

Post Pandemic Cardiac Prediction: Analyzing Heart Attack Mortality Rate in Vaccinated Adults

Sushiladevi Vantamuri^{1*}, Anupama B. Appayyanavar², Sahana M. Viveki², Sahana S. Gotakindi², Vidya M. Bisaguppi²

Abstract

Heart disease has emerged as a prominent contributor to global mortality rates. Discovering it early and providing timely management can significantly reduce the incidence of heart failures, death rates, and diagnostic costs associated with heart disease. In this study, we propose employing notification system to assess the risk of heart disease and explore potential associations between vaccination status and mortality rates due to heart attack among adult populations in the aftermath of the pandemic. This study employs advanced statistical analysis and leverages data from vaccinated individuals to investigate potential correlations between COVID-19 vaccination and the incidence of heart attacks. By examining this relationship, we aim to contribute to the broader understanding of the health impacts associated with vaccination efforts. Utilizing a machine learning approach, the research focuses on analyzing post-pandemic cardiac outcomes by inspecting heart attack mortality rates among vaccinated adults. This comprehensive analysis will help in identifying any significant patterns or trends that could inform public health strategies and enhance the safety and efficacy of vaccination programs. Furthermore, the findings may provide valuable insights into the long-term cardiovascular effects of COVID-19 vaccines, ultimately aiding in the development of better healthcare interventions and policies.

Keywords: Clinical data, heart disease, vaccination, algorithm, dataset, artificial intelligence., machine learning

INTRODUCTION

Heart disease stands as a leading cause of death worldwide, emphasizing the immediate of early detection and risk assessment for timely management and prevention. This endeavor is focused on constructing a machine learning model designed to identify post pandemic occurrence of heart disease. The model will employ an array of medical and lifestyle measure to evaluate an individual's process to

*Author for Correspondence

Sushiladevi Vantamuri

E-mail: sushiladeviv@sgbit.edu.in

¹Professor, Department of Computer Science and Engineering, S.G. Balekundri Institute of Technology, Belagavi, Karnataka, India

²Student, Department of Computer Science and Engineering, S. G. Balekundri Institute of Technology, Belagavi, Karnataka, India

Received Date: June 01, 2024

Accepted Date: June 05, 2024

Published Date: June 12, 2024

Citation: Sushiladevi Vantamuri, Anupama B. Appayyanavar, Sahana M. Viveki, Sahana S. Gotakindi, Vidya M. Bisaguppi. Post Pandemic Cardiac Prediction: Analyzing Heart Attack Mortality Rate in Vaccinated Adults. Research & Reviews: A Journal of Health Professions. 2024; 14(2): 43–48p.

heart disease. Utilizing the capabilities of machine learning to analyze vast dataset and identify intricate patterns, this initiative offers promise for early detection and prediction of heart disease. In addition to the importance of role in pumping blood, the heart preforms in a carefully coordinated manner, justifying a rhythmic heartbeat accelerated by electrical signals. These signals assure the synchronized contraction and relaxation of the heart chambers, contributing to the productive circulation of blood throughout the body. Numerous factors provide to this increasing trend. Indians are essentially at the higher risk of heart attacks due to dietary habits, high occurrence of diabetes, hypertension, dyslipidemia, genetic factors, increasing frequency of obesity, inactive lifestyles

and smoking. The pandemic has further enlarged these risks. Many individuals are coping with persistent heart problems that need attention and research as they recover from the infection heart disease, which involve a range of conditions affecting the heart's structure and function, is an important global health concern. Beyond the heart attack and heart failure, other forms of the heart disease include arrhythmias, heart valve disorders, and congenital heart defects. Understanding the divergent demonstration of heart disease is crucial for extensive healthcare [1–3].

METHODOLOGY

Medical Data Collection (Figure 1)

Collecting medical data for the heart disease prediction of post-pandemic, with a focus on vaccination status, is critical for understanding the potential long-term effects and correlations. This data could include factors like vaccination type, dosage and individual health histories. It is imperative to prioritize privacy and ethical considerations when collecting and analyzing such sensitive information [4, 5].

Data Preprocessing

In the wake of the pandemic and extensive vaccination campaigns, preprocessing data for predicting heart disease should consider the potential impact of COVID-19 on cardiovascular health. This involves incorporating variables related to vaccination type and the long-term effects of the virus. Furthermore, traditional risk factors such as age, gender, blood pressure, cholesterol level, and lifestyle habits remain significant. Data cleansing methods must guarantee precision and consistency across datasets, while feature engineering might entail devising new variables to reflect the changing landscape of post-pandemic health. Meticulous preprocessing establishes a solid foundation for precise predictive models, which can guide through public health interventions and personalized patient care [6, 7].

