COPY RIGHT

ELSEVIER
SSRN

2021IJIEMR. Personal use of this material is permitted. Permission from IJIEMR must be obtained for all other uses, in any current or future media, including reprinting/republishing this material for advertising or promotional purposes, creating new collective works, for resale or redistribution to servers or lists, or reuse of any copyrighted component of this work in other works. No Reprint should be done to this paper, all copy right is authenticated to Paper Authors

IJIEMR Transactions, online available on 15th Nov 2021. Link

[:http://www.ijiemr.org/downloads.php?vol=Volume-10&issue=ISSUE-11](http://www.ijiemr.org/downloads.php?vol=Volume-10&issue=ISSUE-11)

DOI: 10.48047/IJIEMR/V10/I11/07

Title **AI-driven deep learning method for diagnosing COVID-19 symptoms**

Volume 10, Issue 11, Pages: 34-49

Paper Authors

**Affan Abdul Moyeed, SyedaShamaila Ayman, Rahma Bamasdoos,
Dr. Mohammed Abdul Bari**

USE THIS BARCODE TO ACCESS YOUR ONLINE PAPER

To Secure Your Paper As Per **UGC Guidelines** We Are Providing A Electronic Bar Code

AI-driven deep learning method for diagnosing COVID-19 symptoms

*Affan Abdul Moyeed¹, SyedaShamaila Ayman², Rahma Bamasdoos³

Dr. Mohammed Abdul Bari⁴

¹ *Computer Science Final Year Student ISL Engineering College, Hyderabad

² Computer Science Final Year Student ISL Engineering College, Hyderabad

³ Computer Science Final Year Student ISL Engineering College, Hyderabad

⁴ Associate Professor & HOD CSE DEPT ISL Engineering College, Hyderabad

*E-mail: affan.moyeed@gmail.com

Abstract: The outbreak of COVID-19 put the whole world in an unprecedentedly harsh situation, horribly disrupting life around the world and killing thousands. COVID-19 remains a real threat to the public health system as it spreads to 212 countries and territories and the number of cases of infection and deaths increases to 5,212,172 and 334,915 (as of May 22, 2020). This treatise provides a response to virus eradication via artificial intelligence (AI). Several deep learning (DL) methods have been described to achieve this goal, including GAN (Generative Adversarial Network), ELM (Extreme Learning Machine), and LSTM (Long / Short Term Memory). It describes an integrated bioinformatics approach that combines various aspects of information from a series of orthopedic and unstructured data sources to form a user-friendly platform for physicians and researchers. A major advantage of these AI-powered platforms is to facilitate the diagnosis and treatment process of the COVID-19 disease. The latest relevant publications and medical reports have been investigated to select inputs and targets for networks that will facilitate arriving at reliable artificial neural network-based tools for COVID-19-related challenges. There are also several specific inputs per platform, including clinical data and data in various formats, such as medical images, which can improve the performance of the introduced method for the best response in real application.

Keyword: COVID-19, Machine Learning, Treatment, Artificial Intelligence

1Introduction:

COVID-19 is short for (Coronavirus disease 2019). It is an communicable disease that is caused by harsh sensitive respiratory syndrome coronavirus 2 (SARS-CoV-2)[1] (See Fig 1). COVID-19 was originally 2019 in Wuhan, China, and since then reach globally and very fast, ensuing in the 2019–2020 coronavirus pandemic [1,4]. The most

frequent symptoms of COVID-19 contain cough, fever and shortness of breath. Other symptoms may comprise diarrhea, muscle pain, sore throat, sputum production, abdominal pain and loss of taste and smell[1,2,5]. Although the bulk of cases end in mild symptoms, some development to pneumonia and multi-organ failure [1,4]. As of March 26, 2020, the in general rate of

deaths per number of diagnosed cases is 4.5 %, but it in fact ranges from 0.2 % to 15 % according to age collection and other physical condition problems [3]

Fig 1: Coronavirus [1,24]

COVID-19 is typically increase during close get in touch with and via respiratory droplets produced. When people sneeze or cough [1,2]. Respiratory drops may be produced throughout breathing but it is not well-thought-out airborne [1]. It may also spread through fomite transmission. For example, touching a physical objects (contaminated surface) and then touching the body's mucous membranes, such as the mouth, nose, or eyes, could potentially bring in the infected agent into the body [1,2]. This is why right and frequent hand washing is so important. It is most infectious when people are symptomatic, although spread may be possible before symptoms appear [2]. COVID-19 can exist on surfaces up to 72 hours [6]. Time from exposure to onset of symptoms is generally between two and fourteen days, with an average of five days [7,8].

