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**REVIEW ARTICLE** 

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# Machine learning for dengue outbreak prediction: An outlook

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*Abstract:* Dengue is a standout amongst the most well-known viral sicknesses in people. More than 33% of the total populace of world is under risk [9], including many cities of India. Timely prediction of dengue can save person's life by alerting them to take proper diagnosis and care. Prediction of infectious disease, such as Dengue, is a challenging task and most of the prediction methods are still in their infancy. Microarray and RNA-Seq data have been widely deployed for developing predictive model of various dengue. In this project, we propose to develop a machine learning model to predict Dengue. We will take various machine learning classifiers ranging from simple classifiers, like Decision Tree, Naïve Bayes, Model Tree, to complex algorithms such as Support Vector Machines, Neural Networks, Gene Expression Programming, Genetic Programming and ensemble classifiers. The algorithm giving the highest prediction accuracy will be considered for the development of Dengue Prediction Tool. We also propose to develop a novel ensemble classifier for Dengue outbreak prediction.

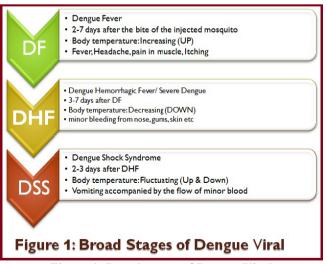
Keywords: Dengue fever, Machine learning algorithm, Prediction, Classification, clinical symptoms, genes

## I. INTRODUCTION

Dengue (alternately known as Dengue fever or Break-bone fever) is the mostly hurriedly diffusion mosquito-bone viral disease in the world. Dengue diseases is brought about by four firmly related infections of viruses known as- DEN-1, DEN-2, DEN-3, and DEN-4. The DEN-5 has been introduced in 2013.

The initial four infections are called serotypes in light of the fact that each has distinctive associations with the antibodies in human blood serum. The four dengue infections are comparative (they share around 65% of their genomes), however even inside a solitary serotype, there is some hereditary varieties.

There are three broad classifications of dengue fever stages that is Dengue fever (DF), Dengue Hemorrhagic Fever (DHF), and Dengue Shock Syndrome (DSS). These are basically stages of dengue infection from infancy stage to critical stage shown in figure 1.





## II. WORK FLOW OF DENGUE OUTBREK PREDICTION

- Data pre-processing and normalization for minimizing noises level in the given data sets.
- Identification of differentially expressed genes (upregulated or down-regulated) that may participate in Dengue outbreak. Looking for the possibility to incorporate other features related to Dengue disease for training the classifier.
- Doing a comprehensive evaluation of well-studies machine learning classifiers for Dengue disease prediction.
- Development of novel ensemble classifiers for Dengue outbreak predictions.
- Development of web-based tool for the classification of Dengue patient based on selected Dengue disease parameters.

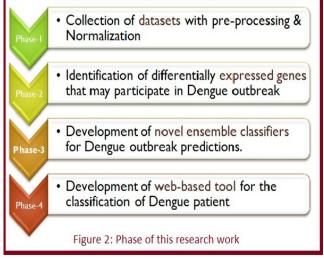


Figure 2: Phases of research work

### **III.** LITERATURE SURVEY

In this review research paper, we explore different related research work of the researchers and try to show it in tabular form. Out of many research works, we conclude thirty research paper in a tabular form (Table 1) in which it shows timeline, methodologies or tool, datasets, conclusion, location and research gap or future scope of that research work.

