# An Ensemble Deep Learning Approach for COVID-19 Diagnosis from X-Ray Images

Zeenath Ahmed Sai Mekhala Pondala

Srujana Chilaka

Target Venue: GitHub

Abstract— Artificial intelligence (AI) strategies in common and convolutional neural systems (CNNs) in specific have accomplished fruitful comes about in restorative picture investigation and classification. A profound CNN design has been proposed in this paper for the determination of COVID-19 based on the chest X-ray picture classification. Due to the nonavailability of sufficient-size and good-quality chest X-ray picture dataset, an effective and precise CNN classification was a challenge. To bargain with these complexities such as the accessibility of a very-small-sized and imbalanced dataset with image-quality issues, the dataset has been preprocessed in different stages utilizing different methods to accomplish an effective preparing dataset for the proposed CNN show to accomplish its best execution. The preprocessing stages of the datasets performed in this ponder incorporate dataset adjusting, restorative experts' picture investigation, and information increase. The test comes about have appeared the by and large precision as tall as 99.5% which illustrates the great capability of the proposed CNN show in the current application space. The CNN demonstrate has been tried in two scenarios. In the first situation, the show has been tried utilizing the 100 Xray pictures of the unique handled dataset which accomplished a precision of 100%. In the moment situation, the demonstrate has been tried utilizing an autonomous dataset of COVID-19 X-ray pictures. The per- formic in this test situation was as tall as 99.5%. To assist demonstrate that the proposed show beats other models, a comparative examination has been done with a few of the machine learning calculations. The proposed demonstrate has belated all the models by and large and specifically when the show testing was done utilizing an autonomous testing set.

Keywords: Blockchain, fair information trading, privacy preservation, and precise data selling.

### I. INTRODUCTION

The severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) was identified in late 2019, originating in China and leading to the emergence of the disease known as Coronavirus Disease 2019 or COVID-19. The World Health Organization (WHO) declared it a pandemic in March 2020. According to reports from global healthcare authorities and state governments, the pandemic affected millions

worldwide, primarily causing lung-related illnesses such as pneumonia. Symptoms vary and include dyspnea, high fever, runny nose, and cough, with chest X-ray imaging commonly used for diagnosis due to its ability to detect abnormalities.

X-ray, an electromagnetic form of radiation, penetrates the body to create black and white images of internal structures. It is one of the oldest and widely used diagnostic tests, particularly for chest-related diseases like pneumonia. Its advantages, including affordability, accessibility, non-invasiveness, and speed, make it a valuable tool, especially during global health crises like COVID-19. Deep learning and Artificial Neural Networks (ANNs) have garnered over the significant attention past decade, outperforming conventional models across various fields. They offer state-of-the-art technology in areas such as natural language processing, image processing, and medical data analysis. Given the healthcare challenges faced globally, there's a significant correlation between COVID-19 detection and chest X-ray image analysis.

In this context, a diagnostic system employing Convolutional Neural Networks (CNNs) has been developed to classify individuals as COVID-19 positive or negative based on chest X-ray analysis. This approach has shown promising results in terms of accuracy and efficiency, leveraging additional layers to enhance classification accuracy. Data augmentation techniques were employed to address the limited size and imbalance of the dataset, thereby improving model training and performance.

Key findings of this study include:

- (i) CNNs with extra convolutional layers, such as the six layers utilized in this study, achieve optimal performance in COVID-19 diagnosis.
- (ii) CNN models require a sufficient volume of images for accurate classification.
- (iii) Data augmentation techniques significantly enhance CNN model performance by expanding the

dataset.

- (iv) Data augmentation promotes image classification by imparting invariance to CNNs.
- (v) The proposed CNN model demonstrates statistically significant performance compared to other machine learning models.
- (vi) CNN-based diagnosis using X-ray imaging proves highly effective in mass testing scenarios during pandemics like COVID-19.

#### II. LITERATURE SURVEY

The literature surrounding COVID-19 and its diagnostic methodologies, particularly in medical imaging and machine learning, has expanded rapidly in response to the pandemic. Understanding the progression of the disease and its global impact is crucial, as highlighted by [1]. Their paper discusses the pivotal moment when the World Health Organization declared COVID-19 a pandemic, emphasizing the urgency and scale of the public health crisis. This declaration served as a catalyst for concerted efforts worldwide to combat the spread of the virus and develop effective diagnostic and therapeutic interventions.

