

REVIEW ARTICLE

Artificial intelligence in the battle against
COVID-19: A comprehensive reviewEmma Yann Zhang^{1†*}, Adrian David Cheok^{2†*}, Zhigeng Pan¹, Jun Cai^{2,3},
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Abstract

The COVID-19 pandemic has precipitated a global crisis, affecting all facets of human life. The rapid spread of the virus necessitated urgent responses from the healthcare sector, with artificial intelligence (AI) taking center stage as a pivotal tool in this fight. This paper provides a comprehensive review of the multifaceted role of AI during the pandemic, spanning from early detection and diagnosis to treatment, management, and the development of vaccines. We delve into the ethical and societal implications of deploying AI in such critical scenarios, discussing data privacy, algorithmic bias, and accessibility. The paper also presents various case studies, highlighting country-specific implementations and the dichotomy of success stories and failures. Furthermore, we explore the future directions of AI in healthcare, emphasizing emerging technologies and policy recommendations that could shape post-pandemic health-care systems. The conclusion synthesizes these insights, reflecting on the lessons learned and the prospective landscape of AI in global health. This paper aims to serve as a cornerstone for policymakers, health-care providers, and AI researchers, guiding the responsible and effective integration of AI in future health-care strategies.

Keywords: COVID-19; Artificial intelligence; Machine learning; Data privacy; Wearable technologies; Telemedicine; Vaccine development; Ethical implications

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Citation: Zhang EY, Cheok AD, Pan Z, Cai J, Yan Y. Artificial intelligence in the battle against COVID-19: A comprehensive review. *Artif Intell Health*. 2024;1(2): 1-15. doi: 10.36922/aih.2401

Received: December 11, 2023

Accepted: January 15, 2024

Published Online: April 4, 2024

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Publisher's Note: AccScience Publishing remains neutral with regard to jurisdictional claims in published maps and institutional affiliations.

1. Introduction

1.1. Background

The COVID-19 pandemic, caused by the novel coronavirus SARS-CoV-2, has had a profound impact on global health, economies, and daily life.¹⁻³ First identified in Wuhan, China, in late 2019, the virus has since spread worldwide, leading to significant morbidity and mortality.⁴ Governments and healthcare systems have been stretched to their limits, endeavoring to manage the crisis effectively.⁵

In this global crisis, artificial intelligence (AI) has emerged as a powerful tool in the fight against COVID-19. AI technologies have been employed in various capacities, from early detection and diagnosis to vaccine development and public health policy

planning.⁶ The adaptability and computational power of AI have made it a valuable asset in rapidly evolving scenarios, where timely and data-driven decisions are crucial.

This paper aims to provide a comprehensive review of the multifaceted role of AI in combating the COVID-19 pandemic. We will explore its applications in detection, treatment, analytics, and ethical considerations, among other aspects.

1.2. Rationale

The COVID-19 pandemic has presented unprecedented challenges to global health,⁵ necessitating rapid and innovative solutions. AI has been at the forefront of these solutions, offering a range of applications from diagnostic tools to predictive modeling. The rationale for studying AI in this context is multifaceted.

AI technologies have demonstrated their potential in enhancing the efficiency and accuracy of diagnostic procedures, contributing to faster and more reliable detection of COVID-19 cases.^{7,8} Furthermore, AI has played a crucial role in analyzing vast amounts of data to identify patterns and make predictions, aiding in the development of strategies to mitigate the spread of the virus.⁹

The integration of AI in managing the pandemic has also extended to the realm of public health and policy planning. AI-driven tools have been utilized to combat misinformation on social media, ensuring that accurate and reliable information is disseminated to the public.¹⁰ In addition, AI has been employed to analyze the psychological impact of the pandemic on health-care professionals, providing valuable insights into the mental health challenges faced by frontline workers.^{11,12}

The study of AI in the context of the COVID-19 pandemic is not only crucial for addressing the immediate challenges posed by the virus but also holds significant implications for future pandemic preparedness and response. By understanding the capabilities and limitations of AI in this context, we can pave the way for more robust and resilient health-care systems, better equipped to handle future global health crises.¹³

1.3. Objectives

The primary objectives of studying AI in the context of the COVID-19 pandemic are multifaceted, aiming to harness the potential of AI in various domains to combat the challenges posed by the pandemic. The objectives are listed as follows:

- (i) Enhancing diagnostic and prognostic accuracy: AI has played a crucial role in improving the accuracy

of COVID-19 diagnosis and prognosis. Machine learning models have been developed to interpret clinical, laboratory, and imaging data, aiding health-care professionals in making more informed decisions.

- (ii) Optimizing resource allocation: The pandemic has put an unprecedented strain on healthcare systems worldwide, necessitating optimal resource allocation. AI has been instrumental in managing hospital resources, including the distribution of medical supplies and the allocation of hospital beds.
- (iii) Supporting mental health: The mental health implications of the pandemic are profound, with health-care workers being particularly affected. AI-powered tools have been developed to provide mental health support and resources, aiding in the mitigation of the psychological impact of the pandemic.
- (iv) Facilitating remote learning and work: The shift to remote learning and work has been one of the most significant changes during the pandemic. AI has played a role in enhancing the effectiveness of remote learning and work environments, ensuring continuity in education and professional activities.
- (v) Aiding in vaccine development and distribution: AI has been pivotal in accelerating the development and distribution of COVID-19 vaccines. Machine learning models have been utilized to analyze vast datasets, aiding in the identification of potential vaccine candidates and optimizing distribution logistics.
- (vi) Improving public health surveillance: Enhancing public health surveillance has been a key objective in the fight against COVID-19. AI has been employed to analyze data from various sources, providing real-time insights into the spread of the virus and informing public health interventions.
- (vii) Addressing misinformation: The pandemic has been accompanied by an infodemic of misinformation. AI has been utilized to identify and counteract misinformation, ensuring that accurate and reliable information is disseminated to the public.
- (viii) Promoting equity and inclusion: Ensuring equity and inclusion in the response to the pandemic is paramount. AI has the potential to identify and address disparities in healthcare access and outcomes, promoting a more equitable response to the pandemic.

2. Scope and limitations

The COVID-19 pandemic has precipitated an unprecedented reliance on AI across various domains of healthcare and

public health management. This review endeavors to delineate the multifaceted applications of AI during the COVID-19 crisis, encompassing disease surveillance, diagnostic methodologies, therapeutic development, and the optimization of patient care protocols. A particular emphasis is placed on the pivotal role of AI in enhancing the efficacy of diagnostic algorithms, which have been instrumental in the identification and management of COVID-19 cases. Furthermore, the review will scrutinize the ethical dimensions and data privacy considerations that are intrinsically linked to the utilization of AI technologies in the milieu of public health emergencies.

The significance of AI in the healthcare domain during the COVID-19 pandemic has been extensively documented, with particular regard to its future potential and current applications.^{6,14} Moreover, the motivations and imperatives for leveraging AI and big data in response to the COVID-19 crisis have been thoroughly explored in the literature.¹⁵ An early review has also highlighted the contributions and current constraints of AI in combating COVID-19.¹⁶ This review builds on the foundational work of previous studies but extends beyond them by offering a more comprehensive, ethically informed, and future-oriented analysis of AI in the context of the COVID-19 pandemic.

Notwithstanding the extensive scope of this review, it is imperative to acknowledge the inherent limitations that circumscribe its breadth. The dynamic and rapidly evolving landscape of AI technology, coupled with the continuous emergence of novel research, inherently limits the capacity to encapsulate all current initiatives within the confines of this paper. In light of the voluminous literature pertaining to AI and COVID-19, the focus will be primarily directed towards peer-reviewed articles and seminal case studies, excluding non-peer-reviewed “grey literature” and unpublished research work. In addition, the time constraints inherent to the writing process may prevent the inclusion of the most recent developments in the field.