|               |   | work in Dengue viral p   |   | •  |   |
|---------------|---|--|---|--|---|
| Time<br>-line | Reference/<br>Author(s)   | Methodologies/Tools  | Attribute(s) Used/Conclusion  | Gap/Future<br>Work   | Location/<br>Remarks  |
| 1995          | [19] Focks, D. A.,<br>Daniels, E., Haile,<br>D. G., &<br>Keesling, J. E.                  | Stochastic Simulation<br>Models:<br>1. CIMSiM<br>(Container-Inhabiting<br>Mosquito Simulation<br>Model)<br>2. DENSiM (Dengue<br>Simulation Model)  | Climate Dataset:<br>-Weather data<br>Conclusion:<br>-conclude example of simulation<br>(entomologic, demographic, and<br>epidemiologic)   | Improvement<br>of expectation<br>for dengue<br>investigation                                   | Locations:<br>-Caribbean,<br>-Central<br>America,<br>-South<br>America,<br>-Southeast<br>Asia |
| 2001          | [27] Hopp, M. J.,<br>& Foley, J. A.   | CIMSiM (Container-<br>Inhabiting Mosquito<br>Simulation Model)   | <b>Climate Dataset:</b> Development Rates,<br>Survival Rates, Global-scale, Long-term<br>Average Climate data monthly-mean<br>temperature, Precipitation, Cloud Cover   | Investigation<br>of interannual<br>changeability<br>in mosquito<br>flow                        | Locations:<br>-USA<br>-Asia<br>-and many<br>other<br>locations                                |
| 2002          | [26] Hartley, L.<br>M., Donnelly, C.<br>A., & Garnett, G.<br>P.                           | Mathematical<br>Approach   | Seasonal Dataset:<br>-Recruitment rate,<br>-Biting rate,<br>-Vector Mortality<br>Conclusion: 2-serotype model is<br>considered  | 4-serotype<br>model is under<br>development  | Locations:<br>-Thailand<br>-Bangkok<br>-Malaysia  |
| 2004          | [15] De Paula, S.<br>O., & Fonseca, B.<br>A. L. D.  | -ELISA (Enzyme-<br>Linked<br>ImmunoSorbent<br>Assay) Method<br>-RNA (RiboNucleic<br>Acid) Extraction   | <ul> <li>Five serological Tests Dataset:</li> <li>1. HI (Hemagglutination-Inhibition)</li> <li>2. CF (Complement Fixation)</li> <li>3. NT (Neutralization Test)</li> <li>4. MAC-ELISA (IgM Antibody Capture Enzyme-Linked Immunosorbent Assay)</li> <li>5. Indirect Immunoglobulin G ELISA</li> </ul> | molecular<br>systems may<br>soon accept an<br>imperative<br>part in dengue<br>finding          | <b>Location:</b><br>Brazil  |
| 2005          | [31] Ibrahim, F.,<br>Taib, M. N.,<br>Abas, W. A. B.<br>W., Guan, C. C.,<br>& Sulaiman, S. | -ANN<br>-MatLab Toolbox  | Neural Network Dataset:<br>Input Neurons=9<br>Hidden Neurons=5<br>Output Neuron=1<br>Iteration=25<br>Accuracy=90%<br>Error=10%<br>Clinical and Epidemiological Data:<br>Total Patients 252: (4 DF and 248 DHF<br>Patients).<br>90% prediction accuracy<br>10% prediction error                        | Extended<br>application to<br>assist the<br>clinician  | <b>Location:</b><br>Malaysia  |
| 2007          | [1] Aburas, H. M.   | <ul> <li>Statistically</li> <li>Developed Index:</li> <li>HI (House Index)</li> <li>CI (Container<br/>Index)</li> <li>BI (Breteau Index)</li> <li>ABURAS Index</li> <li>Poisson Distribution<br/>method</li> </ul> | ABURAS Index is use as a new statistical<br>indexing, utilizing Poisson distribution on<br>the basis of the collection of vector<br>populace  | Easy to extend<br>for the<br>prediction of<br>expected<br>amount of<br>confirm<br>dengue cases | Location:<br>Jeddah<br>(Saudi<br>Arabia)  |
| 2007          | [18] Fink, J., Gu,<br>F., Ling, L.,<br>Tolfvenstam, T.,                                   | -ELISA Method  | Gene expression:<br>(IP-10 and I-TAC, A549, MG-132 and<br>ALLN)   | Suggestion for<br>drug discovery<br>by use of  | Location:<br>Singapore  |

