

Review article

Artificial Intelligence in Infectious Disease Surveillance: Applications, Challenges, and Future Perspectives

Muhammad Naveed Aslam ^{1,*} and Hussna Khan ²

¹ Department of Pathology, Amiri Hospital, Sharq 15300, Kuwait

² Lahore School of Nursing, The University of Lahore, Lahore, Pakistan

*Correspondence: naveedaslam933@gmail.com

Article information:

Received: 03-07-2026

Revised: 24-07-2026

Accepted: 24-07-2026

Published: 25-07-2026

Academic Editor:

Dr. Mai Abusalah

Keywords:

Infectious disease

Artificial intelligence

Machine learning

Deep learning

Genomic surveillance

Abstract: Infectious disease surveillance is a critical component of global public health systems, enabling the detection, monitoring, and prevention of disease outbreaks. Traditional surveillance methods often rely on manual reporting and laboratory confirmation, which can lead to delays, incomplete data, and limited real-time analysis. In recent years, artificial intelligence (AI) has emerged as a transformative approach to overcoming these limitations by enabling faster, more accurate, and data-driven surveillance systems. This article explores the role of AI in infectious disease surveillance, highlighting its applications in early outbreak detection, real-time monitoring, predictive modeling, genomic surveillance, and digital data analysis. AI technologies such as machine learning, deep learning, and natural language processing allow the analysis of large and diverse datasets from sources including electronic health records, social media, mobile data, and global health databases. These systems have been effectively used in identifying early signals of outbreaks such as COVID-19, tracking disease spread during Ebola, and predicting seasonal influenza trends. Despite these advantages, challenges such as data privacy concerns, algorithmic bias, data quality issues, and infrastructure limitations in developing regions remain significant barriers. Overall, AI holds great potential to enhance global disease surveillance by improving early detection, increasing accuracy, and enabling real-time insights. With proper ethical frameworks and global collaboration, AI can play a vital role in strengthening future public health preparedness and response systems.

Article citation: Aslam, M.N., & Khan, H. Artificial Intelligence in Infectious Disease Surveillance: Applications, Challenges, and Future Perspectives. Electron J Med Res. 2026. 2(3): 20-29. <https://doi.org/10.64813/ejmr.2026.120>

Introduction

Infectious diseases remain one of the most persistent and evolving threats to global public health, contributing significantly to morbidity, mortality, and economic disruption across both developed and developing regions. Despite major advances in medicine, vaccination, and sanitation, outbreaks of diseases such as influenza, tuberculosis, Ebola, and most recently COVID-19 continue to challenge healthcare systems worldwide [1, 2]. Rapid population growth, urbanization, increased global travel, and climate change have further intensified the spread and emergence of infectious pathogens, making timely detection and response more critical than ever. The

global burden of infectious diseases is not only measured in terms of health outcomes but also in the strain placed on healthcare infrastructure and national economies, particularly in low- and middle-income countries where resources are often limited [3, 4].

Traditional infectious disease surveillance systems have long served as the backbone of public health monitoring. These systems typically rely on manual data collection, laboratory confirmations, and reporting from healthcare providers to centralized authorities. While effective to some extent, such approaches are often hindered by delays in reporting, incomplete data, and a lack of real-time analysis [5, 6]. In many cases, outbreaks are only recognized after they have already begun to spread, reducing the

20

effectiveness of containment measures. Additionally, data fragmentation across different regions and institutions further complicates the ability to generate a comprehensive and timely understanding of disease patterns. These limitations highlight the urgent need for more advanced and efficient surveillance mechanisms [7, 8].

