $P(\mathbf{X})$  described in Equation 2.5 such that the resulting probability is close to one if the individual's observed category is a positive case and close to zero if the individual's label is a negative case. This can be formalized as a likelihood function as shown in Equation 2.8. The estimates for  $\beta$  are then chosen to maximize the likelihood function [3].

$$L(\vec{\beta}|\vec{y}, \mathbf{X}) = \prod_{i} p(x_i)^{y_i} (1 - p(x_i))^{(1-y_i)}$$
(2.8)

#### 2.4 Model Training

Random Forest and Decision Tree are trained using 5-fold nested cross validation. In each outer fold of the nested cross validation, the data is imputed using MICE and then split into training and test data. Since MICE usually generates several imputed data sets to account for the uncertainty in the imputation process, there are 5 different models for each classifier per fold. The cross validation's inner fold is used to determine the best hyperparameter combination for the classifiers using *Grid Search*, also called hyperparameter tuning [33]. Figure B.2 explains this process in further detail. The parameters for Random Forest are:

- Number of trees in the forest: [10, 100, 500]
- Number of features to consider looking for the best split: [4, 8, 12, 16]

• Quality of split measure: Gini Impurity or Information Gain

For Logistic Regression, Grid Search seeks for an optimum among the following hyperparameters:

- Inverse of regularization strength C: [0.001, 0.01, 0.1, 1, 10, 100, 1000]
- Penalty: L1 or L2 regularization
- Algorithm to use during optimization problem: liblinear or saga
- Maximal iteration: [200, 300, 400, 500]

The remaining hyperparameters use the default values specified in the documentation of sklearn for Random Forests and Logistic Regression [33]. Grid Search selects the best hyperparameters according to the highest accuracy value.

After the training, the models are evaluated using accuracy, balanced accuracy, sensitivity, specificity, positive predictive value, and area under the ROC curve which are explained in the next section. The hyperparameters of the best performing models for Random Forest and Logistic Regression are then used to obtain the final classifiers. For the validation, the whole data set is split into training and validation data according to an 80:20 ratio. The data set is imputed before the split due to how the mice() package runs in R. The classifiers are trained on the training data and then validated using the validation data. In addition to the evaluation metrics above, the final classifiers were also evaluated using the ROC curve and the precision-recall curve. Additionally, the precision-recall curve is used to assess the classifiers' performance regarding the slight imbalance in the data set. To further gain some insights into the Random Forest's classification reasoning, a Decision Tree is trained using the standard hyperparameters according to the sklearn implementation [33].

To implement this procedure, the Python libraries scikit-learn, pandas, and numpy are used. To implement the imputation method, the R library mice() is used and connected to the Python implementation using a bridge package called rpy2. The R implementation of the imputation method is used instead of a Python implementation since it provides more functions to inspect the MICE procedure and since it is able to handle non-normally distributed data. To visualize the results, the libraries seaborn and matplotlib are used.

#### 2.5 Evaluation Metrics

This section introduces and defines the metrics used to evaluate and validate the classifiers. To do so, the following terms will be used in the equations to describe them: True Positive, False Positive, False Negative, and True Negative. They are further characterized in Table 2.1.

		True condition					
		Condition positive	Condition negative				
Predicted condition	Condition predicted positive	True Positive (TP)	False Positive (FP)				
	Condition predicted negative	False Negative (FN)	True Negative (TN)				

Table 2.1: Confusion matrix for binary classification

Accuracy describes the closeness of a predicted label to its true label. It is calculated as shown in Equation 2.9. Accuracy alone is not a sensible measure to determine the goodness of fit for a model since the model can be affected by imbalanced data or poor parameter initialization. Accordingly, other measures should be considered during model selection [24].

$$accuracy = \frac{TP + TN}{TP + FP + FN + TN} \tag{2.9}$$

Balanced accuracy is used in addition to the average accuracy due to the slight imbalance in the data set. If the balanced accuracy differs significantly from the average accuracy, the imbalance affects the classifier regarding class prevalence. The balanced accuracy is defined as the average of sensitivity and specificity [24, 6].

$$balanced\ accuracy = \frac{\frac{TP}{TP+FN}\frac{TN}{TN+FP}}{2}$$
 (2.10)

In the context of this data set, sensitivity is interpreted as the proportion of people infected with a disease who will test positive for this disease. It is calculated as shown in Equation 2.11. Since it is only calculated using the part of the population with the disease, sensitivity can only give evidence about the true positive rate and not the test's false positive rate [1].

$$sensitivity = \frac{TP}{TP + FN} \tag{2.11}$$

Specificity can be defined as the proportion of people without the disease that are identified correctly, i.e., who tested negative for the disease. It is calculated as shown in Equation 2.12. Specificity only gives information about the proportion of people without the disease and a negative test and cannot disclose anything about the false negative rate [1].

 $specificity = \frac{TN}{TN + FP} \tag{2.12}$ 

In a medical setting, the positive predictive value (PPV) measures the post-test probability of the disease given a positive test. It, therefore, refers to the probability that a subject with a positive test has indeed the disease. It is calculated as shown in Equation 2.13 [1].

 $PPV = \frac{TP}{TP + FP} \tag{2.13}$ 

The receiver operating characteristic curve (ROC curve) is a commonly used metric to determine a model's performance describing the trade-off between specificity and sensitivity. It is calculated using the prediction scores of a model that are either discriminant values or posterior probabilities [38]. Most models do not produce a classification label as their output but rather a prediction score that is then thresholded to correspond to one of the target variable levels. The metrics mentioned above are all so called single-thresholded metrics since they are defined only for the classifier's thresholded output [38, 24]. Since ROC uses the prediction scores instead of the thresholded output of a model, it can compute the sensitivity and specificity for every sensible threshold. The resulting values are then plotted with sensitivity or true positive rate as the vertical axis and the false positive rate or 1 - specificity as the horizontal axis. The points are interpolated linearly to create the ROC curve [38]. Usually, a reference line is added to the plot illustrating a model's performance that only makes random predictions. The curve for the trained model is expected to be above the reference line at all times. A model with perfect performance will appear in the top left-hand corner of the ROC space where the sensitivity is one, and the false positive rate is zero [24, 20].

The area under the ROC curve can also be measured and is called either AUC for area under the ROC curve or ROC index. It can give a numeric summary of the ROC curve. It is calculated using the ROC curve's integral which can be easily done using the trapezoidal method since the ROC curve is discrete and stepped. A large AUC value indicates a better model performance. As a rule of thumb, an AUC over 0.7 indicates a strong predictive model, and an AUC below 0.6 indicates a weak model. AUC and ROC both are quite robust against imbalanced data, but other threshold-free metrics can be used in this case as well [24, 20].

The Precision-Recall curve (PRC) is another threshold-free metric that is especially

useful when dealing with an imbalanced data set. It calculates the precision and recall values for each feasible threshold. The resulting values are then plotted with precision, also called positive predictive value, as the vertical axis and recall, also called sensitivity, as the horizontal axis. The points are interpolated non-linearly to create a curve. In contrast to the ROC curve, which uses a fixed reference line, the PRC's baseline is determined by the ratio of positive (P) and negative (N) samples in the data set and represented as  $y = \frac{P}{P+N}$ . Each point in the PRC plot corresponds to exactly one point in the ROC plot since one of the measures in the plot is the same. The area under the curve can also be calculated for the precision-recall curve similar to the AUC of the ROC curve and is then denoted by AUC (PRC) or average precision. Similarly, a large value for the AUC (PRC) indicates a strong model, and a lower value indicates a weak model [17, 38].

# Chapter 3

#### Results

#### 3.1 Results of own implementation

Table A.6 and A.7 show the mean and standard deviation for the accuracy and balanced accuracy of the models during nested cross-validation. The authors of the original paper provided a 95% confidence interval for these two measures. Since there is no information on how they computed this interval, it is assumed that they used a two-sided Student's t-distribution which is used to estimate the mean of normally distributed populations where sample size is small. It is calculated using the following formula  $\bar{x} \pm \frac{t_{\alpha,v}s}{\sqrt{n}}$  where  $t_{\alpha,v}$  is the t-value which can be taken from a table with  $\alpha$  as the degrees of freedom n-1 and v as the confidence level, s is the sample variance,  $\bar{x}$  is the sample mean, and n is the number of samples [22]. For the Random Forest, the 95% confidence interval of the average accuracy is [0.76, 0.80 and of the average balanced accuracy is [0.73, 0.77]. For Logistic Regression, the confidence interval of the average accuracy is [0.72, 0.77] and of the average balanced accuracy is [0.68, 0,72]. Since the confidence intervals of the accuracy and balanced accuracy for both classifiers overlap or are near each other, it can be assumed that the slight imbalance of the data set had no significant effect on the classifiers and that the classifiers therefore are not biased against the outcomes of the target variable. All evaluation metrics for each fold and imputed data set are provided in Table A.9.

The best models were selected by searching for the model with the most numbers of highest evaluation measures. The best Random Forest Classifier used maximally 4 features, 500 estimators and Gini impurity, it achieved an accuracy of 87.5% and a sensitivity of 90%. The best Logistic Regression Classifier used a C of 10, a maximal

iteration of 200, the 'l2' penalty and the 'liblinear' solver, it achieved an accuracy of 83.9% and a sensitivity of 85%. These settings were then used to retrain the classifiers and compute the validation metrics.

The Random Forest Classifier is also the best performing classifier after retraining it with the best hyperparameter with an accuracy of 76.8% and a balanced accuracy of 73.7%. The Logistic Regression achieves an accuracy of 73.2% and a balanced accuracy of 69.4%. Accordingly, there is also no significant difference between the accuracy and balanced accuracy for all three classifiers, meaning no classifier is biased. The aforementioned metrics are lower than the evaluation metrics since the data set used to train during the validation phase is different from the one used during the evaluation phase due to the way MICE imputes missing data. All single-threshold metrics are provided in Table A.8. The two threshold-free metrics, ROC and PRC curve, are shown in Figure B.3. Both plots show that the classifiers perform better than the reference line. The values for the area under the ROC and under the PRC curve suggest that Logistic Regression (AUC: 80.8%, AUC (PRC): 85.5%) performs better than the Random Forest (AUC: 80.5%, AUC (PRC): 82.9%) although all other metrics indicate a better performance for the latter. It should be noted that the difference between the AUC scores for both curves are minimal and are not meaningful enough to declare the Logistic Regression as the better classifier. The more apparent differences in the AUC (PRC) for both classifiers on the other hand could indicate that the Logistic Regression is less affected by the imbalance in the data set than the Random Forest is.

The Decision Tree Classifier exhibits a lower discriminative performance especially when looking at the AUC and AUC (PRC) with 68.5% and 69.8% indicating a rather weak classifier. Additionally, it only achieves an accuracy of 71.4% and a balanced accuracy of 68.5%. Despite these low metrics, the Decision Tree can still be used as an aid to help clinicians make quick decisions and to interpret the result of the Random Forest.

