

A Review Study on Machine Learning Approaches on Coronavirus Big Data

Abeer M. Shanshool¹, Ahmed H. Salman², Amaal Ghazi Hamad
Rafash³, Enas Mohammed Hussein Saeed⁴

^{1,2}Department of Computer Technologies Engineering, AL-Esraa University
Collage, Baghdad, Iraq.

³ Department Of Computer Science, Al-Ma'moon University College.

⁴Department of Computer Science, Al- Mustansiriyah University College of
Education, Baghdad, Iraq.

abeer@esraa.edu.iq¹, ahmed@esraa.edu.iq²,

amaal.h.ghazi@almamonuc.edu.iq³,

drenasmohammed@uomustansiriyah.edu.iq⁴

Abstract

Information has the ability for protecting against unexpected events and controlling crises like CoronaVirus Disease COVID-19 pandemic. Because this pandemic has spread so quickly worldwide, only technology-driven management of data could give reliable information in order to help handle the situation. The goal of this research is to look at the potential of the technologies that are related to big data to control and regulate the transmission of COVID-19. To collect the important aspects, a systematic review was conducted using Preferred Reporting Items for Systematic Reviews and Meta-Analyses PRISMA criteria. The thirty-two most relevant documents for the qualitative analyses have been indicated in the present work. This research also identifies 10 potential data sources and 8 essential big data applications for studying virus infection trends, virus associations, transmission patterns, and differences of genetic modifications. Also, it looks at some of the drawbacks of big data, such as privacy concerns, unethical data use, and data exploitation.

The research's results will offer fresh information to administrators and policymakers, allowing them to establish data-driven strategies for addressing and managing the COVID-19 epidemic.

Keywords: Big data, Machine Learning, Artificial Intelligence, COVID-19

1. Introduction

The big massive evolution in social media, industries, services, and internet of things was leading to an unprecedented quantity of digitization data. Size of this saved data worldly expanding as nearly double every 20 months contributing in massive amounts of data known as big data [1].

Big data can be structured or unstructured which require a flexible processing technique majorly based on intelligent methods such as decision trees [2] clustering and swarm intelligence [3,4], etc.

Big Data Analytics in healthcare allows to analyze large datasets from thousands of patients, identifying clusters and correlation between datasets, as well as developing predictive models using data mining techniques aiding in medical fields research by providing various types of highly accurate prediction and simulation [5]

COVID-19 is a quickly growing infection epidemic that has paralyzed life throughout the world, not just in health-care

sector, yet also in various other areas like transportation, education, politics, and supply chains. As of the third week of August (August 19, 2020), the lethal virus has spread to over 214 nations, leading to more than 780,000 mortalities and 22 million confirmed cases worldwide [6, 7]. Approximately 250,000 confirmed cases, along with 10,000 deaths, have been reported since mid-March, and the rapidity of the disease outbreak and its effect with regard to death in such a short time is unprecedented [8]. The absence of powerful specialists and the general population, combined with the antibody's failure to generate resistance to the coronavirus, has resulted in a number of defensive epidemics [9]. Weariness, muscle pains, dehydration cough, shortness of breath, and hemoptysis are all frequent symptoms of COVID-19, with phlegm buildup, headache, and hemoptysis being less frequent. The individual who exhibits all of the above-mentioned symptoms is a COVID-19 virus affected individual. As seen in fig 1, the virus settles in the lungs and thereby inhibits lung function, with an increase in effect lasting up to 14 days.



Figure1: COVID-19 Symptoms

The most reliable source for COVID-19 diagnostic testing is the United States Polymerase Chain Reaction (PCR) test. The same test type was utilized to diagnose SARS virus in 2002. In the case when the two genes are present, the result becomes positive; in the case where just a single gene is present, results are inconclusive; and if neither of the two genes is present, the result is negative. Lastly, the doctor requested a chest Computed Tomography CT scan, which confirmed the diagnosis of COVID-19 and demonstrated that the lung was infected with the virus. Therefore, while CT scans properly identified 98% of individuals infected with viruses, Reverse Transcription-Polymerase Chain Reaction RT PCR testing only

did so 71% of the time [10]. COVID-19 Diagnostic Resource Center lately launched an online training course for ministry of health officials, physicians, laboratory publicists, and anyone else involved in COVID-19 laboratory diagnosis and testing [11]. Fast transmission and death rates could be controlled with an immediate effective method [9].