In recent years, artificial intelligence has emerged as a transformative force in healthcare, offering new possibilities for improving disease surveillance and outbreak management. AI encompasses a range of technologies, including machine learning, deep learning, and natural language processing, which enable computers to analyze large volumes of complex data and identify patterns that may not be apparent to human analysts [9]. With the increasing availability of big data from electronic health records, social media platforms, mobile devices, and other digital sources, AI systems are now capable of processing information in real time and generating actionable insights. The integration of AI into infectious disease surveillance has the potential to revolutionize early detection and response strategies. By analyzing diverse data streams, AI can identify unusual patterns and predict potential outbreaks before they become widespread. This enables public health authorities to implement timely interventions, allocate resources more effectively, and reduce the overall impact of disease outbreaks. Furthermore, AI-driven systems can enhance the accuracy and efficiency of surveillance by minimizing human error and automating routine tasks. This article aims to explore the role of artificial intelligence in infectious disease surveillance, examining its applications, benefits, challenges, and future potential in strengthening global health systems [10].

Overview of Infectious Disease Surveillance

Infectious disease surveillance refers to the systematic and continuous collection, analysis, interpretation, and dissemination of health-related data for the purpose of preventing and controlling disease outbreaks [11]. It serves as a critical component of public health systems, enabling authorities to detect unusual patterns of illness, monitor ongoing health trends, and implement timely interventions. The primary objectives of surveillance include early detection of outbreaks, continuous monitoring of disease incidence and prevalence, and the prevention of further transmission through informed decision-making [12]. Effective surveillance not only helps in identifying emerging threats but also supports policy development,

resource allocation, and evaluation of public health strategies [13].

The goals of infectious disease surveillance are centered around three key functions: detection, monitoring, and prevention. Early detection involves identifying new or re-emerging infectious diseases as quickly as possible, allowing for rapid response measures to be initiated. Monitoring focuses on tracking the spread and progression of diseases over time, providing valuable insights into transmission dynamics and risk factors [14]. Prevention, on the other hand, relies on the data generated through surveillance to design and implement interventions that reduce the likelihood of future outbreaks. Together, these objectives form the foundation of an effective public health response system [15].

Traditional surveillance methods have been widely used for decades and remain essential in many parts of the world. These systems rely heavily on the accuracy and timeliness of reporting by medical staff, which can vary depending on workload, training, and available resources. While hospital reporting provides valuable clinical data, it often captures only those individuals who seek medical care, potentially missing a significant portion of the affected population.

Laboratory-based surveillance is another important method, involving the confirmation of infectious diseases through diagnostic testing. Laboratories play a crucial role in identifying pathogens, determining their characteristics, and verifying suspected cases. This approach enhances the reliability of surveillance data by ensuring that reported cases are scientifically validated. However, laboratory surveillance can be resource-intensive and may not be readily accessible in low-resource settings, leading to delays in diagnosis and reporting [16].

Field epidemiology represents a more proactive approach, where trained professionals conduct on-ground investigations to identify, track, and control disease outbreaks. This includes activities such as contact tracing, community surveys, and environmental assessments. Field epidemiologists are instrumental in understanding the context and spread of infections, particularly during outbreaks. Although highly effective, this method requires significant manpower, coordination, and logistical support, which may not always be feasible during large-scale health emergencies [17].

Despite their importance, traditional surveillance systems face several limitations that hinder their effectiveness. One of the most significant challenges is delayed reporting, as data often pass through multiple

layers of collection and verification before reaching decision-makers [18]. This lag can result in missed opportunities for early intervention. Additionally, data fragmentation across different institutions, regions, and platforms makes it difficult to compile and analyze information in a unified manner. The lack of integration between systems can lead to incomplete or inconsistent datasets, reducing the overall accuracy of surveillance efforts [19].

Underreporting is another critical issue, particularly in regions with limited healthcare access or weak reporting infrastructure. Many cases of infectious diseases go unrecorded due to factors such as lack of awareness, social stigma, or inadequate diagnostic facilities. As a result, the true burden of disease is often underestimated, which can affect the planning and implementation of public health interventions. These limitations underscore the need for more advanced, integrated, and real-time surveillance approaches to effectively combat infectious diseases in an increasingly interconnected world [20].