Shaping appropriate approaches to arrive at solutions for the COVID-19 related job have well-known a great deal of consciousness. This justifies how and to what degree Artificial Intelligence (AI) might be critical in developing and improvement health care systems on a global scale [9]. Hence, a

serious situation like this necessitates draft and reduction medical, logistic and human capital and AI can not only make easy that but can also save time in aerawhile even one hour of the time save could end in saving lives in all locations where coronavirus is claiming lives. With the current reputation of AI application in clinical contexts, it can play an insignificant role in dropping the number of unwanted deletions as well as improving the output and effectiveness in studies where large samples are involved [10], and advanced degrees of precision in prediction and diagnosis are intended [11]. Utilizing big data can also make easy viral activity modeling studies in any country. The analyses of outcome enable health care policymakers to get ready their country alongside the outbreak of the disease and make knowledgeable decisions [12]. Appropriating AI techniques to transaction with COVID-19 linked issues can fill the null between AI-based methods and medical approaches and treatments. AI specialists' use of AI platforms is able to help in creation connections between a variety of parameters and speed up the processes to obtain best results. As the paper develops, it explores and addresses the potentials of AI approaches to conquer COVID-19 related challenges in section 2. Section 3 of the paper includes a presentation. Section 4 presents the discussion, and Section 5 offers the conclusion.

2 AI & Covid-19

This contemporary segment focuses on the worldwide health crisis that rests on AI-based schemes to monitor and control the

spread of the COVID-19 (coronavirus) pandemic. AI has the capability of scrutinizing the complex medical data. Undergoing a reliable, tactful, and unambiguous diagnostic test is of predominant importance in the prohibition and control of infectious disorders. It is a powerful tool that eases the diagnosis of COVID-19 cases.

AI is one of such technologies that can conveniently trace the dissemination of the virus. It is used to prognosticate the feasible spots of infection, the invasion of the virus, the need for beds, and healthcare specialty in the course of an emergency. It helps in early diagnosis and providing treatment at an early stage using digital approaches and decision science, offers the best training to students and doctors regarding this new disease [13][14].

Hence this section prompts the ideas that can build up and speed up ANN-based methods to amplify the medication methods and health management. A neural network can also be developed to extract the visual features of this disease, and this would help in proper monitoring and treatment of the affected individuals[15][16][17]. It has the efficiency of feeding the regular updates of the patients and also provides keys to be followed in COVID-19 pandemics. Due to a sudden and massive increase in the numbers of patients during the COVID-19 pandemic, healthcare professionals have a very high workload. Here, AI is used to reduce the workload of healthcare workers[18][19][20][21][22][23]. Anyhow, the ideal efficacy of AI tools during COVID-19 widespread depends on the number of human inputs and

Fig 2: Flow Chat How Different Layer Carried out Process.

Fig 3: Application of AI-based methods in classification, analysis and improvement of the medical imaging and pinpointing the approaches

collaboration in distinct roles humans play. Thus, Human Intervention plays an important role in achieving Artificial intelligence capabilities.

Various steps in the implementation of AI-based techniques to overcome COVID-19 challenges are presented in the flow diagram which is exhibited in figure-1. The three crucial steps involved here are Data understanding, Data preparation, and Big data which are of utmost importance for Data mining. The data under discussion consists of medical information such as X-rays, medical reports, and other modes of information that can be converted into data that can be inferred by a machine. The aim

is to encircle inference of analysis and improvement of the medical imaging and pinpointing the approaches as data volume and the overall number of variables to summate the data. In data preparation the raw data (unprocessed data) is refined and transformed so that the data is reorganized, rectified, and combined to improve the data. In Big data, the data is computationally analyzed such as (patients, physical and clinical data) to disclose the patterns which may be structured or unstructured.

The AI specialists and experts study and examine human intervention which is a part of Machine learning methods, to draw out the data with the outstanding structures, patterns and characteristics.

Discovery solutions for high-risk batch that face COVID19 is the main treat. Since accomplishment the best likely results is the main objective, we will try to exhibit ways through which ANN-based methods could

be used as complementary to the conventional ones. As [29] suggested it is necessary to keep patients involved COVID19 registry that highlights clinical variables and cardiovascular complications because it facilitates the identification of the pattern of cardiovascular complications, beyond upward a risk model for cardiac complications, and support with identification and/or prediction of the answer to different types of treatment modalities.

