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COVID and nutrition: A machine learning perspective

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| ARTICLE INFO | A B S T R A C T |
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| Keywords: Machine learning Random forest Multilayer perceptron COVID-19 Nutrition Diet Big data | A self-report questionnaire survey was conducted online to collect big data from over 16000 Iranian families (who were the residents of 1000 urban and rural areas of Iran). The resulting data storage contained over 1 M records of data and over 1G records of automatically inferred information. Based on this data storage, a series of machine learning experiments was conducted to investigate the relationship between nutrition and the risk of contracting COVID-19. With highly accurate scores, the findings strongly suggest that foods and water sources containing certain natural bioactive and phytochemical agents may help to reduce the risk of apparent COVID-19 infection. |

1. Introduction

The Sars-Cov-2 pandemic (COVID-19) is a global crisis that has caused widespread devastation. Numerous researchers have attempted to address its various facets since it first surfaced. In computer engineering, machine learning is a prominent method of providing datadriven insights into newly emerging diseases such as the COVID-19.

Various aspects of this pandemic are data-driven, including infection diagnosis based on CT scans of patients [1,2] or other symptoms [3], infection diagnosis based on metabolomics [4] and serologic data [5,6], epidemiologic analysis [7,8] and predictions [9], viral genetics [10] and host epigenetics studies [11], evolutionary path discovery [12], contact tracing [13] and quarantine enforcing [13], and numerous other aspects [14].

An observational study was conducted to ascertain the relationship between families' dietary nutrition regimens and their risk of contracting COVID-19 [15]. To this end, an online self-report questionnaire survey was conducted to collect data from over 16000 Iranian families (residents of 1000 urban and rural areas of Iran). The resulting data storage contained over 1 M records of data and over 1G records of automatically inferred information. Based on this data storage, a series of machine learning experiments was conducted to investigate the relationship between nutrition and the risk of contracting COVID-19.

2. Data collection

The resulting data storage includes some records regarding the effects of lifestyle factors (e.g., nutrition, water consumption sources, physical activity, smoking, age, gender, ethnic origin, health and disease factors, and a variety of other factors) on COVID-19 infection status in families (i.e., the residents of a home). These items combine to form a collection of 125 features (84 features for the nutrition state of the family). Phase 1 collected 11K completed questionnaires until the end of Mordad (July–August). Following that, an additional 5K completed questionnaires were added until Day (December), bringing the total to over 16K completed questionnaires in Phase 2. A subset of the research data is available in Ref. [16].

3. Data preprocessing

All incomplete or blank records were discarded (less than 3% of the total data). An object-oriented model for data processing was designed and implemented in Java. This Java code generated the required CSV tables for machine learning experiments.

4. Hyperparameter optimization

A greedy parameter optimization algorithm was used to calculate the best window size for running averages (Fig. 1). Running averages let us

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Fig. 1. Learning Performance vs. Window Size for the Running Average (an averaging filter for inputs).



Fig. 2. Histogram for Feature 25 with Class-Tag Coloring (Daily Tea Drinking as a habit in lifestyle). The greater value indicates micro-communities with a higher prevalence of tea consumption.

| Table | T | | |
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| Results of random f | forest with | 10-fold | cross-validation. |
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transform discrete data to continuous space data for micro-communities [24] (Fig. 2).

5. Experiments and results

Weka was used as the primary platform, running on a Corei7equipped PC. The results of twenty experiments (Tables I–II indicated that the accuracy rate was acceptable. Numerous classification algorithms have been evaluated. The random forest algorithm [17] and the multilayer perceptron algorithm [18] both performed better in terms of accuracy. According to calculations on billions of permutations of nutrition conditions and dietary regime items using data from people's diets and infection status, many dietary conditions significantly reduced the risk of apparent COVID-19 infection by 90%. In comparison, certain dietary factors increased risk by a factor of three or more. The findings indicate that certain diets may have a protective effect against COVID-19-related death (Fig. 3) (see Table 3).

An ID3 algorithm [19] (with 2540 instances of data and 9 features) was executed on Colab, and a decision tree was developed for several essential features with a Gini coefficient of 0.5 (Fig. 4).

The Appendix contains some of the observed results (for Phase 1 until Mordad for 11000 families). The researchers could obtain additional information about the data [16] or submit a request.