Introduction to Artificial Intelligence in Healthcare

Artificial intelligence has rapidly become a transformative force in modern healthcare, offering innovative solutions to complex challenges that were previously difficult to address using conventional methods. In simple terms, artificial intelligence refers to the ability of computer systems to perform tasks that typically require human intelligence, such as learning from data, recognizing patterns, making decisions, and improving performance over time. Within healthcare, AI is primarily driven by subfields such as machine learning, deep learning, and natural language processing [21]. Machine learning enables systems to learn from historical data and make predictions or decisions without being explicitly programmed for every scenario. Deep learning, a more advanced subset of machine learning, uses neural networks with multiple layers to analyze highly complex data such as medical images or genomic sequences. Natural language processing focuses on the interaction between computers and human language, allowing systems to understand, interpret, and extract meaningful information from unstructured text data such as clinical notes and online content [22].

In the context of infectious disease surveillance, different types of AI play distinct but complementary roles. Machine learning is widely used for predictive modeling and pattern recognition. By analyzing large datasets of past disease outbreaks, environmental

factors, and population movements, machine learning algorithms can identify trends and forecast the likelihood of future outbreaks. These models continuously improve as more data become available, enhancing their accuracy and reliability over time. Deep learning, on the other hand, is particularly useful for handling complex and high-dimensional data. For example, it can analyze medical imaging, detect subtle patterns in genomic data, or model the spread of diseases across large populations. Its ability to process vast amounts of data with minimal human intervention makes it highly valuable in real-time surveillance systems [23].

Natural language processing plays a crucial role in extracting actionable insights from unstructured data sources. A significant portion of health-related information is not stored in structured databases but exists in the form of clinical reports, research articles, news updates, and social media posts. NLP algorithms can scan and interpret this information to detect early signals of disease outbreaks, track public sentiment, and identify emerging health concerns. For instance, sudden increases in online discussions about specific symptoms or illnesses can serve as early warning signs, enabling authorities to respond more quickly [24].

The effectiveness of AI in healthcare is closely linked to the availability and utilization of big data. Big data refers to extremely large and diverse datasets that can be analyzed computationally to reveal patterns, trends, and associations. In infectious disease surveillance, data are collected from multiple sources, including electronic health records, laboratory reports, mobile phone data, travel records, and social media platforms. Electronic health records provide detailed clinical information about patients, such as diagnoses, treatments, and outcomes, which can be used to monitor disease trends. Social media platforms and search engines offer real-time data on public behavior and symptom reporting, while mobile data can provide insights into population movement and potential transmission pathways [25].

The integration of these diverse data sources allows AI systems to generate a more comprehensive and real-time understanding of disease dynamics. Unlike traditional systems that rely on limited and delayed data, AI-powered approaches can process vast amounts of information simultaneously, identifying patterns that might otherwise go unnoticed. This ability to combine structured and unstructured data from multiple channels significantly enhances the accuracy, speed, and effectiveness of infectious disease surveillance, paving the way for more

proactive and data-driven public health interventions [26].

Applications of AI in Infectious Disease Surveillance

Artificial intelligence has significantly expanded the scope and effectiveness of infectious disease surveillance by enabling faster, more accurate, and data-driven approaches to detecting and managing outbreaks. One of the most impactful applications of AI lies in early outbreak detection, where advanced algorithms analyze vast datasets to identify unusual patterns that may indicate the emergence of a disease. Traditional systems often rely on confirmed clinical reports, which can delay recognition of outbreaks [9]. In contrast, AI systems can process diverse data sources such as news reports, travel data, and online activity to detect anomalies in real time. Pattern recognition algorithms are particularly effective in this context, as they can identify deviations from normal health trends and flag potential threats before they escalate. A notable example is the early detection of COVID-19 signals, where AI-based systems identified unusual clusters of pneumonia cases before official announcements were made. This demonstrated the potential of AI to act as an early warning system, providing valuable time for public health authorities to respond [27].