Figure B.4 shows the feature importance plots for the three classifiers. The feature importance for Decision Tree and Random Forest was obtained using the sklearn implementation. The implementation calculates the feature importance by quantifying the mean decrease in impurity. It should be noted that impurity-based feature importance can suffer from favoring features with a high number of unique values as well as making predictions based on statistics derived from the training set. This method is therefore not necessarily informative about whether a feature makes for a good prediction or not [26]. For Logistic Regression, the feature importance is inferred by looking at the coefficients of each feature in the data set. A positive coefficient can be interpreted as contributing to a positive (1) result and a negative

coefficient can be interpreted as contributing to a negative (0) result. It is difficult to compare non tree-based feature importance with tree-based importance because they have different scales and means of calculation.

Both tree-based methods show a similar feature importance plot with AST being the most important feature. The remaining features are differently distributed, but mostly exhibit similar values. Consequently, the Decision Tree and its visualization (Figure B.5) in combination with the feature importance plots for both tree-based classifiers can be used to give some rough insights into the classification procedure of the Random Forest.

#### 3.2 Comparison with original paper

The 95% confidence intervals for the accuracy and balanced accuracy of this replication overlap with the ones from the original paper. The average accuracy for Random Forest in the original is [0.74, 0.80] (replication: [0.76, 0.80]) and [0.70, 0.81] (replication: [0.72, 0.77]) for Logistic Regression. The average balanced accuracy in the original is [0.70, 0.82] (replication: [0.73, 0.77]) for Random Forest and [0.65, 0.74] (replication: [0.68, 0.72]) for Logistic Regression. Since there is no information about individual values during the nested cross validation and it is also not reported how the authors computed the 95% confidence intervals, it can be difficult to compare them. Nevertheless, the overlap of the intervals suggests that the classifiers can be compared to a certain degree. Since the confidence interval of the replication is in the confidence interval of the original, the performance of the classifiers during the cross-validation can be compared. Unfortunately, there is no more information about further evaluation metrics.

The validation metrics of the retrained classifiers show a lower performance than the classifiers in the original paper. The differences between the Random Forest and Logistic Regression are however similar to the ones in the original paper. In this replication, the single-threshold metrics are higher for the Random Forest and the threshold-free metrics are higher for the Logistic Regression reflecting a behavior similar to that in the original paper. The ROC curve for both classifiers exhibits a similar course as in the original except that the curves in the original rise higher in the beginning due to their higher discriminative power. Seeing that the precision-recall curve only plots the performance of the Random Forest, we can only compare these results. The replication and the original differ greatly in this plot, but still exhibiting a similar course at some points, e.g., the sharp drop between sensitivity [0.0, 0.2].

# Chapter 4

#### Discussion

#### 4.1 Discussion of Results

Although the classifiers perform worse than the ones in the original paper, most recorded metrics still certify them a good discriminative performance. With a sensitivity of 90% for both models and accuracy values between 73% and 76%, the classifiers can still serve as supplementary decision tools to help physicians make decisions about allocating testing based on their predictions and other indicators. A high sensitivity is preferable in this scenario since it makes a negative test result more meaningful than a positive result. A test with high sensitivity rarely misdiagnoses patients who have the disease and thereby is a good tool to rule out the disease. This is preferable because we want to sort out the patients that are not infected and only include those where we are sure or not certain of they contracted the disease [1]. Further, the AUC and AUC (PRC) values which are over 80% for both classifiers indicate that they are indeed strong classifiers [24]. Due to the slight imbalance of the data set, it is favorable to examine the classifiers regarding this potential source of bias. If there was a significant difference between the accuracy and the balanced accuracy for a classifier, it would entail a bias against one of the target outcomes. This is not the case for both classifiers. Moreover, the high values of the AUC (PRC) suggest that the classifiers are not significantly affected by the imbalance of the data. The metrics can also make statements about an infection event and the expressiveness of the classifiers. The high sensitivity signals that 90% of patients with the disease will get a positive test result and will be correctly identified. While the specificity is comparatively low, it does not necessarily pose a problem. A low specificity in combination with a high sensitivity indicates a higher false positive rate than a high false negative rate [1]. Therefore, if the result of the classifier is negative, it will be safe to assume that a PCR test for COVID-19 will also be negative and thus the patient will not have the disease. This is more desirable because it is better to be over cautious and recommend more tests.

Since the question regarding the relevance of the classifier has been clarified, this paragraph deals with the internal classification reasoning of the classifiers and their accordance with findings from medical studies. When inspecting the feature importance plots for the tree-based classifiers, both plots (Figure B.4a and B.4b) show that the AST, WBC, CRP and lymphocyte counts are among the five most important features. The fifth most important feature is the LDH count for the Random Forest and the age variable for the Decision Tree. For the Logistic Regression (Figure B.4c), the eosinophil, WBC, basophil, lymphocyte counts and both gender variables are the most important features. All feature importance measures have the WBC and lymphocyte count in common. Multiple studies also show that these two blood values are significant indicators for a COVID-19 infection. The WBC or white blood cell count refers to the actual number of white blood cells per volume of blood while the lymphocytes are a subgroup of white blood cells involved in eliciting a immune response to foreign agents [13, 36]. During an infection with Sars-CoV-2, the WBC and lymphocyte counts will decrease since this is a sign of a viral infection and the body's response to it [21, 27, 41]. AST or aspartate aminotransferase, the most important feature in the tree-based methods, is an enzyme mainly found in heart and liver, its levels increase when the muscles of these organs are injured [11, 36]. This is also the case during a COVID-19 infection since the virus attacks not only the upper respiratory tracts but the whole body including the liver and heart [43]. CRP or C-reactive protein is another substance found during a COVID-19 infection. It is produced in the liver and is discharged after tissue damage, the start of an infection or other inflammatory causes. Increased volumes of this protein are often the first indication of an infection or inflammation in the body [12, 36]. Elevated levels of this protein can also be observed during a COVID-19 infection since it is an infection which primarily targets lung tissue [18, 21]. LDH or lactate dehydrogenase is an enzyme involved in metabolic cycles for energy production, it is present in almost all cells in the body especially in the heart, liver, lungs, kidneys, muscles and blood cells. An increase in LDH can indicate acute kidney or liver disease, hypoxia, or heart and lung infarction [14, 36]. According to [21, 18], a blood test reveals elevated levels of LDH because Sars-CoV-2 primarily attacks the upper respiratory tracts which leads to lung damage and the discharge of LDH into the blood stream. Age as the fourth important feature in the Decision Tree can also be a predictor for a positive result. Poletti et al. [34] determine that individuals older than 70 years are more susceptible to a severe course of the disease or even death. Further, the study revealed a higher risk for male individuals which is one of the most important features in Logistic Regression. For eosinophils and basophils, [21, 41] reveal a significant decrease for patients with a positive test result. But [21] notes that these differences might not have any clinical implication during diagnosis since the count in healthy individuals is also rather low and exhibits a large variability. In conclusion, the comparison of the most important features of every classifier with the findings from medical research reveals that the models use features that medical research deemed as significant to identify patients with COVID-19. Thereby, they can be considered valid regarding their reasoning and classification in a theoretical or laboratory setting.

The two paragraphs above certify the models' statistical and theoretical validity, but they lack prove that these models will also benefit medical personnel in the real world. Relational and ecological validity inspect how a model impacts the clinical workflow and the overall social environment. Specifically, relational validity refers to which extent different user groups, e.g., medical workers or patients, can relate to the model, i.e., how much they trust the predictions of the model [15]. Users can either under-rely on the model ignoring all the predictions presented to them, or over-rely on the model accepting all predictions without questioning them. The former is disadvantageous because in this case the model would not have any benefit in a clinical setting. The latter could be seen as detrimental as this can lead to biased decision making or automation bias which could affect patients negatively [15, 9]. Ecological validity investigates the impact of the technology further scrutinizing the intersection of the clinical and social settings a model is deployed in. A simple way to assess this type of validity is to compare performance-, outcome- and practiceoriented measures of different medical teams utilizing the model and relying on traditional technology in the same setting [9]. Moreover, relational validity also assesses the sustainability of a model by continuously examining the effect of the model over time. As Parikh, Obermeyer, and Navathe [32] note "unlike a drug or device, algorithms are not static products [as] their inputs [...] can change with context". Accordingly, AI models should be assessed periodically examining if they continue to provide net benefits comparable to earlier times [9].

#### 4.2 Discussion of Methods

The discussion of the methods is mainly focused on the imputation method MICE since it is a fairly new technique and is not commonly used to impute missing values. In order to assess the imputation procedure, this section will look at which method

the imputation model used to impute the missing values and how the imputations compare to the original (non-imputed) data. The mice() package in R provides functions to inspect the imputation model used after the imputation is done. Since MICE can handle variables of different types and distributions and due to its individualistic approach, every variable can utilize a different model type to impute the missing values. In our case, the imputation method used the same model type for all variables as a consequence of the non-normality of the data called *Predictive Mean Matching* (PMM). PMM imputes missing values by using a small subset of complete observations called the donor pool. The donor pool contains 3 to 10 donor candidates which exhibit the same or similar predicted values compared to the predicted value of the missing entry. One donor is randomly selected from the candidates, and the observed value of the donor is then used to replace the missing value [7, 2, 30]. It is usually used to model data where the assumptions of normality and homoscedasticity are in questions, as is the case for the data used in this thesis [30].

The imputations of the model can be assessed by generating summary statistics for the observed and the imputed values separately as well as jointly for each variable. Especially comparing the differences in mean and standard deviation between the observed and imputed values of each variable can help identify variables of concern [4]. When comparing the mean of the observed data with the mean of all samples of the imputed sets, most variables exhibit similar values for the summary statistics. Only ALP, GGT, LDH and Neutrophils exhibit apparent deviations from the observed data. It should be pointed out that most deviations are not significant. When comparing the summary statistics of the observed data and only the imputed values for each data set, there are obvious deviations in every variable. However, it should be noted that with 70% of samples missing at least one feature, it is hard to compare the statistics of the observed values with the imputed ones. Especially, since 117 of the 196 missing samples have a negative test result, which amounts to almost 60% of the missing samples and 42% of all samples, and only 79 of the missing samples have a negative test result. This imbalance is also reflected in the samples where all features are present. Of 83 complete samples only 23 samples have a negative test result and 60 have a positive result. Although the target variable was not available to the imputation model at the time of imputation, the characteristics of the target should have transpired in the data. Since MICE operates on the characteristics of the data, this imbalance could be reflected in the imputation model as well. As reported in the section above the values for lymphocytes, eosinophils and basophils are decreased in patients infected with COVID-19 and therefore also have a positive test result [21, 25]. Inspecting the summary statistics of the imputed sets with this in mind, makes the lower mean and standard deviation more sensible. It should

also be noted that ALP and GGT have the highest missing value proportion. Since MICE has less data to base its imputations on, it can be expected that the imputation exhibit apparent deviations from the observed values. MICE also accounts for the uncertainty during the imputation process, meaning a higher number of missing values represents a higher uncertainty and therefore the imputation model is not able to make as educated guesses as for other variables with more observed data [4, 45].