6. Metabolites experiments

Nutrition and lifestyle factors can affect the blood serum metabolite profile. Thus, metabolite analysis is a technique for examining the relationship between nutrition and the COVID-19. This section analyzed metabolomics data from a Chinese study (in Wuhan) [20], which included 430 metabolite features for 96 blood tests on 44 samples (including healthy, moderate, severe, and fatal COVID-19 cases). As a result, 96 instances with 430 features were available to analyze the relationship between blood metabolites and the status and severity of COVID-19 infection. Additionally, five data experiments were conducted in this section (with 10-fold cross-validation). The results indicated that precision and accuracy were nearly 90%, and the ROC was approximately 0.99 (see Table 3).

The J48 algorithm's decision tree indicated that the key control variables "death" and "survival" in severe COVID-19 cases were the blood level of T3 thyroid hormone (see Fig. 5). This finding corroborates the research results of several previous studies [21,22].

| Random Forest | Window Size For Running Average (Averaging Filter) | # Of Features | # Of Instances | # Of Classes | Accuracy % | Time (Computational Complexity) |
|------------------|--|---------------|----------------|--------------|---------------|---------------------------------|
| EXP-1 | 1 | 9 | 2540 | 4 | 67 | 20 seconds |
| EXP-2 | 20 | 9 | 2540 | 4 | 47 | 20 seconds |
| EXP-3 | 20 | 83 | 16227 | 4 | 85.17 | 2 minutes |
| EXP-4 | 20 | 122 | 16227 | 4 | 86.31 | 5 minutes |
| EXP-5 | 1 | 125 | 16227 | 2 | 87.39 | 5 minutes |
| EXP-6 | 1 | 125 | 16227 | 4 | 74.35 | 5 minutes |
| EXP-7 | 20 | 125 | 16227 | 4 | 86.40 | 5 minutes |
| EXP-8 | 50 | 125 | 16227 | 4 | 94.33 | 5 minutes |
| EXP-9 | 100 | 125 | 16227 | 4 | 96.96 | 5 minutes |
| EXP-10 | 200 | 125 | 16227 | 4 | 98.18 | 5 minutes |
| EXP-11 | 400 | 125 | 16227 | 4 | 99.04 | 5 minutes |

Table 2

Results of multilayered perceptron with 10-fold cross-validation.

| Multilayer Perceptron | Window Size For Running Average (Averaging Filter) | # Of Features | # Of Instances | # Of Classes | Accuracy % | Time (Computational Complexity) |
|--------------------------|--|---------------|----------------|--------------|---------------|---------------------------------|
| EXP-12 | 1 | 9 | 2540 | 4 | 71* | 1 minutes** |
| EXP-13 | 20 | 9 | 2540 | 4 | 37 | 10 minutes |
| EXP-14 | 20 | 83 | 16227 | 4 | 81.26 | 2 hours |
| EXP-15 | 20 | 122 | 16227 | 4 | 76.00 | 3 hours |
| EXP-16 | 1 | 125 | 16227 | 2 | 84.51 | 3 hours |
| EXP-17 | 1 | 125 | 16227 | 4 | 67.25 | 3 hours |
| EXP-18 | 20 | 125 | 16227 | 4 | 76.43 | 3 hours |
| EXP-19 | 50 | 125 | 16227 | 4 | 92.22 | 3 hours |
| EXP-20 | 100 | 125 | 16227 | 4 | 94.99 | 3 hours |

^{*} Deep Neural Network.

** Using Colab.research.google.com.



Fig. 3. The above diagram was plotted for the citizens of Tehran in the research dataset for 330K dietary conditions associated with a reduction in the risk of COVID-19. Each point represents a distinct group of dietary conditions, and each condition is further subdivided into four subparts (e.g., daily coffee consumption, daily dairy consumption, weekly consumption of fish, and high consumption of fast foods).

7. Dietary experiments of countries

On a broader scale, differences exist between countries regarding nutrition diets and COVID-19 statistics. This study conducted some classification experiments using the dataset provided by Ref. [23]. The first 99 countries with a high COVID prevalence were classified into 46

Table 3Results of metabolites data experiments.

| | Task | Classification Algorithm | Precision % | Recall % | ROC |
|------------|------------------------------------|----------------------------------|----------------|-------------|-------|
| EXP- M1 | COVID-19 Fatality Prediction | J48 | 85 | 78 | 0.84 |
| EXP- M2 | COVID-19 Fatality Prediction | Dl4jMlp (Deep Neural Network) | 86 | 77 | 0.88 |
| EXP- M3 | COVID-19 Fatality Prediction | Multilayer Perceptron | 90 | 97 | 0.989 |
| EXP- M4 | COVID-19 Fatality Prediction | Logistic Regression | 90 | 97 | 0.994 |
| EXP- M5 | COVID-19 Fatality Prediction | Random Forest | 82 | 100 | 0.98 |



Fig. 4. ID3 for 2540 instances of data with 9 features.