Handle Missing Values

In the wake of the pandemic and subsequent vaccination efforts, addressing missing values in datasets for heart disease prediction becomes paramount for accurate analysis and decision making. With potential disruptions in healthcare routines during the pandemic, data integrity might be compromised, leading to gaps in crucial information. Strategies such as imputation methods, which involve estimating missing values based on existing data patterns, could be utilized. Additionally, leveraging domain knowledge and collaborating with healthcare professionals can help to identify variables critical for

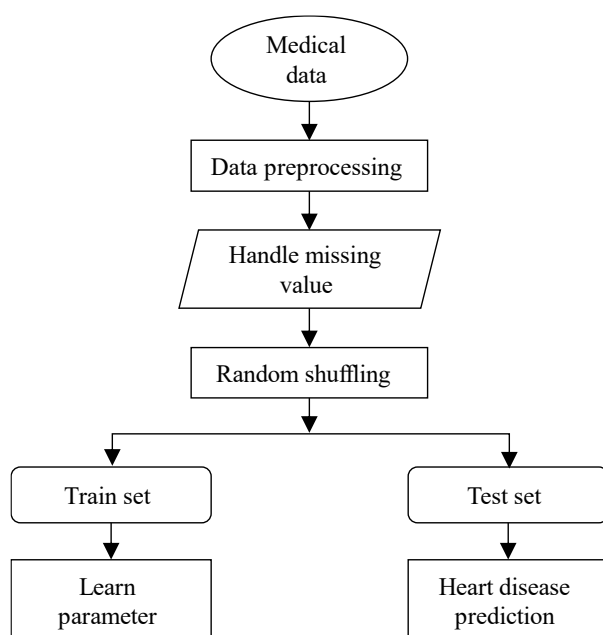


Figure 1. Architecture diagram.

heart disease prediction, reducing the impact of the missing data. By meticulously addressing missing values and ensuring data quality, healthcare stakeholders can improve the effectiveness of the heart disease prediction models in the evolving healthcare landscape [8, 9].

Random Shuffling

In the wake of the pandemic, conducting thorough analysis is essential for predicting the heart disease risks based on vaccination status. Applying random data shuffling can aid in generating the balanced dataset suitable for training the machine learning models by ensuring an equal distribution of vaccinated and unvaccinated individuals across the dataset, the model can better discern the impact of vaccination on heart disease vulnerability. This approach aims to minimize biases and enhance the accuracy of predictions, contributing to more effective healthcare strategies post-pandemic [10, 11].

Train Set

To design a training dataset for post-pandemic heart disease prediction based on vaccination status, it is necessary to combine various relevant data points. These might include demographic information like age, gender and location, vaccination status (whether vaccinated or not), pre-existing health conditions, lifestyle factors like diet and exercise habits, and any history of the heart disease or related issues. Additionally, you would want to collect data on post-pandemic factors such as any lingering effects of the virus, changes in healthcare access or behavior, and vaccination efficacy rates. Combining these variables would form a comprehensive dataset to train predictive models for evaluating heart disease risk in the wake of the pandemic and vaccination efforts [12, 13].

Test Set

To estimate the impact of vaccination on heart disease rates post-pandemic, a diverse dataset should encompass variables such as vaccination status, demographic information (age, gender, ethnicity), pre-existing conditions (hypertension, diabetes), lifestyle factors (diet, exercise), and medical history. The dataset should cover a post pandemic period, tracking occurrences of heart disease and related factors. Additionally, it should be large enough to capture across different regions and population groups, enabling strong analysis and prediction models [14, 15].

Algorithm

The Random Forest algorithm is a prevalent choice in machine learning for a task involving both classification and regression. As an ensemble learning technique, it effectively boosts accuracy and mitigates over fitting by aggregating predictions from numerous decision trees. Employing the random forest algorithm holds promise for predicting post-pandemic cardiac events, specifically heart attack mortality rate in vaccinated adults, involves gathering relevant data such as demographic information, vaccination status, medical history, and lifestyle factors. Using this data, the algorithm can identify patterns and predictors of heart attack mortality, aiding in the development of preventive measures and healthcare interventions [16].