Another critical application of AI in infectious disease surveillance is real-time monitoring and prediction. AI-powered models can continuously analyze incoming data to track the spread of diseases and predict future trends. Predictive modeling uses historical and real-time data to estimate how a disease is likely to evolve, taking into account factors such as population density, mobility patterns, environmental conditions, and intervention measures. These models can generate forecasts of infection rates, hospitalization needs, and potential hotspots, enabling healthcare systems to prepare and allocate resources more effectively. Spread forecasting, in particular, has proven essential during large-scale outbreaks, as it helps policymakers understand the likely trajectory of a disease and implement timely containment strategies. By providing dynamic and up-to-date insights, AI enhances the ability of public health systems to respond proactively rather than reactively [28].

Digital surveillance systems represent another major advancement driven by artificial intelligence. Platforms such as BlueDot and HealthMap use AI algorithms to collect and analyze data from a wide

range of sources, including news outlets, official reports, and online databases. These systems are capable of scanning thousands of data points in multiple languages, identifying relevant information, and generating real-time alerts about potential health threats. By integrating data from different regions and sources, digital surveillance platforms provide a global perspective on disease activity, which is particularly important in an interconnected world where infections can spread rapidly across borders. The automation of data collection and analysis also reduces the burden on human analysts and increases the speed and efficiency of surveillance efforts [29].

Genomic surveillance is another area where AI has made significant contributions. With advances in sequencing technologies, large volumes of genetic data can now be generated quickly and at relatively low cost. AI tools are used to analyze this data to track mutations in pathogens and identify new variants. This is particularly important for viruses, which can evolve rapidly and develop resistance to treatments or vaccines. By monitoring genetic changes, AI can help scientists understand how a pathogen is evolving and assess the potential impact of new variants on transmissibility, severity, and immune response. During the COVID-19 pandemic, genomic surveillance played a crucial role in identifying and tracking variants of concern, enabling governments and health organizations to adjust their strategies accordingly. The ability to detect and analyze mutations in near real time represents a major advancement in the fight against infectious diseases [30].

In addition to clinical and genomic data, AI also leverages information from social media and internet-based sources to enhance disease surveillance. Platforms such as Twitter and tools like Google Trends provide valuable insights into public behavior, sentiment, and health-related concerns. By analyzing posts, search queries, and online discussions, AI systems can identify emerging symptoms, track the spread of illness, and gauge public awareness and response. For example, a sudden increase in searches for symptoms like fever or cough in a specific region may indicate the early stages of an outbreak. Similarly, monitoring public sentiment can help authorities understand how communities perceive health risks and respond to interventions, which is essential for effective communication and policy implementation [30].

The integration of social media and internet data into surveillance systems also enables more inclusive and comprehensive monitoring, as it captures

information from individuals who may not seek formal medical care. This helps address the issue of underreporting that often affects traditional systems. However, it also requires careful validation to ensure the accuracy and reliability of the data. Despite these challenges, the use of AI in analyzing digital data sources has proven to be a valuable complement to conventional surveillance methods [31].

Case Studies

The practical value of artificial intelligence in infectious disease surveillance becomes most evident when examined through real-world case studies, where its capabilities have been applied to detect, track, and manage outbreaks across different contexts. One of the most prominent examples is the COVID-19 pandemic, which highlighted both the strengths and limitations of global health systems. AI played a significant role in the early detection and subsequent monitoring of the outbreak. Before official alerts were widely issued, AI-driven platforms such as BlueDot analyzed global airline ticketing data, news reports, and public health information to identify unusual clusters of pneumonia cases in Wuhan, China. This early signal demonstrated the ability of AI to process vast, heterogeneous datasets and detect anomalies that might otherwise go unnoticed [32].

As the pandemic progressed, AI was extensively used for modeling the spread of the virus and predicting its impact. Machine learning models incorporated variables such as population density, mobility patterns, government interventions, and healthcare capacity to forecast infection rates and hospitalization trends. These predictive models helped governments and health organizations plan resource allocation, such as ventilators, hospital beds, and vaccination strategies. Additionally, AI contributed to real-time dashboards and visualization tools that allowed policymakers and the public to track the progression of the pandemic. Despite challenges related to data quality and rapidly changing conditions, AI proved to be an essential tool in supporting evidence-based decision-making during an unprecedented global health crisis [33].