Fig. 4 presents an Extreme Learning Machine (ELM) model that relies on the performed studies in [29] to predict suitable drugs based on individuals who are involved with such cardiovascular complications. ELM ANN can use earlier examples practical to the model to predict desired outputs. This means that preparation the supervised replica happens through the application of the real data in the network. As a result, bearing in mind various forms of viral disease for earlier cases,

Fig 4: An ELM replica& Classifying the top cure [29, 35]

cardiac complications. There are quite a few other studies that contain previously scrutinized ELM with flat network architectures [30, 32-34]. Following the preparation process, new data can be predicted through a test or verification procedure. As [29] suggested, the Coronavirus may cause vascular inflammation, myocarditis, and cardiac arrhythmias. The optional model depends on the data that [29] presents to predict the ways that cardiovascular system is affected by the Coronavirus. The final stages of the disease is realized [35]. extreme use of fluid and drugs, such because NSAIDs that may modify the equilibrium of salt and water in

aged patients, be supposed to be avoided. [35] and biomarkers, particularly in high-risk elderly patients with underlying structural cardiac disease be supposed to be used with care and concern.

Fig. 4 shows a replica that uses Long /Short Term Memory (LSTM) network put forward in [35]. This model relies on appropriately considered inputs to predict the best treatment as precisely as possible. Being capable of maintaining long memory. In addition to electrocardiography and the past of chronic health check illness which can help the model preparation process Mild, moderate and higher phase of COVID-19 disease can be careful as inputs. Employing multiplicative gates that manage nonstop error flow from side to side the inner states of 'memory cells' which are particular units [36]. LSTM neural networks [37] solve the problem of disappearing gradient in Recurrent Neural Networks (RNNs) Hochreiter and Schmidhuber who were the first to introduce this [37] were followed by others who refined and popularized it [38]. LSTM NN has been well-liked and more and more used in robot control, speed gratitude, writing recognition, human action acknowledgment, etc. over the history ten years [39], and it has worked completely in speech recognition [40] and text categorization [41, 42]. The real-time epidemiological data in [45], have been put jointly in an planned manner to predict the disease spread. Fig. 5 illustrates how a DL come near, which is motorized by RNN can forecast the spreading of disease associated with COVID-19 from side to side clinical and geographical big data. Turn on environmental and clinical data, variations

of RNNs can be applied to predict the spread of infection. However, it seems that the best structure to realize the forecast is LSTM system [37], Gated Recurrent Unit RNN (GRURNN) [46], and Clockwork RNN (CW-RNN) [47]. The main purpose of the future structure is to improve the accuracy and speed of recognition and categorization of the issues caused by the virus by utilizing DL-based methods. Although showing, diagnosis, and development assessment of COVID-19 have been efficiently performed from side to side dependence on radiological examinations, counting CT and digital taking photographs (DR) [50, 51], present has been not much previous experience that could approach to help radiologists and technologists to deal with COVID-19 patients.

Fig 5: Forecast of spreading the illness & Purpose of Generative Adversarial Network [45, 55]

In areas hit through the epidemic, negative RT-PCR but positive CT features are important signs of COVID-19 and can emphasize the significance of rapid discovery of the disease that gives the community as healthy as clinicians a better chance to bring the viral increase under control [52]. While radiological examinations such as computed tomography CT has been demonstrated as effective methods for screening and diagnosis, there is evidence that considerable numbers of radiologists and technologists have been infected while serving COVID-19 patients [50]. Lung CT scans of pneumonia caused by COVID-19 picture bilateral, subpleural, and ground-glass opacities with air bronchograms, ill-defined margins, and a slight predominance in the right lower lobe [53]. The image classification model facilitates discrimination of different infections in terms of their appearance and structure. To learn the approximate location information of the patch on the pulmonary image, the model uses relative distance-from-edge as an extra weight [24]

Therefore, relying on the answer and proposals of [64], an LSTM system is put forward for the judgment of COVID-19 linked cardiac association. Bearing in mind that in feedforward neural networks signals are permissible to just move in one direction travelling onward from the contribution to the output. We favor RNNs since they allow signals to travel together ways introducing loops in the system allowing internal relations among concealed units [65]. Opposing to feed forward neural system, an RNN processes the chronological inputs

from side to side a recurring hidden state in which activation at each step is dependent on the previous one; therefore, the aptitude of the system to display dynamic temporal performance [49]. Fig. 6 lists the features as of Tesla cardiac magnetic resonance imaging that can be apply for model education

