# **Case Study: Spark GPU-Enabled Framework to Control COVID-19 Spread Using Cell-Phone Spatio-Temporal Data**

Hussein Shahata Abdallah<sup>1, \*</sup>, Mohamed H. Khafagy<sup>1</sup> and Fatma A. Omara<sup>2</sup>

Abstract: Nowadays, the world is fighting a dangerous form of Coronavirus that represents an emerging pandemic. Since its early appearance in China Wuhan city, many countries undertook several strict regulations including lockdowns and social distancing measures. Unfortunately, these procedures have badly impacted the world economy. Detecting and isolating positive/probable virus infected cases using a tree tracking mechanism constitutes a backbone for containing and resisting such fast spreading disease. For helping this hard effort, this research presents an innovative case study based on big data processing techniques to build a complete tracking system able to identify the central areas of infected/suspected people, and the new suspected cases using health records integration with mobile stations spatio-temporal data logs. The main idea is to identify the positive cases historical movements by tracking their phone location for the last 14 days (i.e., the virus incubation period). Then, by acquiring the citizen's mobile phone locations for the same period, the system will be able to measure the Euclidean distances between positive case locations and other nearby people to identify the incontact suspected-cases using parallel clustering and classification techniques. Moreover, the daily change of the clusters size and its centroids will be used to predict new regions of infection, as well as, new cases. Moreover, this approach will support infection avoidance by alerting people approaching areas of high probability of infection using their mobile GPS location. This case study has been developed as a simulation system consisting of three components; positive cases/citizens movement's data generation subsystem, big data processing platform including CPU/GPU tasks, and data visualization/map geotagging subsystem. The processing of such a big data system requires intensive computing tasks. Therefore, GPU tasks carried out to achieve high performance and accelerate the data processing. According to the simulated system results, data partitioning and processing speed up measures have been examined.

Keywords: Big data, Coronavirus (COVID-19), parallel K-Means, GPU, Spark.

<sup>&</sup>lt;sup>1</sup> Department of Computer Science, Fayoum University, Fayoum, 63514, Egypt.

<sup>&</sup>lt;sup>2</sup> Department of Computer Science, Cairo University, Giza, 1261, Egypt.

 $<sup>\</sup>label{eq:corresponding} \ensuremath{^*}\xspace{Corresponding} Author: Hussein Shahata Abdallah. Email: hussien.shahata@fayoum.edu.eg.$ 

Received: 30 April 2020; Accepted: 25 June 2020.

# **1** Introduction

COVID-19 is a member of the coronaviruses family. These viruses may infect animals or humans. For humans, coronaviruses are able to cause respiratory malfunction ranging from the common cold to Middle East Respiratory Syndrome (MERS) and Severe Acute Respiratory Syndrome (SARS) [WHO (2020b)].

Regarding the COVID-19 pandemic outbreak, the World Health Organization (Situation Report-147), has recorded up to 7.8 million confirmed cases and+431,541 deaths worldwide so far [WHO (2020a)].

It is believed that the patient-zero case has originated in Wuhan/China. Subsequently, several disorders such as kidney disorder and fluid development in the lungs became more common in those with critical cases. The just-completed guideline from the Chinese health authorities describes three main transmission ways of the COVID-19, droplets transmission, contact transmission, and aerosol transmission. Droplets transmission occurs when inhaling droplets produced by an infected person in close proximity. The contact transmission occurs when touching a surface contaminated with the virus and then touching one's own mouth, nose, or eyes. The aerosol transmission occurs when inhaling a high dose of infected aerosols into the lungs in a relatively closed environment [Adhikari, Meng, Wu et al. (2020)]. Hence, avoidance of contact with infected cases or around infected areas and maintaining a safe distance to others is representing the essential defensive mechanism [CDC (2020)]. Also, countries with a few cases of COVID-19 should rely on their digital surveillance systems for timely case finding, isolate, test, and trace every contact subject to containment.

The governments' healthcare systems should control this outbreak among their citizens by using surveillance systems to track their movements in an automated manner to effectively identify the in-contact persons with positive cases and isolate them. Processing such a huge amount of data will eventually need to be adjusted for big data frameworks and 'many-core' high-performance technology, to support the measures against COVID-19. As such, correct and accurate information will be required to apply the best regulations and avoid severe economic side effects.