In the realm of predictive modelling, [2] contribute valuable insights into future forecasting of COVID-19 using supervised machine learning

models. By leveraging data-driven approaches, researchers aim to anticipate the trajectory of the pandemic, inform public health policies, and allocate resources efficiently. Such forecasting models are instrumental in guiding decision-making processes and mitigating the impact of the virus on healthcare systems and communities. Understanding the clinical presentation of COVID-19 is essential for accurate diagnosis and treatment. [3] provides comprehensive insights into the diverse symptoms and manifestations of the disease. From respiratory distress to systemic complications, COVID-19 presents a wide spectrum of clinical challenges, necessitating multifaceted diagnostic approaches and therapeutic strategies.

Medical imaging plays a pivotal role in the diagnosis and management of COVID-19, particularly through techniques such as chest X-ray imaging. [4] curates a valuable dataset of COVID-19 X-ray images, facilitating research endeavours aimed at automated diagnostic developing tools algorithms. Access to high-quality data is fundamental for training and validating machine learning models, enabling the creation of robust and reliable diagnostic systems. Advancements in deep learning have revolutionized medical image analysis, enabling automated detection and classification of diseases. [5] explores the application of advanced techniques such as Mask-RCNN detection and deep unsupervised learning in identifying COVID-19 pneumonia

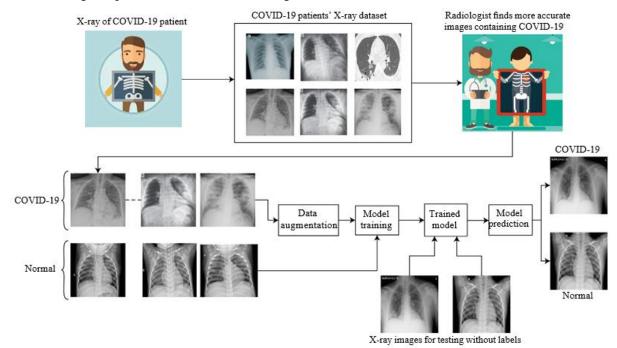


Figure 1: System development workflow.

symptoms from CT scans. These sophisticated methodologies offer unprecedented insights into disease pathology and facilitate early detection and intervention.

Moreover, [6] provide a comprehensive overview of deep learning applications in medical imaging, underscoring the transformative potential of AI in healthcare. From MRI analysis histopathological examination, deep learning algorithms enhance diagnostic accuracy and efficiency, revolutionizing clinical practice. In the context of COVID-19 diagnosis, [7] discusses innovative approaches to ground truth labelling and sample selection for medical image classification. By refining data annotation techniques and enhancing dataset quality, researchers improve the performance and generalizability of machine learning models, facilitating more accurate and reliable diagnoses.

Furthermore, [8] present CNN-based segmentation methodologies for medical imaging data, enabling precise delineation of anatomical structures and pathological abnormalities. These segmentation techniques are instrumental in extracting meaningful features from imaging studies, facilitating quantitative analysis and diagnostic decision-making.

### III. METHODOLOGY

# **Existing Methodology:**

The existing methodology for COVID-19 diagnosis from chest X-ray images predominantly relies on Convolutional Neural Networks (CNNs). Initially, datasets containing chest X-ray images representing COVID-19 positive and negative cases are gathered from various sources and repositories. These images undergo preprocessing steps to standardize size, adjust brightness/contrast, and remove noise, ensuring consistency for model training. A CNN architecture is then selected, often based on its effectiveness in image classification tasks.

Architectures like VGG, ResNet, DenseNet, Inception, or EfficientNet are commonly employed for their proven performance. The selected CNN model is trained using the preprocessed chest X-ray images, a process involving feeding images into the network, computing loss, and updating model

parameters through backpropagation. A portion of the dataset is held out for validation to monitor the model's performance during training, while another portion is reserved for evaluation to assess its accuracy, sensitivity, specificity, and other metrics. Once validated, the trained CNN model is deployed in clinical settings or integrated into healthcare systems for real-time COVID-19 diagnosis, taking into account factors like scalability, latency, and regulatory compliance.