Table 1: Related research work in Dengue viral predication

|      | Olfat, F., Chin, K.<br>C., &<br>Vasudevan, S. G.   |  | <b>Conclusion:</b><br>Unbiased gene expression investigation<br>has distinguished new host genes  | therapeutically<br>to improves<br>clinical result                         |  |
|------|--|--|---|---|--|
|      |  |  | connected with dengue disease, which they have approved in functional studies.  |   |  |
| 2008 | [68] Wu, Y., Lee,<br>G., Fu, X., &<br>Hung, T.   | Wavelet, SVM, SVR,<br>GA   | <b>Climate/Weather Dataset:</b><br>-Rainfall, Humidity, Temperature   | More robust<br>algorithm  | <b>Location:</b><br>Singapore  |
| 2008 | [58] Tanner, L.,<br>Schreiber, M.,<br>Low, J. G., Ong,<br>A., Tolfvenstam,<br>T., Lai, Y. L.,<br>& Simmons, C. P.                  | Decision Tree (C4.5)   | Clinical Test Dataset:<br>-Platelet Count<br>-WBC/Lymphocyte<br>-Body Temperature<br>-Haematocrit count or<br>-Neutrophil count<br>No of Patient=1200<br>• 364-Dengue infected<br>• 836-Non-dengue<br>Overall Error Rate=15.7% (after k-fold<br>validation)<br>Conclusion: Decision algorithm could be<br>useful  | Need a huge<br>multi-centre<br>investigation<br>for global<br>utilization | <b>Location:</b><br>Singapore  |
| 2008 | [10] Butt, N.,<br>Abbassi, A.,<br>Munir, S. M.,<br>Ahmad, S. M., &<br>Sheikh, Q. H.  | PCR (Polymerase<br>Chain Reaction)   | Clinical Symptoms Dataset:<br>-Hematological<br>-Biochemical<br>Total Patients 104:<br>Grade-I DHF=66<br>Grade-II DHF=34<br>Grade-III DHF=4<br>Grade-IV DHF=3   | Recommendat<br>ion of early<br>diagnosis<br>based on<br>investigation     | <b>Location:</b><br>Karachi  |
| 2008 | [12] Choudhury,<br>Z. M., Banu, S.,<br>& Islam, A. M.  | Time series<br>Analysis:<br>-SARIMA (Seasonal<br>Autoregressive<br>Integrated Moving<br>Average) Models        | Time series Data:<br>(January 2000 to September 2007)   | More<br>information<br>will be added<br>for the<br>predication            | <b>Locations:</b><br>Dhaka,<br>Bangladesh  |
| 2008 | [14] De Kruif, M.<br>D., Setiati, T. E.,<br>Mairuhu, A. T.,<br>Koraka, P.,<br>Aberson, H. A.,<br>Spek, C. A., &<br>van Gorp, E. C. | -SPSS (Statistical<br>Package for the<br>Social Sciences)<br>version 13.0<br>-mRNA (messenger<br>RNA) Analysis | Gene Expression Dataset:<br>(NFKB1, NFKB2, TNFR1, IL1B, IL8, and<br>TNFA)<br>(TLR7, TLR4R3, TLR1, TLR2, TLR4R4,<br>and TLR4 co-factor CD14)<br>DHF=56 Children  | Improvement<br>of gene array<br>profiling in<br>future                    | Location:<br>Indonesian  |
| 2009 | [11] Cetiner, B.<br>G., Sari, M., &<br>Aburas, H. M.   | ANN  | Climate/Weather Dataset:<br>(Neural Network):<br>@Input Layers=1(with 3 parameters):<br>-mean temperature<br>-mean relative humidity<br>-total rainfall<br>@Output Layer=1(with 1 parameter):<br>- number of dengue confirmed cases<br>@ Hidden Layer=1(with 4 parameters):<br>- On the basis of trail & error, it chosen to<br>be optimum with four processing<br>components | To explore<br>more<br>parameters for<br>prediction                        | Location:<br>World wide<br>Dataset<br>Provider<br>by:<br>Singaporea<br>n National<br>Environme<br>nt Agency<br>(NEA)<br>6 years<br>records<br>(January<br>2001 to<br>April 2007) |
| 2009 | [13] Cordeiro, M.<br>T., Braga-Neto,<br>U., Nogueira, R.<br>M. R., & Marques   | ELISA Method   | ( <b>IgM and IgG</b> )<br>109 dengue infection patients:<br>-59 patients: analyzed by linear<br>discriminant analysis (LDA)   | Offer the<br>website<br>interface with<br>database and                    | <b>Location:</b><br>Brazil   |