In conclusion, it is very hard to make statements about the goodness of the imputation model. Most imputed sets do not exhibit drastic deviations from the observed set of observations and for those variables that show apparent deviations it can be ascribed to an imbalance when looking at the samples with missing values. Further, there is no standard procedure to assess the imputations produced by MICE and can therefore be very subjective. Intuitively, the imputations still seem like a fairly good approximation of the data and are therefore appropriate to use during the training of the models. For further research, I would nonetheless recommend using another method to impute missing values that is more commonly used and has a theoretical basis. For example, Brinati et al. use K-nearest neighbor imputation in a subsequent study [10] which uses a larger data set than the one in [6].

The implementation of MICE used to impute the missing values is the R package mice() since the sklearn implementation was not able to impute non-normal data correctly, at the time. The R implementation, though much better suited, has its own limitation. Namely, it is not able to apply the imputation model to other data but only the data it is fitted on. Usually, when using any form of cross-validation the data is split into training and testing data before the imputation is done. The imputation method is then trained on the training data and the trained imputation model is applied to the training as well as the testing data. Using this process, the risk of data leakage is lowered. Data leakage is a term in machine learning that describes the contamination of a model with information from outside the training data where the model could learn something that it otherwise could not [23]. In the context of this thesis, data leakage could take place during the imputation process. Due to the limitation of the R implementation the whole data set is used to fit the imputation model because it is not possible to apply the model to different data sets. Therefore, characteristics from the test data are used to build the imputation for the training data and vice versa. However, the data is split into training and test data after the imputation, consequently lowering the risk of leakage. Moreover, it could be argued that it is not necessarily data leakage as no test data is used to train the classifier themselves but only to perform the imputation. Even if it had been possible to fit the imputation model only on the training data and apply it to both the training and test data, the appropriateness would have been questionable.

As MICE is built on the facets of the data, applying the imputation model based on the training data to test data could lead to false or unreliable imputations since the training data does not necessarily carry the characteristics of the test data. Hence, training the imputation model on the whole data set could be advantageous as it would encompass the characteristics of the whole data set. Additionally, training MICE on a very small sample size cannot account for the complex relationships between the features due to the reduced variability and increased sparseness of the data set. Regardless of the implementation, MICE is also not a commonly used imputation method. Thus, there are currently no guidelines or procedures to identify a good imputations. Further, MICE lacks a theoretical basis since fitting a series of conditional probabilities may not be consistent with a proper joint distribution [4]. The method relies on empirical studies rather than a theoretical basis to justify its procedure. In practice, however, this may not be a large issue, but further research is needed here. Despite these shortcomings, MICE provides a great advantage over other missing data techniques in terms of flexibility regarding variable type and number of variables to impute [4, 45]. After all, MICE should be used where traditional imputation methods face their limits due to small sample size and where the characteristics of the variables and their relations are still recognizable.

Another explanation for the differing results of this re-implementation is the way the authors provided information on their implementation of the model training and selection process. Namely, they did not provide detailed information about which hyperparameters were tuned during cross-validation nor their ranges. Further, the structure of the cross-validation process was not clear at all times.

Moreover, Brinati et al. do not report all evaluation metrics used to determine the best classifiers. They only report 95% confidence intervals for the average accuracy and balanced accuracy as well as point references for the classifiers they deemed as best performing. There was no further information on other evaluation metrics like sensitivity or AUC. Additionally, the authors did only provide the configuration for one of the best performing models, namely the Random Forest. Unfortunately, this did not inform about the ranges for each hyperparameter used during Grid Search. Nevertheless, the authors did provide their data and a description of each variable in the data set. It should also be noted that [6] was only a feasibility study to explore if machine learning classifiers can help identify patients with COVID-19 solely based on a routine blood exam where the focus was not on replicability but feasibility. However, research like this that has a potential effect on an individual's health should strive to be as transparent and comprehensible as possible.

#### 4.3 Conclusion

In conclusion, this thesis replicates two of the eight classifiers in [6]. The classifiers predict the outcome of a PCR test for COVID-19 using a routine blood exam. Although the classifiers perform worse than in the original paper, they still can be regarded as substantial due to a 90% sensitivity and an accuracy above 70% for both classifiers. Further, a Decision Tree model was built to give a graphical representation of a possible classification reasoning. A comparison with findings from medical research revealed that features identified as most important by the classifiers were also deemed pivotal in diagnosing COVID-19. Thereby, confirming the patterns found by the classifiers and certifying them a theoretical validity. This implementation used Multiple Imputation using Chained Equations to impute the missing values. This method was used due to the small sample size of 279 individuals and the proportionally high rate of samples with at least one missing value. Though MICE lacks a theoretical basis and justifies its procedure with experimental studies, it provides great advantages especially where sample size is too small for more conventional and theoretically justified imputation methods and where the variables differ in terms of their type and distribution. Seeing that the replicated paper was a feasibility study investigating if it is possible to predict a PCR test result from a range of blood values, further research should be done on this topic. For instance, Brinati et al. did a follow-up study using a data set comprising more samples, more blood values and symptomatic observations at the time of triage or admittance to a hospital [10]. Importantly, it should always be brought to attention that these kind of models should never replace the actual medical test. They should be seen as a valuable though non-conclusive tool to detect patients with a certain disease earlier and better, resulting in improved management of these patients while awaiting confirmation by the medical test.

# Code & Data Availability

The code and data used to train the classifiers is made available at the GitHub repository https://github.com/lschiesser/ba. The data set is also available at the original source https://zenodo.org/record/3886927#.YBPnRXkxlEY.

A data drive with the code and data was submitted along a hard copy version of this thesis to the examination office.

# Declaration

I declare that...

# Appendix A

Supplementary Tables

Feature	Data Type
Gender	Categorical
Age	Numerical (discrete)
WBC (White blood cell count)	Numerical (continuous)
Platelets	Numerical (continuous)
Neutrophils	Numerical (continuous)
Lymphocytes	Numerical (continuous)
Monocytes	Numerical (continuous)
Eosinophils	Numerical (continuous)
Basophils	Numerical (continuous)
CRP (C-reactive protein)	Numerical (continuous)
AST (aspartate aminotransferase)	Numerical (continuous)
ALT (alanine aminotransferase)	Numerical (continuous)
ALP (alkaline phosphatase)	Numerical (continuous)
GGT (gamma glutamyl transferase)	Numerical (continuous)
LDH (lactate dehydrogenase)	Numerical (continuous)
SWAB	Categorical

Table A.1: Overview of all features of the data set

Feature	Unit	Mean	Std	Median
Age	Years	61.33	18.05	64
White Blood Cell Count (WBC)	$10^{9}/{\rm L}$	8.49	4.89	7.10
Platelets	$10^{9}/{\rm L}$	224.91	102.61	204.00
Neutrophils	$10^{9}/{\rm L}$	4.64	4.50	3.90
Lymphocytes	$10^{9}/{\rm L}$	0.88	0.87	0.80
Monocytes	$10^{9}/{\rm L}$	0.45	0.44	0.40
Eosinophils	$10^{9}/{\rm L}$	0.04	0.12	0.00
Basophils	$10^{9}/{\rm L}$	0.01	0.03	0.00
C-reactive protein (CRP)	mg/L	88.93	94.32	53.10
Aspartate Aminotransferase (AST)	U/L	53.81	57.59	36.00
Alanine Aminotransferase (ALT)	U/L	42.82	45.43	30.00
Alkaline Phosphatase (ALP)	U/L	42.21	75.71	68.00
Gamma Glutamyl Transferase (GGT)	U/L	40.20	101.29	0.00
Lactate dehydrogenase (LDH)	U/L	264.54	238.53	254.00

Table A.2: Descriptive statistics for numerical features in data set (including missing values as in [6])

Feature	Number of NaN (in %)
Gender	0 (0 %)
Age	2 (0.72 %)
WBC (White blood cell count)	2 (0.72 %)
Platelets	2 (0.72 %)
Neutrophils	70 (25.09 %)
Lymphocytes	71 (25.45 %)
Monocytes	70 (25.09 %)
Eosinophils	70 (25.09 %)
Basophils	71 (25.45 %)
CRP (C-reactive protein)	6 (2.15 %)
AST (aspartate aminotransferase)	2 (0.72 %)
ALT (alanine aminotransferase)	13 (4.66 %)
ALP (alkaline phosphatase)	148 (53.05 %)
GGT (gamma glutamyl transferase)	143 (51.25 %)
LDH (lactate dehydrogenase)	85 (30.47 %)
SWAB	0 (0 %)

Table A.3: Number of missing values and their proportion of the total number of data points

Feature	Unit	Mean	Std	Median
Age	Years	61.78	17.81	64
White Blood Cell Count (WBC)	$10^{9}/{\rm L}$	8.55	4.86	7.10
Platelets	$10^9/\mathrm{L}$	226.5	101.2	205.00
Neutrophils	$10^{9}/{\rm L}$	6.20	4.17	5.10
Lymphocytes	$10^{9}/{\rm L}$	1.19	0.80	1.00
Monocytes	$10^{9}/{\rm L}$	0.61	0.41	0.50
Eosinophils	$10^9/\mathrm{L}$	0.06	0.13	0.00
Basophils	$10^{9}/{\rm L}$	0.01	0.04	0.00
C-reactive protein (CRP)	mg/L	90.89	94.42	54.20
Aspartate Aminotransferase (AST)	U/L	54.20	57.61	36.00
Alanine Aminotransferase (ALT)	U/L	44.92	45.50	31.00
Alkaline Phosphatase (ALP)	U/L	89.89	89.09	71.00
Gamma Glutamyl Transferase (GGT)	U/L	82.48	132.70	41.00
Lactate dehydrogenase (LDH)	U/L	380.45	193.98	328.00

Table A.4: Descriptive statistics for numerical features in data set (excluding missing values)

Feature	Test statistic	p-value
Age	0.976	0.000
WBC (White blood cell count)	0.873	0.000
Platelets	0.930	0.000
Neutrophils	0.838	0.000
Lymphocytes	0.785	0.000
Monocytes	0.811	0.000
Eosinophils	0.457	0.000
Basophils	0.395	0.000
CRP (C-reactive protein)	0.836	0.000
AST (aspartate aminotransferase)	0.556	0.000
ALT (alanine aminotransferase)	0.629	0.000
ALP (alkaline phosphatase)	0.420	0.000
GGT (gamma glutamyl transferase)	0.500	0.000
LDH (lactate dehydrogenase)	0.877	0.000

Table A.5: Results of Shapiro-Wilk test for normality for numerical features of the data set; a p-value under 0.05 refutes the null hypothesis that the variable is normally distributed

	Fold1		Fol	d2	Fol	d3	Fold4		Fol	Fold5		Combined	
	mean	$\operatorname{std}$	mean	$\operatorname{std}$	mean	$\operatorname{std}$	mean	$\operatorname{std}$	mean	std	mean	$\operatorname{std}$	
$\overline{RF}$	0.72	0.01	0.84	0.03	0.81	0.03	0.75	0.03	0.77	0.03	0.78	0.05	
LR	0.71	0.03	0.81	0.02	0.74	0.03	0.70	0.06	0.73	0.04	0.74	0.05	