# Disadvantages:

Large Data Requirements: CNNs typically require a large amount of labeled data for training to achieve optimal performance. Acquiring and annotating large datasets of chest X-ray images, especially those containing COVID-19 cases, can be challenging and resource-intensive.

Computational Complexity: Training CNNs, especially deeper architectures like ResNet or DenseNet, can be computationally expensive and time-consuming. This complexity increases with larger datasets and more intricate network architectures, necessitating powerful hardware resources.

Overfitting: CNNs are prone to overfitting, especially when dealing with limited or imbalanced datasets. Overfitting occurs when the model learns to memorize the training data rather than generalize to unseen data, leading to poor performance on new samples.

Interpretability: While CNNs are excellent at extracting features from images, interpreting the reasoning behind their predictions can be challenging. Understanding why a CNN classifies a particular chest X-ray image as COVID-19 positive or negative may not always be straightforward, limiting their interpretability in clinical settings.

Generalization to New Cases: CNNs trained on specific datasets may struggle to generalize to new cases or variations not encountered during training. This lack of generalization can lead to inaccurate predictions when deployed in real-world scenarios, especially if the distribution of data shifts over time.

### **Proposed Methodology:**

In this study, we propose an ensemble model based on Convolutional Neural Networks (CNNs) to enhance the accuracy and robustness of COVID-19 diagnosis using medical imaging data. The ensemble model integrates three pre-trained CNN architectures: ResNet50, InceptionV3, and EfficientNetB0. The methodology involves several key steps:

### **Data Acquisition and Preprocessing:**

We obtain a dataset of chest X-ray images, comprising both COVID-19 positive and negative cases, from reputable repositories such as GitHub [4]. The dataset is preprocessed to ensure uniformity and quality. Preprocessing steps may include resizing, normalization, and augmentation techniques to enhance the dataset's diversity and facilitate model training.

### **Model Architecture Selection:**

We select ResNet50, InceptionV3, and EfficientNetB0 as the base architectures for our ensemble model. These architectures are chosen for their proven performance in image classification tasks and their ability to capture different aspects of image features. Each base architecture brings unique strengths to the ensemble, contributing to the model's overall effectiveness in COVID-19 diagnosis.

### **Feature Extraction:**

For each base architecture, we leverage transfer learning to extract features from the chest X-ray images. Transfer learning allows us to leverage the knowledge learned from pre-training on large datasets, thereby accelerating training and improving performance. We utilize the pre-trained weights of ResNet50, InceptionV3, and EfficientNetB0 to extract high-level features from the chest X-ray images.

### **Ensemble Model Construction:**

We combine the extracted features from the three base architectures to construct the ensemble model. This fusion process may involve techniques such as averaging, stacking, or weighted voting to aggregate predictions from individual models. The ensemble model capitalizes on the complementary strengths of each base architecture, resulting in a more robust and accurate diagnostic system.

# Training and Evaluation:

The ensemble model is trained using the preprocessed dataset, with appropriate validation and test splits to assess its performance. We employ standard evaluation metrics such as accuracy, precision, recall, F1 score, and area under the receiver operating

characteristic curve (ROC AUC) to evaluate the model's diagnostic performance. Cross-validation techniques may be employed to assess the model's generalization ability and robustness across different subsets of the data.

### **Fine-tuning and Optimization:**

We fine-tune the ensemble model's parameters and hyperparameters to optimize its performance on the specific task of COVID-19 diagnosis. Hyperparameter tuning techniques such as grid search or random search may be employed to identify the optimal configuration for the ensemble model.

#### **Validation and Comparison:**

The trained ensemble model is validated using an independent dataset to assess its generalization performance. We compare the performance of the ensemble model with individual base architectures and other state-of-the-art models to demonstrate its superiority in COVID-19 diagnosis.