Spatio-temporal data of the population is considered to be a key input for intervention policy to control the spreading of epidemic diseases because such diseases are contagious, and spreads significantly with human mobility [Peak, Wesolowski, Erbach-Schoenberg et al. (2018)]. Call detail records (CDR) data (i.e., mobile phone data) has been attracting the attention of policymakers and researchers in various fields because of the capacity of capturing population movement patterns and trajectories. For large scale monitoring, CDR data from mobile network base stations provide excellent spatial patterns that reflect the urban life temporal dynamics, and it could potentially become a new way to extract or identify less evident problems [Shibasaki (2017)].

The Association (GSMA) has developed guidelines for the appropriate use of (CDR) and Standard Messaging Services (SMS) data in emergency situations such as using mobile phone data for responding to the Ebola outbreak [GSMA (2014)]. In addition to the analysis of movements between locations, social network analysis methods are also commonly applied to CDR data to find connections between mobile phone users [Chen, Crespi, Ortiz et al. (2017)]. Surveillance data from mobile devices has been used to

### 1304

construct a realistic contact network and determine the changes in that network during the Ebola outbreak [Chen Crespi, Ortiz et al. (2017)]. Moreover, the smartphones can be used as simple self-monitoring tools. For example, EbolaTracks, a SMS based platform has been used for self-monitoring of persons who visited an Ebola-infected region [Cinnamon, Jones and Adger (2016)]. Usually, Mobile phones became used to collect and transmit GPS coordinates to be recorded and used for further mapping analysis [Lee, Asher, Goldlust et al. (2016)]. Similarly, Bluetooth sensors on the phones can also be used to generate fine-grained contact networks that able to track in-door contacts.

Using such techniques will increase the ability to predict early the positive cases especially when the critical care resources and intensive care beds are limited, and therefore clinicians must make difficult decisions to choose urgent mild-cases to help in time. Many research works have studied such healthcare challenges using Artificial Intelligence (AI) to provide accurate decision support information [Gianfrancesco, Tamang, Yazdany et al. (2018); Shortliffe and Sepúlveda (2018)]. Furthermore, machine learning algorithms can use big data sets to identify risk levels based on clustering and classification methods to divide observation data into related groups that being used later for model training and data labeling [Jiang, Coffee, Bari et al. (2020)].

Originally, big data frameworks are used to process a vast amount of data in structured data formats like Hive [Abdel Azez, Khafagy and Omara (2018); Shanoda, Senbel and Khafagy (2014)], and unstructured formats in the recommender systems [Mohamed, Khafagy and Ibrahim (2019)]. Moreover, analyzing healthcare data for positive cases with maintaining data privacy and security in concern is the urgent solution today. Also, high-performance computing technologies such as manycore computing system is crucial to shortening the time required for processing such huge data. So, big data processing technology can ease the process of detecting infected cases automatically and estimate the infection risk in real-time. To achieve this, the system must distribute the collected citizen- movement dataset and the positive-cases dataset over a large spark cluster and calculate the Euclidean distance between every two points. By identifying the levels of unsafe interaction distance thresholds, we can simply classify unsafe distances into three risk levels; minor, moderate, and significant. Therefore, a suitable action could be taken for every case.

Unsafe distances clustering will enable the system to identify the suspected areas of infection, as well as, classify citizens into levels of risk that will enable governments to apply more accurate and lower impact regulations on their citizen's life. Such complex machine learning techniques will be conducted in a daily regular manner therefore, such huge and time-consuming processing requires more intelligent parallel processing frameworks that allows using of GPU and CPU concurrently [Haney and Mohan (2013)].

The work in this paper proposes a tracking system for COVID-19 cases to fight disease outbreak. Measuring the distance between in contact citizens every day is representing the backbone of our system to detect the suspected cases of infection, as well as, predict and estimate the rate of increase in new cases and the new regions of infection. According to the proposed system, a high performance processing big data platform in addition to many-core processors are used to achieve a real-time tracking solution that builds an accurate tree data structure to represent the relationships between cases, explains disease spread, and provides end-users mobile application with web service to assess their risk level and avoid the regions of infection.

The proposed COVID-19 cases tracking system is based on three main components; positive cases and citizen's movement datasets generation, heterogeneous CPU/GPU big data processing platform, and data visualization and map geotagging service. These components are discussed in more detail in the next section.

### 2 The proposed tracking system for COVID-19 cases

Several researchers are working on introducing prediction techniques for COVID-19 spread around the world. Tracking positive cases locations using CDR data and using time series prediction techniques to forecast disease spread levels are the growing areas of research today [Held and Meyer (2019)].

Tracking the geographic locations of the positive cases, and studying the pathogen genetic DNA sequences are examined in Harris et al. [Harris, Cartwright, Cartwright et al. (2013); Jombart and Ahmed (2011)].