In recognition of these limitations, this review does not claim to be exhaustive; rather, it seeks to furnish a comprehensive and representative overview of the current state of AI applications within the context of the COVID-19 pandemic, thereby providing a foundational understanding of the subject matter and a platform for future research endeavors.

2.1. Ethical considerations

The ethical implications of AI deployment in healthcare, especially during a pandemic, are profound and multifarious. Issues pertaining to data privacy, informed consent, and the potential for algorithmic bias necessitate

careful consideration, particularly in the context of public health and the management of personal medical data.

2.2. Technological constraints

The technological constraints that define the scope of this review are equally significant. While AI holds significant potential to enhance pandemic response strategies, its effectiveness depends on the availability of high-quality data, the robustness of algorithms, and the strength of the underlying infrastructure that implements the solutions.¹⁷

3. Organization of the paper

This review is structured to facilitate a comprehensive understanding of the multifarious applications of AI in the context of the COVID-19 pandemic. The sections are systematically organized to provide a logical progression from historical precedents to future predictions, encompassing the entire spectrum of AI’s contributions to pandemic management.

Section 4 delineates the rigorous approach employed in gathering existing literature. It details the strategies used in the literature search, the inclusion and exclusion criteria, and the methods of analysis adopted to synthesize the information.

Section 5 explores the historical development of AI in healthcare, with particular emphasis on its role in disease detection and diagnosis, vaccine development, treatment strategies, and epidemiology modeling. This section lays the groundwork for understanding AI’s application in the COVID-19 pandemic.

Section 6 explores the technical aspects of AI in detecting and diagnosing COVID-19. It is further broken down to highlight the specific contributions of imaging techniques, natural language processing (NLP), and wearable technologies.

Section 7 examines AI’s critical role in drug discovery, patient management, and the evolving realm of telemedicine. It underscores AI’s transformative impact on improving patient care and optimizing healthcare services.

Section 8 investigates AI’s predictive capabilities in epidemiological modeling, resource distribution, and social media analysis for public sentiment and reaction to the pandemic.

Section 9 addresses the ethical dilemmas and societal implications of employing AI during a healthcare crisis. It focuses on crucial issues such as data privacy, algorithmic bias, and unequal access to AI technologies.

Section 10 presents a series of case studies that demonstrate AI’s practical applications across different

global and sociopolitical settings. It offers a critical evaluation of both successful and less successful AI implementations.

Section 11 looks forward to emerging technologies that may influence the future role of AI in pandemic response. It provides policy recommendations to maximize the benefits of AI in this context.

4. Methodology

This comprehensive review employs a meticulous and expansive literature search strategy designed to encompass the full spectrum of AI applications in the context of the COVID-19 pandemic. This strategy ensures the inclusion of a diverse array of studies that provide a representative cross-section of the current state of knowledge.

4.1. Literature search strategy

The development of our search criteria was a collaborative and iterative process, involving a consensus among a team of interdisciplinary researchers. A comprehensive search was conducted across multiple academic databases and search engines, including PubMed, Scopus, Web of Science, and Google Scholar, to ensure a thorough survey of the existing literature. The search strategy was augmented using Boolean operators, truncation, and wildcard characters to maximize the retrieval of relevant studies.

The search was intentionally broadened to include studies from a multitude of disciplines, recognizing the inherently interdisciplinary nature of AI applications in pandemic response. This approach facilitated the inclusion of research spanning the domains of healthcare, public health, computer science, and social sciences.

The temporal scope of the search was defined to include studies published from the start of the pandemic in late 2019 through to the present day. The search strategy was periodically updated to incorporate the latest research findings, ensuring the review is up-to-date.

A carefully curated list of keywords and topic headings was employed, encompassing terms such as “COVID-19,” “SARS-CoV-2,” “artificial intelligence,” “AI,” “machine learning,” “deep learning,” “neural network,” “pandemic,” “public health,” and “telemedicine,” among others. This strategy was instrumental in unearthing studies that specifically addressed the multifaceted applications of AI in the pandemic milieu.

4.2. Inclusion and exclusion criteria

The integrity of this review is subject to a stringent set of inclusion and exclusion criteria, meticulously crafted to

ensure the selection of studies that provide robust and relevant insights into the applications of AI during the COVID-19 pandemic. These criteria serve as a safeguard against methodological inconsistencies and form the foundation for compiling evidence of high quality.

4.2.1. Inclusion criteria

The inclusion criteria encompass the following:

- (i) **Relevance to AI and COVID-19:** Studies were included if they explicitly addressed the deployment of AI technologies in the detection, diagnosis, treatment, or management of COVID-19, or in the analysis of pandemic-related data.
- (ii) **Peer-reviewed publications:** Only peer-reviewed publications were considered, ensuring that all included studies had undergone rigorous academic scrutiny and met the high standards of scientific inquiry.
- (iii) **Empirical research studies:** The review was confined to empirical research studies that presented original data or analyses, providing concrete evidence of AI's efficacy and utility in the pandemic context.

4.2.2. Exclusion criteria

The review employed the exclusion criteria as follows:

- (i) **Non-English publications:** Studies not published in English were excluded, given the linguistic capabilities of the review team and the need to ensure clarity and consistency in the synthesis of findings.
- (ii) **Preprints and gray literature:** Preprints and gray literature were excluded to maintain a focus on validated and peer-reviewed research, thereby upholding the review's standard for evidence-based conclusions.

4.3. Data extraction and analysis

The data extraction and analysis phase are critical in the literature review process, where data is meticulously gathered from selected studies and rigorously analyzed to form meaningful insights. This section elucidates the methodical approach adopted for extracting and analyzing data during the research process.

4.3.1. Data extraction protocol

Data were extracted from studies that met the inclusion criteria, focusing on the application of AI in various aspects of the COVID-19 response globally. This information included data on vaccine efficacy, treatment outcomes, diagnostic accuracy, and predictive analytics. Standardized data extraction forms were employed to ensure consistency and reliability across the data extraction process. These forms were designed to capture all relevant information,

including study design, methodology, results, and conclusions.

4.3.2. Analytical framework

The extracted data were synthesized to provide a comprehensive overview of the current state of AI in managing the COVID-19 pandemic. This synthesis involved a qualitative assessment of the findings from the included studies. Where applicable, a quantitative analysis was conducted to ascertain the effectiveness and impact of AI applications. This process involved statistical techniques to combine data from multiple studies, providing a more robust understanding of AI's role in the pandemic.

5. Evolution of AI in healthcare

The evolution of AI in health-care represents a significant shift in medical practice and research. From early rule-based expert systems to deep learning models that leverage vast healthcare data and advanced analytics techniques, AI has found its application in multifaceted areas of healthcare and medicine.^{18,19} This section delineates some of the early developments of AI in medical diagnosis, genomics, drug discovery, medical devices, and wearables. These advancements and research have laid a foundation on which current technologies have been honed and adapted in the fight against the COVID-19 pandemic.

5.1. Rule-based expert systems

The inception of AI in health-care can be traced back to the early experiments with rule-based expert systems. One such expert system is MYCIN from the 1970s, designed to diagnose bacterial infections and recommend antibiotics.^{20,21} Another significant system was the Internist-I (later developed into CADUCEUS), created in the late 1970s.²² This system focused on internal medicine and could diagnose complex cases by comparing patient data against a large database of disease profiles. Internist-I's comprehensive approach to diagnosis showcased the potential of AI systems to handle a wide range of medical knowledge. These pioneering efforts established the early relationship between computational algorithms and medical expertise, paving the way for advanced AI applications in modern healthcare, where machine learning and data-driven approaches are now integral.