Table A.6: Mean training accuracies and their standard deviations (std) for each training fold and all training folds combined. RF = Random Forest, LR = Logisitic Regression

	Fold1		Fold2		Fold3		Fold4		Fold5		Combined	
	mean	$\operatorname{std}$	mean	$\operatorname{std}$								
RF	0.69	0.01	0.81	0.04	0.79	0.03	0.73	0.03	0.71	0.04	0.75	0.05
LR	0.67	0.02	0.78	0.03	0.72	0.03	0.68	0.06	0.67	0.04	0.70	0.06

Table A.7: Mean training balanced accuracies and their standard deviations (std) for each training fold and all training folds combined. RF = Random Forest, LR = Logisitic Regression

Model	acc	$b_{-acc}$	sensitivity	specificity	ppv	auc	$a_{-}$ precision
RF	0.768	0.737	0.909	0.565	0.750	0.802	0.829
LR	0.732	0.694	0.909	0.478	0.714	0.808	0.855
$\operatorname{DT}$	0.714	0.685	0.848	0.522	0.718	0.685	0.698

Table A.8: Validation metrics for all classifiers; RF = Random Forest, DT = Decision Tree, LR = Logisitic Regression

Fold	Imputed Set	Model	Model Count	acc	b_acc	sensitivity	specificity	ppv	auc
0	1	lr	0	0.750	0.709	0.939	0.478	0.721	0.816
0	2	lr	1	0.714	0.679	0.879	0.478	0.707	0.837
0	3	lr	2	0.696	0.663	0.848	0.478	0.700	0.806
0	4	lr	3	0.696	0.663	0.848	0.478	0.700	0.797
0	5	lr	4	0.679	0.642	0.848	0.435	0.683	0.826
1	1	lr	5	0.804	0.787	0.825	0.750	0.892	0.845
1	2	lr	6	0.839	0.831	0.850	0.812	0.919	0.872
1	3	lr	7	0.804	0.787	0.825	0.750	0.892	0.856
1	4	lr	8	0.786	0.738	0.850	0.625	0.850	0.822
1	5	lr	9	0.804	0.769	0.850	0.688	0.872	0.833
2	1	lr	10	0.732	0.713	0.818	0.609	0.750	0.742
2	2	lr	11	0.768	0.750	0.848	0.652	0.778	0.764
2	3	lr	12	0.768	0.757	0.818	0.696	0.794	0.823
2	4	lr	13	0.732	0.720	0.788	0.652	0.765	0.773
2	5	lr	14	0.696	0.683	0.758	0.609	0.735	0.758
3	1	lr	15	0.714	0.695	0.771	0.619	0.771	0.774
3	2	lr	16	0.750	0.733	0.800	0.667	0.800	0.788
3	3	lr	17	0.643	0.619	0.714	0.524	0.714	0.686
3	4	lr	18	0.750	0.733	0.800	0.667	0.800	0.777
3	5	lr	19	0.625	0.605	0.686	0.524	0.706	0.680
4	1	lr	20	0.800	0.723	0.972	0.474	0.778	0.801
4	2	lr	21	0.727	0.680	0.833	0.526	0.769	0.781
4	3	lr	22	0.709	0.629	0.889	0.368	0.727	0.773
4	4	lr	23	0.691	0.627	0.833	0.421	0.732	0.754
4	5	lr	24	0.727	0.680	0.833	0.526	0.769	0.785
0	1	$\operatorname{rf}$	0	0.732	0.694	0.909	0.478	0.714	0.792
0	2	$\operatorname{rf}$	1	0.714	0.685	0.848	0.522	0.718	0.801
0	3	$\operatorname{rf}$	2	0.732	0.694	0.909	0.478	0.714	0.782
0	4	$\operatorname{rf}$	3	0.732	0.700	0.879	0.522	0.725	0.739
0	5	$\operatorname{rf}$	4	0.714	0.692	0.818	0.565	0.730	0.760
1	1	$\operatorname{rf}$	5	0.875	0.856	0.900	0.812	0.923	0.848
1	2	$\operatorname{rf}$	6	0.821	0.800	0.850	0.750	0.895	0.842
1	3	$\operatorname{rf}$	7	0.839	0.812	0.875	0.750	0.897	0.850
1	4	$\operatorname{rf}$	8	0.839	0.812	0.875	0.750	0.897	0.809
1	5	$\operatorname{rf}$	9	0.804	0.750	0.875	0.625	0.854	0.806
2	1	$\operatorname{rf}$	10	0.804	0.787	0.879	0.696	0.806	0.825
$\overline{2}$	2	rf	11	0.857	0.839	0.939	0.739	0.838	0.839
$\overline{2}$	3	$\operatorname{rf}$	12	0.786	0.772	0.848	0.696	0.800	0.816
2	4	rf	13	0.804	0.781	0.909	0.652	0.789	0.847
2	5	rf	14	0.804	0.787	0.879	0.696	0.806	0.831
3	1	rf	15	0.750	0.714	0.857	0.571	0.769	0.826
3	2	rf	16	0.696	0.700	0.686	0.714	0.800	0.783
3	3	rf	17	0.768	0.738	0.857	0.619	0.789	0.848
3	4	rf	18	0.786	0.762	0.857	0.667	0.811	0.812
3	5	rf	19	0.768	0.729	0.886	0.571	0.775	0.793
4	1	$^{rf}$	20	0.782	0.723	0.889	0.579	0.800	0.135
4	2	$^{rf}$	21	0.762	0.695	0.917	0.373 $0.474$	0.767	0.798
4	3	$^{\rm rf}$	22	0.704 $0.727$	0.655	0.889	0.474	0.744	0.138
4	4	$^{rf}$	23	0.764	0.708	0.889	0.526	0.744	0.798
4	5	$^{rf}$	24	0.800	0.760	0.889	0.632	0.760	0.777
7	9	11	<b>4</b> ∃	0.000	0.100	0.003	0.052	0.041	0.111

Table A.9: Evaluation metrics for Random Forest (rf) and Logisitc Regression (lr) during the nested cross validation

	stq	93.984	.99.693	.78.115	91.073	195.309	196.479	199.693	178.115	191.073	195.309	196.479	199.693	178.115	191.073	195.309	196.479	199.693	178.115	191.073	195.309	196.479	199.693	178.115	191.073	195.309	96.479
LDH	mean	380.448 1	379.516 1	365.706 1	367.760 1	374.771 1	374.405 1	379.516 1	365.706 1	367.760 1	374.771 1		379.516 1		367.760 1	374.771 1	374.405 1		365.706 1	367.760 1	374.771 1	374.405 1	379.516 1	365.706 1	367.760 1	374.771 1	374.405 1
	std	132.703 38	119.072 37	103.199 36	106.761 36	113.305 37	.17.722 37	119.072 37	103.199 36	106.761 $36$	113.305 37	117.722 37	119.072 37	103.199 36	106.761 $36$	113.305 37	17.722 37	119.072 37	103.199 36	106.761 $36$	113.305 37	117.722 37	119.072 37	103.199 36	106.761 36	-	.17.722 37
CGT	mean	82.478 132	79.681 115	73.470 103	~	75.384 113	76.444 117	79.681 115	_	75.283 106	75.384 113		79.681 119				_		_	75.283 106	75.384 113	76.444 117	79.681 115	73.470 103	75.283 106	75.384 113	76.444 117
	std m			5.194 73.		6.928 75.	7.706 76.			٠.	6.928 75.	•				6.928 75.	37.706 76.	•	•		-	37.706 76.	٠.	55.194 73.	1-		57.706 76.
ALP	_	93 89.090	62  66.091	0	84 67.061	9	9	62 66.091	03 65.194	84 67.061	9	64 67.706	62 66.091	03 65.194	84 67.061	9	0	0	03 65.194	84 67.061	9	_	62 66.091	0	84 67.061	0	0
	std mear	03 89.893	68 82.362	48 81.803	87 83.484	85 83.065	04 83.964	68 82.362	48 81.803	87 83.484	85 83.065	04 83.964	68 82.362	48 81.803	87 83.484	85 83.065	04 83.964	68 82.362	48 81.803	87 83.484	85 83.065	04 83.964	68 82.362	48 81.803	87 83.484	85 83.065	04 83.964
ALT	_	17 45.503	59 49.868	5 50.648	74 48.087	34 48.285	13 45.804	59 49.868	5 50.648	74 48.087	34 48.285	13 45.804	59 49.868	5 50.648	74 48.087	34 48.285	13 45.804	59 49.868	5 50.648	74 48.087	34 48.285	13 45.804	59 49.868	5 50.648	74 48.087	34 48.285	13 45.804
	d mear	3 44.917	8 47.459	2 47.405	7 46.774	2 46.864	3 45.943	8 47.459	2 47.405	7 46.774	2 46.864	-	8 47.459	-	7 46.774	2 46.864	3 45.943	•	2 47.405	7 46.774	2 46.864	3 45.943	8 47.459	2 47.405	7 46.774	2 46.864	3 45.943
AST	ı std	57.613	3 57.458	57.422	1 57.417	57.452	1 57.453	3 57.458	57.422	57.417	57.452	57.453	3 57.458	57.422	57.417	57.452	1 57.453	3 57.458	57.422	57.417	57.452	57.453	3 57.458	57.422	57.417		57.453
7	mean	54.202	54.208	54.269	54.161	54.029	54.004	54.208	54.269	54.161	54.029	54.004	54.208	54.269	54.161	54.029	54.004	54.208	54.269	54.161	54.029	54.004	54.208	54.269	54.161	54.029	54.004
CRP	std	94.421	96.875	94.973	94.059	94.246	94.812	96.875	94.973	94.059	94.246	94.812	96.875	94.973	94.059	94.246	94.812	96.875	94.973	94.059	94.246	94.812	96.875	94.973	94.059	94.246	94.812
Ö	mean	90.889	92.581	91.247	91.278	91.447	91.255	92.581	91.247	91.278	91.447	91.255	92.581	91.247	91.278	91.447	91.255	92.581	91.247	91.278	91.447	91.255	92.581	91.247	91.278	91.447	91.255
Basophils	$_{\mathrm{std}}$	0.039	0.041	0.039	0.038	0.043	0.039	0.041	0.039	0.038	0.043	0.039	0.041	0.039	0.038	0.043	0.039	0.041	0.039	0.038	0.043	0.039	0.041	0.039	0.038	0.043	0.039
Basc	mean	0.014	0.017	0.015	0.014	0.016	0.015	0.017	0.015	0.014	0.016	0.015	0.017	0.015	0.014	0.016	0.015	0.017	0.015	0.014	0.016	0.015	0.017	0.015	0.014	0.016	0.015
Eosinophils	std	0.132	0.147	0.140	0.123	0.124	0.126	0.147	0.140	0.123	0.124	0.126	0.147	0.140	0.123	0.124	0.126	0.147	0.140	0.123	0.124	0.126	0.147	0.140	0.123	0.124	0.126
Eosi	l mean	0.055	990.0	3 0.052	0.054	0.054	0.055	990.0	3 0.052	0.054	0.054	0.055	990.0	3 0.052	0.054	0.054	0.055	990.0	3 0.052	0.054	0.054	0.055	990.0	3 0.052	3 0.054	0	0.055
Monocytes	n std	6 0.410	9 0.455	0	9 0.473	3 0.429	2 0.446	9 0.455	0	9 0.473	3 0.429	0	9 0.455	0	Ö	3 0.429	2 0.446	9 0.455	0	0.	3 0.429	0	9 0.455	5 0.458	9 0.473	3 0.429	2 0.446
	d mear	909.0 9	9 0.649	7 0.655	0.659	7 0.643	9 0.642	9 0.649	7 0.655	0.659	7 0.643	9 0.642	9 0.649	7 0.655	0.659	7 0.643	9 0.642	9 0.649	7 0.655	0.659	7 0.643	9 0.642	9 0.649	7 0.655	0.659	0	9 0.642
Lymphocytes	n std	908.0 23	0.899	0.807	0.801	9 0.807	9 0.799	0.899	0.807	0.801	9 0.807	9 0.799	0.899	0.807	0.801	9 0.807	9 0.799	0.899	0.807	0.801	9 0.807	9 0.799	_	0.807	0.801	9 0.807	9 0.799
	std mean	73 1.187	82 1.260	11.236	39 1.220	53 1.229	1.209	82 1.260	11.236	39 1.220	53 1.229	1.209	82 1.260	11.236	39 1.220	53 1.229	1.209	32 1.260	11.236	39 1.220	53 1.229	12 1.209	82 1.260	01 1.236	39 1.220	53 1.229	12 1.209
Neutrophils		4.173	3.597   4.482	6.597   4.301	3.650   4.439	3.625 + 4.353	3.592   4.412	3.597 4.482	3.597   4.30	3.650   4.439	3.625 + 4.353	6.592   4.412	97 4.482	6.597   4.301	3.650   4.439	6.625 + 4.353	3.592   4.412	3.597   4.482	3.597 4.301	6.650   4.439	3.625 + 4.353	3.592   4.412	3.597 4.482	.597 4.301	3.650   4.439	3.625 + 4.353	5.592 4.412
Ż	std mean	174 6.200	_		_	_		_	_	_	_	_	820 6.597	_	_	_	_	_	01.067 6.5	_	•		_		9.9 968.00	_	0
Platelets	n	2 101.174	4 100.820	11101.067	8 100.896	1100.911	6 101.323	4 100.820	1 101.067	88 100.896	11 100.911	6 101.323	4 100.820	1 101.067	88 100.896	1 100.911	6 101.323	4 100.820		88 100.896	1100.911	6 101.323	4 100.820	11101.067	~	T 100.911	6 101.323
Ь	mear	226.532	226.654	225.95	226.288	226.57	226.44(	226.654	225.951	226.288	226.571	226.446	226.654	225.951	226.288	226.57	226.446	226.654	225.951	226.288	226.57	226.446	226.654	225.951	226.288	226.571	226.446
WBC	std	4.855	4.863	4.840	4.870	4.839	4.843	4.863	4.840	4.870	4.839	4.843	4.863	4.840	4.870	4.839	4.843	4.863	4.840	4.870	4.839	4.843	4.863	4.840	4.870	4.839	4.843
>	1 mean	3 8.553	3 8.574	8 8.557	2 8.600	8 8.557	w	3 8.574	8 8.557	2 8.600	8 8.557	3 8.534	3 8.574	8 8.557	2 8.600	8 8.557	3 8.534	3 8.574	8 8.557	2 8.600	8 8.557	3 8.534	3 8.574	8 8.557	2 8.600	8 8.557	5 8.534
AGE	std	17.816	17.773	17.768	17.792	17.768	17.806	17.773	17.768	17.792	17.768	17.806	17.773	17.768	17.792	17.768	17.806	17.773	17.768	17.792	17.768	17.806	17.773	17.768	17.792	17.768	17.806
А	mean	61.776	61.839	61.832	61.871	61.728	61.832	61.839	61.832	61.871	61.728	61.832	61.839	61.832	61.871	61.728	61.832	61.839	61.832	61.871	61.728	61.832	61.839	61.832	61.871	61.728	61.832
		original	1.0	2.0	3.0	4.0	5.0	0.9	7.0	8.0	0.6	10.0	11.0	12.0	13.0	14.0	15.0	16.0	17.0	18.0	19.0	20.0	21.0	22.0	23.0	24.0	25.0