Interestingly, advanced genetic data has triggered several research-works to exploit different types of data in parallel [Mollentze, Nel, Townsend et al. (2014); Zaharia, Chowdhury, Das et al. (2012)]. However, not all of these works are widely available as computer software or a complete platform for infection outbreak control, this kind of analysis is still lacking because it depends on free open-source projects with a poor community of support. Moreover, advanced mathematical models have been proposed for forecasting spreading epidemics such as Ebola [Carias, O'Hagan, Gambhir et al. (2019)], and novel coronavirus [Read, Bridgen, Cummings et al. (2020)].

Unfortunately, all of these works didn't figure out the solutions for how to track the suspected cases that are in contact with confirmed cases and provide authorities with such critical information to help their citizens and avoid the infection. The majority of these works have focused on the visualization of growth curves in number of confirmed deaths and recovered cases without real investigation about the pattern of spread or the suggested areas for being infectious.

Therefore, the work in this paper tries to tackle this challenge by introducing a novel big data-based tracking system for automatically identifying the infected cases and predicting the in-contact (suspected) cases by measuring the distance between them using mobile phone location data. Also, the proposed system can cluster positive cases into central areas and classify the infection risk of COVID-19 into three risk levels in real-time. A high-performance framework will be used to process such big data tasks and take advantage of GPU computing significant features to speed up the processing time of parallel tasks, Euclidian distance measure, K-Means clustering, and Decision Trees classification.

The proposed tracking system consists of three components; datasets generation, big data processing framework, visualization and geotagging service. The architecture of the proposed tracking system is described in Fig. 1. The data collecting component is responsible for receiving streaming data from telecommunication-companies (cell phone stations) logs, in addition to the information about confirmed cases from the official health records daily. The big data framework (spark cluster) component is responsible for

distributing such huge data into cluster nodes and performs several parallel processing tasks, including Euclidean distance measure between two latitude/longitude points, clustering positive cases locations using K-Means and classifying cell phone numbers into their risk status using decision trees. The data visualization and geotagging service is responsible for providing decision-makers with a real-time dashboard about infection status, and providing web services that can integrate with mobile application to provide the user with a geotagged areas of infection or suspicion and tracking the cell-phone locations on the infection annotated map.



Figure 1: The proposed tracking system architecture

# 2.1 Data collecting/generation component

The zero-patient confirmed case of the COVID-19 virus represents the seed of the infection. Hence, the in contact person with this case is representing a new source of infection, and in turn, becomes a new seed. The way of tracking the source cases and their infected cases is the most effective way to control virus spread and build a solid tree for later investigations and prediction [Möller, du Plessis and Stadler (2018)]. Using a citizen's cell phone location tracking is an interesting technique to identify the proximate person based on the distance measure. The main advantage of this technique is that many suspected cases from a single source can be derived by measuring the distance between their moving locations points and all other citizens for the last 14 days. This kind of data is

available at cell-phone communication companies, as well as, positive cases (seeds) can be collected from official health records. Also, these data are updatable regularly, so the calculation can be performed on a regular basis.

So, the spread of COVID-19 can be digitally represented using a tree to narrow the area of investigation for close persons whose confirmed as a contagion source using medical tests. The positive case will be added as a tree node with its probable sources of infection as parents. In addition, the places in which this person went in last 14 days will be recursively added to the suspected places tree. Hence, each infection case can generate many infection instances as shown in Figs. 2 and 3.





**Figure 2:** Calculated cell phone distance to identify suspected cases

**Figure 3:** Calculated cell phone distance to identify suspected places

The red person represents the seed of infection, and the red dashed oval represents an area of suspicion. According to Fig. 2, the orange person is a suspected case of infection, which needs fast medical examination while the green person outside the suspicion area is safe. In case of any suspected person confirmed as a positive case, this case will be converted to a new seed of infection as well. The places in Fig. 3 are put in the suspicion area which may have persons in contact with a positive case.

In case of any suspected instance confirmed as a positive case, the area of suspicion will increase, and so the calculation of distance threshold will re-execute recursively to identify the new suspected cases and update the infection tree as shown in Fig. 4.



Figure 4: Infection tree and case relations

Additional benefits of the tree structure are the ability to identify the missed relationships between cases and easily predict these relationships, as well as, the tree is a parallel enabled data structure that able to search through using parallel search algorithms in a distributed processing framework.