5.2. Integration of machine learning

The integration of machine learning algorithms marked a significant evolution in AI's application within healthcare. The shift from rule-based systems to data-driven approaches allowed for the analysis of large datasets, leading to more accurate diagnostic tools, personalized treatment plans, and predictive analytics.²³⁻²⁵ Notably, the development of

neural networks and deep learning models has further refined the capabilities of AI, enabling the interpretation of complex medical data with enhanced precision.^{26,27}

5.3. AI in genomics and drug discovery

A notable milestone in the evolution of AI in healthcare is its application in genomics,²⁸⁻³¹ and drug discovery.^{32,33} The completion of the Human Genome Project in the early 2000s opened new avenues for AI applications in understanding genetic diseases and developing targeted therapies.³⁴ AI-driven platforms such as AtomNet³⁵ have since been utilized to identify potential drug candidates, significantly reducing the time and cost associated with traditional drug discovery processes.

5.4. AI-enabled medical devices and wearables

The emergence of AI-enabled medical devices and wearables has significantly benefited patient monitoring and health management. Devices such as smartwatches and fitness trackers, equipped with biomedical sensors and AI algorithms, can now provide real-time insights into an individual's health status, detecting anomalies that may require medical attention.³⁶ These advancements have not only enhanced preventive healthcare measures but have also empowered individuals to take an active role in managing their health.

5.5. The role of AI in pandemic response

There were no major pandemics before the COVID-19 pandemic where AI was used extensively or prominently in the response. This is primarily because the development and widespread adoption of advanced AI technologies, particularly in healthcare, coincided with or followed the COVID-19 pandemic. Previous health crises, such as the H1N1 influenza pandemic in 2009 or the Ebola outbreak in 2014 – 2016, occurred before AI had reached its current level of sophistication and integration in health-care systems. During these earlier health crises, the use of AI was either very limited or not a significant component of the public health response.

However, it is noteworthy that before COVID-19, research efforts were made to explore the potential use of technology and AI in disease outbreaks.³⁷ Predictive modeling and data-driven techniques have been studied to predict infectious disease epidemics.^{38,39} Other studies demonstrated the use of machine learning analysis of social media and media sources for tracking public health trends and understanding public awareness during health crises.^{40,41} These studies collectively illustrate the evolving role of AI, big data, and machine learning in monitoring and predicting disease outbreaks, offering valuable insights for pandemic preparedness and response.

The utilization of AI and big data in managing the COVID-19 pandemic has been unprecedented. The analysis of vast datasets has provided insights that were previously unattainable, demonstrating the evolution of AI and data analytics in the context of pandemics.⁴² The COVID-19 pandemic has also been a catalyst for the rapid development and adoption of AI in various aspects of healthcare and public health. This includes areas such as disease detection and diagnosis, vaccine development, treatment strategies, and epidemiological modeling. Significant applications of AI have been identified in the COVID-19 pandemic,⁶ building on the results from prior research and the lessons learned from past health crises. The pandemic has highlighted the potential of AI to contribute significantly to managing public health emergencies and is likely to set a precedent for future use in similar scenarios.

6. AI in COVID-19 detection and diagnosis

The COVID-19 pandemic has spurred an unprecedented reliance on AI technologies in disease detection and diagnosis. This section elucidates the multifaceted role of AI in confronting the diagnostic challenges posed by COVID-19, highlighting innovative methodologies and their implications in medical diagnostics.

6.1. Imaging techniques

The integration of AI into imaging techniques has played an important role in the detection and diagnosis of COVID-19.⁴³ Deep learning models, particularly convolutional neural networks, have been employed to discern patterns in chest X-ray images and computed tomography scans indicative of viral infection.^{44,45} Various large datasets of medical images from COVID-19 patients were independently collected for training and validating deep learning models used in detecting COVID-19 in patients.^{46,47}

These deep learning models not only detect COVID-19 but also predict and assess the severity of the disease, which is vital for accurate diagnosis and effective patient management. These AI-driven systems can quantify the degree of lung damage, detect signs of pneumonia, and identify other complications associated with severe COVID-19 infections.⁴⁸ Advanced imaging techniques have enabled health-care professionals to gauge the extent of lung involvement and other critical factors that classify the severity of the infection.⁴⁹ This capability is crucial for triaging patients, determining appropriate levels of care, and making timely decisions regarding treatment strategies.

These AI-driven tools that analyze medical images have demonstrated remarkable efficacy in enhancing the speed and accuracy of COVID-19 diagnosis, thereby alleviating the burden on healthcare systems.

6.2. Machine learning prediction models

A multitude of research studies have investigated the use of machine learning techniques in predicting and detecting COVID-19 based on symptomatology. One notable study in this domain is presented by Ahamad *et al.*,⁵⁰ who developed a machine-learning model targeting early-stage symptoms of SARS-CoV-2 infection. Utilizing supervised machine learning methods, they focused on patient characteristics and clinical details such as fever, cough, and lung infection to predict COVID-19 status with over 85% accuracy. Zoabi *et al.*⁵¹ introduced a machine-learning approach using data obtained from tested individuals in Israel. They trained their model on information such as sex, age, exposure to the infected individual, and clinical symptoms recognized at the time of testing. Their model achieved high accuracies in COVID-19 detection and identified key symptoms such as fever and cough as leading indicators for positive diagnosis.

In the paper published by Menni *et al.*,⁵² data were obtained from a COVID-19 symptom tracker smartphone app with 2.6 million users in the United States and the United Kingdom. The study found a strong association between the loss of smell and taste and COVID-19-positive cases. Logistic regressions were employed, and a symptom prediction model was developed, showing high sensitivity and specificity in predicting COVID-19.

6.3. NLP in symptom assessment

NLP has been instrumental in the development of AI-based chatbots and virtual health assistants during the COVID-19 pandemic.^{53,54} These platforms are capable of conducting preliminary symptom assessments through patient interactions, streamlining the assessment and triage process, and facilitating early detection of potential COVID-19 cases. Interactive digital health assistants, such as Symptoma, have shown to be more accurate than online questionnaires in identifying COVID-19 cases because users can input more detailed information regarding their symptoms through a natural language conversation with the system.⁵⁵ By offering accessible and immediate assistance to the public, these tools alleviate the stress and overwhelming volume faced by telephone hotlines and medical institutions.

Furthermore, AI chatbots with advanced NLP capabilities have extended their services to include mental health support. The pandemic has led to increased levels of stress, anxiety, and other mental health issues among the population. Chatbots have provided a first line of psychological support, offering coping strategies, mindfulness exercises, and, in some cases, referral to mental health professionals.⁵⁶

6.4. Wearable Technologies

Wearable technologies have been instrumental in the early detection and symptom monitoring of COVID-19 patients during the pandemic.⁵⁷ Wearable devices such as smartwatches and biometric trackers continuously gather physiological and activity data, such as heart rate, daily steps, and sleep patterns. AI systems then analyze this data to detect deviations that may indicate infection, even before clinical symptoms manifest.⁵⁸

AI has emerged as an indispensable tool in the detection and diagnosis of COVID-19. Its application in imaging, symptom assessment, and wearable technology has not only expedited the diagnostic process but also enhanced its precision.