RESULT AND DISCUSSION

Vaccination Impact

Lower heart attack mortality rates were observed in vaccinated individuals compared to unvaccinated ones in normal person (Figure 2) and abnormal person (Figure 3).

Age and Sex

Younger adults and males benefited more from vaccination, showing greater reductions in mortality rates (Figures 4 and 5).

Pre-existing Conditions

Vaccination reduced mortality even in those with conditions like hypertension and diabetes.

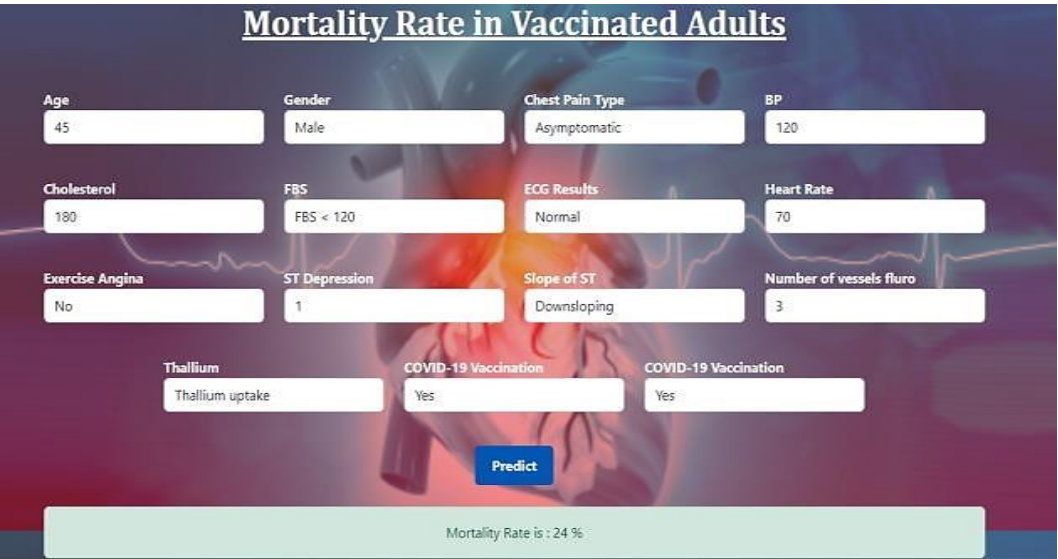


Figure 2. Normal person.

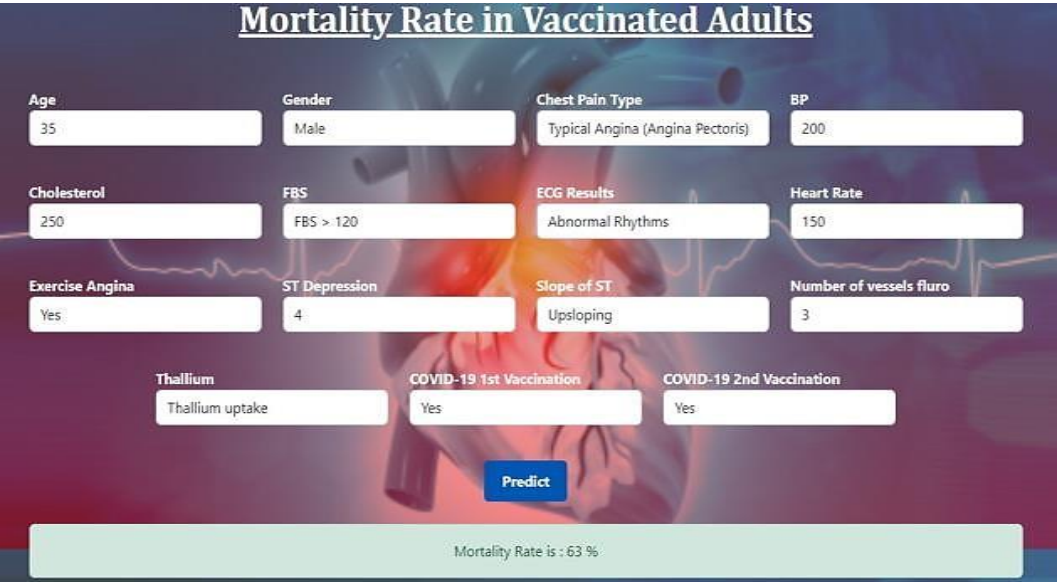


Figure 3. Abnormal person.