Another important case study is the use of AI in Ebola surveillance, particularly during outbreaks in West Africa. Ebola virus disease is characterized by high mortality rates and rapid transmission within communities, making early detection and containment critical. AI-based approaches were employed to analyze epidemiological data, track transmission chains, and identify high-risk areas. Data-driven

tracking methods enabled health authorities to monitor the movement of infected individuals and predict potential hotspots for further spread. By integrating data from field reports, mobile devices, and geographic information systems, AI systems provided a more comprehensive understanding of the outbreak dynamics [34].

In addition to tracking the spread of the disease, AI supported contact tracing efforts by identifying individuals who were likely to have been exposed to the virus. This allowed for more targeted interventions, such as isolation and monitoring, which are crucial in controlling Ebola outbreaks. Furthermore, predictive models were used to estimate the potential scale of the outbreak under different intervention scenarios, helping policymakers choose the most effective strategies. While logistical challenges and limited infrastructure in affected regions posed difficulties, the application of AI demonstrated how data-driven approaches can enhance traditional surveillance methods and improve response outcomes in resource-constrained settings [9].

Influenza monitoring represents another area where AI has shown considerable promise, particularly in predicting seasonal trends and supporting preventive measures. Unlike emerging diseases such as COVID-19 and Ebola, influenza is a recurring infection with well-established seasonal patterns. However, its variability and ability to mutate require continuous monitoring and adaptation of public health strategies. AI models have been developed to analyze historical influenza data alongside real-time inputs such as weather conditions, population movement, and healthcare visits to forecast seasonal outbreaks [35].

Tools like Google Trends have been used in conjunction with AI algorithms to track public search behavior related to flu symptoms. An increase in searches for terms such as “fever,” “cough,” or “flu treatment” can provide early indications of rising infection rates in specific regions. These insights enable health authorities to issue timely warnings, promote vaccination campaigns, and prepare healthcare systems for increased patient loads. Additionally, AI-driven models can assist in predicting which influenza strains are likely to be dominant in a given season, informing vaccine development and distribution strategies [36].

Overall, these case studies illustrate the diverse applications of artificial intelligence in infectious disease surveillance across different types of outbreaks. From early detection and predictive

modeling in the COVID-19 pandemic to data-driven tracking in Ebola outbreaks and seasonal forecasting in influenza monitoring, AI has consistently demonstrated its potential to enhance the speed, accuracy, and effectiveness of public health responses. While challenges remain, particularly in terms of data availability and system integration, these real-world examples provide strong evidence of the transformative role of AI in modern disease surveillance [37].

Benefits of AI in Disease Surveillance

The integration of artificial intelligence into infectious disease surveillance offers a wide range of benefits that significantly enhance the effectiveness and efficiency of public health systems. One of the most critical advantages is early detection of disease outbreaks. Traditional surveillance systems often rely on confirmed clinical reports, which can take days or even weeks to be compiled and analyzed. In contrast, AI systems are capable of processing vast amounts of structured and unstructured data in real time, allowing them to identify unusual patterns and signals at a much earlier stage. By analyzing data from diverse sources such as healthcare records, travel patterns, and online activity, AI can detect potential outbreaks before they become widespread, enabling timely intervention and reducing the overall impact of infectious diseases [38].

Another major benefit of AI in disease surveillance is the improvement in accuracy. Human-based systems are often prone to errors due to incomplete data, reporting inconsistencies, and manual processing limitations. AI algorithms, particularly those based on machine learning and deep learning, can analyze large datasets with a high degree of precision, minimizing the likelihood of errors and false interpretations. These systems continuously learn from new data, which allows them to refine their predictions and improve performance over time. As a result, AI-driven surveillance systems can provide more reliable insights into disease patterns, transmission dynamics, and risk factors, ultimately supporting better decision-making by public health authorities [39].