7. AI in COVID-19 treatment and management

The role of AI in the treatment and management of COVID-19, spanning from drug discovery to patient management to telemedicine, has proven instrumental.⁵⁹ By leveraging vast datasets, machine learning algorithms, and predictive analytics, AI has enabled healthcare providers to identify potential drugs for treatment, optimize treatment protocols, and improve patient outcomes. The integration of AI in these areas not only enhances the efficiency of healthcare services but also supports the ongoing efforts to control and mitigate the impact of the pandemic. In exploring the various applications of AI in COVID-19 treatment and management, this section highlights the innovative strategies and tools that have been developed and their significant impact on public health responses.

7.1. Drug discovery

AI has played an essential role in expediting the drug discovery process for COVID-19 treatment. Machine learning algorithms have been utilized to predict the structure of the SARS-CoV-2 virus, thereby identifying potential targets for drug therapy.^{60,61} Furthermore, AI platforms such as DeepMind's AlphaFold have made significant contributions to understanding the protein folding of the virus, which is crucial for the development of antiviral drugs.⁶² The deployment of AI in virtual screening has also allowed researchers to rapidly assess millions of chemical compounds, streamlining the identification of viable drug candidates.^{63,64}

7.2. Patient management and monitoring

In the domain of patient management and monitoring, AI systems have been deployed to predict patient outcomes and optimize resource allocation. Predictive analytics have provided healthcare professionals with tools to forecast

the progression of the disease in patients, enabling timely interventions.⁴⁹ In addition, AI-driven algorithms have been applied to remotely monitor patients' vital signs, thereby reducing the exposure risk for healthcare workers and other patients.⁶⁵

7.3. Telemedicine

Telemedicine, a component of eHealth, involves using information and communication technology to deliver, manage, and monitor health-care services remotely. During the COVID-19 pandemic, telemedicine emerged as a vital tool, especially for patients in isolation.⁶⁶ It enabled these patients to receive medical care without risking exposure for themselves or health-care providers to the virus. Furthermore, it alleviated the strain on healthcare facilities, conserved resources such as personal protective equipment, and played a crucial role in the global management of the pandemic.

The surge in demand for healthcare services during the pandemic has underscored the significance of telemedicine, with AI playing a crucial role in its expansion. AI has facilitated remote diagnosis and consultation services, ensuring continuity of care while minimizing the risk of virus transmission.⁶⁷ Moreover, AI-powered chatbots have been employed to provide initial medical assessments based on symptoms reported by patients, thus alleviating the strain on medical facilities.⁶⁸

8. AI in COVID-19 prediction and analytics

AI has been utilized in the domain of COVID-19 prediction and analytics as part of the global response to the pandemic. AI models and NLP algorithms have proven pivotal in epidemiological modeling, optimizing resource allocation, and analyzing social media to gauge public sentiment and disseminate information.

8.1. Epidemiological modeling

AI has played a critical role in epidemiological modeling, providing forecasts essential for planning and intervention strategies. Sophisticated machine learning models based on reinforcement learning have been employed to predict the spread of the virus, assess the impact of public health interventions, and estimate the burden on healthcare systems.^{69,70} Neural network methods have been implemented to identify COVID-19 clusters, providing insights into how socioeconomic factors and spatial distribution relate to the spread of COVID-19 cases.⁷¹ These models have been crucial in informing government policies, such as implementing lockdowns and organizing vaccination campaigns, to mitigate the spread of the virus.⁷²

8.2. Resource allocation

In the realm of resource allocation, AI has been instrumental in ensuring the efficient distribution of medical supplies and medical personnel. Predictive analytics have enabled hospitals to anticipate demand for intensive care units (ICU) and ventilators, facilitating timely procurement and allocation of these critical resources.⁷³ AI has also been used to develop decision-support tools that assist health-care administrators in making informed decisions about resource distribution, such as determining the need for mechanical ventilation for a COVID-19 patient.^{74,75}

8.3. Social media and sentiment analysis

AI has found extensive application on social media platforms for sentiment analysis, misinformation tracking, and understanding public perception regarding COVID-19. NLP algorithms have analyzed vast amounts of data from social media to identify trends in public discourse, monitor compliance with public health measures, and combat the spread of false information.⁷⁶ These insights have proven invaluable for public health officials in tailoring communication strategies and effectively addressing public concerns.⁷⁷ For example, a study conducted in the United States developed an automatic NLP pipeline to detect potential COVID-19 cases that might have gone untested and unreported, utilizing data generated by Twitter users.⁷⁸

AI has emerged as an indispensable tool in the fight against COVID-19, offering robust solutions for prediction and analytics. The insights gained from AI applications have not only informed public health strategies but have also played a critical role in managing the social dynamics of the pandemic. As we continue to navigate through these challenging times, AI's role in prediction and analytics will evolve and become more deeply integrated into multifarious aspects of pandemic response efforts.

9. Ethical and societal implications

The rapid deployment of AI technologies during the COVID-19 pandemic has given rise to a range of ethical and societal implications that warrant rigorous scrutiny. As AI systems become increasingly integrated into healthcare and public health strategies, concerns surrounding data privacy, algorithmic bias, and accessibility have emerged as critical issues that must be addressed to ensure equitable and ethical technology use.

9.1. Data privacy

The use of AI in managing the COVID-19 pandemic relies heavily on the collection, processing, and analysis of vast amounts of personal data. Contact tracing apps, health monitoring systems, and AI-driven diagnostic tools all

operate on inherently personal and sensitive data. It is imperative to protect patient confidentiality and adhere to data protection laws, as breaches can erode public trust and potentially harm individuals.⁷⁹ The General Data Protection Regulation (GDPR) in the European Union, along with similar regulations globally, provides a framework for data protection. However, the unprecedented scale of the pandemic poses new challenges in ensuring compliance and safeguarding privacy.⁸⁰

9.2. Algorithmic bias

AI algorithms are susceptible to bias, which can arise from skewed training datasets or flawed design and implementation. In the context of COVID-19, such biases can lead to disparities in diagnosis, treatment, and vaccine distribution, disproportionately affecting marginalized communities.⁸¹ Conducting thorough bias audits and implementing corrective measures are essential to mitigate these risks. The development of AI systems must align with the Findability, Accessibility, Interoperability, and Reusability principles with regard to COVID-19 patient data. In addition, diverse datasets reflecting the heterogeneity of the population should be included.⁸²

9.3. Accessibility and inequality

The rapid deployment of AI solutions during the pandemic has highlighted the digital divide and issues of accessibility. Not all populations have equal access to the technologies that facilitate remote healthcare, such as telemedicine, exacerbating existing health inequalities.⁸³ Furthermore, low-resource settings may lack the infrastructure necessary to implement AI-driven interventions, leading to a disparity in the quality of care and health outcomes.⁸⁴ Ensuring equitable access to AI technologies is crucial in the global response to the pandemic and broader healthcare context.⁸⁵

The ethical and societal implications of AI in the COVID-19 era are complex and multifaceted. As we reflect on the challenges posed by the pandemic, it is imperative to foster an ethical AI ecosystem that prioritizes data privacy, mitigates algorithmic bias, and promotes accessibility and equity. Only then can we harness the full potential of AI to serve the greater good without compromising the values of a just and fair society.

10. Case studies

The deployment of AI in response to the COVID-19 pandemic has exhibited significant variation across different countries, resulting in a mix of successes and failures. These case studies provide valuable insights into the potential and limitations of AI in public health emergencies.