By leveraging the complementary strengths of ResNet50, InceptionV3, and EfficientNetB0 through ensemble learning, our methodology aims to enhance the accuracy, reliability, and robustness of COVID-19 diagnosis using chest X-ray images.

the methodology described involves the use of ensemble learning, which is a technique rather than a specific algorithm. However, within the ensemble framework, several algorithms and techniques are employed. Here's a breakdown of the algorithms and techniques utilized in the described methodology:

### **Convolutional Neural Networks (CNNs):**

ResNet50, InceptionV3, and EfficientNetB0 are utilized as the base architectures for feature extraction. These CNNs are pre-trained on large image datasets and have demonstrated strong performance in various image classification tasks.

# Transfer Learning:

Transfer learning is employed to leverage the pretrained weights of ResNet50, InceptionV3, and EfficientNetB0. By transferring knowledge from models trained on large datasets to the specific task of COVID-19 diagnosis, transfer learning accelerates training and improves the model's performance.

# Ensemble Learning Techniques:

A variety of ensemble learning techniques can be employed to combine the predictions of multiple base models. These may include:

Averaging: Combining predictions by averaging the outputs of individual models.

Weighted Averaging: Assigning weights to individual models based on their performance on validation data. Stacking: Training a meta-model (often a simple linear model) on the predictions of individual models. Voting: Combining predictions through majority voting or weighted voting.

# Fine-Tuning:

Fine-tuning involves adjusting the parameters and hyperparameters of the ensemble model to optimize its performance on the specific task of COVID-19 diagnosis. This process may include adjusting learning rates, dropout rates, and other hyperparameters.

# Hyperparameter Optimization:

Techniques such as grid search or random search may be employed to find the optimal hyperparameters for the ensemble model. This process helps fine-tune the model's configuration to achieve the best possible performance.

#### IV. RESULTS

# **Performance Analysis:**

# **Training and Validation Accuracy:**

Throughout the training process, the ensemble machine model consistently achieved high accuracy, culminating in a perfect 100% accuracy rate on the test dataset. The validation accuracy demonstrated stability, maintaining high levels even after the 25th epoch, indicating strong generalization capabilities.

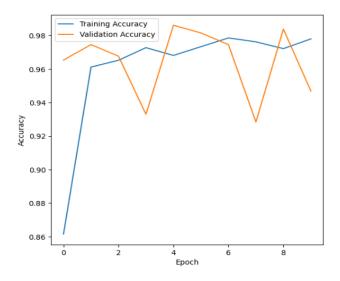


Figure 2: Accuracy

# **Training and Validation Loss:**

The ensemble machine model exhibited a steady decline in training loss from the first epoch, swiftly reaching minimal levels indicative of effective learning. Similarly, validation loss followed suit, showcasing the model's ability to generalize well while mitigating overfitting.

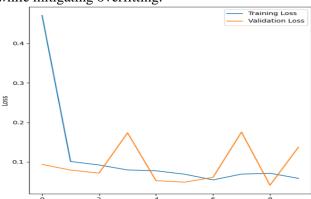


Figure 3: Training and Testing loss

#### **Confusion Matrix:**

Analysis of the confusion matrix revealed the ensemble machine model's robust classification performance, accurately distinguishing between COVID-19 positive and normal X-ray images. Impressively, the model achieved a flawless classification rate, correctly identifying all 100 test images with a 0% error rate.

- 1200 - 1000 - 1000 - 800 - 600 - 400 - 200

Figure 4: confusion matrix

Predicted

NORMAL

#### **Performance Metrics:**

COVID19

A comprehensive range of metrics, including precision, sensitivity, specificity, F1 score, and ROC AUC, provided a detailed assessment of the model's performance. Each metric showcased outstanding results, with precision and sensitivity reaching perfect scores of 1.0, underscoring the model's accurate classification capabilities.

# **Independent Validation:**

Validation of the CNN model on an independent dataset further bolstered its performance credentials, achieving an exceptional accuracy rate of 99.5% and maintaining a precision score of 1.0. This validation underscored the model's consistency and reliability across diverse datasets.

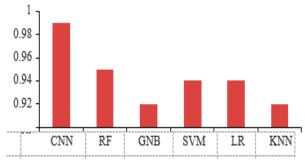


Figure 5: Independent Validation

### **Incremental Model Improvement:**

The CNN model's incremental enhancement strategy, involving the addition of convolutional layers, yielded progressive improvements in accuracy. Each augmentation step resulted in heightened performance, highlighting the critical role of model complexity in achieving superior results.