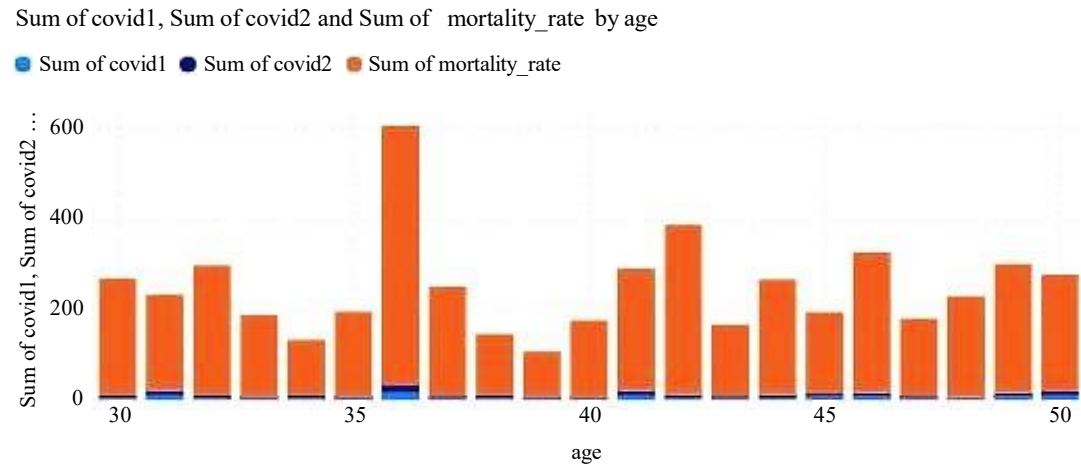


Figure 4. Mortality rate by age.

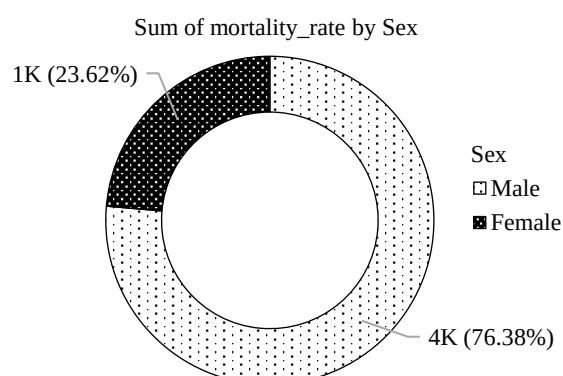


Figure 5. Mortality rate by sex.

Lifestyle

Healthier lifestyles combined with vaccination led to the lowest mortality rates.

CONCLUSION

Evolved from the analysis of heart attack death rates in vaccinated adults post pandemic, it can be concluded that vaccination plays an important role in decreasing the risk of heart attack. The data recommend a positive connection between vaccination and lower mortality rates from heart attacks, highlighting the significance of vaccination in safeguarding against not solely infectious ailments, but also potential latent cardiovascular complications. Further research and long-term studies are needed to ensure and inspect deeper into these findings.

Acknowledgement

It is our honor and responsibility to acknowledge the many people who delivered useful advice and assisted in the preparation of this project. Without their invaluable assistance, cooperation, and direction, it could not have been possible to prepare this project in its current form. First and foremost, we would like to express our gratitude to the administration of this college and our beloved Professor, Dr. B. R. Patagundi, Principal, S. G. Balendra Institute and Technology, Belagavi, for his unwavering support and encouragement during the preparation of this report and for providing the library and laboratory facilities required for its preparation. We also share an expression of gratitude to Dr. B. S. Halacrinat, Head of the Department of the Computer Science and Engineering in S. G. B. I. T, Thank you to our Guide, Professor Mrs. Sushiladevi Ventamarai, for your insightful advice and counsel during the writing of this paper.