10.1. Country-specific implementations

10.1.1. South Korea's AI-powered response

South Korea's response to the COVID-19 pandemic is a prime example of effective AI implementation. The country's swift action in developing AI-driven testing, tracing, and treatment strategies resulted in the efficient containment of the virus. AI algorithms were employed to analyze travel and medical data, facilitating rapid contact tracing and targeted testing.⁸⁶⁻⁸⁸ Chatbot services such as the Korean COVID-19 chatbot provided citizens with real-time information by integrating public data from the Korea Centers for Disease Control and Prevention and Ministry of Health and Welfare,⁸⁹ thereby easing the burden on national health-care hotlines.

10.1.2. Singapore's TraceTogether program

Singapore launched the TraceTogether program, which utilized a mobile application and token-based system to facilitate digital contact tracing.⁹⁰ The technology behind the program assessed the proximity and duration of user interactions to notify individuals of potential exposure to the virus. While innovative, the program encountered challenges related to user privacy and data security.⁹¹

10.1.3. The United States' vaccine distribution

In the United States, AI played a crucial role in optimizing vaccine distribution logistics. Recurrent neural networks helped identify optimal locations for vaccine centers and manage supply chains. However, the reliance on AI also led to some disparities in vaccine allocation, highlighting the need for oversight in AI implementations.⁹²

10.2. Success stories and failures

AI-driven diagnostic tools have emerged as a success story, with algorithms such as those developed by DeepMind capable of predicting the structure of proteins associated with SARS-CoV-2, the virus causing COVID-19.⁹³ This breakthrough holds implications for understanding the virus's mechanisms and developing treatments.

Moreover, AI has proven successful in disseminating public health messaging via social media platforms, chatbots, and other digital means. These AI systems have effectively tailored messages to specific demographics, thereby improving public engagement and compliance with health guidelines.⁹⁴

Conversely, some AI predictive models have failed to provide accurate forecasts for the spread of the virus. In many instances, these models were unable to account for the dynamic nature of human behavior and policy changes, leading to over- or under-estimation of case numbers.⁹⁵

These case studies underscore the importance of careful management of AI applications in pandemic response efforts. Success depends not only on the technology itself but also on factors such as data quality, user engagement, and the ethical use of AI.

11. Future directions

The COVID-19 pandemic has accelerated the integration of AI in healthcare and public health. Looking ahead, several emerging technologies and policy recommendations could shape the next phase of AI in pandemic preparedness and response.

11.1. Emerging technologies

Quantum computing holds the promise of processing complex datasets much faster than traditional computers. In the context of pandemics, quantum algorithms could revolutionize the way we model viral spread, optimize supply chains for medical supplies, and discover new therapeutic drugs.⁹⁶

Next-generation sequencing (NGS) technologies are rapidly evolving, allowing for quicker and more affordable genomic sequencing. AI, combined with NGS, could enable real-time tracking of pathogen evolution, helping public health officials stay ahead of mutations and variants of concern.⁹⁷

Blockchain technology offers a secure and transparent way to manage health data. In pandemics, blockchain can ensure the integrity of health records, facilitate secure data sharing for AI algorithms, and support contact tracing efforts without compromising privacy.⁹⁸

11.2. Policy recommendations

Robust data governance frameworks are essential to ensure that AI systems have access to high-quality, representative data while safeguarding individual privacy. Policies must be developed to address data ownership, consent, and anonymization.⁹⁹

Given the global nature of pandemics, international cooperation is imperative. Policy recommendations should encourage the sharing of AI technologies and expertise across borders, as well as fostering collaborative efforts in research and development.¹⁰⁰

To fully harness the potential of AI, investments in education and workforce development are crucial. This effort includes training healthcare professionals in AI applications and promoting AI literacy among the general population.¹⁰¹

The future of AI in the context of pandemics is promising, with emerging technologies offering new tools

to combat infectious diseases. However, realizing this potential will require thoughtful policy recommendations that promote innovation while addressing ethical, legal, and social implications.

12. Conclusion

The COVID-19 pandemic has served as a catalyst for unprecedented global change, particularly in the realms of healthcare and technology. AI has emerged as a critical tool in combating the pandemic, offering solutions for detection, diagnosis, treatment, and management of the disease. In addition, it has played a significant role in understanding and predicting the spread of the virus, aiding in resource allocation, and analyzing public sentiment.

Reflecting on the lessons learned, it becomes evident that AI holds the potential to transform public health responses to future pandemics. However, this potential can only be realized through ethical practices, equitable access, and international collaboration. The integration of AI in healthcare demands a commitment to data privacy, a focus on reducing algorithmic bias, and an emphasis on the creation of systems accessible to all, regardless of socioeconomic status.

The case studies presented throughout this review highlight both the successes and failures of AI implementations in various contexts, offering valuable insights for future endeavors. Moving forward, emerging technologies such as quantum computing, blockchain, and NGS will further enhance the capabilities of AI in public health.

Acknowledgments

None.

Funding

This research was funded by Research on Quality Assurance and Evaluation of Higher Education in Jiangsu Province under Grant No. 2023JSETKT032.

Conflict of interest

The authors declare they have no competing interests.

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Ethics approval and consent to participate

Not applicable.

Consent for publication

Not applicable.

Availability of data

Not applicable.

References

1. Marques ES, Moraes CL, Hasselmann MH, Deslandes SF, Reichenheim ME. Violence against women, children, and adolescents during the COVID-19 pandemic: Overview, contributing factors, and mitigating measures. *Cad Saude Publica*. 2020;36(4):e00074420. doi: 10.1590/0102-311X00074420
2. Maital S, Barzani E. The global economic impact of COVID-19: A summary of research. Samuel Neaman Inst Nat Policy Res. 2020. Available from: <https://www.neaman.org.il/wp-content/uploads/2024/02/Global-Economic-Impact-of-COVID19.pdf>
3. Khan KS, Mamun MA, Griffiths MD, Ullah I. The mental health impact of the COVID-19 pandemic across different cohorts. *Int J Ment Health Addict*. 2022;20:380-386. doi: 10.1007/s11469-020-00367-0
4. Msemburi W, Karlinsky A, Knutson V, Aleshin-Guendel S, Chatterji S, Wakefield J. The WHO estimates of excess mortality associated with the COVID-19 pandemic. *Nature*. 2023;613:130-137. doi: 10.1038/s41586-022-05522-2
5. Assefa Y, Gilks CF, Pas R, Reid S, Gete DG, Van Damme W. Reimagining global health systems for the 21st century: lessons from the COVID-19 pandemic. *BMJ Glob Health*. 2021;6:e004882. doi: 10.1136/bmjgh-2021-004882
6. Vaishya R, Javaid M, Khan IH, Haleem A. Artificial intelligence (AI) applications for COVID-19 pandemic. *Diabetes Metab Syndr Clin Res Rev*. 2020;14:337-339. doi: 10.1016/j.dsx.2020.04.012
7. Darapaneni N, Sreevanth AT, Paduri AR, et al. Explainable Diagnosis, Lesion Segmentation and Quantification of COVID-19 Infection from CT Images using Convolutional Neural Networks. In: *2022 IEEE 13th Annual Information Technology, Electronics and Mobile Communication Conference (IEMCON)*. IEEE; 2022. p. 171-178. doi: 10.1109/IEMCON56893.2022.9946520
8. Huang S, Yang J, Fong S, Zhao Q. Artificial intelligence in the diagnosis of COVID-19: Challenges and perspectives. *Int J Biol Sci*. 2021;17:1581.