Real-time insights represent another key advantage of AI-powered surveillance. Unlike traditional methods that often involve delays in data collection and reporting, AI systems can continuously monitor incoming data and generate instant analyses. This real-time capability is particularly important during rapidly evolving outbreaks, where timely information is essential for effective response. For example, AI

models can track the spread of infections across different regions, identify emerging hotspots, and assess the effectiveness of intervention measures as they are implemented. These dynamic insights enable health authorities to adapt their strategies quickly, allocate resources more efficiently, and implement targeted control measures [10].

Cost-effectiveness is also a significant benefit of incorporating AI into infectious disease surveillance. Although the initial implementation of AI systems may require substantial investment in technology and infrastructure, the long-term benefits often outweigh these costs. AI can automate many routine tasks such as data collection, processing, and analysis, reducing the need for extensive human labor and minimizing operational expenses. Additionally, early detection and timely intervention can prevent large-scale outbreaks, which are often associated with high healthcare costs and economic losses. By improving efficiency and reducing the burden on healthcare systems, AI contributes to more sustainable and cost-effective public health strategies [40].

Challenges and Limitations

Despite its significant potential, the use of artificial intelligence in infectious disease surveillance is accompanied by several important challenges and limitations that must be carefully addressed to ensure safe, ethical, and effective implementation. One of the most critical concerns is related to data privacy and ethics. AI systems rely heavily on large volumes of health-related data, including electronic health records, location data, and even social media activity. While this data is essential for accurate analysis and prediction, it often contains highly sensitive personal information. The collection, storage, and processing of such data raise serious concerns about patient confidentiality and consent. In many cases, individuals are unaware of how their data is being used, which creates ethical challenges regarding transparency and accountability. Additionally, the risk of data breaches and unauthorized access further complicates the situation, as sensitive health information could be exposed or misused.

AI systems are highly dependent on the quality, completeness, and accuracy of the data they are trained on. In the context of infectious disease surveillance, data is often collected from multiple sources, including hospitals, laboratories, and digital platforms. However, this data may be inconsistent, incomplete, or outdated. For example, reporting delays, missing records, and variations in data

collection methods can all affect the reliability of AI models. If the input data is flawed, the output predictions and analyses generated by AI systems may also be inaccurate. This can lead to incorrect conclusions, delayed responses, or inefficient allocation of resources during outbreaks. Ensuring standardized data collection and improving data integration across different systems is therefore essential for enhancing the reliability of AI-based surveillance.

Algorithm bias is another critical challenge that can significantly impact the effectiveness and fairness of AI systems. AI models learn from historical data, and if that data contains biases, the models may unintentionally reproduce or even amplify those biases. In healthcare, this can lead to unequal performance across different populations. For instance, if certain demographic groups are underrepresented in the training data, the AI system may be less accurate in predicting disease patterns for those groups. This can result in disparities in healthcare outcomes and may disproportionately affect vulnerable populations. Addressing algorithmic bias requires careful selection of training data, continuous monitoring of model performance, and the inclusion of diverse datasets to ensure fairness and equity in surveillance outcomes.

Infrastructure limitations, particularly in developing countries, also pose a major barrier to the widespread adoption of AI in infectious disease surveillance. Effective AI systems require advanced technological infrastructure, including reliable internet connectivity, modern computing resources, and well-established health information systems. However, many low- and middle-income countries lack these essential resources. In such settings, data collection may still rely on manual processes, and digital health systems may be underdeveloped or fragmented. This makes it difficult to implement AI-driven solutions at scale. Additionally, there may be a shortage of trained professionals who can develop, deploy, and maintain AI systems in healthcare environments. Without adequate investment in infrastructure and capacity building, the benefits of AI in disease surveillance may remain unevenly distributed across different regions of the world.

Future Directions

The future of artificial intelligence in infectious disease surveillance is expected to be shaped by deeper integration with emerging technologies, improved global collaboration, and stronger regulatory

frameworks. One of the most promising developments is the integration of AI with the Internet of Things (IoT) and wearable devices. IoT-enabled systems, such as smart thermometers, connected health monitors, and wearable fitness trackers, can continuously collect real-time physiological and environmental data. When combined with AI algorithms, this data can provide early warnings of abnormal health patterns at both individual and population levels. For example, sudden increases in body temperature trends or respiratory irregularities detected through wearable devices could signal the early stages of an outbreak. This continuous and passive data collection has the potential to significantly enhance early detection capabilities and shift surveillance from reactive to proactive systems.

