







# EARLY SELF-DIAGNOSIS MODEL FOR DENGUE FEVER ASSESSMENT USING FUZZY RULES BASE SYSTEM



## INTRODUCTION

Dengue fever (DF) is one of the main concerns in the public health center especially in tropical and subtropical countries. It is a mosquito-borne disease and once infected, the patient may experience sudden high fever, severe headaches, fatigue, severe joint and muscle pain and at worse cases DF can cause death. Recently, the increasing number in DF cases is at alarming rate with potential of life threatening and becoming a global pandemic. Therefore, in an effort to save lives, an early self-diagnosis is important to better detect early signs and symptoms of dengue fever. There are a number of model produced for DF assessment, but for early self diagnosis are still not widely explored as most of the developed models are only suitable for patient's early diagnosis with the assistance of patient's symptoms together with the clinical results (Saikia and Dutta, 2016; Anitha and Wise, 2018; Gambhir, Malik and Kumar, 2018). While, patients identification of DF should be done earlier by only utilising the physical symptoms before any medical procedure. There's still gap in the DF assessment study that need to be fulfil.

### **PURPOSE**

Thus, this study developed an accurate system to give an early self-notification on dengue fever assessment. This system is able to alarm patients whether they are suspected to have DF or not and to advise patients to seek medical care immediately before the symptoms get worse.

#### MATERIALS & METHOD

Rules were extracted from an interview with the experts from University of Malaya in dengue domain and tested for their accuracy

Table 2: Extracted Rules

General rule: HF+ more than 1 other symptoms + IP>2 = Positive,

Else = Negative

Table 1: Dengue Symptoms

Id	Dengue Fever	Dengue Haemorrhagic Fever				
1	Sudden, high fever, HF	Abdominal pain, AP				
2	Severe joint and muscle	Persistent vomiting, PV				
	pain, JP					
3	Vomiting, V	Clinical fluid accumulation,				
		FA				
4	Skin rash, SR	Inner mouth bleeding, MB				
5	Pain behind the eyes, PE	Exhaustion, E				
6	Fatigue, F					
7	Severe headaches, SH					
8	Nausea, N					
9	Loss of appetite, LA					
10	Incubation period more than 2 days, IP>2					

Table 2: Extracted Rules				
Id	Symptoms	Status		
1	HF+ SH+ PE+ JP+ F+ N+ V+ SR+	Positive		
	LA+ AP+ MB+ E+ IP>2			
2	HF+ JP+ F+ N+ V+ IP<2	Positive		
3	HF+ SH+ PE+ IP>2	Positive		
4	HF+ SH+ PE+ IP>2	Positive		
5	HF+ SH+ PE+ JP+ IP>2	Positive		
6	HF+ SH+ JP+ IP>2	Positive		
7	HF+ SH+ V+ + IP>2	Positive		
8	HF+ V+ SR+ + IP>2	Positive		
9	HF+ SH+ LA+ AP+ MB+ E+ + IP>2	Positive		
10	HF+ AP+ E+ + IP>2	Positive		
11	SH+ V+ + IP>2	Negative		
12	V+ SR+ IP>2	Negative		
13	SH + LA+ AP+ MB+ E+ + IP>2	Negative		
14	AP+ E+ IP>2	Negative		
<b>15</b>	HF+ V+ SR+ + IP<2	Negative		
16	HF+ SH+ SR+ + IP<2	Negative		
<b>17</b>	HF+ MB+ SR+ + IP<2	Negative		
18	MB+ SR+ + IP<2	Negative		
19	MB+ SR+ + IP>2	Negative		
20	SH+ PE+ JP+ F+ N+ V+ SR+ LA+	Negative		
-20	AP+ MB+ E+ + IP>2			