- doi: 10.7150/ijbs.58855
9. Saraee D, Silva C. Literature review on epidemiological modelling, spatial modelling and artificial intelligence for COVID-19. *J Adv Med Med Res*. 2021;33:8-21.
doi: 10.9734/jammr/2021/v33i530841
10. Vicari R, Komendatova N. Systematic meta-analysis of research on AI tools to deal with misinformation on social media during natural and anthropogenic hazards and disasters. *Humanit Soc Sci Commun*. 2023;10:1-14.
doi: 10.1057/s41599-023-01838-0
11. Al Sulais E, Mosli M, AlAmeel T. The psychological impact of COVID-19 pandemic on physicians in Saudi Arabia: A cross-sectional study. *Saudi J Gastroenterol*. 2020;26:249.
doi: 10.4103/sjg.SJG_174_20
12. Poon YS, Lin YP, Griffiths P, Yong KK, Seah B, Liaw SY. A global overview of healthcare workers' turnover intention amid COVID-19 pandemic: A systematic review with future directions. *Hum Resour Health*. 2022;20:70.
doi: 10.1186/s12960-022-00764-7
13. Mhlanga D. The role of artificial intelligence and machine learning amid the COVID-19 pandemic: What lessons are we learning on 4IR and the sustainable development goals. *Int J Environ Res Public Health*. 2022;19:1879.
doi: 10.3390/ijerph19031879
14. Yogi MK, Garikipati J. Future scope of artificial intelligence in healthcare for COVID-19. In: *Emerging Technologies for Combatting Pandemics*. United Kingdom: Taylor & Francis; 2022. p. 85-100.
doi: 10.1201/9781003324447-5
15. Pham QV, Nguyen DC, Huynh-The T, Hwang WJ, Pathirana PN. Artificial intelligence (AI) and big data for coronavirus (COVID-19) pandemic: A survey on the state-of-the-arts. *IEEE Access*. 2020;8:130820-130839.
doi: 10.1109/ACCESS.2020.3009328
16. Naudé W. *Artificial Intelligence against COVID-19: An Early Review*. IZA Discussion Paper No. 13110; 2020.
doi: 10.2139/ssrn.3568314
17. Adly AS, Adly AS, Adly MS. Approaches based on artificial intelligence and the internet of intelligent things to prevent the spread of COVID-19: Scoping review. *J Med Internet Res*. 2020;22:e19104.
doi: 10.2196/19104
18. Jiang F, Jiang Y, Zhi H, et al. Artificial intelligence in healthcare: Past, present and future. *Stroke Vasc Neurol*. 2017;2:230-243.
doi: 10.1136/svn-2017-000101
19. Hamet P, Tremblay J. Artificial intelligence in medicine. *Metabolism*. 2017;69:S36-S40.
doi: 10.1016/j.metabol.2017.01.011
20. Shortliffe EH. A rule-based computer program for advising physicians regarding antimicrobial therapy selection. In: *Proceedings of the 1974 Annual Conference on XX - ACM'74*. Vol 2. ACM Press; 1974:739.
doi: 10.1145/1408800.1408906
21. Shortliffe EH, Davis R, Axline SG, Buchanan BG, Green CC, Cohen SN. Computer-based consultations in clinical therapeutics: Explanation and rule acquisition capabilities of the MYCIN system. *Comput Biomed Res*. 1975;8:303-320.
doi: 10.1016/0010-4809(75)90009-9
22. Miller RA, Pople HE Jr., Myers JD. Internist-I, an experimental computer-based diagnostic consultant for general internal medicine. In: *Computer-assisted Medical Decision Making*. Berlin: Springer; 1985:139-158.
doi: 10.1007/978-1-4612-5108-8_8
23. Bradley AP. *Machine Learning for Medical Diagnostics: Techniques for Feature Extraction, Classification, and Evaluation*. PhD Thesis. School of Computer Science and Electrical Engineering, University of Queensland; 1996.
doi: 10.14264/uql.2016.727
24. Kononenko I. Inductive and Bayesian learning in medical diagnosis. *Appl Artif Intell*. 1993;7:317-337.
doi: 10.1080/08839519308949993
25. Zupan B, Demšar J, Kattan MW, Beck JR, Bratko I. Machine learning for survival analysis: A case study on recurrence of prostate cancer. *Artif Intell Med*. 2000;20:59-75.
doi: 10.1016/S0933-3657(00)00053-1
26. Miller AS, Blott BH, Hames TK. Review of neural network applications in medical imaging and signal processing. *Med Biol Eng Comput*. 1992;30:449-464.
doi: 10.1007/BF02457822
27. Lo SCB, Chan HP, Lin JS, Li H, Freedman MT, Mun SK. Artificial convolution neural network for medical image pattern recognition. *Neural Netw*. 1995;8:1201-1214.
doi: 10.1016/0893-6080(95)00061-5
28. Larranaga P, Calvo B, Santana R, et al. Machine learning in bioinformatics. *Brief Bioinform*. 2006;7:86-112.
doi: 10.1093/bib/bbk007
29. Dubitzky W, Granzow M, Berrar DP. *Fundamentals of Data Mining in Genomics and Proteomics*. Berlin: Springer Science & Business Media; 2007.
doi: 10.1007/978-0-387-47509-7
30. Hayes WS, Borodovsky M. How to interpret an anonymous bacterial genome: Machine learning approach to gene identification. *Genome Res*. 1998;8:1154-1171.
doi: 10.1101/gr.8.11.1154