Table A.10: Numerical summaries for all variables of the original not-imputed data set (denoted by original) and the imputed data sets (denoted by a number)

H	std	193.984	213.331	129.954	182.065	198.849	202.547	213.331	129.954	182.065	198.849	202.547	213.331	129.954	182.065	198.849	202.547	213.331	129.954	182.065	198.849	202.547	213.331	129.954	182.065	198.849	202.547
LDH	mean	380.448	377.388	332.059	338.800	361.812	360.612	377.388	332.059	338.800	361.812	360.612	377.388	332.059	338.800	361.812	360.612	377.388	332.059	338.800	361.812	360.612	377.388	332.059	338.800	361.812	360.612
Į.	$^{\mathrm{std}}$	132.703	104.884	62.903	73.996	91.091	101.595	104.884	62.903	73.996	91.091	101.595	104.884	62.903	73.996	91.091	101.595	104.884	62.903	73.996	91.091	101.595	104.884	62.903	73.996	91.091	101.595
GGT	mean	82.478	77.021	64.902	68.441	68.636	20.706	77.021	64.902	68.441		20.706			68.441	68.636	20.706	77.021	64.902	68.441	68.636	20.706	77.021	64.902	68.441	68.636	70.706
۵.	$_{\rm std}$	89.090	33.854	30.147	37.641	37.065	39.890	33.854	30.147	37.641	37.065	39.890	33.854	30.147	37.641	37.065	39.890	33.854	30.147	37.641	37.065	39.890	33.854	30.147	37.641	37.065	39.890
ALP	mean	89.893	75.696	74.642	77.811	77.020	78.716	75.696	74.642	77.811	77.020	78.716	75.696	74.642	77.811	77.020	78.716	75.696	74.642	77.811	77.020	78.716	75.696	74.642	77.811	77.020	78.716
۲.	stq	45.503	93.888	103.728	78.776	80.529	48.786	93.888	103.728	78.776	80.529	48.786	93.888	103.728	78.776	80.529	48.786	93.888	103.728	78.776	80.529	48.786	93.888	.03.728	78.776	80.529	48.786
ALT	mean	44.917		98.308 1	84.769	86.692	66.923	99.462	98.308 1	84.769	86.692	66.923	99.462		84.769	86.692	66.923	99.462	98.308 1	84.769	86.692	66.923	99.462	98.308 1	84.769	86.692	6.923
	stq	57.613 4	1.012	19.092	8 829.71	18.385 8	3.536 6	11.012	19.092 9	8 879.71	18.385 8	3.536 6	41.012 9			18.385 8	3.536 6	11.012 9	19.092	8 829.71	18.385 8	3.536 6	11.012	9.092	.7.678 8	8.385 8	3.536 6
AST	mean	54.202 5	55.000 4	63.500 1	18.500 1	30.000 1	26.500	55.000 4	63.500 1	48.500 1	30.000 13	26.500	55.000 4		48.500 1	30.000 1	26.500	55.000 4		18.500 1	30.000 1	26.500	55.000 4	33.500 1	18.500 1	30.000	0.500
	std	94.421 5	171.826 5	127.200 6	80.700 4	89.815 3	120.274 2	171.826 5	127.200 6	80.700 4	89.815 3	120.274 2	171.826 5	127.200 6	80.700 4	89.815 3	120.274 2	171.826 5	127.200 6	80.700 4	89.815 3	120.274 2	171.826 5	127.200 6	80.700 4	89.815 3	20.274 2
CRP	mean	688.06	169.583	107.533	000.601	116.850 8	107.900 1		107.533 12	8 000.601	116.850 8	107.900 1	169.583 17	107.533	3 000.601	116.850 8	107.900 1	169.583	107.533	8 000.601	116.850 8	107.900	169.583	107.533 12	000.60	16.850 8	7.900
ils	std	0.039	0.044 16	0.038 10	0.035 10	0.051 11	0.038 10	0.044 16	0.038 10	0.035 10	0.051 11	0.038 10	0.044 16	0.038 10	$0.035  ext{10}$	0.051 11	0.038 10	0.044 16	0.038 10	0.035 10	0.051 11	0.038 10	0.044 16	0.038 10	0.035 10	0.051 11	0.038 10
Basophils	mean	0.014 0	0.025 0	0.017 0	0.014 0	0.023 0	0.017 0	0.025 0	0.017 0	0.014 0	0.023 0	0.017 0	0.025 0		_	0.023 0	0.017 0	0.025 0		0.014 0	0.023 0	0.017 0	0.025 0	0.017 0	0.014 0	0.023 0	0.017 0
phils	std 1	0.132 (	0.182 (	0.161 (	0.088	0.097	0.104 (	0.182 (	0.161 (	0.088	0.097	0.104 (	0.182 (	0.161 (	0.088	0.097	0.104 (	0.182 (	0.161 (	0.088	0.097	0.104 (	0.182 (	0.161 (	0.088	0.097	0.104 (
Eosinophils	mean	0.055	0.099	0.043	0.051	0.050	0.056	0.099	0.043	0.051	0.050	0.056	0.099	0.043	0.051	0.050	0.056	0.099	0.043	0.051	0.050	0.056	0.099	0.043	0.051	0.050	0.056
Monocytes	$_{\rm std}$	0.410	0.553	0.557	0.600	0.468	0.527	0.553	0.557	0.600	0.468	0.527	0.553	0.557	0.09.0	0.468	0.527	0.553	0.557	0.09.0	0.468	0.527	0.553	0.557	0.600	0.468	0.527
	mean	0.000	0.780	0.803	0.817	0.754	0.750	0.780	0.803	0.817	0.754	0.750	0.780	0.803	0.817	0.754	0.750	0.780	0.803	0.817	0.754	0.750	0.780	0.803	0.817	0.754	0.750
Lymphocytes	std	0.806	1.105	0.795	0.784	0.800	0.779	1.105	0.795	0.784	0.800	0.779	1.105	0.795	0.784	0.800	0.779	1.105	0.795	0.784	0.800	0.779	1.105	0.795	0.784	0.800	0.779
Lymi	l mean	3 1.187	3 1.475	3 1.382	7 1.320	) 1.352	) 1.273	3 1.475	3 1.382	7 1.320	) 1.352	) 1.273	3 1.475	3 1.382	7 1.320	) 1.352	) 1.273	3 1.475	3 1.382	7 1.320	) 1.352	) 1.273	3 1.475	3 1.382	7 1.320	3 1.352	0 1.273
Neutrophils	n std	0 - 4.173	3 5.153	3 4.488	3 4.947	1 4.659	0 4.910	3 5.153	3 4.488	3 4.947	1 4.659	4	35.153	3 4.488	4	1 4.659	0 4.910	3 5.153	3 4.488	3 4.947	1 4.659	0 4.910	3 5.153	3 4.488	3 4.947	1 4.659	0 4.910
Neı	std mean	74 6.200	21 7.783	77 7.783	05 7.993	53 7.891	99 7.760	21 7.783	77 7.783	05 7.993				•		•	99 7.760	21 7.783		05 7.993		99 7.760	21 7.783	77 7.783	5 7.993	53 7.89	92 7.76
Platelets		2 101.174	) 2.121	37.477		74.953				50.205				37.477							74.953	168.999	) 2.121	37.47	50.20	74.953	168.999
ΡΙ	mean	226.532	243.500	145.500	192.500	232.000	214.500	243.500	145.50	192.500	232.000	214.500	243.500	145.500	192.500	232.000	214.500	243.500	145.50	192.500	232.000	214.500	243.500	145.500	192.500	232.000	214.500
WBC	$_{\rm std}$	4.855	7.071	2.404	0.778	1.485	0.566	7.071	2.404	0.778	1.485	0.566	7.071	2.404	0.778	1.485	0.566	7.071	2.404	0.778	1.485	0.566	7.071	2.404	0.778	1.485	0.566
W	mean	8.553	11.500	9.100	15.150	9.050	5.900	11.500	9.100	15.150	9.050	5.900	11.500	9.100	15.150	9.050	5.900	11.500	9.100	15.150	9.050	5.900	11.500	9.100	15.150	9.050	5.900
AGE	$_{\rm std}$	17.816	7.778	6.364	7.071	8.485	20.506	7.778	6.364	7.071	8.485	20.506	7.778	6.364	7.071	8.485	20.506	7.778	6.364	7.071	8.485	20.506	7.778	6.364	7.071	8.485	20.506
AC	mean	61.776	70.500	69.500	75.000	55,000	69.500	70.500	69.500	75.000	55.000	69.500	70.500	69.500	75.000	55.000	69.500	70.500	69.500	75.000	55,000	69.500	70.500	69.500	75.000	55.000	69.500
		original	1.0	2.0	3.0	4.0	5.0	0.9	7.0	8.0	0.6	10.0	11.0	12.0	13.0	14.0	15.0	16.0	17.0	18.0	19.0	20.0	21.0	22.0	23.0	24.0	25.0