3 Discussion

Focusing at the opportunity of the ANN software for studying COVID-19-associated contamination troubles, such as excessive-danger sufferers, manage of the outbreak, spotting and radiology, we used RNN, LSTM, GAN and ELM to suggest numerous AI-primarily based totally methods. Advanced device getting to know algorithms can combine and examine big-scale facts associated to COVID-19 sufferers to facilitate a deeper information of viral unfold pattern, enhance the rate and accuracy of diagnosis, expand fresh, powerful healing approaches, or even pick out people who, relying on their genetic and physiological features, are maximum prone to the sickness [75]. Heyman states, AI makes it viable to inform whilst wrong matters are happening, or movements are to be taken regarding COVID-19 as it video display units and collects facts coming from social media, newsfeeds, and airliner ticketing systems [77]. The version proposed right here is specifically targeted on sufferers with coronary heart failure during the hyper-irritation segment of this infection and people for whom systematic recordings of scientific variables and cardiovascular headaches exist.

ELM set of rules is usually recommended for predicting appropriate drugs due to the

fact it's miles fairly fantastic in problem-solving. We proposed an LSTM networks that appear to be correct alternatives for category, process, and prediction in line with time collection facts due to the fact lags of unknown length can also additionally take location among major occasions in a time collection. Predicting the epidemiology and outbreak with the aid of using AI become some other difficulty mentioned on this paper. The version that we cautioned right here is primarily based totally on RNN with a complete set of inputs that may be finished with the aid of using the database provided in [45].

RNNs' prediction of the destiny is encouraged with the aid of using their remembering of beyond events earlier than mastering the underlying sequence of the

Fig 6: Estimation of cardiac indolent/ Remdesivir drug[59, 61]

modern layers RNNs run in a loop. we defined fashions that could examine scientific imaging facilitating the finishing touch of a manner that recognizes COVID-19-associated infections [54]. As for the epidemic area, we defined that COVID-19 might be the case when terrible RT-PCR and advantageous CT are in place. Considering the significance of speedy detection of the viral contamination that can drastically assist with extra powerful manipulate of the viral spread, medical and societal implications of this argument can't be ignored [52]. It became also noted that a large quantity of radiologists and technologists had been inflamed withinside the manner of examining COVID-19 sufferers[50]. COVID-19 pneumonia is mostly visible on lung CT scans as bilateral, subpleural, ground-glass opacities with air

bronchograms, ill-described margins, and a moderate predominance withinside the proper decrease lobe [53].

In the primary case of recognizing, visualization and detection of new human Coronavirus with the aid of using a GAN, the inputs of the proposed community include the outcomes of the human respiration secretions at the human airway, effects of transmission electron microscopy, and genome sequencing of subculture supernatant. therefore, the modern health of the sufferers can't be a assure that they're now no longer hit with the aid of using the ailment and safety netting recommendation must be taken seriously [78]. This highlights the significance of making use of an powerful ANN-primarily based totally method in visualizing and detecting new human Coronavirus. When a education set is given to this technique, it learns to generate new information whilst it makes use of the identical facts because the education set. It is likewise proven that GANs are beneficial for

semi supervised mastering [79], absolutely supervised mastering [80] and reinforcement mastering [81]. The second case of spotting consists of an LSTM technique that estimates cardiac involvement as a result of the virus infection. It is recommended, however, that withinside the 0.33 case of spotting, ELM community does the estimation of Remdesivir's conduct in patient's treatments, sanatorium live, ICU live and symptomatic period. In the ultimate case of spotting a GAN predicts the opportunity of viral gastrointestinal infection.

Deep Learning (DL) offers promising outcomes in time collection statistic evaluation and forecasting. DL fashions are able to gaining knowledge of the temporal dependencies and systems. Convolutional Neural Networks (CNNs) [35] are used for automated function gaining knowledge of and might guide multivariate inputs and outputs for time collection forecasting. Deep functions are extracted the use of Recurrent Neural Networks (RNNs) with a de-noising auto-encoder that may successfully encode patients' health center data for mortality and comorbidity prediction [37]. Long short-time period memory (LSTM) and stacked LSTM Complex relationships may be treated via way of means of Artificial Neural Networks (ANNs) [39]. A kind of ANN known as a Recurrent Neural Network (RNN) can deal with temporal dependencies in the statistic the usage of community loops. LSTM networks triumph over the downside of RNN with the reminiscence cells, enter gate, overlook gate and output gate withinside the community for

greencollection prediction. The usage of deep learning knowledge may be precious to perceive, analyse, anticipate, and make clear the COVID-19 infection, and assist in maintaining up monetary effects. Since the flare-up of the pandemic, there was a scramble to make use of and investigate AI, and different information-analytical instruments, for these reasons [65].