The use of conventional technology for managing and controlling epidemics is ineffective. Daily, new information is created which communicates a beneficial message for COVID-19 epidemic prevention. As a result, it is important to archive it; this is a massive amount of data that may be utilized for developing effective countermeasures against the Corona virus [12].

In addition, big data analytics represents one of the critical tools for analyzing those massive data amounts in order to identify trends, virus relatedness, transmission patterns, and changes in genomic features [13]. Since big data can manage large amounts of data, it could explain virus transmission nature to the infected persons. Also, it aids in the development of an effective prevention strategy to halt the spread of the disease.

In today's world, information technology is unavoidable [14]. The quick advancement of information technology has resulted in a demand for it in every industry [15]. The health

sector is no exception, with information technology being used in practically every aspect of the industry [16]. Because of a technological logical shift, HIT (i.e. Health Information Technology) now encompasses a wide variety of information, computer, and health [17].

Conventional medical practices are being transformed into adopting new information technology for the enhancement of the development at all of the phases of health care services [18]. The HIT includes mobile health, e-health, email, social media sessions, and messaging, among other modern technology [19].

Scientists, practitioners, and health-care employees can benefit from big data analysis. Forecasting permits transportation in a given area using big data analysis and might be utilized for demonstrating how the virus is spreading worldwide and development in the medical profession. Also, big data is assisting in the development of an effective crisis treatment. Various researches on COVID-19 epidemic [20], guidelines for infection control [21], health services [22], safety [20], application of digital technologies [23], in the formation of research behaviors [24], and expert opinions [25] have already been published, yet a possibility of the big data technologies remains untapped.

The essential steps of COVID19 are depicted in Figure 2 below, which are driven via big data management. This covers the following four steps in the main frame: big data technology, data sources of COVID-19, big data processing, and big data applications [26].

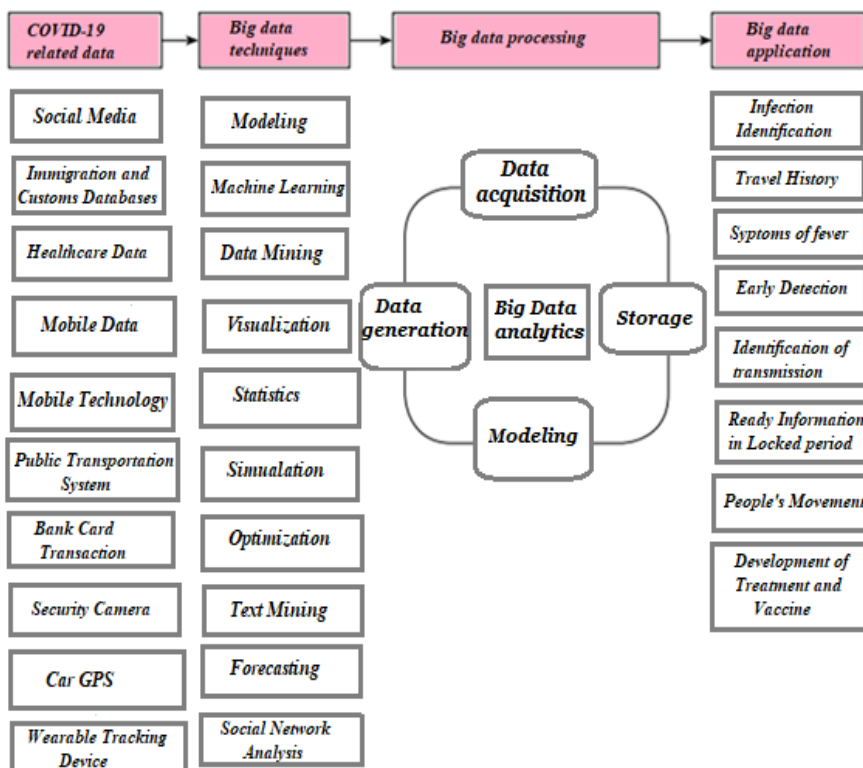


Figure 2: The technology of big data for COVID19

The explanation details are given in the next sub-sections:

1.1 Sources of COVID-19 related big data.

This research thoroughly examines all of the papers chosen and identifies 10 potential sources of big data. With regard

to individual's movement, treatment, information seeking, and day-to-day affairs, such sources supply a massive amount of COVID-19-related data. Customs and immigration databases, social media, mobile data, COVID-19 database/healthcare data, public transportation, mobile technology, security camera/closed-circuit camera, bank card transactions, and the vehicle's GPS are all key sources of big data, as indicated in table(1). Individual's connections to numerous social media platforms including Twitter, Facebook, IMO, WeChat, and QQ are among the most common sources of information [26]. Social media can deliver both accurate information and misleading false information. The majority of nations have taken several similar measures in response to the Corona epidemic, like extensive testing, social distance, washing hands, wearing masks, avoiding crowded locations, using sanitizers, and closures [27]. Furthermore, certain advanced nations, such as South Korea, China, Japan, and Taiwan, have built its own health application for tracking individual's movements and collect electronic health record (HER) via the application [28]. Because numerous big data sources can be considered to be inexpensive, simple to use, and readily available, they could be a valuable resource for designing proper COVID-19 crisis management strategies.

1.2 Big data techniques:

Machine learning, modeling, visualization, data mining, simulation, statistics, text mining, optimization, social network analysis and forecasting are among the 10 main approaches highlighted in this research for COVID-19 crisis management Table(2). After gathering data from multiple sources, policymakers and scholars can readily make decisions utilizing such strategies. Using big data analytics, real-time monitoring of COVID19 could be accomplished. Researchers are working on big data analytics-compatible model for enhanced forecasting of the transmission of COVID-19.

Big data analytics could help individuals in visualizing their data's movements, allowing them to make more rapid decisions. Machine Learning (ML) is a well-known approach for mapping COVID-19 transmission trends, forecasting, and hotspots. Generally, some ML models and methods, like Markov model, Boltzmann machine, and neural network, have the ability to manage COVID-19. Data mining is another prominent method for limiting the pandemic. Several governments had employed a data mining method to analyze the trend of coronavirus transmission already. Policymakers and practitioners are also using visualization to map transmission patterns, hotspots, and susceptible locations. Statistics allow to

understand the size of infection rates, recovery, and morbidity, which aids in developing effective COVID-19-fighting measures. With the use of big data, optimization, simulation, and text mining could assist in forecasting any future outbreaks. Forecasting allows for the essential actions to be taken in the battle against COVID-19 pandemic. Furthermore, social network analyses represent a method of analyzing social network data in order to determine the extent of a COVID-19 outbreak in real time.

Table 1: Major sources of big data associated with COVID-19

<i>References</i>	<i>Source of data</i>	<i>Characterization</i>
Lin and Hou [٢9]	Bank card transactions	Credit & debit card transaction in POS, ATM, and online transactions
Saheb [26]	Social media	Social media networks and apps
Jovanović <i>etal.</i> [١5]	Public transport system	Aviations, ground and railway
Whitelaw et al. [27]	Immigration as well as customs data-bases	Seaports, land ports and airports
Whitelaw <i>etal.</i> [27]	COVID-19 data-base/Health-care data	Many diagnostic centers as well as hospital
Radanliev <i>etal.</i> [30]	Mobile data	Mobile Firms
Dwivedi <i>etal.</i> [31]	Mobile technology	Many mobile technology or apps
Whitelaw <i>etal.</i> [٢7]	Wearable tracking device	Many devices for tracking individual's movement

Whitelaw <i>etal.</i> [٢7]; Aceto <i>etal.</i> [32]	Security camera/ Closed-circuit camera	Security camera of various areas, such as railway stations, road, land ports, airport, home and office
Beaunoyer <i>etal.</i> [33]; Vafea <i>etal.</i> [34]	Car GPS	GPS of cars as well as other transportation

Table 2: Potential methods of the big data for the management of COVID-19 pandemic

<i>Technique</i>	<i>Researcher</i>
Modeling	Liu <i>etal.</i> [٣5]; Whitelaw <i>etal.</i> [27]
ML	Khanday <i>etal.</i> [37]; Sujath <i>etal.</i> [٣6];
Visualization	Preuveners <i>etal.</i> [41]; Zhou <i>etal.</i> [40];
Data mining	Kumar [38]; Benke & Benke [39]
Simulation	Rahman <i>etal.</i> [43]; Nazir <i>etal.</i> [42];
Statistics	Benke & Benke [٣9]
Text mining	Khanday <i>etal.</i> [٣7]
Optimization	Ajayi <i>etal.</i> [44]
Social network analyses	Yuan <i>etal.</i> [47]; Rajendran <i>etal.</i> [48]
Forecasting	Hu <i>etal.</i> [46]; Shinde <i>etal.</i> [٤5];

2. Big Data Applications

Travel history, infection identification, early detection, fever symptoms, people's movement, ready information in the period of the lockdown, identification of transmission, and vaccines and treatments' development are among the 8 key applications in this work as in table (3) [49, 9,

34, 17, 23, 35]. Big data has now been proven to aid in the diagnosis and identification of infected individuals. Also, big data utilized to predict treatment outcomes, which aids in the selection of treatment options [50]. Genomic data, for instance, can be employed in numerous PCR to acquire precise information regarding the likely threat of COVID-19 in a certain area [51].