|      | Jr, E. T.   |   | -50 patients: Analyzed by independent test set   | diagnosis tool<br>in future   |   |
|------|---|---|--|---|---|
| 2009 | [41] Nascimento,<br>E. J., Braga-Neto,<br>U., Calzavara-<br>Silva, C. E.,<br>Gomes, A. L.,<br>Abath, F. G.,<br>Brito, C. A., &<br>Gil, L. H.  | MAS 5.0<br>(MicroArray Suite)<br>Software                                   | Gene Expression Data:<br>-Various genes<br>Conclusion:<br>Accuracy rates more than 95%   | Validation and<br>other feature<br>will be<br>addressed in<br>future  | <b>Location:</b><br>Brazil  |
| 2009 | [52] Rissino, S.,<br>& Lambert-<br>Torres, G.   | Rough Set Theory  | Symptoms Dataset:<br>-Headache<br>-Vomiting<br>-Temperature<br>Conclusion: Rough set made more<br>familiar in recent year for dengue<br>prediction   | Only on the<br>basis of<br>patient<br>attributes<br>cannot be<br>classify<br>dengue or<br>without<br>dengue | <b>Location:</b><br>Brazil  |
| 2010 | [23] Gomes, A. L.<br>V., Wee, L. J.,<br>Khan, A. M., Gil,<br>L. H., Marques Jr,<br>E. T., Calzavara-<br>Silva, C. E., &<br>Tan, T. W.   | SVM<br>RBF  | Gene Expression Data:Genes=12 (MYD88, TLR3/7/9, RIG1,IRF3/7, CLEC5A, IFN- $\alpha/_{\beta}/_{\gamma}$ , MDA5)Most effective genes: MYD88, and TLR7 <b>RBF kernel function</b> (c value = 1.0 and Cvalue = 10) <b>Patients=28</b> • 15 DF• 13 DHF | Limitation:<br>• Small size<br>of datasets<br>• Sampling<br>bias  | Location:<br>Brazil   |
| 2010 | [2] Aburas, H. M.,<br>Cetiner, B. G., &<br>Sari, M.   | ANN   | Climate Dataset:<br>-mean temperature<br>-relative humidity<br>- total rainfall<br>Total Dataset=14,209 (Dengue confirm<br>cases)  | Explore<br>additional<br>parameters   | Location:<br>Malaysia,<br>Singapore,<br>others<br>Dataset<br>Provider<br>by:<br>Singaporea<br>n National<br>Environme<br>nt Agency<br>(NEA) |
| 2010 | [20] Gadkari, R.<br>A., & Srinivasan,<br>N.   | -PDB (Protein Data<br>Bank) codes<br>-cryoEM (Cryo-<br>electron Microscopy) | <ul><li>Protein-Protein interaction:</li><li>1. E glycoprotein (Envelop Protein)</li><li>2. M protein (Membrane Protein)</li></ul>   | More effective<br>antiviral<br>exploit  | <b>Location:</b><br>India   |
| 2010 | <ul> <li>[25] Guzman, M.</li> <li>G., Halstead, S.</li> <li>B., Artsob, H.,</li> <li>Buchy, P., Farrar,</li> <li>J., Gubler, D. J.,</li> <li> &amp; Nathan, M.</li> <li>B.</li> </ul> | SVM<br>RBF  | Protein-Protein interaction:<br>Structural Proteins=3<br>-Capsid (C), Membrane (M) and Envelope<br>(E).<br>Non- Structural Proteins=7:<br>-(NS1, NS2A, NS2B, NS3, NS4A, NS4B<br>and N55)   | To the<br>development<br>of new tool<br>with scale up   | <b>Locations:</b><br>Southeast<br>Asia,<br>Pacific,<br>Americas   |
| 2010 | [38] Madhu, G.,<br>Reddy, G. S., &<br>Kiranmai, C.  | Rough Set Analysis  | Symptoms Attributes Dataset:<br>-Temperature<br>-Headache<br>-Vomiting   | Integration of<br>rough set<br>analysis with<br>Fuzzy set and<br>Neural<br>network                          | <b>Location:</b><br>Hyderabad,<br>India   |
| 2010 | [46] Rachata, N.,<br>Charoenkwan, P.,<br>Yooyativong, T.,<br>Chamnongthal,<br>K., Lursinsap, C.,<br>& Higuchi, K.   | ANN   | Climate/Weather Dataset:<br>-temperature<br>-rainfall<br>-relative humidity<br>(Taken Probability and maximum,<br>minimum, average intervals by using a  | Include other<br>feature<br>selection<br>method like<br>Hidden<br>Markov                                    | <b>Location:</b><br>Thailand  |