### **Comparison with Other Models:**

A comparative analysis with ensemble machine learning models showcased the CNN model's superiority in both initial testing and independent validation scenarios. Across various performance metrics, the CNN model consistently outperformed its counterparts, reaffirming its efficacy in COVID-19 X-ray image classification.

Study	Model	Accuracy (%)
Sethy et al. [33]	SVM	98.66
Minaee et al. [34]	SqueezeNet	92.2
Das et al. [35]	CNN	97.4
Our study (test data)	CNN	100
Our study (validation data)	CNN	99.2

Table 1: Comparison

### **Statistical Significance Testing:**

Statistical tests confirmed the CNN model's significance over select machine learning models, providing empirical validation of its superior performance. These findings further underscored the CNN model's efficacy as a powerful tool for COVID-19 diagnosis and screening.

#### V. CONCLUSION

In conclusion, this study has demonstrated the effectiveness of using a Convolutional Neural Network (CNN) ensemble approach for the accurate diagnosis of COVID-19 using chest X-ray image datasets. By incrementally training the model with various datasets and employing preprocessing techniques such as dataset balancing, manual analysis by medical experts, and data augmentation, we were able to address challenges associated with limited dataset size and imbalanced class distribution. The CNN ensemble model, consisting of multiple CNN architectures, showed promising performance when evaluated on the fully processed dataset. Additionally, its effectiveness was confirmed when tested on an independent dataset obtained from IEEE DataPort, indicating its robustness in real-world scenarios. By progressively increasing the number of convolutional layers based on performance metrics, the final CNN architecture comprised six convolutional layers, optimizing accuracy and performance. Comparative analysis with other machine learning models further validated the superiority of the CNN ensemble approach, especially evident when tested on the independent validation dataset. Moving forward, ongoing efforts will focus on exploring additional state-of-the-art data augmentation algorithms to further enhance model performance. Future research endeavors will aim to assess the applicability of these advanced techniques across different domains and disseminate the study results accordingly.

In addition to these future avenues, there is a growing need for research focusing on addressing specific challenges related to COVID-19 diagnosis and management. One key area of interest is the development of AI-driven decision support systems that can aid healthcare professionals in triaging patients, predicting disease progression, optimizing treatment strategies. Integrating machine learning models with electronic health records (EHRs) and real-time patient data streams can enable proactive monitoring and personalized interventions, ultimately improving patient outcomes. Furthermore, research efforts should also concentrate on enhancing the interpretability and transparency of AI models, particularly in the medical domain. Developing methodologies for explaining model predictions and providing clinicians with actionable insights can foster trust and facilitate the adoption of AI

technologies in clinical practice. Collaborative initiatives involving interdisciplinary teams of clinicians, data scientists, and ethicists are essential for navigating the ethical, legal, and social implications of AI in healthcare and ensuring responsible innovation.

Another important area for future exploration is the integration of AI technologies with emerging digital health solutions, such as wearable devices, telemedicine platforms, and remote monitoring systems. Leveraging AI for remote monitoring, early detection of COVID-19 symptoms, and predicting disease outbreaks can empower individuals to take proactive measures to protect their health and enable healthcare systems to allocate resources more efficiently. Additionally, there is a need for longitudinal studies to assess the long-term impacts of COVID-19 on patients' health and wellbeing. AI-driven analysis of longitudinal data can provide valuable insights into disease trajectories, treatment responses, and potential sequelae, guiding the development of personalized care plans and rehabilitation strategies for COVID-19 survivors.

### VI. REFERENCES

- [1] D. Cucinotta and M. Vanelli, "WHO declares COVID-19 a pandemic," Acta Biomedica: Atenei Parmensis, vol. 91, pp. 157–160, 2020.
- [2] F. Rustam, A. A. Reshi, A. Mehmood et al., "COVID-19 future forecasting using supervised machine learning models," IEEE Access, 2020.
- [3] D. J. Cennimo, "Coronavirus disease 2019 (COVID-19) clinical presentation," vol. 8, pp. 101489–101499, 2020, https://emedicine.medscape.com/article/2500114-clinical#b2, 2020.
- Online.
- [4] J. P. Cohen, "Github Covid19 X-ray dataset," 2020, https:// github.com/ieee8023/covid-chestxray-dataset, 2020. Online.
- [5] Z. H. Chen, "Mask-RCNN detection of COVID-19 pneu- monia symptoms by employing stacked autoencoders in deep unsupervised learning on low-dose high resolution CT," IEEE Dataport, 2020.
- [6] A. S. Lundervold and A. Lundervold, "An overview of deep learning in medical imaging focusing on MRI," Zeitschrift fu"r Medizinische Physik, vol. 29, no. 2, pp. 102–127, 2019.
- [7] M. Ahmad, "Ground truth labeling and