Table A.11: Numerical summaries for all variables of the original not-imputed data set (denoted by original) and the imputed data sets (denoted by a number) only for the imputed values

	p-value	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
LDH	test value p	26864.000	26091.000	25764.500	26550.000	26349.000	26864.000	26091.000	25764.500	26550.000	26349.000	26864.000	26091.000	25764.500	26550.000	26349.000	26864.000	26091.000	25764.500	26550.000	26349.000	26864.000	26091.000	25764.500	26550.000	26349.000
	p-value t	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
GGT	test value p-	19648.500	18885.500	19372.000	8751.500	8797.000	.9648.500	18885.500	19372.000	18751.500	000.76781	19648.500	18885.500	19372.000	18751.500	000.76781	19648.500	18885.500	19372.000	18751.500	.8797.000	.9648.500	8885.500	.9372.000	.8751.500	.8797.000
	p-value t	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
ALP	test value p	7693.000	7909.000	7950.000	7898.000	8166.500	7693.000	7909.000	7950.000	7898.000	.8166.500	7693.000	7909.000	7950.000	7898.000	.8166.500	7693.000	7909.000	7950.000	7898.000	8166.500	7693.000	7909.000	7950.000	7898.000	.8166.500
	p-value te	0.294  17	0.293 17	0.268 17	7.255 17	0.250	1.294 17	0.293 17	0.268 17	0.255 17	0.250 18	0.294 17	0.293 17	0.268 17	0.255 17	0.250 18	0.294 17	0.293 17	0.268 - 17	$0.255  ext{ }17$		0.294  17	0.293 17	0.268 17	0.255 17	0.250 18
ALT	test value p-v	37888.000 0	37885.500 0	37739.000 0	37666.500 0	37637.000 0	37888.000 0	37885.500 0	37739.000 0	37666.500 0	37637.000 0	37888.000 0	37885.500 0	37739.000 0	37666.500 0	37637.000 0	37888.000 0	37885.500 0	37739.000 0	37666.500 0	37637.000 0	37888.000 0	37885.500 0	37739.000 0	37666.500 0	37637.000 0
	p-value tes	0.447 378	0.469 378	0.456 37	0.422 376	0.414 376	378	0.469 378	0.456 37	0.422 376	0.414 376	0.447 378	0.469 378	0.456 37	0.422 376	0.414 376	0.447 378	0.469 378	0.456 37	0.422 376	0.414 376	0.447 378	0.469 378	0.456 377	0.422 370	0.414 370
AST	test value p-v	38666.500 0.	38773.000 0.	.0 000.60788	8546.500 0.	38506.500 0.	0 0029998	.0 000.8773	.0 000.6078	38546.500 0.	0 002908	0 0029998	38773.000 0.	0 000.6078	38546.500 0.	0 002908	38666.500 0.	.0 000.8773	0 000.6078	38546.500 0.	8506.500 0.	38666.500 0.	.0 000.8778	8709.000 0.	8546.500 0.	38506.500 0.
	p-value tes	0.381 38	331 38	0.369 38	361 38	0.335 38	381 38	0.331 38	0.369 38	0.361 38	0.335 38	0.381 38	0.331 38	0.369 38	0.361 38	0.335 38	0.381 38	331 38	0.369 38	0.361 38	0.335 38	381 38	0.331 38	369 38	361 38	0.335 38
CRP	test value p-v	38342.000 (	38089.500	38281.500 (	38241.500 (	38108.500 (	38342.000 (	38089.500	38281.500 (	38241.500 (	38108.500 (	38342.000 (	38089.500	38281.500 (	38241.500 (	38108.500 (	38342.000 (	38089.500	38281.500	38241.500 (	38108.500 (	38342.000 (	38089.500	38281.500 (	38241.500 (	38108.500
	p-value tes	0.000 38		0.000 38		0.000 38	0.000 38	0.000 38	0.000 38	0.000 38	0.000 38	0.000 38	0.000 38	0.000 38	0.000 38	0.000 38	0.000 38	0.000 38		0.000 38	0.000 38	0.000 38	0.000 38	0.000 38	0.000 38	0.000 38
Basophils	test value p-v	29885.000 0	29264.000 0	29057.000 0	29485.000 0	29264.000 0	9885.000 0	29264.000 0	29057.000 0	29485.000 0	29264.000 0	29885.000 0	29264.000 0	9057.000 0	29485.000 0	29264.000 0	29885.000 0	29264.000 0	9057.000 0	29485.000 0	29264.000 0	9885.000 0	29264.000 0	29057.000 0	29485.000 0	29264.000 0
	p-value tes	0.000 298	.000 292	.000 290	.000 294	.000 292	.000 298	.000 292	.000 290	.000 294	.000 292	.000 298	.000 292	.000 290	.000 294	.000 292	0.000 298	.000 292	.000 290	.000 294	.000 292	.000 298	.000 292	.000 290	.000 294	0.000 292
Eosinophils	test value p-v	30660.500 0	28607.000 0	29462.500 0	29206.000 0	29425.000 0	30660.500 0	28607.000 0	29462.500 0	29206.000 0	29425.000 0	30660.500 0	28607.000 0	29462.500 0	29206.000 0	29425.000 0	30660.500 0	28607.000 0	29462.500 0	29206.000 0	29425.000 0	30660.500 0	28607.000 0	29462.500 0	29206.000 0	29425.000 0
	ē	0.000 30	0.000 28	0.000 29	0.000 29	0.000 29	0.000 30	0.000 28	0.000 29	0.000 29	0.000 29	0.000 30	0.000 28	0.000 29	0.000 29	0.000 29	0.000 30	0.000 28	_	0.000 29	0.000 29	0.000 30	0.000 28	0.000 29	0.000 29	0.000 29
Monocytes	test value p-valu	30729.500 0	30930.500 0	30951.500 0	30569.500 0	30492.000 0	30729.500 0	30930.500 0	30951.500 0	30569.500 0	30492.000 0	30729.500 0	30930.500 0	30951.500 0	30569.500 0	30492.000 0	30729.500 0	30930.500 0	30951.500 0	30569.500 0	30492.000 0	30729.500 0	30930.500 0	30951.500 0	30569.500 0	30492.000 0
70		0.000 307	0.000 309	.000 309	0.000 305	0.000 304	.000 307	0.000 309	0.000 309	0.000 305	0.000 304	0.000 307	0.000 309	0.000 309	0.000 305	0.000 304	0.000 307	0.000 309	0.000 309	0.000 305	0.000 304	.000 307	0.000 309	0.000	0.000 305	0.000 304
Lymphocytes	test value p-value		_	0	_	_	0	_	_	_	_	_	_	_	_	_	_	30282.000 0.	_	_	29492.500 0.	0	30282.000 0.	29883.000 0.	29886.000 0.	29492.500 0.
Ţ		30061.500	00 30282.000	00 29883.000	00 29886.000	00 29492.500	00 30061.500	30282.000	00 29883.000	00 29886.000	00 29492.500	00 30061.500	30282.000	00 29883.000	00 29886.000	00 29492.500	00 30061.500		00 29883.000	00 29886.000	• •	30 30061.500		•		
Neutrophils	e p-value	0.000	000:00	0.000	000.00	000.00	0.000	000.00	0.000	0.000	0.000	0.000	000.00	0.000	0.000	0.000	0.000	000.00	00000	0.000	000.00	000.00	00000	0.000	0.000	0.000
Neu	test value	30379.000	30854.000	30726.500	30807.500	30627.000	30379.000	30854.000	30726.500	30807.500	30627.000	30379.000	30854.000	30726.500	30807.500	30627.000	30379.000	30854.000	30726.500	30807.500	30627.000	30379.000	30854.000	30726.500	30807.500	30627.000
lets	p-value	0.461	0.407	0.432	0.448	0.437	0.461	0.407	0.432	0.448	0.437	0.461	0.407	0.432	0.448	0.437	0.461	0.407	0.432	0.448	0.437	0.461	0.407	0.432	0.448	0.437
Platelets	test value	38733.000	38473.500	38596.000	38672.500	38618.500	38733.000	38473.500	38596.000	38672.500	38618.500	38733.000	38473.500	38596.000	38672.500	38618.500	38733.000	38473.500	38596.000	38672.500	38618.500	38733.000	38473.500	38596.000	38672.500	38618.500
	p-value	0.461	0.458	0.487	0.459	0.425	0.461	0.458	0.487	0.459	0.425	0.461	0.458	0.487	0.459	0.425	0.461	0.458	0.487	0.459	0.425	0.461	0.458	0.487	0.459	0.425
WBC	test value	38732.000	38721.000	38856.000	38723.500	38558.000	38732.000	38721.000	38856.000	38723.500	38558.000	38732.000	38721.000	38856.000	38723.500	38558.000	38732.000	38721.000	38856.000	38723.500	38558.000	38732.000	38721.000	38856.000	38723.500	38558.000
	p-value	0.458	0.455	0.468	0.425	0.456	0.458	0.455	0.468	0.425	0.456	0.458	0.455	0.468	0.425	0.456	0.458	0.455	0.468	0.425	0.456	0.458	0.455	0.468	0.425	0.456
AGE	test value I	38718.000	38703.500	38765.500	38558.000	38711.500	38718.000	38703.500	38765.500	38558.000	38711.500	38718.000	38703.500	38765.500	38558.000	38711.500	38718.000	38703.500	38765.500	38558.000	38711.500	38718.000	38703.500	38765.500	38558.000	38711.500
		1.0	2.0	3.0	4.0	5.0	0.9	7.0	8.0	0.6	10.0	11.0	12.0	13.0	14.0	15.0	16.0	17.0	18.0	19.0	20.0	21.0	22.0	23.0	24.0	25.0