|      |   |   | histogram)<br>Result: Highest accuracy 85.92%   | Models.  |  |
|------|---|---|---|--|--|
| 2010 | [47] Rani, M. U.,<br>Devi, M. K.,<br>Mamatha, D. M.,<br>Seshadri, R., &<br>Avulapti, Y. K.                                    | ETL (Extract,<br>Transform, Load)<br>Tool   | Clinical Dataset:<br>-Blood sample<br>-Number of confirm cases<br>-Number of Death cases<br>Conclusion: Created a data warehouse<br>between period of 2000-2009   | Extension of<br>work   | <b>Locations:</b><br>Andhra<br>Pradesh                                   |
| 2011 | [4] Al-Muhandis,<br>N., & Hunter, P.<br>R.  | Comprehensive<br>Meta-analysis<br>Statistically<br>Developed Index:<br>• HI (House Index)<br>• CI (Container<br>Index)<br>• BI (Breteau Index)  | <b>Conclusion:</b><br>With the confirmation as of now accessible it is unrealistic to state what sorts of instructive modalities are best.  | More<br>investigation  | Locations:<br>Hundreds<br>of countries<br>from<br>different<br>continent |
| 2011 | [5] Althouse, B.<br>M., Ng, Y. Y., &<br>Cummings, D. A.   | Three Methods<br>used:<br>1. Linear regression<br>(Step-down)<br>2. Generalize<br>Boosted regression<br>3. negative binomial<br>Regression<br>Other Two method<br>used:<br>1. Logistic regression<br>2. SVM | -Conclusion: Linear Model found superior<br>than other model by AIC step-down<br>At Bangkok, the model found:<br>$r^2 \sim 0.943$ , and correlation=0.869<br>At Singapore, the model found:<br>$r^2 \sim 0.948$ , and correlation of 0.931<br>- SVM Model performed better logistic<br>regression (in both locations):<br>Area Under Curve (AUC) for the SVM<br>models with the use of 75th percentile<br>cutoff =0.906 (in Singapore) and<br>cutoff=0.960 (in Bangkok) | New disease<br>(like<br>chikungunya)<br>may challenge<br>to this model<br>in future        | Locations:<br>-Singapore<br>-Bangkok                                     |
| 2011 | [24] Gomide, J.,<br>Veloso, A., Meira<br>Jr, W., Almeida,<br>V., Benevenuto,<br>F., Ferraz, F., &<br>Teixeira, M.             | Spatio-temporal<br>Analysis   | Twitter Dataset:<br>Four parameters: volume, location, time<br>and content<br>Conclusion: Twitter can be used to<br>anticipate, locally and momentarily,<br>dengue distress by cluster method   | Extension of<br>Method to<br>other countries   | <b>Location:</b><br>Brazil   |
| 2012 | [8] Brasier, A. R.,<br>Ju, H., Garcia, J.,<br>Spratt, H. M.,<br>Victor, S. S.,<br>Forshey, B. M.,<br>& Rocha, C.              | CART Method<br>Random Forest<br>Method  | Symptoms based Dataset:<br>- Perform 10 trials with 10-fold cross-<br>validation<br>Result: Average accuracy=84.0% (for DF)<br>and 84.6% (for DHF)<br>- AUC=0.87  | More<br>validation<br>requires on<br>independent<br>population                             | Location:<br>Venezuela   |
| 2012 | [9] Buczak, A. L.,<br>Koshute, P. T.,<br>Babin, S. M.,<br>Feighner, B. H.,<br>& Lewis, S. H.                                  | Fuzzy Association<br>Rule Mining  | Clinical, Meteorological, Weather, and<br>Socio-political data:<br>Results:<br>-Positive Predictive value=0.686,<br>-Negative Predictive value=0.976,<br>-Sensitivity=0.615,<br>-Specificity=0.982.   | Enhancing the<br>generality of<br>the method   | Location:<br>Peru  |
| 2012 | [33] Karim, M.<br>N., Munshi, S. U.,<br>Anwar, N., &<br>Alam, M. S.   | ANOVA (Analysis of<br>Variance)   | Climate data:<br>-Humidity, Rainfall, Minimum and<br>Maximum temperature<br>Result: Predicted Dengue disease (≥ 200<br>Cases).<br>AUROC curve= 0.89, 95%<br>CI=0.890.98   | More<br>improvements<br>in model to<br>predict for<br>each month<br>outbreak in<br>future  | <b>Locations:</b><br>Dhaka city,<br>Bangladesh                           |
| 2013 | [30] Huy, N. T.,<br>Thao, N. T. H.,<br>Ha, T. T. N., Lan,<br>N. T. P., Nga, P.<br>T. T., Thuy, T. T.,<br>& Huong, V. T.<br>Q. | Decision based<br>prediction  | Clinical Dataset:<br>DSF: 444 dengue patients<br>-318 patients (72%) with a single shock<br>episode,<br>-126 (28%) with recurrent shock<br>Result: (AUC, 0.73; sensitivity and<br>specificity, 68%)   | Decision<br>system<br>requires to be<br>validated<br>using many<br>independent<br>studies. | <b>Locations:</b><br>Vietnam   |