# 2.2 Big data processing component

The centralized design of real-time tracking of confirmed cases alongside the citizen's locations requires measuring the distances for each citizen's movements per day. For instance, if we have 100 moving points for each citizen per a day and on average 1 million smartphones, hence, we have 100 million points per day to calculate its distance with the confirmed cases points. In addition, we should include in this calculation the points of the last 14 days' for all citizens and all positive cases in the same period. Therefore, we have more than 10<sup>8</sup> points to measure their distances per a day. Moreover, the system has two extra tasks to do; 1) clustering the infection cases to highlight central areas of infection and clustering the areas of suspicion to maintain a list of highly suspected areas of infection for all suspected cases locations. 2) For each citizen who requests to assess his risk status, the system should classify the status into three levels of risk (i.e., minor, moderate, and significant). These intensive calculations require high-performance parallel architecture to maintain its calculation periodically.

Spark architecture [Zaharia, Chowdhury, Das et al. (2012)] is considered faster than Hadoop architecture because of its in-memory data processing technique, which outperforms Hadoop from 10 to 100 times [Dittrich and Quiané-Ruiz (2012)]. Therefore, the system uses spark jobs to execute almost tasks besides spark has the Mlib library, which contains a lot of implemented machine learning algorithms that saved a lot of effort [Assefi, Behravesh, Liu et al. (2017)]. In addition, Spark architecture supports python scikit-learn library to easily demonstrate all algorithms and Matplot library to visualize the demonstration results [Hao and Ho (2019)].

To achieve noticeable acceleration, we decided to choose the K-Means algorithm for cases clustering and Decision Tree algorithm for risk assessment classification because these algorithms have been implemented with CUDA language and can run on GPU using spark CUDA driver [Soyata (2018)]. Fig. 5 illustrates the spark cluster architecture, and the algorithms (i.e., K-Means and Decision Tree) which will be executed on spark environment.



Figure 5: Spark cluster architecture

According to Fig. 5, the data processing passes through four steps as follows:

### Step 1: Data preprocessing

CDR data contains all information about the cell-phone connections, such as, which cell towers the SIM card connected to at any time, the connection source and destinations (endpoints). So, CDR data can approximately identify the location of both sides of the connection. Telecommunication networks use the base tower location to infer the geographic location of the connected devices with accuracy varies from 50 to 300 meters only in dense urban environments. Also, the availability of data in most countries is limited to intelligence agencies and requires a lot of security approval procedures and regulations. Besides, the variation of data format requires data preprocessing and cleansing before the data being ready for analysis. In sum, this geospatial information is extremely useful for social distancing measures in application development [Shibasaki (2017)].

The preprocessing step is responsible for cleansing data from non-important attributes, deleting redundant or fixed position points, and reformatting data into a suitable format that includes a set of attributes which presented in Tab. 1.

Attribute	Туре	Notes
Mobile phone number	String	Maybe irreversibly encrypted using a one to one hash function
Timestamp	Date Time	The heartbeat of communication between the base station and the device in the format of YYYY-MM-DD
Device longitude	Double	The geographical location of a base station
Device latitude	Double	
Base station radio frequency	Float	Frequency of radio signal between a base station and device
Base station longitude	Double	The geographical location of the device
Base station latitude	Double	
Signal strength	Float	The strength of the signal between the base station and device

 Table 1: CDR Data attributes [Shibasaki (2017)]

#### Step 2: Measure euclidian distance

After the preprocessing step, the longitude and latitude of the cell phone become available. So, the daily updated citizen's phone location dataset is ready to be compared with the daily updated health records. The distance between every two locations can be measured using the Euclidean distance Haversine formula (see Eq. (1)) [Monawar, Mahmud and Hira (2017)]. This formula is used to calculate the great-circle distance between two points (the shortest distance over the earth's surface).

$$d = 2R * \sin^{-1}\left(\sqrt{\sin^2\left(\frac{\theta_2 - \theta_1}{2}\right) + \cos\theta_1 * \cos\theta_2 * \sin^2\left(\frac{\lambda_2 - \lambda_1}{2}\right)}\right)$$
(1)

where:  $\theta 1$ ,  $\theta 2$ : Latitude of point 1 and latitude of point 2 (in radians),  $\lambda 1$ ,  $\lambda 2$ : Longitude of point 1 and longitude of point 2 (in radians), R: Earth radius where mean radius=6,371 km.

Because there is a large amount of data to be processed daily, the citizen's locations dataset will be split across cluster nodes to run in parallel. The distribution of blocks between CPU and GPU machines will be relative to the computation power of each processing node. therefore, the task partitioner can determine the amount of time required to calculate the distance between 1000 points on both CPU and GPU, and then decide the ratio of data dividing alpha ( $\alpha$ ) between all devices using static partitioning schema [Grewe, Wang and O'Boyle (2013)] and the haversine formula CUDA implementation for GPU [Harris (2015)].