Table A.12: Results of Mann-Whitney-U test for each variable in each imputed data set; a p-value smaller then 0.05 signals that the imputed variable and the observed values of the variable come from the same distirbution

## Appendix B

## Supplementary Figures

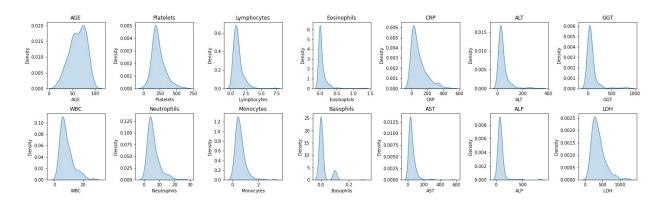
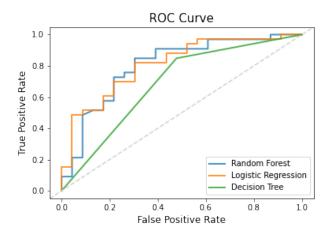


Figure B.1: Kernel density plots of the numerical features of the data set

## Nested k-fold Cross-Validation

- Define set of hyper-parameter combinations, C, for current model. If model has no hyper-parameters, C is the empty set.
- 2. Divide data into K folds with approximately equal distribution of cases and controls
- 3. **(outer loop)** For fold  $k_i$  in the K folds:
  - 1. Set fold  $k_i$  as the test set
  - 2. Perform automated feature selection on the remaining *K-1* folds
  - 3. For parameter combination c in C:
    - 1. (**inner loop**) For fold  $k_i$  in the remaining K-1 folds:
      - 1. Set fold  $k_i$  as the validation set
      - 2. Train model on remaining K-2 folds
      - Evaluate model performance on fold k<sub>i</sub>
    - 2. Calculate average performance over K-2 folds for parameter combination c
  - 4. Train model on *K-1* folds using hyper-parameter combination that yielded best average performance over all steps of the **inner loop**
  - 5. Evaluate model performance on fold  $k_i$ .
- Calculate average performance over K folds

Figure B.2: K-fold nested cross validation [28]



(a) Receiver Operating Characterisitcs (ROC) curve

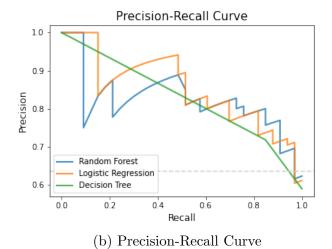


Figure B.3: ROC and Precision-Recall curve

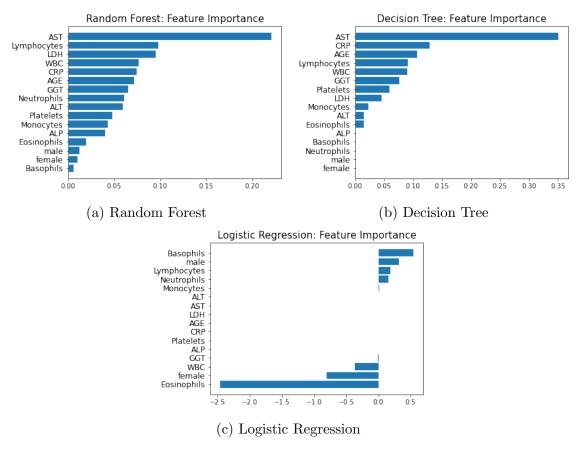


Figure B.4: Feature importance plots

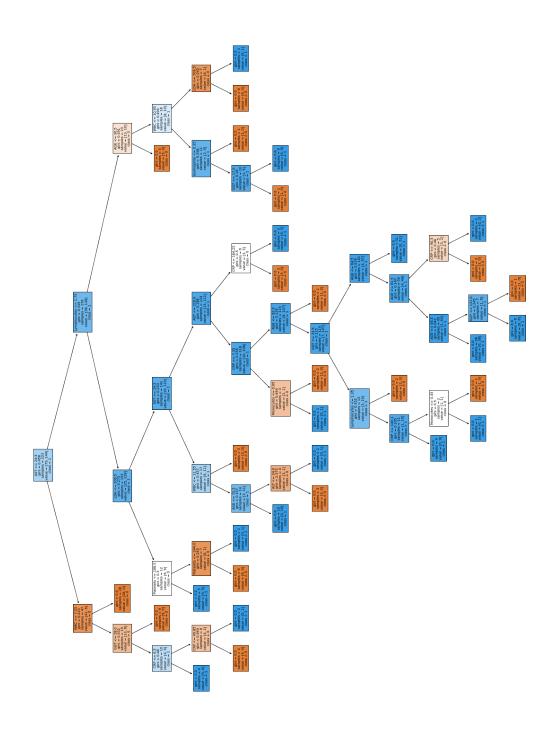


Figure B.5: Visualization of the Decision Tree produced during the validation phase

## **Bibliography**

- [1] A. K. Akobeng. "Understanding diagnostic tests 1: sensitivity, specificity and predictive values". In: *Acta Paediatr* 96.3 (2007), pp. 338–41. ISSN: 0803-5253 (Print) 0803-5253 (Linking). DOI: 10.1111/j.1651-2227.2006.00180.x. URL: https://www.ncbi.nlm.nih.gov/pubmed/17407452.
- [2] P. Allison. Imputation by Predictive Mean Matching: Promise and Peril Statistical Horizons. 2015. URL: https://statisticalhorizons.com/predictive-mean-matching.
- [3] An Introduction to Statistical Learning. Springer Texts in Statistics. 2013. ISBN: 978-1-4614-7137-0. DOI: 10.1007/978-1-4614-7138-7.
- [4] M. J. Azur et al. "Multiple imputation by chained equations: what is it and how does it work?" In: Int J Methods Psychiatr Res 20.1 (2011), pp. 40-9. ISSN: 1557-0657 (Electronic) 1049-8931 (Linking). DOI: 10.1002/mpr.329. URL: https://www.ncbi.nlm.nih.gov/pubmed/21499542,%20https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3074241/pdf/MPR-20-40.pdf.
- [5] Leo Breiman. "Random Forests". In: Machine Learning 45.1 (2001), pp. 5—32. ISSN: 08856125. DOI: 10.1023/a:1010933404324. URL: https://link.springer.com/content/pdf/10.1023/A:1010933404324.pdf.
- [6] D. Brinati et al. "Detection of COVID-19 Infection from Routine Blood Exams with Machine Learning: A Feasibility Study". In: J Med Syst 44.8 (2020), p. 135. ISSN: 1573-689X (Electronic) 0148-5598 (Linking). DOI: 10.1007/s10916-020-01597-4. URL: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7326624/pdf/10916\_2020\_Article\_1597%20.pdf, https://zenodo.org/record/3886927#.X3xhP01CRPY.
- [7] Stef van Buuren. Flexible Imputation of Missing Data, Second Edition. 2nd ed. Boca Raton, Fla: CRC Press, 2018. ISBN: 978-0-429-96034-5. URL: https://stefvanbuuren.name/fimd/.

- [8] Stef van Buuren and Karin Groothuis-Oudshoorn. "mice: Multivariate Imputation by Chained Equations in R". In: *Journal of Statistical Software* 45.3 (2011). ISSN: 1548-7660. DOI: 10.18637/jss.v045.i03.
- [9] F. Cabitza and J. D. Zeitoun. "The proof of the pudding: in praise of a culture of real-world validation for medical artificial intelligence". In: Ann Transl Med 7.8 (2019), p. 161. ISSN: 2305-5839 (Print) 2305-5839 (Linking). DOI: 10.21037/atm.2019.04.07. URL: https://www.ncbi.nlm.nih.gov/pubmed/31168442,%20https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6526255/pdf/atm-07-08-161.pdf.
- [10] F. Cabitza et al. "Development, evaluation, and validation of machine learning models for COVID-19 detection based on routine blood tests". In: Clin Chem Lab Med (2020). ISSN: 1437-4331 (Electronic) 1434-6621 (Linking). DOI: 10. 1515/cclm-2020-1294. URL: https://www.ncbi.nlm.nih.gov/pubmed/33079698,%20https://www.degruyter.com/downloadpdf/journals/cclm/ahead-of-print/article-10.15%2015-cclm-2020-1294/article-10.1515-cclm-2020-1294.pdf.
- [11] American Association for Clinical Chemistry. Aspartate Aminotransferase (AST) Lab Tests Online. 2021. URL: https://labtestsonline.org/tests/aspartate-aminotransferase-ast (visited on 01/21/2021).
- [12] American Association for Clinical Chemistry. C-Reactive Protein Understand the Test. 2020. URL: https://labtestsonline.org.uk/tests/c-reactive-protein.
- [13] American Association for Clinical Chemistry. Full Blood Count Understand the Test. 2020. URL: https://labtestsonline.org.uk/tests/full-blood-count-fbc (visited on 10/25/2020).
- [14] American Association for Clinical Chemistry. Lactate Dehydrogenase (LDH) Understand the Test. 2021. URL: https://labtestsonline.org/tests/lactate-dehydrogenase-ld (visited on 01/21/2021).
- [15] P. C. Chen, Y. Liu, and L. Peng. "How to develop machine learning models for healthcare". In: *Nat Mater* 18.5 (2019), pp. 410–414. ISSN: 1476-1122 (Print) 1476-1122 (Linking). DOI: 10.1038/s41563-019-0345-0. URL: https://www.ncbi.nlm.nih.gov/pubmed/31000806,%20https://www.nature.com/articles/s41563-019-0345-0.pdf.
- [16] M. P. Cheng et al. "Diagnostic Testing for Severe Acute Respiratory Syndrome-Related Coronavirus 2: A Narrative Review". In: *Ann Intern Med* 172.11 (2020), pp. 726–734. ISSN: 1539-3704 (Electronic) 0003-4819 (Linking). DOI: 10.7326/M20-1301. URL: https://www.ncbi.nlm.nih.gov/pubmed/