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# IV. METHODOLOGIES & TOOLS

Data mining is a process of discovering various models, summaries and derived values form a given collection of data. There are the following broad phases for data mining:

- 1. State the problem and formulate the hypothesis
- 2. Collection of data
- 3. Pre-process the data
- 4. Estimate the model
- 5. Interpret the model and draw conclusions

There are too many prominent methodologies and tools are used to for the prediction and experiment of the diseases.

#### 4.1) Tree-based models:

Decision Tree Leaning is one of the methods of classification for approximating discrete-esteemed target operations, in which the trained functions are expressed by a Decision tree. It is one of the most widely used and practical methods for inductive inference.

Classification decision tree model is used where the objective variable can take a limited set of qualities, implies when the predicted result is to the classification to which the data associated. Regression decision tree model is applied where the target variable can be take continuous values, means at the point when the predicted consequence can be viewed as a real value.

#### 4.2) Neural Network models:

Artificial neural network has the capability to cognize experience or observation knowledge represented through intermediate unit association qualities, and can make such learning knowledge accessible for utilization. ANNs are processing device (algorithm or actual hardware) that are loosely modelled after the neural structure of the mammalian cortex but on much smaller scales.

### 4.3) Evolutionary based classifiers:

Evolutionary based classification is a subset of developmental calculation a hereditary populace based

meta-heuristic streamlining algorithm. It is persuaded by biological advancement, for example reproduction, mutation, recombination and selection. There are many powerful techniques based on evolutionary such as Genetic algorithm, Neuro-evolution, Gene expression etc.

### 4.4) Ensemble classifier:

Ensemble model is applied to the combination of multiple models for improvement of the accuracy rate of novel predictive model. It consolidates a progression of k-learned models (M1, M2, M3...Mk) with point of making an enhanced model M\* (figure 3).

Diverse and independent learners can be generated using different learning algorithm, different hyperparameters, different input representation, different training subsets, multi-experts, and multi-stage methodologies.