Based on the measured distances, the system can build/update the suspected cases dataset that will guide health decision-makers to decide the priority cases examination.

#### Step 3: K-means clustering

The positive cases dataset is incrementally updated with the positive cases everyday. So, identifying the central areas of infection will be more beneficial to focus the governmental lockdown and isolation procedures on these areas besides saving health care and hygiene resources. Similarly, defining the central areas of suspicion will help

early identification for the expected positive cases, as well as, apply more accurate isolation restrictions. Hence, the parallel K-Means clustering technique based on geospatial data is used to identify the central areas of infection/suspicion in real-time [Mills, Sripathi, Kumar et al. (2018)].

## Step 4: Decision tree classification

The mobile application user can ask to assess the health risk status using the integrated web service. Hence, the system will extract the last 14 day movements of this user, and according to the distances thresholds from the confirmed or suspected cases, it can be classified into safe or at risk with the measured level (i.e., minor, moderate, significant). Hence, the parallel decision tree classification technique based on distance measure results has been used to classify every person regularly and push warning notification to those persons and the government agencies about whose at a significant risk levels in real-time [Wu, Wang, Yan et al. (2019)].

#### 3 Dashboard and geotagging component

Visualizing and reporting the results of tracked citizens' geospatial data in combination with the infected cases is the most important and crucial component for system stakeholders. Subsequently, they can evaluate the overall situation of their citizens and decide the suitable precautions to be applied on time.

The live dashboard will pull data from the analyzed datasets to show the confirmed, suspected, and recovered cases of coronavirus along with the deaths numbers. Similarly, the central regions of infection or suspicion with their cases counts will be tagged on the country map. The interactive series of infection and suspicion counts for last month will be available as well. Also, a person's movements tracking map will be available to investigate each suspected case location and determine the in-contact cases.

Geotagging is a process where geographical data such as pictures and videos can be tagged with latitude and longitude points of that place to help end-users to reach or evaluate this place easily. So, geotagged maps of positive and suspected cases will be available for decision-makers, similarly, a geotagged map for certain citizen movements.

Normally, statistical reports about cases counts and their distributions with their places and time will be available. Also, future forecasting tasks can be applied to predict the disease cases increase rate and identify the new places of infection for a short period like a week.

# 4 Case study experiments

#### 4.1 Used datasets

Because of the lack of CDR Datasets, COVID-19 positive cases Spatio-temporal data, and the general security approvals constraints to accessing such datasets in almost all countries, two random datasets have been generated to simulate the positive cases and citizens' CDR information. During the generation of these datasets, the distribution of Egyptian population density in Egyptian cities are considered using longitude and latitude points of Egypt coordinates [World Population Review (2020)]. The datasets simulate the movement's points in March 2020 at different times throughout the day. The positive cases dataset contains 2000 records (geolocation points) with just 200 unique mobile

numbers (person) where dates starting from 01 March 2020 and ending on 15 March 2020. Similarly, the Citizens movements' dataset contains 2 Million records with just 20 K unique mobile number where dates start from 01 March 2020 until 30 March 2020.

#### 4.2 Environment setup

The case study has been implemented using a virtual environment consisting of three virtual machines with Ubuntu LTS 16.04 operating system. Each machine has 5 GB of RAM, 50 GB of HDD, and two processing cores with a speed of 2.7 GHz for each. One of these machines has NVIDIA Quadro K3000M GPU with 2 GB of RAM. All machines act as worker nodes except one of them, which act as a master node.

#### 4.3 Experimental results

K-means algorithm requires the number of the cluster as input. So, HDSCAN has used to determine the number of clusters based on Euclidean distance between two points as a threshold [Santos, Syed, Naldi et al. (2019)]. The positive cases and its clusters are shown in Figs. 6 and 7.



aphilon Latitude

Figure 6: COVID-19 Positive cases points for 15 day

**Figure 7:** COVID-19 positive cases K-Means clusters





Figure 8: suspected cases clusters using K-Means

Figure 9: Citizen location tracking with infection clusters geotagging

After calculating the Euclidian distances between citizens and positive cases locations, suspected cases dataset has been generated with 106K locations and just 1770 suspected unique mobile numbers. The geotagging of suspected cases clusters according to its risk levels are shown in Fig. 8 while the red clusters are the significant risk regions with the number of suspected cases>150, the orange clusters are the moderate risk regions with the number of suspected cases>50, and the green clusters are the minor risk clusters with the number of suspected cases<50.

These distance thresholds are proposed because there is no official medical bound for the distance till now. Also, the person in contact with infected staff/material within any area may be at risk of infection. Therefore, these distance thresholds can be customized according to the world health organization recommendations.