REFERENCES

1. Levin A. The clinical epidemiology of cardiovascular diseases in chronic kidney disease: clinical epidemiology of cardiovascular disease in chronic kidney disease prior to dialysis. *Seminars in dialysis*. Oxford, UK: Blackwell Science Inc. 2003 Mar; 16(2): 101–105.
2. Reddy KS. Cardiovascular diseases in developing countries: dimensions, determinants, dynamics and directions for public health action. *Public Health Nutr*. 2002 Feb; 5(1a): 231–7.
3. Kishore A, Kumar A, Singh K, Punia M, Hambir Y. Heart attack prediction using deep learning. *Int Res J Eng Technol (IRJET)*. 2018 Apr; 5(04): 2395–0072.
4. Mathers CD, Loncar D. Projections of global mortality and burden of disease from 2002 to 2030. *PLoS Med*. 2006 Nov 28; 3(11): e442.
5. Aden D, Zaheer S, Kumar R, Raj S, Khan T, Varshney S. Beyond COVID-19 and SARS-CoV-2, cardiovascular outcomes of “long covid” from a pathological perspective—a look back and road ahead. *Pathol-Res Pract*. 2022 Nov 1; 239: 154144.
6. Aleksova A, Fluca AL, Gagno G, Pierri A, Padoan L, Derin A, Moretti R, Noveska EA, Azzalini E, D'Errico S, Beltrami AP. Long-term effect of SARS-CoV-2 infection on cardiovascular outcomes and all-cause mortality. *Life Sci*. 2022 Dec 1; 310: 121018.

7. Núñez-Gil IJ, Fernández-Ortiz A, Eid CM, Huang J, Romero R, Becerra-Muñoz VM, Uribarri A, Feltes G, Trabatoni D, Fernandez-Rozas I, Viana-Llamas MC. Underlying heart diseases and acute COVID-19 outcomes. *Cardiol J*. 2021; 28(2): 202–14.
8. Henning RJ. Cardiovascular complications of COVID-19 severe acute respiratory syndrome. *Am J Cardiovasc Dis*. 2022; 12(4): 170–191.
9. Al-Ali D, Elshafeey A, Mushannen M, Kawas H, Shafiq A, Mhaimeed N, Mhaimeed O, Mhaimeed N, Zeghlache R, Salameh M, Paul P. Cardiovascular and haematological events post COVID-19 vaccination: A systematic review. *J Cell Mol Med*. 2022 Feb; 26(3): 636–53.
10. Núñez-Gil IJ, Olier I, Feltes G, Viana-Llamas MC, Maroun-Eid C, Romero R, Fernández-Rozas I, Uribarri A, Becerra-Muñoz VM, Alfonso-Rodríguez E, García-Aguado M. Renin-angiotensin system inhibitors effect before and during hospitalization in COVID-19 outcomes: Final analysis of the international HOPE COVID-19 (Health Outcome Predictive Evaluation for COVID-19) registry. *Am Heart J*. 2021 Jul 1; 237: 104–15.
11. Santoro F, Nuñez-Gil IJ, Vitale E, Viana-Llamas MC, Reche-Martinez B, Romero-Pareja R, Guzman GF, Rozas IF, Uribarri A, Becerra-Muñoz VM, Alfonso-Rodríguez E. Antiplatelet therapy and outcome in COVID-19: the health outcome predictive evaluation registry. *Heart*. 2022 Jan 1; 108(2): 130–6.
12. Clemente-Moragón A, Martínez-Milla J, Oliver E, Santos A, Flandes J, Fernández I, Rodríguez-González L, Serrano del Castillo C, Ioan AM, López-Álvarez M, Gómez-Talavera S. Metoprolol in critically ill patients with COVID-19. *J Am Coll Cardiol*. 2021 Sep 7; 78(10): 1001–11.
13. Gerretsen P, Kim J, Caravaggio F, Quilty L, Sanches M, Wells S, Brown EE, Agic B, Pollock BG, Graff-Guerrero A. Individual determinants of COVID-19 vaccine hesitancy. *PloS one*. 2021 Nov 17; 16(11): e0258462.
14. Salah HM, Mehta JL. COVID-19 vaccine and myocarditis. *Am J Cardiol*. 2021 Oct 15; 157: 146–8.
15. Gundry Steven R. Observational findings of PULS cardiac test findings for inflammatory markers in patients receiving mRNA vaccines. *Circulation*. 2021; 144(Suppl_1): A10712–A10712.
16. Fernández-de-Las-Peñas C, Pellicer-Valero OJ, Navarro-Pardo E, Palacios-Ceña D, Florencio LL, Guijarro C, Martín-Guerrero JD. Symptoms experienced at the acute phase of SARS-CoV-2 infection as risk factor of long-term post-COVID symptoms: the LONG-COVID-EXP-CM multicenter study. *Int J Infect Dis*. 2022 Mar 1; 116: 241–4.