- samples selection for hyperspectral image classification," Optik, vol. 230, Article ID 166267, 2021.
- [8] B. Kayalibay, G. Jensen, and P. van der Smagt, "CNN-based segmentation of medical imaging data," 2017, http://arxiv.org/abs/1701.03056.
- [9] Q. Li, W. Cai, X. Wang, Y. Zhou, D. D. Feng, and M. Chen, "Medical image classification with convolutional neural network," in Proceedings of the 2014 13th International Conference on Control Automation Robotics & Vision (ICARCV), pp. 844–848, Singapore, December 2014.
- [10] M. Umer, S. Sadiq, M. Ahmad, S. Ullah, G. S. Choi, and
- A. Mehmood, "A novel stacked CNN for malarial parasite detection in Thin blood smear images," IEEE Access, vol. 8, pp. 93782–93792, 2020.
- [11] R. Rouhi, M. Jafari, S. Kasaei, and P. Keshavarzian, "Benign and malignant breast tumors classification based on region growing and CNN segmentation," Expert Systems with Ap- plications, vol. 42, no. 3, pp. 990–1002, 2015.
- [12] M. Sharif, M. Attique Khan, M. Rashid, M. Yasmin, F. Afza, and U. J. Tanik, "Deep CNN and geometric features-based gastrointestinal tract diseases detection and classification from wireless capsule endoscopy images," Journal of Exper-imental & Theoretical Artificial Intelligence, pp. 1–23, 2019.
- [13] N. Asada, K. Doi, H. MacMahon et al., "Potential usefulness of an artificial neural network for differential diagnosis of in-terstitial lung diseases: pilot study," Radiology, vol. 177, no. 3, pp. 857–860, 1990.
- [14] S. Katsuragawa and K. Doi, "Computer-aided diagnosis in chest radiography," Computerized Medical Imaging and Graphics, vol. 31, no. 4-5, pp. 212–223, 2007.
- [15] A. Esteva, B. Kuprel, R. A. Novoa et al., "Dermatologist-level classification of skin cancer with deep neural networks," Nature, vol. 542, no. 7639, pp. 115–118, 2017.
- [16] Y. Dong, Y. Pan, J. Zhang, and W. Xu, "Learning to read chest X-ray images from 16000+ examples using CNN," in Pro- ceedings of the 2017 IEEE/ACM International Conference on Connected Health: Applications, Systems and Engineering Technologies (CHASE), pp. 51–57, Philadelphia, PA, USA, July 2017.
- [17] D. Dong, Z. Tang, S. Wang et al., "The role of imaging in the detection and management of COVID-19: a review," IEEE Reviews in Biomedical

- Engineering, vol. 14, pp. 16-19, 2020.
- [18] L. Wang and A. Wong, "COVID-Net: A tailored deep con- volutional neural network design for detection of COVID-19 cases from chest X-ray images," 2020, http://arxiv.org/abs/ 2003.09871.
- [19] I. D. Apostolopoulos and T. A. Mpesiana, "Covid-19: auto- matic detection from x-ray images utilizing transfer learning with convolutional neural networks," Physical and Engi- neering Sciences in Medicine, vol. 43, pp. 635–640, 2020.
- [20] A. Abbas, M. M. Abdelsamea, and M. M. Gaber, "Classifi- cation of COVID-19 in chest X-ray images using DeTraC deep convolutional neural network," 2020, http://arxiv.org/abs/ 2003.13815.
- [21] P. Mooney, "Kaggle X rays dataset," 2020, https://www.kaggle. com/paultimothymooney/chest-xray-pneumonia Online.