Comparably, travelers can benefit from genomic data. The traveler's genome data and history could serve to paint a clear image regarding viral diversity, which could aid in the development of successful treatments. This type of information can even be employed in locations where no genomic data is available as the reference [52]. For instance, Zhongnan Hospital in China studied a dataset that included 11500 persons, with 170 and 276 people being recognized as infected and suspected, respectively, allowing for easy hematology and pathogen testing [53]. Many public entities gather daily data for body temperature from a broad set of persons and compile it into a big data-set [54]. That fever-related data-set is helpful in identifying suspected cases and infected ones. Big data can potentially aid with early detection by analyzing a dataset [55].

Big data is useful for identifying transmission patterns and forecasting outbreaks. For instance, Giordano et al. [56]

evaluated a pandemic dataset in Italy and anticipated the potential of COVID-19 epidemic, which aided in the development of an effective control strategy. Comparably, Castillo-Chavez and Brauer [57] utilized model for predicting patterns of COVID-19 human transmission with the use of dataset from Italy and were effective. Such type of model can as well be used for visualizing infected areas and COVID19 transmission hotspots. Strzelecki [58] conducted another investigation on the global scope of COVID-19 epidemic with the use of a large Google dataset. The researcher used the Google Trends tool for visualizing the outbreak trends as well as likely hotspots of COVID19 outbreaks using data from Italy, China, Iran, and South Korea.

With the use of a large dataset, a data optimization model could offer a higher accuracy in predictions of the future as well as current epidemics. People can readily acquire ready information about the epidemic status, its intensity, sensitivity, exposure, and possible measures of control from results of numerous analyses during a lockdown time [59]. Big data may also be used for tracking the transmission pattern of COVID-19, which is highly beneficial for healthcare organizations in order to keep the problem under control [1]. Zhao et al. [60], for instance, analyzed data from 854 424 flight travelers from

multiple airports in Wuhan, throughout Dec. 2019 and Jan. 2020 for detecting patterns of the transmission of the virus. They have used statistical models and a big data technique to discover a highly significant link between infection cases and population. Big data-driven modeling also aids in determining the number of sick people in a given location. COVID-19 vaccination is currently an urgent concern in order to protect individuals from the deadliest threats of COVID19 [61].

In addition, big data allows for the analysis of a huge dataset and the selection of an appropriate element for the development of the vaccination. The researchers had already attempted to produce a vaccination utilizing big data techniques, which aid in the screening of effective spike sequences for vaccine production.

Table3. Possible big data applications for the management of COVID-19 pandemic

Researcher	Application	Descriptions
Halem <i>etal.</i> [٤9]; Vafea <i>etal.</i> [٣٤]	Infection identification	Big data aids in the identification of infected individuals as well as the preservation of records for future use.
Petersen et al. [٥٠]	Travel history	The individual that comes in contact with an infected individual can be identified by their travel history, which aids in viral containment.
Ohia <i>etal.</i> [٢٣]	Fever Symptoms	Big data is used for storing the data about persons' fevers and

		associated signs so that it may be used in the detection of suspicious individuals.
Liu et al. [٣٥]	Early detection	Big data aids in the detection of infection trends and early detection.
Haleem et al. [٤٩]	Transmission Identification	Because COVID19 is a disease that spreads quickly, big data could aid in identifying the area and way of the transmissions and controlling it.
Zwitter and Gstrein [٩]	Ready information in lockdown period	When individuals are forced to remain at their homes because of a lockdown, they require immediate information that can be delivered by big data.
Chen et al. [١٧]	People's movement	The movement of individuals can be simply tracked with the use of big data technology, which can also assist in identifying potential affected areas.
Zwitter and Gstrein [4]	Treatment and vaccination development	Developing vaccines and treatments could be accomplished through sophisticated digital technologies

3. Challenges of Big Data Implementation

Operating obstacles, expertise limitations, resource limitations, and regulatory challenges, as well as limited market access, privacy, and ethical considerations as in table (4) have all been recognized as challenges [4٩, ٢٤, 27, 62–65].