Fig. 5. The J48 algorithm's decision tree suggests that the key control variables for "death" and "survival" in severe COVID-19 cases were the level of T3 thyroid hormone in the blood.

Table 4Results of dietary data experiments results.

| | Task | Classification Algorithm | Window Size for Running Average | Accuracy % |
|--------|------------------------------------|-----------------------------|---------------------------------|---------------|
| EXP-C1 | COVID-19 Mortality Rate Prediction | Random Forest | 1 | 64.65 |
| EXP-C2 | COVID-19 Mortality Rate Prediction | Random Forest | 10 | 92.3 |

countries with a high COVID-19 mortality rate and 53 countries with a low COVID-19 mortality rate. The classification algorithms were validated with 10-fold cross-validations using 31 nutritional and dietary features. The reported findings show a strong correlation between countries' nutritional/dietary states and their COVID-19 mortality rates (see Table 4).

8. Conclusion

A comprehensive questionnaire survey was conducted with over 16000 Iranian families to collect data (the residents of more than 1000 different urban cities and rural areas of Iran). The survey resulted in the creation of big data of COVID-19 and lifestyle (with more than 1 M of data records and more than 1G of items collected by acquiring semantic entailment rules- for a digest report, see Table 5). The resulting big data set included records about the effect of lifestyle factors (nutrition, water sources, physical activity, smoking, age, gender, health and disease factors, and a variety of other factors) on COVID-19 infection status in families (i.e., the residents of a home). The findings strongly indicated that foods and water sources containing several naturally occurring hypomethylating agents significantly reduced the risk of apparent COVID-19 infection. Overall, the experimental data indicated an

Appendix

Table 5 a digest of results. acceptable level of accuracy for the relationship between nutrition and Sars-Cov-2 infection. Moreover, computations on billions of combinations of nutrition conditions and dietary regime items indicated that several dietary conditions mitigated the risk of apparent COVID-19 infection.

Declaration of competing interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

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| Factor in Family LifeStyle | ODSETVED COVID-19 apparent Infection Risk Change (in %) | Relative Risk ¹ (RR) | Stanstical Significance duc to 99.9% Confidence Interval | Statistical Significance due to 95% Confidence Interval | Number of Questionnaires |
|---|---|---------------------------------------|---|---|-----------------------------|
| Turmeric | -87 | 0.45 | Yes | Yes | More Than 11K |
| Black pepper | -65 | 0.51 | Yes | Yes | More Than 11K |
| Islamic Fasting for entire Ramadan | -61 | 0.55 | Yes | Yes | About 10K |
| Cinnamon | -59 | 0.55 | Yes | Yes | More Than 11K |
| Legume and chickpea | -52 | 0.55 | Yes | Yes | About 5K |
| Dark chocolate, dark cocoa | -50 | 0.54 | Yes | Yes | About 3K |
| Bell pepper | -48 | 0.59 | Yes | Yes | More Than 11K |
| Tea | -48 | 0.66 | Yes | Yes | More Than 11K |
| Sea salt | -48 | 0.57 | Yes | Yes | About 10K |
| Vitamin D or Multivitamin Tablets | -46 | 0.62 | Yes | Yes | More Than 11K |
| Walnuts or Nuts | -46 | 0.62 | Yes | Yes | More Than 11K |
| Consuming Rose Water Once a Few Days In Food Or Drink | -46 | 0.60 | No | Yes | About 5K |
| High consumption of apple juice or apple | -14 | 0.86 | No | No | About 5K |
| Home water purification devices | 21 | 1.23 | No | Yes | More Than 11K |
| High consumption of deep frying or fried foods | 24 | 1.25 | No | Yes | More Than 11K |
| Soft drinks and soda | 24 | 1.25 | No | No | About 3K |
| High consumption of sugar | 26 | 1.27 | No | No | About 3K |
| Monthly consumption of fish meat or seafood | 27 | 1.31 | Yes | Yes | More Than 11K |
| Weekly consumption of fish meat or seafood | 28 | 1.30 | Yes | Yes | More Than 11K |
| High consumption of sweet pepper (not bell pepper, excluding bell pepper) | 37 | 1.37 | No | Yes | About 10K |
| Eat fish meat or seafood once every two or three days | 42 | 1.44 | Yes | Yes | More Than 11K |
| High consumption of fast food | 45 | 1.46 | Yes | Yes | More Than 11K |
| Pumpkin | 49 | 1.5 | No | Yes | About 3K |
| Sugar substitute, artificial sweeteners | 60 | 1.62 | Yes | Yes | More Than 11K |