Applying a deep mastering set of rules such because the Convolutional Neural Network (CNN) in diagnosis can assist the professionals in putting the quality remedy plan. A CNN version has been trained primarily based totally on a set of records accumulated with the aid of using a watch motion tracker, which includes visible records from each ordinary and strabismus visions at the same time as thinking about watching deviation (GaDe). After education with numerous GaDe images, the CNN version was a success in figuring out strabismus. The rising Internet of Medical Things (IoMT) paradigm, which is based on sensible scientific systems, also can tune large human fitness problems continuously. In this paradigm, robots are providing assist to aged and disabled human through their clever homes and digital assistants. Epidemic sicknesses may be additionally tracked and averted with the aid of using integrating the records amassed with the IoMT sensors and the records acquired from the associated fitness system [66].

4 Conclusion:

The preferred conceptual systems and structures withinside the studies discipline of AI-primarily based totally strategies, which can be appropriate for handling COVID-19

issues, had been studied on this paper. Different strategies had been developed, incorporating COVID-19's diagnostic systems, including RNN, LSTM, GAN, and ELM. The geographical issues, high-threat people, and spotting and radiology have been the principle issues with COVID-19 and had been studied and mentioned on this work. Also, we confirmed a mechanism for deciding on the best fashions of estimation and prediction of preferred parameters the use of some of scientific and nonclinical datasets. However, it has to be referred to whilst AI accelerates the technique to overcome COVID-19, actual experiments have to take place due to the fact a complete expertise of blessings and obstacles of AI-primarily based totally techniques for COVID-19 is but to be achieved, and novel techniques should be in vicinity for troubles of this degree of complexity. Succeeding within the fight towards COVID-19 in the direction of its eventual loss of life is pretty depending on constructing an arsenal of platforms, techniques, techniques, and equipment that converge to obtain the sought desires and recognize saving extra lives.

References:

1. World Health Organization (WHO).
2. "Coronavirus Disease 2019 (COVID-19) Symptoms". Centers for Disease Control and Prevention. United States.
3. "Coronavirus (COVID-19) Mortality Rate". www.worldometers.info. 5 March 2020..
4. Hui, D., et al. (2020). "The continuing 2019-nCoV epidemic threat of novel coronaviruses to global health—The latest 2019 novel coronavirus outbreak in Wuhan, China". *Int J Infect Dis.* 91: 264–66. doi:10.1016/j.ijid.2020.01.009. PMID 31953166.
5. Anosmia, Hyposmia, and Dysgeusia "Symptoms of Coronavirus Disease". American Academy of Otolaryngology-Head and neck surgery. 22 March 2020.
6. "New coronavirus stable for hours on surfaces". National Institutes of Health. 17 March 2020.
7. "Symptoms of Novel Coronavirus (2019-nCoV)". www.cdc.gov.
8. Velavan, T. ; Meyer, C. (2020). "The COVID-19 epidemic". *Tropical Medicine & International Health.* n/a (n/a): 278–80. doi:10.1111/tmi.13383
9. P. Hamet and J. Tremblay, "Artificial intelligence in medicine," *Metabolism*, vol. 69, pp. S36-S40, 2017
10. S. Huang, J. Yang, S. Fong, and Q. Zhao, "Mining Prognosis Index of Brain Metastases Using Artificial Intelligence," *Cancers*, vol. 11, no. 8, p. 1140, 2019
11. P. Rashidi and A. Bihorac, "Artificial intelligence approaches to improve kidney care," *Nature Reviews Nephrology*, vol. 16, no. 2, pp. 71-72, 2020.
12. D. S. W. Ting, L. Carin, V. Dzau, and T. Y. Wong, "Digital technology and COVID-19," *Nature Medicine*, pp. 1-3, 2020.
13. Gupta R., Misra A., "Contentious issues and evolving concepts in the clinical presentation and management of patients with COVID-19 infection with reference to use of therapeutic and other drugs used in Co-morbid diseases (Hypertension, diabetes etc.) "Diabetes, Metab Syndrome, Elsevier 2020;337-339.
14. Gupta R., Ghosh A., Singh A.K., Misra A. , "Clinical considerations for

patients with diabetes in times of COVID-19 epidemic. *Diabetes & Metabolic Syndrome*, Elsevier . 2020;337-339

15. Haleem A., Vaishya R., Javaid M., Khan I.H., "Artificial Intelligence (AI) applications in orthopaedics: an innovative technology to embrace", National Library of Medicine, 2019.