Expertise limitations caused by a lack of cooperation amongst the member of the staff, inadequate data handling, data analyses expertise, and communication capacity are all elements in each major difficulty. Comparably, operational issues arise as a result of a lack of data integration knowledge, poor approachability, inadequate patient support, and a reluctance to work. Data creditability, poor regulatory compliance, work pressure and necessary expensive investment are the most common causes of regulatory problems. Another issue with big data implementation is resource constraints, which are caused by regulatory constraints, data use restrictions, poor data access, and incorrect diagnosis. Through tackling the aforementioned difficulties, big data technologies could be used to their full potential. One of the most significant problems in using big data technology to combat the COVID-19 pandemic is a limitation of expertise.

For handling massive data analysis and interpretation, a professional team is required. Operational problems create roadblocks to implementing a big data strategy. The lack in standard and error-free data-bases also makes it difficult to come up with a reliable solution. Errors in the data-sets can often produce results which raise doubts about the results'

credibility. To acquire reliable findings, you'll need a dataset that's clean and error-free.

Controlling COVID-19 is primarily concerned with keeping people healthy and safe. At the same time, data security and privacy are critical. However, a few software tools, in order to analyze and track the status of virus propagation, require personal data such as travel trajectory, location, birth date, age, citizenship identity, in addition to other difficulties [65, 66].

To use person's personal information and defend data privacy, the expert team must be trustworthy and sincere. Throughout the handling of a large dataset, the responsible authority must keep an eye on ethical considerations.

Table4. Challenges that are related to the implementation of big data for the management of COVID-19 pandemic

Dimensions of the challenges	Factors	Researcher
Expertise limitations	Lack in the cooperation amongst the staff, Insufficient capability for handling data, lack in the expertise of data analyses, poor communications	Whitelaw <i>et al.</i> [٢7]
Regulatory challenge	Insufficient regulatory compliances Data Creditability Work pressure Required high investment	Owusu [24]

Operational challenges	Lack in data integration knowledge Insufficient support to the patients Reluctance to work Low degree of the approachability	Halem <i>etal.</i> [49]
Limited accesses to the markets	Low decision making power Low incentives Lack in value addition	Li <i>etal.</i> [63]
Resource limitations	Constraints of the regulation Restrains on the utilization of data Insufficient data access Incorrect diagnoses	Elshater & Abusada [62]
Ethical problems	All of the ethical standards have to be handled	Tsai & Ma [65]
Privacy	Maintenance of everybody's privacy	Anisetti <i>etal.</i> [64]

4. Conclusion

As a result of a lack in the efficient control methods, the pandemic of COVID19 had spread rapidly worldwide. Control measures based on technology could be a useful instrument in containing the global crisis. A novel health-care service concept is using big data to improve health-related life quality. At several phases, the healthcare business can benefit from big data technologies. The utilization of big data is being hailed as a game-changer in terms of improving people's lives. We have offered a survey of the most recent solutions in the fight against

the new coronavirus in this study. First, we went over the COVID-19 virus, its foundations, and the drivers of big data in order to find effective and quick approaches to battle COVID-19 disease. Virus spread tracking, disease outbreak prediction, therapy and diagnosis, and vaccine and medication discovery are just a few of the big data uses for COVID-19. Furthermore, we examined the hurdles that must be overcome in order for big data to be successful in the fight against the COVID-19 epidemic.

References

1. Russeen M Hussain, Enas Mohammed Hussien Saeed, "Encryption of Association Rules Using Modified Dynamic Mapping and Modified (AES) Algorithm". 2019 International Conference of Computer and Applied Sciences (1st CAS2019). Mustansiriyah University, Education College, Computer Science Department, Baghdad, Iraq.
2. Amaal Ghazi Hamad Rafash, Enas Mohammed Hussein Saeed, "A Proposal for Escaping Local Optima in C4.5 Decision Tree by Using Explorative Search Space Guiding Through Random Search technique". Journal of Al-Ma'moon College, Vol. 28, pp 341-353, 2016.
3. Ruwaida M. Yas, Soukaena H. Hashem, "Unequal clustering and scheduling in Wireless Sensor Network using