| Fruits natural products: Grape Syrup | -45 | 0.61 | Yes | Yes | About 5K |
|--|-----|------|-----|-----|----------------|
| Daily yogurt consumption | -45 | 0.64 | Yes | Yes | About 10K |
| Tahini and natural | -44 | 0.61 | Yes | Yes | About 10K |
| products like it | | | | | |
| Low or controlled | -44 | 0.62 | Yes | Yes | More Than 11K |
| consumption of oil | | | | | |
| Consume Courgette | -44 | 0.59 | Yes | Yes | about 5K. |
| once every ten days | 10 | 0.05 | | | |
| Garlic | -42 | 0.05 | Yes | Yes | More Than 11K |
| Consume Eggplant | -42 | 0.04 | Yes | Yes | about 5K. |
| once every ten days | | | | | |
| High consumption | -41 | 0.67 | Yes | Yes | More Than 11K |
| of fruits and | | | | | |
| vegetables | | 0.07 | | | |
| Natural Honey | -41 | 0.07 | Yes | Yes | More Than 11K |
| Green pea | -38 | 0.03 | No | No | About SK. |
| Ginger | -30 | 0.08 | Yes | Yes | More Than TIK |
| Fruits natural | -35 | 0.67 | Yes | Yes | About 10K |
| products: muit-roll | 22 | 0.74 | | | |
| Local dairy products | -33 | 0.71 | Yes | Yes | More Than 11K |
| Daily coffee | -33 | 0.69 | Yes | Yes | More Than 11K |
| consumption | 22 | 0.71 | | | N/ Th 1177 |
| (whole-wheat flour) | -52 | 0.71 | Yes | Yes | More Than ITK. |
| Soybean and its products | -32 | 0.70 | No | Yes | About 5K |
| Head Cabhage | -31 | 0.69 | No | Ves | About 10K |
| Islamic fasting, once | -31 | 0.69 | No | No | About 10K |
| a week | | | | | |
| Vegetarian diet | -29 | 0.71 | No | No | About 10K |
| Probiotic dairy products | -25 | 0.76 | No | Yes | More Than 11K |
| Slimming weight | -24 | 0.77 | No | No | About 10K |
| calorie diet | | | | | |
| Non-alcoholic beer | -21 | 0.79 | No | No | About 5K |
| Physical exercise and walking | -19 | 0.82 | No | Yes | More Than 11K |
| Tobacco and smoking | -15 | 0.86 | No | No | More Than 11K |

References

- [1] Ghavami Rassa, Hamidi Mehrab, Masoudian Saeed, Mohseni Amir, Lotfalinezhad Hamzeh, Ali Kazemi Mohammad, Moradi Behnaz, et al. Accurate and rapid diagnosis of COVID-19 pneumonia with batch effect removal of chest CTscans and interpretable Artificial intelligence. 2020. p. 11736. arXiv preprint arXiv: 2011.
- [2] Cai Wenli, Liu Tianyu, Xue Xing, Luo Guibo, Wang Xiaoli, Shen Yihong, Fang Qiang, Sheng Jifang, Chen Feng, Liang Tingbo. CT quantification and machine-learning models for assessment of disease severity and prognosis of COVID-19 patients. Acad Radiol 2020;27(12):1665–78.
- [3] Ahamad Md Martuza, Aktar Sakifa, Rashed-Al-Mahfuz Md, Uddin Shahadat, Pietro Liò, Xu Haoming, Summers Matthew A, Quinn Julian MW, Moni Mohammad Ali. A machine learning model to identify early stage symptoms of SARS-Cov-2 infected patients. Expert Syst Appl 2020;160:113661. K. Elissa, "Title of paper if known," unpublished.
- [4] Halamka John, Paul Cerrato, Adam Perlman. Redesigning COVID 19 care with network medicine and machine learning: a review. Mayo Clin Proc: Innovat Qual Outcome 2020.
- [5] Wu Jiangpeng, Zhang Pengyi, Zhang Liting, Meng Wenbo, Li Junfeng, Tong Chongxiang, Li Yonghong, et al. Rapid and accurate identification of COVID-19 infection through machine learning based on clinical available blood test results. medRxiv; 2020.
- [6] Subudhi Sonu, Verma Ashish, Patel Ankit B, Hardin Charles C, Khandekar Melin J, Lee Hang, Stylianopoulos Triantafyllos, Munn Lance L, Dutta Sayon, Jain Rakesh K. Comparing machine learning algorithms for predicting ICU admission and mortality in COVID-19. medRxiv; 2020.
- [7] García-Ordás, Teresa María, Arias Natalia, Benavides Carmen, García-Olalla Oscar, Benítez-Andrades José Alberto. Evaluation of country dietary habits using machine learning techniques in relation to deaths from COVID-19. In: Healthcare. 8. Multidisciplinary Digital Publishing Institute; 2020. p. 371. 4.