16. Biswas K., Sen P., "Space-time dependence of coronavirus (COVID-19) outbreak.", Cornell University, arXiv, March 6, 2020.

17. Stebbing J., Phelan A., Griffin I., Tucker C., Oechsle O., Smith D., Richardson P., "COVID-19: combining antiviral and anti-inflammatory treatments", National Library of Medicine Feb . 2020

18. Gozes O, Frid-Adar M, Greenspan H, Browning PD, Zhang H, Ji W, Bernheim A, Siegel E., "Rapid ai development cycle for the Coronavirus (COVID-19) pandemic: initial results for automated detection & patient monitoring using deep learning ct image analysis", Cornell University, arXiv, March 6, 2020.

19. Pirouz B., ShaffieeHaghshenas S., ShaffieeHaghshenas S., Piro P., "Investigating a serious challenge in the sustainable development process: analysis of confirmed cases of COVID-19 (new type of coronavirus) through a binary classification using artificial intelligence and regression analysis", Sustainability. 2020

20. Ting D.S., Carin L., Dzau V., Wong T.Y., "Digital technology and COVID-19.", National Library of Medicine Feb . 2020

21. Wan K.H., Huang S.S., Young A., Lam D.S., "Precautionary measures needed for ophthalmologists during pandemic of the

coronavirus disease 2019 (COVID-19) *Acta Ophthalmol*", National Library of Medicine Feb . 2020

22. Li L., Qin L., Xu Z., Yin Y., Wang X., Kong B., Bai J., Lu Y., Fang Z., Song Q., Cao K., "Artificial intelligence distinguishes COVID-19 from community-acquired pneumonia on chest CT. *Radiology*", National Library of Medicine Feb . 2020

23. Smeulders A.W., Van Ginneken A.M., "An analysis of pathology knowledge and decision making for the development of artificial intelligence-based consulting systems", National Library of Medicine Feb . 2020

24. Fatima M. Salman, Samy S. Abu-Naser, Eman Alajrami, Bassem S. Abu-Nasser, Belal A. M. Ashqar, "COVID-19 Detection using Artificial Intelligence", IJAER Vol 4, March 2020

25. M. Madjid, P. Safavi-Naeini, S. D. Solomon, and O. Vardeny, "Potential effects of coronaviruses on the cardiovascular system: a review," *JAMA cardiology*, 2020.

26. N.-Y. Liang, G.-B. Huang, P. Saratchandran, and N. Sundararajan, "A fast and accurate online sequential learning algorithm for feedforward networks," *IEEE Transactions on neural networks*, vol. 17, no. 6, pp. 1411-1423, 2006.

27. E. Zhu, J. Yin, and G. Zhang, "Fingerprint matching based on global alignment of multiple reference minutiae," *Pattern Recognition*, vol. 38, no. 10, pp. 1685-1694, 2005.

28. G.-B. Huang and C.-K. Siew, "Extreme learning machine: RBF network case," in *ICARCV 2004 8th Control, Automation,*

Robotics and Vision Conference, 2004., 2004, vol. 2: IEEE, pp. 1029-1036.

29. G.-B. Huang, Q.-Y. Zhu, K. Mao, C.-K. Siew, P. Saratchandran, and N. Sundararajan, "Can threshold networks be trained directly?," *IEEE Transactions on Circuits and Systems II: Express Briefs*, vol. 53, no. 3, pp. 187-191, 2006.

30. W. Zong, G.-B. Huang, and Y. Chen, "Weighted extreme learning machine for imbalance learning," *Neurocomputing*, vol. 101, pp. 229- 242, 2013

31. J. W. Cunningham et al., "Natriuretic peptide-based inclusion criteria in a heart failure clinical trial: insights from COMMANDER HF," *JACC: Heart Failure*, vol. 8, no. 5, pp. 359-368, 2020

32. P. Malhotra, L. Vig, G. Shroff, and P. Agarwal, "Long short term memory networks for anomaly detection in time series," in *Proceedings*, 2015, vol. 89: Presses universitaires de Louvain.

33. S. Hochreiter and J. Schmidhuber, "Long short-term memory," *Neural computation*, vol. 9, no. 8, pp. 1735-1780, 1997.

34. K. Kawakami, "Supervised sequence labelling with recurrent neural networks," Ph. D. dissertation, PhD thesis. Ph. D. thesis, 2008

35. X. Ma, Z. Tao, Y. Wang, H. Yu, and Y. Wang, "Long short-term memory neural network for traffic speed prediction using remote microwave sensor data," *Transportation Research Part C: Emerging Technologies*, vol. 54, pp. 187-197, 2015.