The citizen tracking with the geotagging map is presented in Fig. 9. This map is a responsive service that every user can use to evaluate the location risk severity. Also, health authorities can use this map to track the suspected cases status and identify their relationship with the confirmed cases. Besides, the mobile application integration to such web service can help citizens by sending them notifications about their risk assessment and warning them from approaching infected/suspected regions.

The effect of using a GPU node in this case study is noticable. GPU is more oriented to compute-intensive tasks rather than data-intensive tasks because the cost of data transfer between GPU memory and the host memory is expensive and time-consuming [Zhu, Hou, Wang et al. (2019)]. Hence, data cleansing and preprocessing are executed by CPU nodes only. On the other hand, the level of data partitioning for compute-intensive tasks is

determined according to the static data partitioning technique based on the algorithm time and space complexity [Grewe, Wang and O'Boyle (2013)]. Fig. 10 shows the task divide ratio between CPU and GPU nodes for compute-intensive tasks. According to Fig. 10, we can conclude that K-Means task has the largest percentage share on GPU with about 78% followed by haversine with 62% and decision tree with 48%.



Figure 10: Tasks partitioning percentage between CPU and GPU nodes



Figure 11: Tasks execution time on different system configrations



Figure 12: Tasks speedup with different system configurations

The percentage of data partitioning between CPU and GPU nodes in Figs. 11, 12 indicates that GPU can save the execution time and achieve a noticeable speedup compared to CPU. The execution time and the achieved speedup has tested for every algorithm on four different system configurations, one CPU node, one GPU node, three CPU nodes, and 2 CPU nodes with a GPU node. According to the results in Fig. 11, 12, the heterogeneous system containing two CPUs and one GPU achieves the lowest execution time with all algorithms, On the other hand, the highest speedup, where K-Means algorithm achieved +7x speedup followed by Haversine algorithm and Decision Tree algorithm with +5x and 4x respectively has obtained on the three CPU nodes or one GPU node system configuration. Hence, the static data partitioning technique between CPU and GPU in big data systems is applicable and can achieve remarkable performance.

To conclude, the speedup depends on the number of computing devices that work concurrently in addition to the task degree of parallelism. Hence, any increase in the number of GPU devices or their processing power capabilities would accelerate the speedup steadily.

#### 5 Conclusion & future work

In this paper, a novel approach for controlling the spread of COVID-19 and tracking the infected cases has been studied. A big data framework has been proposed to help governments and health authorities in identifying the in-contact persons with a positive-case, determining the regions of virus outbreak, and build a representation tree data structure for all cases. The tree data structure represents the relationship between the confirmed cases and supports making critical decisions by governments, health authorities, and individuals on time. The proposed framework has implemented as a case study that consists of three components; datasets generation, big data processing framework, and data visualization and geotagging service for results demonstration.

Therefore, a simulated CDR Data of citizen's movements and COVID-19 confirmed cases have been aggregated to generate a suspected cases dataset and identify the probable regions of infection or suspicion. The mobile phone GPS location is determined

by the mobile network base-station communication signals that is used in combination with the confirmed cases locations to determine the in-contact persons within specified area during the virus incubation period. Normally, the processing of such huge data is passed through four steps; data cleansing and preprocessing, calculating the Euclidian distances between a citizen and the confirmed cases GPS points, identifying the central points of infected regions (clusters) using parallel k-means clustering algorithm, and finally classifying person risk into three levels using the decision tree classification algorithm. Such complex computations require high performance distributed big data environment to perform these computations in real-time. Spark GPU-enabled cluster has been used in addition to computation partitioning between CPU and GPU nodes to achieve full utilization of the available resources and gain remarkable speedup.

The experimental results show that the concurrent processing of the datasets on GPUenables spark cluster obtained a noticeable performance gain in comparison to CPU only cluster up to 7x.

Finally, building a parallel time-series data regression model such as LSTM will be studied as a future work to predict the future number of confirmed/suspected cases and the new regions of infection for short term periods.

Funding Statement: The authors received no specific funding for this study.

**Conflicts of Interest:** The authors declare that they have no conflicts of interest to report regarding the present study.

### References

Abdel Azez, H; Khafagy, M.; Omara, F. (2018): Optimizing join in hive star schema using key/facts indexing. *IETE Technical Review (Institution of Electronics and Telecommunication Engineers, India*), vol. 35, no. 2, pp. 132-144.