- Advance Genetic Algorithm". MAICT, Journal of Physics: Conference Series 1530 (2020) 012076 IOP Publishing.
doi:10.1088/1742-6596/1530/1/012076
4. Amaal Ghazi Hamad Rafash, Enas Mohammed Hussein Saeed, Al-Sharify Mushtaq Talib. "Development Of An Enhanced Scatter Search Algorithm Using Discrete Chaotic Arnold's Cat Map". Eastern-European Journal of Enterprise Technologies, Vol.6, No. 4, Issue 114, pp 15-20, 2021. DOI:10.15587/1729-4061.2021.234915
 5. Ristevski B, Chen M. Big data analytics in medicine and healthcare. J Integr Bioinform. 2018 doi: 10.1515/jib-2017-0030.
 6. .“World Health Organization Q&A on coronaviruses (COVID-19)”, <https://www.who.int/news-room/q-a-detail/q-a-coronaviruses>, Accessed in April, 2020
 7. .“Role of frontline workers in prevention and management of coronavirus ” , <https://www.mohfw.gov.in/pdf/PreventionandManagementofCOVID19FLWEnglish.pdf>, 2020
 8. .“WHO – coronavirus disease (COVID-19) pandemic”, <https://www.who.int/emergencies/diseases/novel-coronavirus-2019>, Accessed in April, 2020

9. “Modes of transmission of virus causing COVID-19: implications for IPC precaution recommendations”, <https://www.who.int/newsroom/commentaries/detail/modes-of-transmission-of-viruscausing-covid-19-implications-for-ipc-precautionrecommendations>, Accessed in March, 2020
10. “What to know about COVID-19 diagnosis”, <https://www.healthline.com/health/coronavirus-diagnosis#whats-involved>, Accessed in March, 2020
11. “COVID-19 diagnostics resource centre”, <https://www.finddx.org/covid-19/>, Accessed in 2020
12. Zhu B, Zheng X, Liu H, et al. Analysis of spatiotemporal characteristics of big data on social media sentiment with COVID-19 epidemic topics. *Chaos, Solitons and Fractals* 2020; 140: 110123.
13. Pham QV, Nguyen DC, Huynh-The T, et al. Artificial intelligence (AI) and Big Data for Coronavirus (COVID-19) pandemic: a survey on the state-of-the-arts. *IEEE Access* 2020; 8: 130820-39.
14. Sarker MNI, Yang B, Lv Y, et al. Climate Change adaptation and resilience through big data. *Int J Adv Comput Sci Appl* 2020; 11: 533-9.
15. Jovanović A, Klimek P, Renn O, et al. Assessing resilience of healthcare infrastructure exposed to COVID-19: emerging

- risks, resilience indicators, interdependencies and international standards. *Environ Syst Decis* 2020; 40: 252-86.
16. Pratap R, Javaid M, Haleem A, Suman R. Internet of things (IoT) applications to fight against COVID-19 pandemic Diabetes & Metabolic Syndrome: Clinical Research & Reviews Internet of things (IoT) applications to fight against COVID-19 pandemic. *Diabetes Metab Syndr Clin Res Rev* 2020; 14: 521-4.
 17. Chen PT, Lin CL, Wu WN. Big data management in healthcare: adoption challenges and implications. *Int J Inf Manage* 2020; 53: 102078.
 18. Galetsi P, Katsaliaki K, Kumar S. Big data analytics in health sector: theoretical framework, techniques and prospects. *Int J Inf Manage* 2020; 50: 206-16.
 19. Galetsi P, Katsaliaki K. A review of the literature on big data analytics in healthcare. *J Oper Res Soc* 2020; 71: 1511-29
 20. Khan MU, Shah S, Ahmad A, Fatokun O. Knowledge and attitude of healthcare workers about middle east respiratory syndrome in multispecialty hospitals of Qassim, Saudi Arabia. *BMC Public Health* 2014; 14: 128.
 21. Million M, Gautret P, Colson P, et al. Clinical efficacy of chloroquine derivatives in COVID-19 infection: comparative

