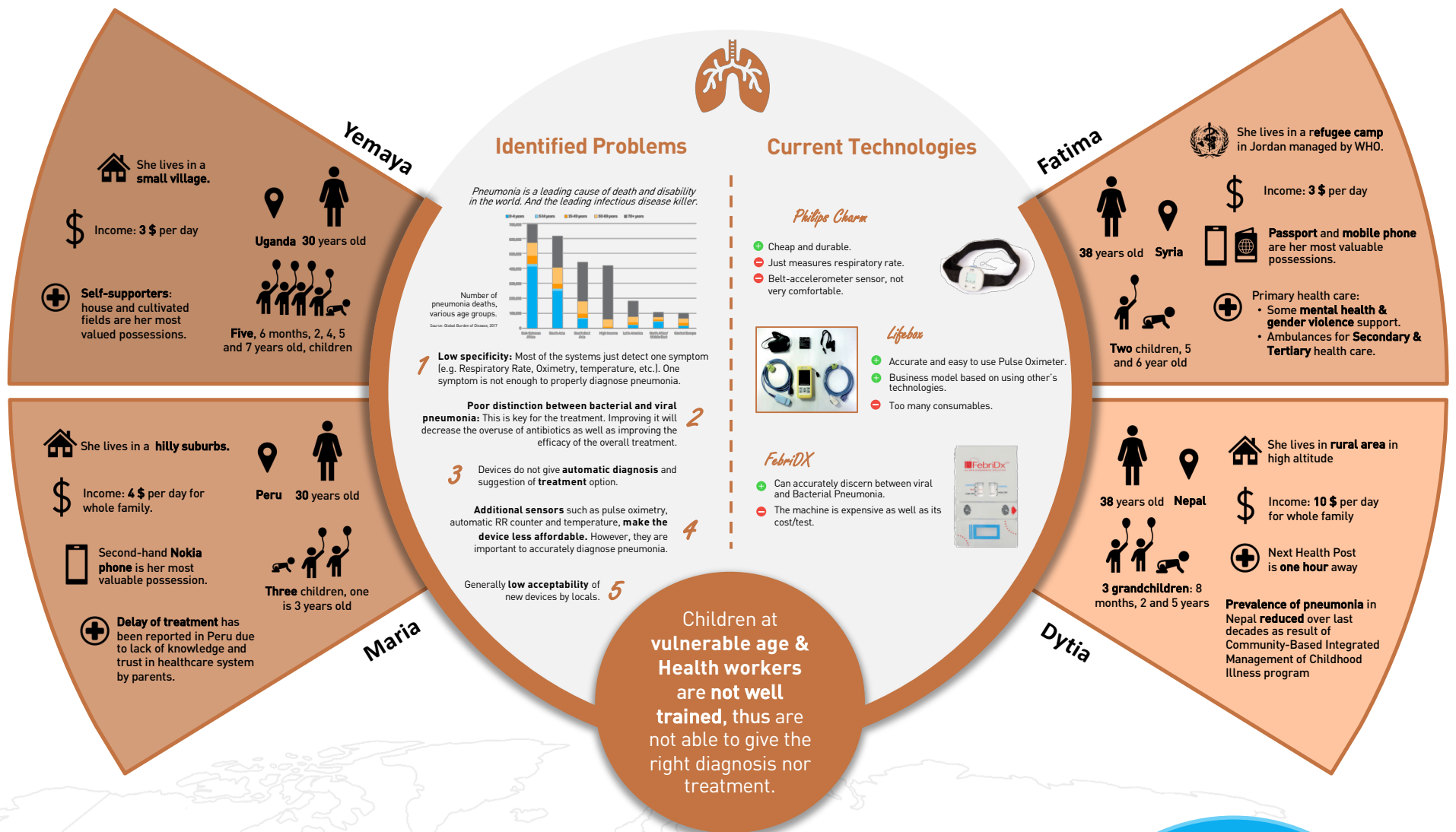




DeepPneumo: A global platform to eradicate childhood pneumonia in low-resource settings

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Respiratory Rate

Automated breathing rate monitor sensor that converts chest movements detected by accelerometers into breathing count.

Age	Fast breathing
0 - 2 months	≥ 60 breaths/min
2 - 12 months	≥ 50 breaths/min
1 - 5 years	≥ 40 breaths/min

According to IMCI fast breathing is one of the key vital signs to diagnose pneumonia in children.

Pulse oximeter

Pulse oximeter sensor to detect the levels of Oxygen Saturation. The probe can be attached to the body of the device.

Recommended by WHO for detecting hypoxemia. A potential fatal complication of pneumonia

The system consists of two parts: **The device**, which holds a **Respiratory Rate sensor** and a **Pulse Oximetry probe**. And the **mobile App.**, which is **wireless connected** to the device and **gathers information from the device, health workers, and other devices**.

Mobile health

An App. that gathers information about the patient and their symptoms in a user friendly chatbot. The App. then predicts the diagnosis and gives further indications about the treatment

GENERAL INPUTS	Patient information: Age, Gender, Ethnicity and Demographics Clinical History: When did the symptoms start? Any other episodes of pneumonia? etc.
SENSOR INPUTS	Respiratory Rate from the sensor or from an integrated RR counter in the App. Oxygen Saturation from the Pulse oximeter.
OTHER INPUTS	Gathered from any other health systems: - Lab tests (CRP, PCT), to differentiate between Viral or Bacterial pneumonia. - Cough / Auscultation - Other Vital signs (Temp & Blood Pressure)

Prediction Model

The data gathered by the App. is sent to a Server. In the short run, the App. will give **recommendations about the diagnosis & treatment** based on current Medical Standards. Meanwhile, a model based on Machine Learning algorithms will be built. In the Long Run, the App. will give more accurate diagnosis as well as **personalized** guidelines for the treatment

PERFORMANCE

- ⊕ Minimize human error.
- ⊕ Improved specificity.
- ⊕ Allow integration of other sensors.
- ⊕ No safety concern.

"Promising other health apps e.g. ADA Machine learning as promising area."

- ⊖ Misdiagnosis: false-positive.
- ⊖ Possible misleading recommendation.
- ⊖ Does not work with too few inputs.

"Validation of the algorithm in LMIC shall be tested to increase the evidence of the performance."

USAGE

- ⊕ Intuitive and user-friendly App. interface
- ⊕ Easy to understand outcome measures.
- ⊕ No internet is required for usage.

"Ease of use on devices is one of the main component to introduce new technologies in low resources settings."

- ⊖ A smartphone is required.
- ⊖ Data privacy concerns.
- ⊖ Internet connection is required to upload the data to improve the model

"It is critical to improve the model for the application to truly support the health workers."

COST

- ⊕ No additional cost for using the App..
- ⊕ Reduce the cost of follow-up treatment.
- ⊕ No cost of maintenance and access.

"Reduce the burden of healthcare cost in low resources country is one of the main objectives."

- ⊖ Misdiagnosis could lead to increased costs.
- ⊖ Funding is required for the App., i.e. development and improvement.
- ⊖ Hard and expensive to get approval of the whole application system.

"For the application to provide treatment related information, approval from regulatory institute(s) is important and costly."

DURABILITY

- ⊕ Less dependence on the device.
- ⊕ Data is stored and will not get lost.
- ⊕ The App. lasts forever.
- ⊕ The App. can be updated at anytime, any place, where there is internet connection.

"A physical repair or recycle station is not required for fixing the application."

- ⊖ Smartphone battery might be an issue.
- ⊖ Hard to maintain due to attached sensors.
- ⊖ Hard to incorporate culture differences into the application, incl. function which allows varies local language setting.