Adhikari, S.; Meng, S.; Wu, Y.; Mao, Y.; Ye, R. et al. (2020): Epidemiology, causes, clinical manifestation and diagnosis, prevention and control of coronavirus disease (COVID-19) during the early outbreak period: a scoping review. *Infectious Diseases of Poverty*, vol. 9, no. 1, pp. 1-12.

Assefi, M.; Behravesh, E.; Liu, G.; Tafti, A. (2017): Big data machine learning using apache spark MLlib. *IEEE International Conference on Big Data*, pp. 3492-3498.

**Calatayud, L.; Kurkela, S.; Neave, P.; Brock, A.; Perkins, S. et al.** (2010): Pandemic (h1n1) 2009 virus outbreak in a school in london, april-may 2009: an observational study. *Epidemiology Infection*, vol. 138, no. 2, pp. 183-191.

**Carias, C.; O'Hagan, J.; Gambhir, M.; Kahn, E.; Swerdlow, D. et al.** (2019): Forecasting the 2014 west african ebola outbreak. *Epidemiologic Reviews*, vol. 41, no. 1, pp. 34-50.

**Cauchemez, S.; Bhattarai, A.; Marchbanks, T.; Fagan, R.; Ostroff, S. et al.** (2011): Role of social networks in shaping disease transmission during a community outbreak of 2009 H1N1 pandemic influenza. *Proceedings of the National Academy of Sciences*, vol. 108, no. 7, pp. 2825-2830. CDC (2020): Coronavirus Disease 2019. <u>https://www.cdc.gov /coronavirus/2019-nCoV/summary.html.</u>

Chen, Y.; Crespi, N.; Ortiz, A.; Shu, L. (2016): Reality mining: A prediction algorithm for disease dynamics based on mobile big data. *Information Sciences*, vol. 379, pp. 82-93.

Cinnamon, J.; Jones, S.; Adger, W. (2016): Evidence and future potential of mobile phone data for disease disaster management. *Geoforum*, vol. 75, pp. 253-264.

**Dittrich, J.; Quiané-Ruiz, J.** (2012): Efficient big data processing in Hadoop MapReduce. *Proceedings of the VLDB Endowment*, vol. 5, no. 12, pp. 2014-2015.

Gianfrancesco, M.; Tamang, S.; Yazdany, J.; Schmajuk, G. (2018): Potential biases in machine learning algorithms using electronic health record data. *JAMA Internal Medicine*, vol. 178, no. 11, pp. 1544-1547.

Grewe, D.; Wang, Z.; O'Boyle, M. (2013): OpenCL task partitioning in the presence of GPU contention. *International Workshop on Languages and Compilers for Parallel Computing*, pp. 87-101.

**GSMA** (2014): Gsma guidelines on the protection of privacy in the use of mobile phone data for responding to the ebola outbreak. London.

https://www.gsma.com/mobilefordevelopment/wp-content/uploads/2014/11/GSMA-guidelines-on-protecting-privacy-in-the-use-of-mobile-phone-data-for-responding-to-the-Ebola-outbreak- October-2014.pdf.

Haney, R.; Mohan, R. (2013): Comparison and performance analysis of multiple cpu/gpu computing systems-resin infusion flow modeling application. *Computer Modeling in Engineering and Sciences*, vol. 95, no. 5, pp. 431-452.

**Hao, J.; Ho, T.** (2019): Machine learning made easy: a review of scikit-learn package in python programming language. *Journal of Educational and Behavioral Statistics*, vol. 44, no. 3, pp. 348-361.

**Harris, M.** (2015): Gpu pro tip: fast great-circle distance calculation in cuda c++. <u>https://devblogs.nvidia.com/fast-great-circle-distance-calculation-cuda-c.</u>

Harris, S.; Cartwright, E.; Török, M.; Holden, M.; Brown, N. et al. (2013): Wholegenome sequencing for analysis of an outbreak of meticillin-resistant Staphylococcus aureus: a descriptive study. *The Lancet Infectious Diseases*, vol. 13, no. 2, pp. 130-136.

Held, L.; Meyer, S. (2019): Forecasting Based on Surveillance Data. Handbook of Infectious Disease Data Analysis. London, UK: Chapman & Hall.

Jiang, X.; Coffee, M.; Bari, A.; Wang, J.; Jiang, X. et al. (2020): Towards an artificial intelligence framework for data-driven prediction of coronavirus clinical severity. *Computers, Materials & Continua*, vol. 63, no. 1, pp. 537-551.

**Jombart, T.; Ahmed, I.** (2011): New tools for the analysis of genome-wide SNP data. *Bioinformatics*, vol. 27, no. 21, pp. 3070-3071.