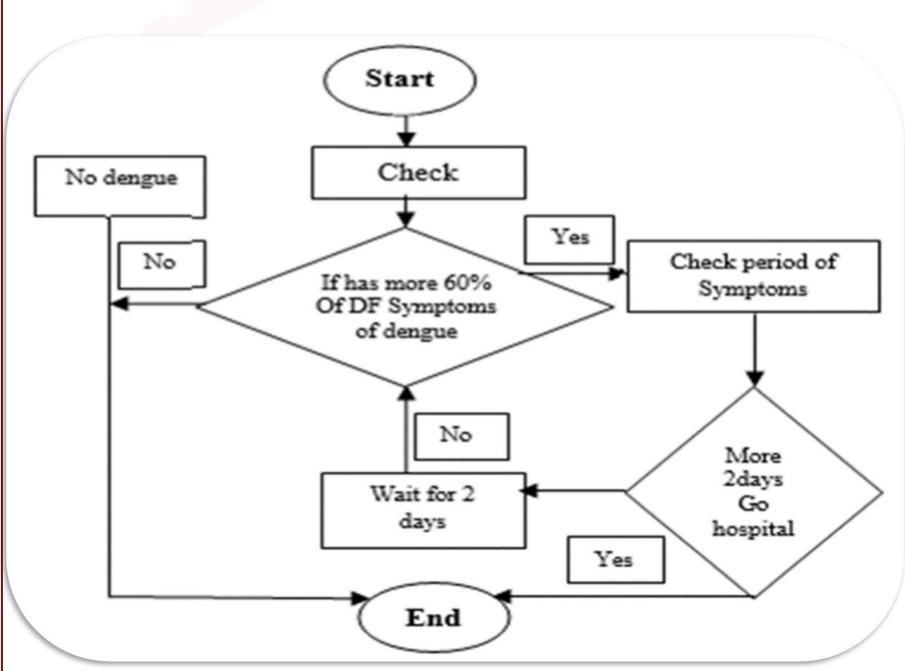


Figure 1: System Flow Chart

The system developed make two used techniques namely the fuzzy expert system mining data and technique. The rules for dengue diagnosis was first determined based on an interview with medical doctors and later those rules were set in the expert system using a fuzzy logic.

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#### RESULTS & DISCUSSION

The validation of the extracted rules was determined using data mining tools. The model was evaluated using a real dengue related dataset form a hospital in Iran with 1055 and 20 instances was set as training and testing data, respectively.

Finding of the study showed that the accuracy of the developed model for self-diagnosis of dengue symptoms able to produce a reliable result with 100% accuracy.

Table 3: Dataset Information						
	Training data	Testing data				
Sources	Hospital dataset	Extracted rules				
Instances	1055	20				
Algorithm	Multilayer Perceptron Neural network					

Table 4: Training and Testing Results

<b>Evaluation training dataset</b>	Training rate	Testing rate
<b>Correctly Classified Instances</b>	1055	29
Incorrectly Classified Instances	0 (0%)	0 (0%)
Kappa statistic	1	1
Mean absolute error	0.0009	0.0009
Root mean squared error	0.0011	0.0011
Coverage of cases (0.95 level)	100%	100%
Mean rel. region size (0.95 level)	50%	50%
<b>Total number of Instances</b>	1055	29

## CONCLUSION

This system has many benefits in collecting and analyzing the data by using various resources for the data. In addition, this system has used fuzzy logic neural network model based on authoritative information provided by qualified doctors for getting accurate results. Our system assists doctors to make their work easier and it provides a practical platform for infected patient to get the information whether they need to seek medical care immediately before the symptoms get worse. Furthermore, the user will find the system useful because it helps them to save their time and cost while experiencing as though they are directly getting consultation with the experts.

# REFERENCES

- 1. D.Saikia, and J.C. Dutta. **Early diagnosis of dengue disease using fuzzy inference system**. 2016 International Conference on Microelectronics, Computing and Communications (MicroCom), Vol. IEEE2016, pp. 1-6, January 2016.
- 2. A. Anitha, and D. J. W. Wise. Forecasting Dengue Fever using Classification Techniques in Data Mining. 2018 International Conference on Smart Systems and Inventive Technology (ICSSIT), Vol. IEEE2018, pp. 398-401, December 2018.
- 3. S. Gambhir, S. K. Malik, and Y. Kumar. **The Diagnosis of Dengue Disease: An Evaluation of Three Machine Learning Approaches**. *International Journal of Healthcare Information Systems and Informatics (IJHISI)*, Vol 13, pp. 1-19, 2018.

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