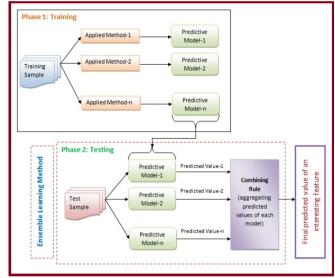


Figure 3: Ensemble Learning Model

#### V. DATA CLASSIFICAITON

Based on the survey of this research, it is found that there are broadly four classification of dataset can be used for the dengue outbreak prediction. The classification is based on symptoms or clinical test (Table 2), climate factor or time series (Table 3), genes (Table 4) and protein (Table 5).

| SYMPTOMS                 | SHORT DESCRIPTION       | <b>REFERENCE(S)</b> |
|--------------------------|-------------------------|---------------------|
| Date of fever            | Month                   | [55]                |
| Residence                | Address                 |                     |
| Days                     | Number of days of fever |                     |
| Metallic Taste           | Yes/No                  | 1                   |
| Joint/Muscle Pain        | Yes/No                  | [52] [16]           |
| Body Temperature/ Sudden | Fever                   | [10][16][52][55]    |
| fever                    |                         |                     |
| Severe Headache          | Yes/No                  |                     |
| Nausea/Vomiting          | Yes/No                  |                     |

 Table 2: List of Symptoms or Clinical Test involved in Dengue Viral

| Diarrhea                       | Yes/No                                | [10][16][55] |
|--------------------------------|---------------------------------------|--------------|
| Shock/ Hypotension             | Fall in Blood Pressure (Yes/No)       | [10][16]     |
| Fits/ Seizures                 | Yes/No                                | [10][10]     |
| Rash/Red Skin                  | Yes/No                                | [10][16][52] |
| Mouth and Nose Bleeding        | Yes/No                                | [16]         |
| Pleural effusion               | Excess fluid                          | [10]         |
| Ascites                        | Abdominal Swelling                    |              |
| Gastrointestinal Bleeding      | Yes/No                                |              |
| Altered level of Consciousness | State/level                           |              |
| Itching                        | Yes/No                                |              |
| Slow heart rate                | Rate of heart beats                   |              |
| Lymphocytes Count              | Number of Lymphocytes                 | [8]          |
| Platelet count (mm3)           | Number of Platelets                   | [8][55]      |
| Abdominal Pain                 | Yes/No                                | [55] [10]    |
| Hemoglobin (gm/dl)             | Range of Hemoglobin                   |              |
| Hematocrit (%)                 | Range of Hematocrit                   |              |
| WBC/ Leukocyte count 103/L     | Number of White Blood Count           |              |
| Behind Eye Pain/ Retro orbital | Yes/No                                | [10]         |
| pain                           |                                       |              |
| Appetite/Anorexia              | Yes/No                                |              |
| Back or Body ache              | Yes/No                                |              |
| Depression                     | Low mood (Yes/No)                     |              |
| Bilirubin (mg/dl)              | Haematoidin test                      |              |
| ALT (U/L)                      | Alanine Aminotransferase              |              |
| AST (U/L)                      | Aspartate Aminotransgerase            |              |
| Gamma-GT (U/L)                 | Gamma-glutamyl transpeptidase         |              |
| Alkaline Phosphatase (U/L)     | Alkaline Phosphatase                  |              |
| PT (sec)                       | Prothrombin Time                      |              |
| APTT (sec)                     | Activated Partial Thromboplastin Time |              |

# Table 3: List of Climate factors & Time series involved in Dengue Viral

| CLIMATE FACTOR   | SHORT DESCRIPTION       | <b>REFERENCE(S)</b> |
|------------------|-------------------------|---------------------|
| Temperature      | Environment temperature | [37]                |
| Rain             | Rain fall               |                     |
| Wind Velocity    | Speed                   |                     |
| Humidity         | Percentage              |                     |
| Period of months | Time Series             | [12][65]            |

