





Predicting the severity of Covid-19 Using Full Blood Counts

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Introduction

- NHS was not prepared for the Covid-19 pandemic
- Unclear who would develop severe symptoms
- Can we use full blood counts?
- Five categories of clinical severity: A-E [1]

[1] Bergamaschi, L, et al. (2021) Longitudinal analysis reveals that delayed bystander CD8+T cell activation and early immune pathology distinguish severe COVID-19 from mild disease.





Why Full Blood Counts?

- Most common medical test
- Can diagnose Covid-19 using FBCs [2]
- Large amount of data:
 - 4000 Covid-19 positive hospital patients
 - 83% had FBC in first 24hrs

[2] Zuin, G, et al. (2022). Prediction of SARS-CoV-2-positivity from million-scale complete blood counts using machine learning.



Global FBC testing. Numbers represent millions of tests, coloured bars represent the proportion of tests performed in primary (green) and secondary (orange) healthcare settings.





- Removed non-covid admissions
- Removed patients who did not take FBC test within 48hrs



Model is XGBoost with 5-fold cross validation

Results

- We take the first FBC following admission for each patient
- Classifying C/D/E achieves
 - Accuracy- 63%
- Classifying C/E achieves
 - Accuracy- 81%,
 - AUROC- 0.88





Deaths within Group E

- 600 from group E had a FBC at \bullet admission
- 50% died within 28 days of testing positive
- Classifying Death vs Recovered \bullet
 - Accuracy- 68%

Histogram displaying the distribution of the number of days between patients testing positive for Covid-19 and passing away.

80 60 40









- Some signals in the FBCs may help to predict the severity of Covid-19
- Consider other respiratory viruses
- Outbreak detection models