Lee, E.; Asher, J.; Goldlust, S.; Kraemer, J.; Lawson, A. et al. (2016): Mind the scales: Harnessing spatial big data for infectious disease surveillance and inference. *The Journal of Infectious Diseases*, vol. 214, no. 4, pp. 409-413.

Mills, R.; Sripathi, V.; Kumar, J.; Sreepathi, S.; Hoffman, F. et al. (2018): Parallel k-means clustering of geospatial data sets using manycore cpu architectures. *IEEE International Conference On Data Mining Workshops*, pp. 787-794.

Mohamed, M.; Khafagy, M.; Ibrahim, M. (2019): Recommender systems challenges and solutions survey. *International Conference On Innovative Trends In Computer Engineering*, pp. 149-155.

Mollentze, N.; Nel, L.; Townsend, S.; Le Roux, K.; Hampson, K. et al. (2014): A Bayesian approach for inferring the dynamics of partially observed endemic infectious diseases from space-time-genetic data. *Proceedings of the Royal Society B: Biological Sciences*, vol. 281, no. 1782, pp. 2013-3251.

**Möller, S.; du Plessis, L.; Stadler, T.** (2018): Impact of the tree prior on estimating clock rates during epidemic outbreaks. *Proceedings of the National Academy of Sciences*, vol. 115, no. 16, pp. 4200-4205.

**Monawar, T.; Mahmud, S.; Hira, A.** (2017): Anti-theft vehicle tracking and regaining system with automatic police notifying using Haversine formula. *4th International Conference on Advances in Electrical Engineering*, pp. 775-779.

**Peak, C.; Wesolowski, A.; zu Erbach-Schoenberg, E.; Tatem, A.; Wetter, E. et al.** (2018): Population mobility reductions associated with travel restrictions during the Ebola epidemic in Sierra Leone: use of mobile phone data. *International Journal of Epidemiology*, vol. 47, no. 5, pp. 1562-1570.

**Read, J.; Bridgen, J.; Cummings, D.; Ho, A.; Jewell, C.** (2020): Novel coronavirus 2019-nCoV: early estimation of epidemiological parameters and epidemic predictions. MedRxiv Preprint. doi: 10.1101/2020.01.23.20018549.

Santos, J; Syed, T; Naldi, M; Campello, R; Sander, J. (2019): Hierarchical Density-Based Clustering using MapReduce. *IEEE Transactions on Big Data*.

Shanoda, M.; Senbel, S.; Khafagy, M. (2014): Jomr: multi-join optimizer technique to enhance map-reduce job. *9th International Conference on Informatics and Systems*, pp. PDC-80-PDC-87.

Shibasaki, R. (2017): Call detail record (CDR) analysis: Sierra Leone. Bureau. https://www.itu.int/en/ITU-D/Emergency-Telecommunications/Doc uments/2017/Report s/SL/D012A0000CA3301PDFE.pdf.

Shortliffe, E.; Sepúlveda, M. (2018): Clinical decision support in the era of artificial intelligence. *Jama*, vol. 320, no. 21, pp. 2199-2200.

Soyata, T. (2018): GPU Parallel Program Development Using CUDA. *Chapman and Hall/CRC*, pp.137-182. <u>https://doi.org/10.1201/9781315368290.</u>

WHO (2020a): Coronavirus disease 2019 (COVID-19) Situation Report-147.

https://www.who.int/docs/default-source/coronaviruse/situation-reports/20200415-sitrep-86-COVID-147.pdf.

WHO (2020b): Q&A on coronaviruses (COVID-19). Retrieved 16 April, 2020, from <u>https://www.who.int/news-room/q-a-detail/q-a-coronaviruses.</u>

**World Population Review** (2020): Egypt Population Density Map. <u>https://worldpopulationreview.com/countries/egyptpopulation/#popDensity Map.</u> Wu, Q.; Wang, H.; Yan, X.; Liu, X. (2019): Mapreduce-based adaptive random forest algorithm for multi-label classification. *Neural Computing And Applications*, vol. 31, no. 12, pp. 8239-8252.

Zaharia, M.; Chowdhury, M.; Das, T.; Dave, A.; Ma, J. et al. (2012): Resilient distributed datasets: a fault-tolerant abstraction for in-memory cluster computing. *Presented As Part of The 9th Symposium on Networked Systems Design and Implementation*, vol. 12, pp. 15-28.

Zhu, J.; Hou, R.; Wang, X.; Wang, W.; Cao, J. et al. (2019): Enabling privacypreserving, compute-and data-intensive computing using heterogeneous trusted execution environment. ArXiv Preprint ArXiv:1904.04782.

1320