36. M. Cai and J. Liu, "Maxout neurons for deep convolutional and LSTM neural networks in speech recognition," *Speech Communication*, vol. 77, pp. 53-64, 2016

37. A. Farzad, H. Mashayekhi, and H. Hassanpour, "A comparative performance analysis of different activation functions in LSTM networks for classification," *Neural Computing and Applications*, vol. 31, no. 7, pp. 2507-2521, 2019.

38. A. Rao and N. Spasojevic, "Actionable and political text classification using word embeddings and LSTM," *arXiv preprint arXiv:1607.02501*, 2016

39. M. Yuan, Y. Wu, and L. Lin, "Fault diagnosis and remaining useful life estimation of aero engine using LSTM neural network," in *2016 IEEE International Conference on Aircraft Utility Systems (AUS)*, 2016: IEEE, pp. 135-140.

40. J. Yang, Y. Guo, and W. Zhao, "Long short-term memory neural network based fault detection and isolation for electro-mechanical actuators," *Neurocomputing*, vol. 360, pp. 85-96, 2019.

41. B. Xu et al., "Epidemiological data from the COVID-19 outbreak, real-time case information," *Scientific data*, vol. 7, no. 1, pp. 1-6, 2020.

42. K. Cho et al., "Learning phrase representations using RNN encoderdecoder for statistical machine translation," *arXiv preprint arXiv:1406.1078*, 2014.

43. C.-J. Hsieh, S. Si, and I. Dhillon, "A divide-and-conquer solver for kernel support vector machines," in *International conference on machine learning*, 2014, pp. 566-574

44. T. I. Poznyak, I. C. Oria, and A. S. Poznyak, "Ozonation and Biodegradation in Environmental Engineering," ed: Elsevier, 2019

45. L. Mou, P. Ghamisi, and X. X. Zhu, "Deep recurrent neural networks for

hyperspectral image classification,” IEEE Transactions on Geoscience and Remote Sensing, vol. 55, no. 7, pp. 3639-3655, 2017.

46. J. Ding et al., “Experience on radiological examinations and infection prevention for COVID-19 in radiology department,” Radiology of Infectious Diseases, 2020. [51] M.-Y. Ng et al., “Imaging profile of the COVID-19 infection: radiologic findings and literature review,” Radiology: Cardiothoracic Imaging, vol. 2, no. 1, p. e200034, 2020.

47. T. Ai, Z. Yang, and H. Hou, “Correlation of chest CT and RT-PCR testing in coronavirus disease 2019 (COVID-19) in China: a report of 1014 cases [published online February 26, 2020],” Radiology. doi, vol. 10.

48. H. Shi et al., “Radiological findings from 81 patients with COVID-19 pneumonia in Wuhan, China: a descriptive study,” The Lancet Infectious Diseases, 2020.

49. I. Banerjee et al., “Comparative effectiveness of convolutional neural network (CNN) and recurrent neural network (RNN) architectures for radiology text report classification,” Artificial intelligence in medicine, vol. 97, pp. 79-88, 2019.

50. N. Zhu et al., “China Novel Coronavirus Investigating and Research Team. A novel coronavirus from patients with pneumonia in China, 2019,” N Engl J Med, vol. 382, no. 8, pp. 727-733, 2020.

51. X. Yi, E. Walia, and P. Babyn, “Generative adversarial network in medical imaging: A review,” Medical image analysis, p. 101552, 2019.

52. I. Goodfellow et al., “Generative adversarial nets,” in Advances in neural information processing systems, 2014, pp. 2672-2680.

53. J. M. Wolterink, T. Leiner, M. A. Viergever, and I. Išgum, “Generative adversarial networks for noise reduction in low-dose CT,” IEEE transactions on medical imaging, vol. 36, no. 12, pp. 2536- 2545, 2017.

54. S. Kohl et al., “Adversarial networks for the detection of aggressive prostate cancer,” arXiv preprint arXiv:1702.08014, 2017.

55. C. Haarbuerger et al., “Multiparametric Magnetic Resonance Image Synthesis using Generative Adversarial Networks,” 2019.

56. T. Xu et al., “Attngan: Fine-grained text to image generation with attentional generative adversarial networks,” in Proceedings of the IEEE conference on computer vision and pattern recognition, 2018, pp. 1316-1324.

57. C. Ledig et al., “Photo-realistic single image super-resolution using a generative adversarial network,” in Proceedings of the IEEE conference on computer vision and pattern recognition, 2017, pp. 4681-4690.