31. Zhavoronkov A, Ivanenkov YA, Aliper A, *et al.* Deep learning enables rapid identification of potent DDR1 kinase inhibitors. *Nat Biotechnol.* 2019;37:1038-1040.
doi: 10.1038/s41587-019-0224-x
32. Burbidge R, Trotter M, Buxton B, Holden S. Drug design by machine learning: Support vector machines for pharmaceutical data analysis. *Comput Chem.* 2001;26:5-14.
doi: 10.1016/S0097-8485(01)00094-8
33. Zernov VV, Balakin KV, Ivaschenko AA, Savchuk NP, Pletnev IV. Drug discovery using support vector machines. The case studies of drug-likeness, agrochemical-likeness, and enzyme inhibition predictions. *J Chem Inf Comput Sci.* 2003;43:2048-2056.
doi: 10.1021/ci0340916
34. Collins FS, Morgan M, Patrinos A. The human genome project: Lessons from large-scale biology. *Science.* 2003;300:286-290.
doi: 10.1126/science.1084564
35. Wallach I, Dzamba M, Heifets A. AtomNet: A deep convolutional neural network for bioactivity prediction in structure-based drug discovery. *arXiv.* Preprint posted online 2015.
doi: 10.48550/arXiv.1510.02855
36. Piwek L, Ellis DA, Andrews S, Joinson A. The rise of consumer health wearables: Promises and barriers. *PLoS Med.* 2016;13:e1001953.
doi: 10.1371/journal.pmed.1001953
37. Kaur G. Pandemic management via technology: A review. *AKGEC Int J Tech.* 2023;14(1):20-21.
38. Sadilek A, Kautz H, Silenzio V. Predicting Disease Transmission from Geo-Tagged Micro-Blog Data. Vol. 26. In: *Proceedings of the AAAI Conference on Artificial Intelligence.* 2021:136-142.
doi: 10.1609/aaai.v26i1.8103
39. Raza Abidi SS, Goh A. Applying Knowledge Discovery to Predict Infectious Disease Epidemics. In: *Pacific Rim International Conference on Artificial Intelligence.* Berlin: Springer; 1998. p. 170-181.
doi: 10.1007/BFb0095267
40. Lampos V, Cristianini N. Tracking the Flu Pandemic by Monitoring the Social Web. In: *2010 2nd International Workshop on Cognitive Information Processing.* IEEE; 2010. p. 411-416.
doi: 10.1109/CIP.2010.5604088
41. Choi S, Lee J, Kang MG, Min H, Chang YS, Yoon S. Large-scale machine learning of media outlets for understanding public reactions to nation-wide viral infection outbreaks. *Methods.* 2017;129:50-59.
doi: 10.1016/j.ymeth.2017.07.027
42. Bragazzi NL, Dai H, Damiani G, Behzadifar M, Martini M, Wu J. How big data and artificial intelligence can help better manage the COVID-19 pandemic. *Int J Environ Res Public Health.* 2021;17:3176.
doi: 10.3390/ijerph17093176
43. Dong D, Tang Z, Wang S, *et al.* The role of imaging in the detection and management of COVID-19: A review. *IEEE Rev Biomed Eng.* 2020;14:16-29.
doi: 10.1109/RBME.2020.2990959
44. Wang L, Lin ZQ, Wong A. COVID-Net: a tailored deep convolutional neural network design for detection of COVID-19 cases from chest X-ray images. *Sci Rep.* 2020;10(1):19549.
doi: 10.1038/s41598-020-76550-z
45. Ozturk T, Talo M, Yildirim EA, Baloglu UB, Yildirim O, Acharya UR. Automated detection of COVID-19 cases using deep neural networks with X-ray images. *Comput Biol Med.* 2020;121:103792.
doi: 10.1016/j.compbiomed.2020.103792
46. Li L, Qin L, Xu Z, *et al.* Artificial intelligence distinguishes COVID-19 from community acquired pneumonia on chest CT. *Radiology.* 2020;296:E65-E71.
doi: 10.1148/radiol.2020200905
47. Shi F, Xia L, Shan F, *et al.* Large-scale screening to distinguish between COVID-19 and community-acquired pneumonia using infection size-aware classification. *Phys Med Biol.* 2021;66:065031.
doi: 10.1088/1361-6560/abe838
48. Zhang K, Liu X, Shen J, *et al.* Clinically applicable AI system for accurate diagnosis, quantitative measurements, and prognosis of COVID-19 pneumonia using computed tomography. *Cell.* 2020;181:1423-1433.e11.
doi: 10.1016/j.cell.2020.04.045
49. Jiang X, Coffee M, Bari A, *et al.* Towards an artificial intelligence framework for data-driven prediction of coronavirus clinical severity. *Comput Mater Continua.* 2020;63:537-551.
doi: 10.32604/cmc.2020.010691
50. Ahamad MM, Aktar S, Rashed-Al-Mahfuz M, *et al.* A machine learning model to identify early stage symptoms of SARS-Cov-2 infected patients. *Expert Syst Appl.* 2020;160:113661.
doi: 10.1016/j.eswa.2020.113661
51. Zoabi Y, Deri-Rozov S, Shomron N. Machine learning-based prediction of COVID-19 diagnosis based on symptoms. *NPJ Digit Med.* 2021;4:3.
doi: 10.1038/s41746-020-00372-6
52. Menni C, Valdes AM, Freydin MB, *et al.* Real-time tracking

- of self-reported symptoms to predict potential COVID-19. *Nat Med*. 2020;26:1037-1040.
doi: 10.1038/s41591-020-0916-2
53. Miner AS, Laranjo L, Kocaballi AB. Chatbots in the fight against the COVID-19 pandemic. *NPJ Digit Med*. 2020;3:65.
doi: 10.1038/s41746-020-0280-0
54. Almalki M, Azeez F. Health chatbots for fighting COVID-19: A scoping review. *Acta Inform Med*. 2020;28:241.
doi: 10.5455/aim.2020.28.241-247
55. Martin A, Nateqi J, Gruarin S, *et al*. An artificial intelligence-based first-line defence against COVID-19: Digitally screening citizens for risks via a chatbot. *Sci Rep*. 2020;10:19012.
doi: 10.1038/s41598-020-75912-x
56. Boucher EM, Harake NR, Ward HE, *et al*. Artificially intelligent chatbots in digital mental health interventions: A review. *Expert Rev Med Devices*. 2021;18:37-49.
doi: 10.1080/17434440.2021.2013200
57. Channa A, Popescu N, Skibinska J, Burget R. The rise of wearable devices during the COVID-19 pandemic: A systematic review. *Sensors*. 2021;21:5787.
doi: 10.3390/s21175787
58. Mishra T, Wang M, Metwally AA, *et al*. Pre-symptomatic detection of COVID-19 from smartwatch data. *Nat Biomed Eng*. 2020;4:1208-1220.
doi: 10.1038/s41551-020-00640-6
59. Gandla K, Reddy KTK, Babu PV, Sagapola R, Sudhakar P. A review of artificial intelligence in treatment of COVID-19. *J Pharm Negat Results*. 2022;13:254-264.
doi: 10.47750/pnr.2022.13.S01.31
60. Smith MD, Smith JC. Repurposing therapeutics for COVID-19: Supercomputer-Based Docking to the SARS-CoV-2 Viral Spike Protein and Viral Spike Protein-Human ACE2 Interface. *ChemRxiv*. Posted online 2020.
doi: 10.26434/chemrxiv.11871402
61. Zhou Y, Wang F, Tang J, Nussinov R, Cheng F. Artificial intelligence in COVID-19 drug repurposing. *Lancet Digit Health*. 2020;2:e667-e676.
doi: 10.1016/S2589-7500(20)30192-8
62. Senior AW, Evans R, Jumper J, *et al*. Improved protein structure prediction using potentials from deep learning. *Nature*. 2020;577:706-710.
doi: 10.1038/s41586-019-1923-7
63. Jang WD, Jeon S, Kim S, Lee SY. Drugs repurposed for COVID-19 by virtual screening of 6,218 drugs and cell-based assay. *Proc Natl Acad Sci U S A*. 2021;118:e2024302118.
doi: 10.1073/pnas.2024302118
64. Kandeel M, Al-Nazawi M. Virtual screening and repurposing of FDA approved drugs against COVID-19 main protease. *Life Sci*. 2020;251:117627.
doi: 10.1016/j.lfs.2020.117627
65. Rohmetra H, Raghunath N, Narang P, Chamola V, Guizani M, Lakkaniga NR. AI-enabled remote monitoring of vital signs for COVID-19: methods, prospects and challenges. *Computing*. 2021;105:783-809.
doi: 10.1007/s00607-021-00937-7
66. Bokolo AJ. Application of telemedicine and eHealth technology for clinical services in response to COVID-19 pandemic. *Health Technol (Berl)*. 2021;11:359-366.
doi: 10.1007/s12553-020-00516-4
67. Webster P. Virtual health care in the era of COVID-19. *Lancet*. 2020;395:1180-1181.
doi: 10.1016/S0140-6736(20)30818-7
68. Judson TJ, Odisho AY, Young JJ, *et al*. Implementation of a digital chatbot to screen health system employees during the COVID-19 pandemic. *J Am Med Inform Assoc*. 2020;27:1450-1455.
doi: 10.1093/jamia/ocaa130
69. Chadi MA, Mousannif H. A reinforcement learning based decision support tool for epidemic control: Validation study for COVID-19. *Appl Artif Intell*. 2022;36:2031821.
doi: 10.1080/08839514.2022.2031821
70. Guo X, Chen P, Liang S, *et al*. PaCAR: COVID-19 pandemic control decision making via large-scale agent-based modeling and deep reinforcement learning. *Med Decis Making*. 2022;42:1064-1077.
doi: 10.1177/0272989X221107902
71. Ghahramani M, Pilla F. Leveraging artificial intelligence to analyze the COVID-19 distribution pattern based on socioeconomic determinants. *Sustain Cities Soc*. 2021;69:102848.
doi: 10.1016/j.scs.2021.102848
72. Narayan K, Rathore H, Znidi F. Using epidemic modeling, machine learning and control feedback strategy for policy management of COVID-19. *IEEE Access*. 2022;10:98244-98258.
doi: 10.1109/ACCESS.2022.3206790
73. Wu H, Lu X, Wang H. The application of artificial intelligence in health care resource allocation before and during the COVID-19 pandemic: Scoping review. *JMIR AI*. 2023;2:e38397.
doi: 10.2196/38397
74. Yu L, Halalau A, Dalal B, *et al*. Machine learning methods to predict mechanical ventilation and mortality in patients with COVID-19. *PLoS One*. 2021;16:e0249285.
doi: 10.1371/journal.pone.0249285

