




1635 - Multi-centric Field Evaluation Of A Digital Malaria Microscopy Device Based On Machine-Learning: EasyScan GO - A Preliminary Analysis

 November 19, 2020, 5:00 PM - 6:45 PM



Authors

Debashish Das¹, Ranitha Vongpromek², Thanawat Assawariyathipat², Ketsanee Srinamon³, Kalyann Kennon¹, Kasia Stepniewska¹, Aniruddha Ghose⁴, Abdullah Abu Sayed⁴, Rebeca Netto⁵, Andre Siqueira⁵, Serge R Yerbanga⁶, Jean Bosco Ouédraogo⁶, James Callery³, Rupam Tripura³, Felix Koukouikila Koussounda⁷, Francine Ntoumi⁷, John Michael Ongecha⁸, Bernhards Ogutu⁸, Jutta Marfurt⁹, Benedikt Ley⁹, Amadou Seck¹⁰, Magatte Ndiaye¹⁰, Laypaw Archasuksan¹¹, Stephane Proux¹¹, Sam L Nsoby¹², Phillip J. Rosenthal¹³, Matthew Horning¹⁴, Shawn K McGuire¹⁴, Couroush Mehanian¹⁴, Stephen Burkot¹⁴, Christine Bachman¹⁴, Richard N. Price⁹, Arjen Dondorp¹⁵, Philippe J Guérin¹⁵, Mehul Dhorda¹⁵

¹Infectious Diseases Data Observatory (IDDO) & WorldWide Antimalarial Resistance Network (WWARN), Oxford, United Kingdom, ²Infectious Diseases Data Observatory (IDDO) & WorldWide Antimalarial Resistance Network (WWARN), Asia-Pacific Regional Centre, Bangkok, Thailand, ³Mahidol-Oxford Tropical Medicine Research Unit, Faculty of Tropical Medicine, Mahidol University, Bangkok, Thailand, ⁴Chittagong Medical College Hospital (CMCH), Chittagong, Bangladesh, ⁵Oswaldo Cruz Foundation (Fiocruz), Rio de Janeiro, Brazil, ⁶Institut des Sciences et Techniques (INSTech), Bobo-Dioulasso, Burkina Faso, ⁷Fondation Congolaise pour la Recherche Médicale (FCRM), Brazzaville, Congo, Republic of the, ⁸Kenya Medical Research Institute (KEMRI), Nairobi, Kenya, ⁹Global and Tropical Health Division, Menzies School of Health Research, Charles Darwin University, Darwin, Australia, ¹⁰Faculty of Medicine, University Cheikh Anta Diop (UCAD), Dakar, Senegal, ¹¹Shoklo Malaria Research Unit, Mahidol-Oxford Tropical Medicine Research Unit, Faculty of Tropical Medicine, Mahidol University, Mae Sot, Thailand, ¹²Department of Pathology, College of Health Science, Makerere University, Kampala, Uganda, ¹³University of California, San Francisco, San Francisco, CA, United States, ¹⁴Intellectual Ventures' Global Good Fund, Bellevue, WA, United States, ¹⁵Centre for Tropical Medicine and Global Health, Nuffield Department of Medicine, University of Oxford, Oxford, United Kingdom

Disclosures

D. Das: None.

Abstract

Microscopic examination of Giemsa-stained blood films remains the reference standard for laboratory confirmation of malaria, but is undermined by difficulties in ensuring high quality manual reading and inter-reader reliability. Automated parasite detection and quantification may address this issue. We assessed the performance of the EasyScan Go, a microscopy device employing machine learning-based image analysis to detect malaria parasites. A prospective study was conducted during 2018 and 2019 at 10 sites in 10 countries from Africa, Asia and South America. Giemsa-stained blood films were prepared and read by expert microscopists and the EasyScan Go device. A selection of slides were rechecked for quality control. Of 2110 patients enrolled, 919 tested positive by expert microscopy of which 62% (n=574) were infected with *P. falciparum*, 36% (n=327) with *P. vivax* and 2% (n=18) with mixed infections. Diagnostic sensitivity (Se) of the EasyScan Go device was 91.1% (95%CI:88.9-93.0%) and specificity (Sp) was 73.6% (95%CI:70.8-76.3%). Se varied according to parasite density - 59% at <200 p/μL, rising to ≥90% at densities >200-200000 p/μL. Parasite species were identified accurately in 91% *P. falciparum*

samples (362/399; kappa = 0.73) and in 92% *P. vivax* samples (281/307; kappa = 0.71). Intraclass correlation coefficient for parasite density estimates obtained from comparison of manual microscopy with the EasyScan GO was 0.33 (95%CI:0.26-0.39) indicating moderate agreement. When results from sites assessed to have low quality slides during quality control with respect to smear and/or stain quality were excluded, Se decreased to 88.6% (95%CI:85.2-91.5%) but Sp improved to 84.7% (95%CI:81.8-87.3%). Further software improvement is required to improve parasite density estimations and Se at low parasite densities. High quality of smears and staining is paramount to allow machine learning-based image analysis to perform adequately.