- [8] Dun Chen, Walsh Christi, Bae Sunjae, Adalja Amesh, Toner Eric, Lash Timothy A, Hashim Farah, Joseph Paturzo, Segev Dorry L, Makary Martin A. A machine learning study of 534,023 medicare beneficiaries with COVID-19: implications for personalized risk prediction. medRxiv; 2020.
- [9] Willette Auriel A, Willette Sara A, Wang Qian, Pappas Colleen, Klinedinst Brandon S, Scott Le, Larsen Brittany, Amy Pollpeter, Brenner Nicole, Tim Waterboer. Using machine learning to predict COVID-19 infection and severity risk among 4,510 aged adults: a UK Biobank cohort study. medRxiv; 2020. 06.
- [10] Esmail Sally, Danter Wayne R. DeepNEU: a machine learning stem cell simulation platform for evaluating the impact of loss of function and gain of function mutations in the SARS-CoV-2 genome. 2020.
- [11] Glasscock Jarret. RNA and machine learning: a rational design for multidimensional biomarkers. Drug Target Rev 2020.
- [12] Derecichei Iulian, Atikukke Govindaraja. Machine learning model to track SARS-CoV-2 viral mutation evolution and speciation using next-generation sequencing data. In: Proceedings of the 11th ACM International Conference on bioinformatics. Computational Biology and Health Informatics; 2020. 1-1.
- [13] Narzullaev Anvar, Muminov Zahriddin, Narzullaev Mavlutdin. Contact tracing of infectious diseases using wi-fi signals and machine learning classification. In: 2020 IEEE 2nd International Conference on artificial Intelligence in engineering and Technology (IICAIET). IEEE; 2020, p. 1–5.
- [14] Lalmuanawma Samuel, Hussain Jamal, Chhakchhuak Lalrinfela. Applications of machine learning and artificial intelligence for COVID-19 (SARS-CoV-2) pandemic: a review. Chaos, Solitons & Fractals; 2020. p. 110059.
- [15] Besharati Mohammad Reza. Nutrition and COVID-19, risk factors and relative risks (version 3). August 15. Zenodo; 2020. https://doi.org/10.5281/zenodo.3986834.
- [16] Besharati Mohammad Reza. COVID-19 risk and LifeStyle (Part1-Nutritions). V2. Mendeley Data; 2020. https://doi.org/10.17632/y37mz23vyv.2.
- [17] Breiman Leo, Random forests. Mach Learn 2001;45(no. 1):5–32.[18] Ruck Dennis W, Rogers Steven K, Kabrisky Matthew. Feature selection using a
- multilayer perceptron. J Neural Network Comput 1990;2(2):40–8.
- [19] Quinlan JRoss. Induction of decision trees. Mach Learn 1986;1(1):81-106.

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- [20] Wu Di, Shu Ting, Yang Xiaobo, Song Jian-Xin, Zhang Mingliang, Yao Chengye, Wen Liu, et al. Plasma metabolomic and lipidomic alterations associated with COVID-19. medRxiv; 2020.
- [21] Gao W, Guo Y, Shi M, Dong G, Wang G, Ge Q, Zhu J, Zhou X. Thyroid hormone concentrations in severely or critically ill patients with COVID-19. J Endocrinol Invest 2020:1–10.
- [22] Agarwal Shubham, Agarwal Sanjeev Kumar. Endocrine changes in SARS-CoV-2 patients and lessons from SARS-CoV. Postgrad Med 2020.
- [23] García-Ordás, Teresa María, Arias Natalia, Benavides Carmen, García-Olalla Oscar, José Alberto Benítez-Andrades. Evaluation of country dietary habits using machine learning techniques in relation to deaths from COVID-19. In: Healthcare, 8. Multidisciplinary Digital Publishing Institute; 2020. p. 371. 4.
- Multidisciplinary Digital Publishing Institute; 2020. p. 371. 4.
 [24] Besharati, M.R.; Izadi, M. SimulaD: A novel feature selection heuristics for discrete data. Preprints 2021, 2021020260 (doi: 10.20944/preprints202102.0260.v3).