# Table 4: List of Genes involved in Dengue Viral

| GENES                    | SHORT DESCRIPTION                                | <b>REFERENCE(S)</b> |
|--------------------------|--|---------------------|
| TNF-Gamma                | Tumor Necrosis Factor                            | [8]                 |
| IL family (2/6/10)       | Interleukin                                      |                     |
| IP-10                    | Interferon gamma-induced protein 10              |                     |
| MIP-1a                   | Macrophage Inflammatory Proteins                 |                     |
| IgG                      | Immunoglobulin G                                 | [10]                |
| IgM                      | Immunoglobulin M                                 |                     |
| CD14                     | Cluster of differentiation 14                    | [14]                |
| NFKB family (1/2)        | Nuclear factor-kappaB                            |                     |
| TLR family (1/2/4/8/4R4) | Toll-like Receptor                               |                     |
| TNFA                     | Tumor Necrosis Factor $\alpha$                   |                     |
| TNFR1                    | Tumor Necrosis Factor Receptor 1                 |                     |
| IL family (8/1B)         | Interleukin                                      |                     |
| CLEC5A                   | C-type lectin domain family 5 member A           | [23]                |
| IFN family (α/β)         | Interferon alpha/Beta                            |                     |
| IRF family (3/7)         | Interferon regulatory factor                     |                     |
| MYD88                    | Myeloid differentiation primary response gene 88 |                     |
| IFN-Gamma                | Interferon Gamma                                 | [23] [8]            |
| TLR family (7/9)         | Toll-like Receptor                               | [23] [14]           |
| RT-PCR                   | Reverse transcription polymerase chain reaction  | [58]                |
| MDA5                     | Melanoma Differentiation-Associated protein 5    | [23] [42]           |

| TLR3                  | Toll-like Receptor 3                      |     |
|-----------------------|---|-----|
| RIG-1                 | Retinoic acid-inducible gene 1            |     |
| CYP9 P450             | Cytochromes Protein                       | [6] |
| CYP9J/ CYP9J26 family | Cytochromes genes                         |     |
| ABCB4                 | ATP binding cassette subfamily B member 4 |     |

#### Table 5: List of Protein involved in Dengue Viral

| PROTEIN                       | SHORT DESCRIPTION               | <b>REFERENCE(S)</b> |
|-------------------------------|---------------------------------|---------------------|
| NS family (1/2A/2B/3/4A/4B/5) | Nonstructural protein 1         | [25]                |
| E Protein                     | Centromere-associated protein E | [50]                |

#### VI. CONCLUSION

Dengue is the fever which can't be identified without the indications for dengue. Dengue can begin from the fever which is mellow in circumstance yet after that it will prompt to deadly state of the casualty. Generally the symptoms effects keep going for one week however at sometimes, it begins re-emerging for 2-3 days.

As there are some prediction models are developed for dengue fever predication. The discipline is very infancy and much work has done, so more research work is needed.

So we are interested to design a new enhanced novel ensemble model for the prediction of dengue outbreak using combination of different machine learning models.

#### VII. FUTURE SCOPE

We would come up with three major outcomes in future:

- A list of attributes (set of genes which are differentially expressed over different samples) which are participating in Dengue disease prediction.
- A comprehensive evaluation of various machine learning classifiers will give us choice for best performing classifier for Dengue outbreak prediction.
- A novel ensemble model designed for the prediction of Dengue outbreak.

#### . . . . . . . . ..

| List of A | bbreviations:                        |
|-----------|--------------------------------------|
| DEN       | : Dengue                             |
| NF        | : Dengue Fever                       |
| DHF       | : Dengue Haemorrhage Fever           |
| DSS       | : Dengue Shock Syndrome              |
| RNA       | : Ribonucleic Acid                   |
| MatLab    | : Matrix Laboratory                  |
| ANN       | : Artificial Neural Network          |
| SVM       | : Support Vector Machine             |
| SVR       | : Support Vector Regression          |
| GA        | : Genetic Algorithm                  |
| RBF       | : Radial Basis Function              |
| ELISA     | : Enzyme-linked immunosorbent Assay  |
| AUC       | : Area Under the Curve               |
| CART      | : Classification And Regression Tree |
| ROC       | : Receiver Operative Characteristics |
| AUROC     | : Area Under Receiver Operative      |
|           | Characteristics Curve                |

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