- meta-analysis between the big data and the real world. *New Microbes New Infect* 2020; 38: 100709
22. Haleem A, Javaid M, Vaishya R. Effects of COVID-19 pandemic in daily life. *Curr Med Res Pract* 2020; 10: 78-9
23. Ohia C, Bakarey AS, Ahmad T. COVID-19 and Nigeria: putting the realities in context. *Int J Infect Dis* 2020; 95: 279-81.
24. Owusu PN. Digital technology applications for contact tracing: the new promise for COVID-19 and beyond? *Glob Heal Res Policy* 2020; 5: 36.
25. Qi Y, Du CD, Liu T, et al. Experts' conservative judgment and containment of COVID-19 in early outbreak. *J Chinese Gov* 2020; 2346: 140-59.
26. Saheb T. An empirical investigation of the adoption of mobile health applications: integrating big data and social media services. *Health Technol (Berl)* 2020; 10: 1063-77
27. Whitelaw S, Mamas MA, Topol E, Van Spall HGC. Applications of digital technology in COVID-19 pandemic planning and response. *Lancet Digit Heal* 2020; 2: e435-40
28. Shaw R, Kim Y, Hua J. Governance, technology and citizen behavior in pandemic: lessons from COVID-19 in East Asia. *Prog Disaster Sci* 2020; 6: 100090.

29. Lin L, Hou Z. Combat COVID-19 with artificial intelligence and big data. *J Travel Med* 2020; 27: taa080. 2. Haleem A, Javaid M, Khan IH, Vaishya R. Significant applications of big data in COVID-19 pandemic. *Indian J Orthop* 2020; 54: 526-8.
30. Radanliev P, De Roure D, Walton R, et al. COVID-19 what have we learned? The rise of social machines and connected devices in pandemic management following the concepts of predictive, preventive and personalized medicine. *EPMA J* 2020; 11: 311-32
31. Dwivedi YK, Hughes DL, Coombs C, et al. Impact of COVID-19 pandemic on information management research and practice: transforming education, work and life. *Int J Inf Manage* 2020; 55: 102211
32. Aceto G, Persico V, Pescapé A. Industry 4.0 and Health: Internet of Things, Big Data, and Cloud Computing for Healthcare 4.0. *J Ind Inf Integr* 2020; 18: 100129.
33. Beaunoyer E, Dupéré S, Guitton MJ. COVID-19 and digital inequalities: reciprocal impacts and mitigation strategies. *Comput Human Behav* 2020; 111: 106424.
34. Vafea MT, Atalla E, Georgakas J, et al. Emerging technologies for use in the study, diagnosis, and treatment of patients with COVID-19. *Cell Mol Bioeng* 2020; 13: 249-57

35. Liu M, Ning J, Du Y, et al. Modelling the evolution trajectory of COVID-19 in Wuhan, China: experience and suggestions. *Public Health* 2020; 183: 76-80.
36. Sujath R, Chatterjee JM, Hassanien AE. A machine learning forecasting model for COVID-19 pandemic in India. *Stoch Environ Res Risk Assess* 2020; 34: 959-72.
37. Khanday AMUD, Rabani ST, Khan QR, et al. Machine learning based approaches for detecting COVID-19 using clinical text data. *Int J Inf Technol* 2020; 12: 731-9.
38. Kumar S. Monitoring novel corona virus (COVID-19) infections in India by cluster analysis. *Ann Data Sci* 2020; 7: 417-25.
39. Benke K, Benke G. Artificial Intelligence and big data in public health. *Int J Environ Res Public Health* 2018; 15: 2796.
40. Zhou C, Su F, Pei T, et al. COVID-19: challenges to GIS with big data. *Geogr Sustain* 2020; 1: 77-87.
41. Preuveneers D, Berbers Y, Joosen W. The future of mobile e-health application development: Exploring HTML5 for context-aware diabetes monitoring. *Procedia Comput Sci* 2013; 21: 351-9.

42. Nazir S, Khan S, Khan HU, et al. A comprehensive analysis of healthcare big data management, analytics and scientific programming. *IEEE Access* 2020; 8: 95714-33.
43. Rahman MA, Zaman N, Asyhari AT, et al. Data-driven dynamic clustering framework for mitigating the adverse economic impact of Covid-19 lockdown practices. *Sustain Cities Soc* 2020; 62: 102372.
44. Ajayi A, Oyedele L, Akinade O, et al. Optimised Big Data analytics for health and safety hazards prediction in power infrastructure operations. *Saf Sci* 2020; 125: 104656.
45. Shinde GR, Kalamkar AB, Mahalle PN, et al. Forecasting models for coronavirus disease (COVID-19): a survey of the state-of-the-art. *SN Comput Sci* 2020; 1: 197.
46. Hu Z, Ge Q, Li S, et al. Artificial intelligence forecasting of Covid-19 in China. *arXiv.org Preprint* 2020; 1–20. <https://doi.org/arXiv:2002.07112>.
47. Yuan CT, Nembhard IM, Kane GC. The influence of peer beliefs on nurses' use of new health information technology: a social network analysis. *Soc Sci Med* 2020; 255: 113002.
48. Rajendran DK, Rajagopal V, Alagumanian S, et al. Systematic literature review on novel corona virus SARSCoV-2: a threat to human era. *VirusDisease* 2020; 31: 161-73