- 32282894, %20https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7170415/pdf/aim-olf-M201301.pdf.
- [17] Jesse Davis and Mark Goadrich. "The relationship between Precision-Recall and ROC curves". In: *Journal* (2006), pp. 233–240. ISSN: ISSN. DOI: 10.1145/1143844.1143874. URL: https://dl.acm.org/doi/pdf/10.1145/1143844.1143874.
- [18] D. K. Djakpo et al. "Blood routine test in mild and common 2019 coronavirus (COVID-19) patients". In: Biosci Rep 40.8 (2020). ISSN: 1573-4935 (Electronic) 0144-8463 (Linking). DOI: 10.1042/BSR20200817. URL: https://www.ncbi.nlm.nih.gov/pubmed/32725148,%20https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7414516/pdf/bsr-40-bsr20200817.pdf.
- [19] Ensheng Dong, Hongru Du, and Lauren Gardner. "An interactive web-based dashboard to track COVID-19 in real time". In: *The Lancet Infectious Diseases* 20.5 (2020), pp. 533–534. ISSN: 14733099. DOI: 10.1016/s1473-3099(20) 30120-1.
- [20] Tom Fawcett. "An introduction to ROC analysis". In: Pattern Recognition Letters 27.8 (2006), pp. 861-874. ISSN: 01678655. DOI: 10.1016/j.patrec. 2005.10.010. URL: https://www.sciencedirect.com/science/article/abs/pii/S016786550500303X?via%3Dih%20ub.
- [21] D. Ferrari et al. "Routine blood tests as a potential diagnostic tool for COVID-19". In: Clin Chem Lab Med 58.7 (2020), pp. 1095-1099. ISSN: 1437-4331 (Electronic) 1434-6621 (Linking). DOI: 10.1515/cclm-2020-0398. URL: https://www.ncbi.nlm.nih.gov/pubmed/32301746,%20https://www.degruyter.com/downloadpdf/journals/cclm/58/7/article-p1095.pdf.
- [22] F. Gravetter and L. Wallnau. Statistics for the behavioral sciences. 9th ed. Belmont, CA: Wadsworth Cengage Learning, 2013. ISBN: 978-1-111-83099-1.
- [23] Shachar Kaufman, Saharon Rosset, and Claudia Perlich. "Leakage in data mining". In: *Journal* (2011). ISSN: ISSN. DOI: 10.1145/2020408.2020496.
- [24] John D. Kelleher, Aoife DArcy, and Brian Mac Namee. Fundamentals of Machine Learning for Predictive Data Analytics: algorithms, worked examples, and case studies. 1st ed. Camebridge, MA: The MIT Press, 2015. URL: https://mitpress.mit.edu/books/fundamentals-machine-learning-predictive-data-ana%20lytics.

- [25] G. Lippi and M. Plebani. "Laboratory abnormalities in patients with COVID-2019 infection". In: Clin Chem Lab Med 58.7 (2020), pp. 1131-1134. ISSN: 1437-4331 (Electronic) 1434-6621 (Linking). DOI: 10.1515/cclm-2020-0198. URL: https://www.ncbi.nlm.nih.gov/pubmed/32119647,%20https://www.degruyter.com/downloadpdf/journals/cclm/58/7/article-p1131.pdf.
- [26] Gilles Louppe. "Understanding Random Forests: From Theory to Practice". Thesis. 2014. DOI: http://dx.doi.org/10.13140/2.1.1570.5928.
- [27] G. Lu and J. Wang. "Dynamic changes in routine blood parameters of a severe COVID-19 case". In: Clin Chim Acta 508 (2020), pp. 98-102. ISSN: 1873-3492 (Electronic) 0009-8981 (Linking). DOI: 10.1016/j.cca.2020.04.034. URL: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7217800/pdf/main.pdf.
- [28] A. J. Masino et al. "Machine learning models for early sepsis recognition in the neonatal intensive care unit using readily available electronic health record data". In: *PLoS One* 14.2 (2019), e0212665. ISSN: 1932-6203 (Electronic) 1932-6203 (Linking). DOI: 10.1371/journal.pone.0212665. URL: https://www.ncbi.nlm.nih.gov/pubmed/30794638.
- [29] Christroph Molnar. Interpretable Machine Learning. Lulu.com, 2020. ISBN: 978-0-244-76852-2. URL: https://christophm.github.io/interpretable-ml-book/logistic.html.
- [30] T. P. Morris, I. R. White, and P. Royston. "Tuning multiple imputation by predictive mean matching and local residual draws". In: *BMC Med Res Methodol* 14 (2014), p. 75. ISSN: 1471-2288 (Electronic) 1471-2288 (Linking). DOI: 10.1186/1471-2288-14-75. URL: https://www.ncbi.nlm.nih.gov/pubmed/24903709,%20https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4051964/pdf/1471-2288-14-75.pdf.
- [31] D. P. Oran and E. J. Topol. "Prevalence of Asymptomatic SARS-CoV-2 Infection: A Narrative Review". In: *Ann Intern Med* 173.5 (2020), pp. 362–367. ISSN: 1539-3704 (Electronic) 0003-4819 (Linking). DOI: 10.7326/M20-3012. URL: https://www.ncbi.nlm.nih.gov/pubmed/32491919.
- [32] R. B. Parikh, Z. Obermeyer, and A. S. Navathe. "Regulation of predictive analytics in medicine". In: *Science* 363.6429 (2019), pp. 810–812. ISSN: 1095-9203 (Electronic) 0036-8075 (Linking). DOI: 10.1126/science.aaw0029. URL: https://www.ncbi.nlm.nih.gov/pubmed/30792287.
- [33] F. Pedregosa et al. "Scikit-learn: Machine Learning in Python". In: *Journal* of Machine Learning Research 12 (2011), pp. 2825–2830.

- [34] P. Poletti et al. "Age-specific SARS-CoV-2 infection fatality ratio and associated risk factors, Italy, February to April 2020". In: Euro Surveill 25.31 (2020). ISSN: 1560-7917 (Electronic) 1025-496X (Linking). DOI: 10.2807/1560-7917. ES.2020.25.31.2001383. URL: https://www.ncbi.nlm.nih.gov/pubmed/32762797, %20https://air.unimi.it/retrieve/handle/2434/763526/1557654/poletti%20eurosurv-25-3%201-1.pdf.
- [35] J. R. Quinlan. "Induction of decision trees". In: *Machine Learning* 1.1 (1986), pp. 81-106. ISSN: 0885-6125 1573-0565. DOI: 10.1007/bf00116251. URL: https://link.springer.com/content/pdf/10.1007/BF00116251.pdf.
- [36] Dagmar Reiche. *Roche Lexikon Medizin*. 5th ed. Munich: Elsevier Urban und Fischer, 2003. ISBN: 978-3-437-15156-9.
- [37] L. Rokach and O. Maimon. "Top-Down Induction of Decision Trees Classifiers—A Survey". In: IEEE Transactions on Systems, Man and Cybernetics, Part C (Applications and Reviews) 35.4 (2005), pp. 476-487. ISSN: 1094-6977. DOI: 10.1109/tsmcc.2004.843247. URL: https://ieeexplore.ieee.org/document/1522531/.
- [38] T. Saito and M. Rehmsmeier. "The precision-recall plot is more informative than the ROC plot when evaluating binary classifiers on imbalanced datasets". In: *PLoS One* 10.3 (2015), e0118432. ISSN: 1932-6203 (Electronic) 1932-6203 (Linking). DOI: 10.1371/journal.pone.0118432. URL: https://www.ncbi.nlm.nih.gov/pubmed/25738806,%20https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4349800/pdf/pone.0118432.pdf.
- [39] Shai Shalev-Shwartz and Shai Ben-David. *Understanding Machine Learning*. 2014. ISBN: 9781107298019. DOI: 10.1017/cbo9781107298019.
- [40] S. S. Shapiro and M. B. Wilk. "An analysis of variance test for normality (complete samples)". In: *Biometrika* 52.3-4 (1965), pp. 591–611. ISSN: 0006-3444 1464-3510. DOI: 10.1093/biomet/52.3-4.591.
- [41] S. Sun et al. "Abnormalities of peripheral blood system in patients with COVID-19 in Wenzhou, China". In: Clin Chim Acta 507 (2020), pp. 174-180. ISSN: 1873-3492 (Electronic) 0009-8981 (Linking). DOI: 10.1016/j.cca. 2020.04.024. URL: https://www.ncbi.nlm.nih.gov/pubmed/32339487, %20https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7194694/pdf/main.pdf.
- [42] C. B. F. Vogels et al. "Analytical sensitivity and efficiency comparisons of SARS-CoV-2 RT-qPCR primer-probe sets". In: *Nat Microbiol* 5.10 (2020), pp. 1299–1305. ISSN: 2058-5276 (Electronic) 2058-5276 (Linking). DOI: 10. 1038/s41564-020-0761-6. URL: https://www.ncbi.nlm.nih.gov/pubmed/

- 32651556, %20https://www.nature.com/articles/s41564-020-0761-6.pdf.
- [43] D. Wang et al. "Clinical Characteristics of 138 Hospitalized Patients With 2019 Novel Coronavirus-Infected Pneumonia in Wuhan, China". In: JAMA 323.11 (2020), pp. 1061-1069. ISSN: 1538-3598 (Electronic) 0098-7484 (Linking). DOI: 10.1001/jama.2020.1585. URL: https://www.ncbi.nlm.nih.gov/pubmed/32031570, %20https://jamanetwork.com/journals/jama/articlepdf/2761044/jama\_wang\_2020\_oi\_20001%209.pdf.
- [44] M. Weinstock et al. "Chest X-ray findings in 636 ambulatory patients with COVID-19 presenting to an urgent care center: a normal chest X-ray is no guarantee". In: *JUCM* 10 (2020), pp. 13–18. URL: https://www.jucm.com/documents/jucm-covid-19-studyepub-april-2020.pdf/.
- [45] I. R. White, P. Royston, and A. M. Wood. "Multiple imputation using chained equations: Issues and guidance for practice". In: Stat Med 30.4 (2011), pp. 377—99. ISSN: 1097-0258 (Electronic) 0277-6715 (Linking). DOI: 10.1002/sim.4067. URL: https://www.ncbi.nlm.nih.gov/pubmed/21225900, %20https://onlinelibrary.wiley.com/doi/abs/10.1002/sim.4067.
- [46] L. Wynants et al. "Prediction models for diagnosis and prognosis of covid19 infection: systematic review and critical appraisal". In: BMJ 369 (2020),
  p. m1328. ISSN: 1756-1833 (Electronic) 0959-8138 (Linking). DOI: 10.1136/
  bmj.m1328. URL: https://www.ncbi.nlm.nih.gov/pubmed/32265220,
  %20https://www.bmj.com/content/bmj/369/bmj.m1328.full.pdf.