58. J.-Y. Zhu, T. Park, P. Isola, and A. A. Efros, “Unpaired image-toimage translation using cycle-consistent adversarial networks,” in Proceedings of the IEEE international conference on computer vision, 2017, pp. 2223-2232.

59. R. Inciardi, L. Lupi, G. Zacccone, L. Italia, M. Raffo, and D. Tomasoni, “Cardiac Involvement in a Patient With Coronavirus Disease 2019 (COVID-19) JAMA Cardiol. 2020 doi: 10.1001/jamacardio. 2020.1096,” ed: Mar.

60. J. Zheng, C. Xu, Z. Zhang, and X. Li, "Electric load forecasting in smart grids using long-short-term-memory based recurrent neural network," in 2017 51st Annual Conference on Information Sciences and Systems (CISS), 2017: IEEE, pp. 1-6.
61. S. Gupta, J. Parker, S. Smits, J. Underwood, and S. Dolwani, "Persistent viral shedding of SARS-CoV-2 in faeces-a rapid review," medRxiv, 2020.
62. N. Wang, M. J. Er, and M. Han, "Generalized single-hidden layer feedforward networks for regression problems," IEEE transactions on neural networks and learning systems, vol. 26, no. 6, pp. 1161-1176, 2014.
63. F. Xiao, M. Tang, X. Zheng, Y. Liu, X. Li, and H. Shan, "Evidence for gastrointestinal infection of SARS-CoV-2," Gastroenterology, 2020.
64. C. Wang, C. Xu, X. Yao, and D. Tao, "Evolutionary generative adversarial networks," IEEE Transactions on Evolutionary Computation, vol. 23, no. 6, pp. 921-934, 2019.
65. Y. Song et al., "Vital: Visual tracking via adversarial learning," in Proceedings of the IEEE Conference on Computer Vision and Pattern Recognition, 2018, pp. 8990-8999.
66. E. Tzeng, J. Hoffman, K. Saenko, and T. Darrell, "Adversarial discriminative domain adaptation," in Proceedings of the IEEE Conference on Computer Vision and Pattern Recognition, 2017, pp. 7167-7176.
67. E. Yang, C. Deng, W. Liu, X. Liu, D. Tao, and X. Gao, "Pairwise relationship guided deep hashing for cross-modal retrieval," in Thirtyfirst AAAI conference on artificial intelligence, 2017.
68. J. Donahue, P. Krähenbühl, and T. Darrell, "Adversarial feature learning. CoRR," arXiv preprint arXiv:1605.09782, 2017.
69. X. Xu et al., "others," Deep learning system to screen coronavirus disease 2019 pneumonia," arXiv preprint arXiv:2002.09334, 2020.
70. A. Alimadadi, S. Aryal, I. Manandhar, P. B. Munroe, B. Joe, and X. Cheng, "Artificial intelligence and machine learning to fight COVID19," ed: American Physiological Society Bethesda, MD, 2020.
71. Z. Allam and D. S. Jones, "On the coronavirus (COVID-19) outbreak and the smart city network: universal data sharing standards coupled with artificial intelligence (AI) to benefit urban health monitoring and management," in Healthcare, 2020, vol. 8, no. 1: Multidisciplinary Digital Publishing Institute, p. 46.
72. B. McCall, "COVID-19 and artificial intelligence: protecting healthcare workers and curbing the spread," The Lancet Digital Health, vol. 2, no. 4, pp. e166-e167, 2020.
73. T. Greenhalgh, G. C. H. Koh, and J. Car, "Covid-19: a remote assessment in primary care," Bmj, vol. 368, 2020.
74. T. Salimans, I. Goodfellow, W. Zaremba, V. Cheung, A. Radford, and X. Chen, "Improved techniques for training gans," in Advances in neural information processing systems, 2016, pp. 2234-2242.
75. T.-C. Fu, Y.-C. Liu, W.-C. Chiu, S.-D. Wang, and Y.-C. F. Wang, "Learning cross-domain disentangled deep representation with supervision from a single domain," arXiv preprint arXiv:1705.01314, 2017.
76. J. Ho and S. Ermon, "Generative adversarial imitation learning," in Advances

in neural information processing systems, 2016, pp. 4565- 4573.

77. K. Neumann and J. J. Steil, "Batch intrinsic plasticity for extreme learning machines," in International Conference on Artificial Neural Networks, 2011: Springer, pp. 339-346.

78. K. Neumann and J. J. Steil, "Optimizing extreme learning machines via ridge regression and batch intrinsic plasticity," Neurocomputing, vol. 102, pp. 23-30, 2013.