49. Haleem A, Javaid M, Khan IH, Vaishya R. Significant applications of big data in COVID-19 pandemic. *Indian J Orthop* 2020; 54: 526-8
50. Muhammad LJ, Islam MM, Usman SS, Ayon SI. Predictive data mining models for novel coronavirus (COVID-19) infected patients' recovery. *SN Comput Sci* 2020; 1: 206.
51. Hassanien A, Dey N, Elghamrawy S. *Big Data Analytics and Artificial Intelligence Against COVID-19: Innovation Vision and Approach*. Springer International Publishing, Cham 2020. <https://doi.org/10.1007/978-3-030-55258-9>.
52. Chae S, Kwon S, Lee D. Predicting infectious disease using deep learning and big data. *Int J Environ Res Public Health* 2018; 15: 1596.
53. Jia Q, Guo Y, Wang G, Barnes SJ. Big data analytics in the fight against major public health incidents (including COVID-19): a conceptual framework. *Int J Environ Res Public Health* 2020; 17: 6161.
54. Sarker MNI, Wu M, Chanthamith B, Ma C. Resilience through big data: natural disaster vulnerability context. *Advances in Intelligent Systems and Computing* 2020; 105-18.
55. Sarker MNI, Khatun MN, Alam GM, Islam MS. *Big Data Driven Smart City: Way to Smart City Governance*. 2020

- International Conference on Computing and Information Technology (ICCIT-1441). IEEE 2020; 1-8. <https://doi.org/10.1109/ICCIT-144147971.2020.9213795>.
56. Giordano G, Blanchini F, Bruno R, et al. Modelling the COVID-19 epidemic and implementation of populationwide interventions in Italy. *Nat Med* 2020; 26: 855-60.
57. Brauer F, Castillo-Chavez C. *Mathematical Models in Population Biology and Epidemiology*. Springer New York, New York, NY 2012.
58. Strzelecki A. The second worldwide wave of interest in coronavirus since the COVID-19 outbreaks in South Korea, Italy and Iran: a google trends study. *Brain Behav Immun* 2020; 88: 950-1.
59. Ding D, del Pozo Cruz B, Green MA, Bauman AE. Is the COVID-19 lockdown nudging people to be more active: a big data analysis. *Br J Sports Med* 2020; 54: 1183-4.
60. Zhao X, Liu X, Li X. Tracking the spread of novel coronavirus (2019-nCoV) based on big data. *medRxiv preprint* 2020; 1-11. <https://doi.org/10.1101/2020.02.07.20021196>
61. Burlacu A, Mavrichi I, Crisan-Dabija R, et al. “Celebrating old age”: an obsolete expression during the COVID-19 pandemic? Medical, social, psychological, and religious

- consequences of home isolation and loneliness among the elderly. Arch Med Sci 2021; 17: 285-95.
62. Abusaada H, Elshater A. COVID-19 challenge, information technologies, and smart cities: considerations for well-being. Int J Community Well-Being 2020; 3: 417-24.
63. Li H, Zheng S, Liu F, et al. Fighting against COVID-19: innovative strategies for clinical pharmacists. Res Soc Adm Pharm 2021; 17: 1813-8.
64. Anisetti M, Ardagna C, Bellandi V, et al. Privacy-aware Big Data Analytics as a service for public health policies in smart cities. Sustain Cities Soc 2018; 39: 68-77.
65. Ma KSK, Tsai SY. Big Data-driven personal protective equipment stockpiling framework under Universal Healthcare for Disease Control and Prevention in the COVID-19 era. Int J Surg 2020; 79: 290-1
66. Pham QV, Nguyen DC, Huynh-The T, et al. Artificial intelligence (AI) and big data for coronavirus (COVID-19) pandemic: a survey on the state-of-the-arts. IEEE Access 2020; 8: 130820-39.