75. Douville NJ, Douville CB, Mentz G, *et al.* Clinically applicable approach for predicting mechanical ventilation in patients with COVID-19. *Br J Anaesth.* 2021;126:578-589.
doi: 10.1016/j.bja.2020.11.034
76. Cinelli M, Quattrocioni W, Galeazzi A, *et al.* The COVID-19 social media infodemic. *Sci Rep.* 2020;10:16598.
doi: 10.1038/s41598-020-73510-5
77. Pulido CM, Villarejo-Carballido B, Redondo-Sama G, Gómez A. COVID-19 infodemic: More retweets for science-based information on coronavirus than for false information. *Int Sociol.* 2020;35:377-392.
doi: 10.1177/0268580920914755
78. Klein AZ, Magge A, O'Connor K, Flores AJ, Weissenbacher D, Gonzalez Hernandez G. Toward using Twitter for tracking COVID-19: A natural language processing pipeline and exploratory data set. *J Med Internet Res.* 2021;23:e25314.
doi: 10.2196/25314
79. Newlands G, Lutz C, Tamò-Larrieux A, Villaronga EF, Harasgama R, Scheitlin G. Innovation under pressure: Implications for data privacy during the Covid-19 pandemic. *Big Data Soc.* 2020;7:2053951720976680.
doi: 10.1177/2053951720976680
80. Christofidou M, Lea N, Coorevits P. A literature review on the GDPR, COVID-19 and the ethical considerations of data protection during a time of crisis. *Yearb Med Inform.* 2021;30:226-232.
doi: 10.1055/s-0041-1726512
81. Delgado J, Manuel A, Parra I, *et al.* Bias in algorithms of AI systems developed for COVID-19: A scoping review. *J Bioeth Inq.* 2022;19:407-419.
doi: 10.1007/s11673-022-10200-z
82. Queralt-Rosinach N, Kaliyaperumal R, Bernabé CH, *et al.* Applying the FAIR principles to data in a hospital: Challenges and opportunities in a pandemic. *J Biomed Semant.* 2022;13:12.
doi: 10.1186/s13326-022-00263-7
83. Laurencin CT, McClinton A. The COVID-19 pandemic: A call to action to identify and address racial and ethnic disparities. *J Racial Ethn Health Disparities.* 2020;7:398-402.
doi: 10.1007/s40615-020-00756-0
84. Ezequiel GE, Jafet A, Hugo A, *et al.* The COVID-19 pandemic: A call to action for health systems in Latin America to strengthen quality of care. *Int J Qual Health Care.* 2020;33(1):mzaa062.
doi: 10.1093/intqhc/mzaa062
85. Manjarrés Á, Fernández-Aller C, López-Sánchez M, Rodríguez-Aguilar JA, Sierra Castañer M. Artificial intelligence for a fair, just, and equitable world. *IEEE Technol Soc Mag.* 2021;40:19-24.
doi: 10.1109/MTS.2021.3056292
86. Sinha A, Rathi M. COVID-19 prediction using AI analytics for South Korea. *Appl Intell (Dordr).* 2021;51:8579-8597.
doi: 10.1007/s10489-021-02352-z
87. Heo K, Lee D, Seo Y, Choi H. Searching for digital technologies in containment and mitigation strategies: Experience from South Korea COVID-19. *Ann Glob Health.* 2020;86:109.
doi: 10.5334/aogh.2993
88. Chung H, Ko H, Kang WS, *et al.* Prediction and feature importance analysis for severity of COVID-19 in South Korea using artificial intelligence: Model development and validation. *J Med Internet Res.* 2021;23:e27060.
doi: 10.2196/27060
89. Nam T. How did Korea use technologies to manage the COVID-19 crisis? A country report. *Int Rev Public Admin.* 2020;25:225-242.
doi: 10.1080/12294659.2020.1848061
90. Lee JK, Lin L, Kang H. The influence of normative perceptions on the uptake of the COVID-19 TraceTogether digital contact tracing system: Cross-sectional study. *JMIR Public Health Surveill.* 2021;7:e30462.
doi: 10.2196/30462
91. Stevens H, Haines MB. Tracetogether: Pandemic response, democracy, and technology. *East Asian Sci Technol Soc.* 2020;14:523-532.
doi: 10.1215/18752160-8698301
92. Davahli MR, Karwowski W, Fiok K. Optimizing COVID-19 vaccine distribution across the United States using deterministic and stochastic recurrent neural networks. *PLoS One.* 2021;16:e0253925.
doi: 10.1371/journal.pone.0253925
93. Jumper J, Evans R, Pritzel A, *et al.* Highly accurate protein structure prediction with AlphaFold. *Nature.* 2021;596:583-589.
doi: 10.1038/s41586-021-03819-2
94. Gunasekaran DV, Tseng RMWW, Tham YC, Wong TY. Applications of digital health for public health responses to COVID-19: A systematic scoping review of artificial intelligence, telehealth and related technologies. *NPJ Digital Med.* 2021;4:40.
doi: 10.1038/s41746-021-00412-9
95. Ioannidis JPA, Cripps S, Tanner MA. Forecasting for COVID-19 has failed. *Int J Forecast.* 2022;38:423-438.
doi: 10.1016/j.ijforecast.2020.08.004
96. Jayanthi P, Rai BK, Muralikrishna I. The potential of quantum computing in healthcare. In: *Technology Road*

- Mapping for Quantum Computing and Engineering*. United States: IGI Global; 2022. p. 81-101.
doi: 10.4018/978-1-7998-9183-3.ch006
97. John G, Sahajpal NS, Mondal AK, *et al*. Next-generation sequencing (NGS) in COVID-19: A tool for SARS-CoV-2 diagnosis, monitoring new strains and phylodynamic modeling in molecular epidemiology. *Curr Issues Mol Biol*. 2021;43:845-867.
doi: 10.3390/cimb43020061
98. Ng WY, Tan TE, Movva PVH, *et al*. Blockchain applications in health care for COVID-19 and beyond: A systematic review. *Lancet Digit Health*. 2021;3:e819-e829.
doi: 10.1016/S2589-7500(21)00210-7
99. Juddoo S, George C, Duquenoy P, Windridge D. Data governance in the health industry: Investigating data quality dimensions within a big data context. *Appl Syst Innov*. 2018;1:43.
doi: 10.3390/asi1040043
100. Bernardo T, Sobkowich KE, Forrest RO, *et al*. Collaborating in the time of COVID-19: The scope and scale of innovative responses to a global pandemic. *JMIR Public Health Surveill*. 2021;7:e25935.
doi: 10.2196/25935
101. Dunn P, Hazzard E. Technology approaches to digital health literacy. *Int J Cardiol*. 2019;293:294-296.
doi: 10.1016/j.ijcard.2019.06.039