Another important future direction is the development of global surveillance networks powered by artificial intelligence. Infectious diseases do not respect national borders, and recent pandemics have highlighted the need for coordinated international responses. AI can facilitate the creation of interconnected surveillance systems that aggregate and analyze data from multiple countries in real time. Such networks would enable faster identification of cross-border outbreaks, improve information sharing between health authorities, and support coordinated intervention strategies. By combining data from diverse regions, global AI-driven platforms can provide a more comprehensive understanding of disease dynamics and help prevent localized outbreaks from escalating into global crises.

The future of infectious disease surveillance will also depend heavily on effective collaboration between AI systems and human expertise. While AI can process vast amounts of data and identify patterns quickly, human judgment remains essential for interpreting results, making ethical decisions, and implementing public health interventions. The most effective surveillance systems are likely to be those that combine the computational power of AI with the contextual understanding and experience of healthcare professionals. This collaborative approach ensures that AI serves as a supportive tool rather than a replacement for human decision-making, enhancing accuracy while maintaining accountability.

Finally, the development of clear policy and regulatory frameworks will be essential for the responsible use of AI in disease surveillance. As AI systems become more integrated into public health infrastructure, governments and international organizations must establish guidelines that address issues such as data privacy, security, transparency, and

accountability. Regulations are needed to ensure that data is collected and used ethically, that algorithms are free from harmful bias, and that AI systems are validated for accuracy and reliability before deployment. In addition, policies should promote equitable access to AI technologies, particularly in low-resource settings, to avoid widening global health disparities.

Overall, the future of AI in infectious disease surveillance is highly promising, with the potential to transform global health systems. Through the integration of IoT devices, the establishment of global networks, collaborative human-AI systems, and robust regulatory frameworks, AI can play a central role in creating a more responsive, efficient, and equitable approach to managing infectious diseases worldwide.

Conclusion

Artificial intelligence has emerged as a powerful tool in transforming infectious disease surveillance by improving the speed, accuracy, and efficiency of detecting and managing outbreaks. Traditional surveillance systems, while essential, are often limited by delayed reporting, incomplete data, and lack of real-time analysis. In contrast, AI-driven approaches can process vast and diverse datasets from healthcare records, laboratories, social media, and digital platforms to identify early warning signals and support timely decision-making. Across different applications, AI has demonstrated its value in early outbreak detection, real-time monitoring, predictive modeling, genomic analysis, and digital disease tracking. Case studies from COVID-19, Ebola, and influenza further highlight how AI has contributed to early identification of threats, forecasting disease spread, and improving public health responses.

Author Contributions: Conceptualization, M.N.A.; methodology, M.N.A.; validation, H.K.; resources, M.N.A. and H.K.; writing—original draft preparation, M.N.A.; writing—review and editing, H.K.; supervision, M.N.A.; project administration, M.N.A. All authors have read and agreed to the published version of the manuscript.

Funding: This review received no external funding

Acknowledgments: Authors would like to thank the University of Lahore for providing facilities to conduct this literature review.

Conflicts of Interest: The authors declare no conflict of interest.

References

1. Ahmed, N., Abusalah, M.A.H.A., and Abuarqoub, A.H. Nanomedicine in the Fight Against Multidrug-Resistant Infections: A Review on Emerging Strategies and Translational Prospects. *International Journal of Nanomedicine*. **2025**: 12331–12362.
2. Yusof, N.Y., Norazzman, N.I.I., et al. Prevalence of Mutated Colistin-Resistant *Klebsiella pneumoniae*: A Systematic Review and Meta-Analysis. *Tropical Medicine and Infectious Disease*. **2022**. 7(12): 414.
3. Paterson, A., Zaichenberger, C.-Z., et al. The ISARIC Anti-Stigma Guidelines: A toolkit for stigma mitigation in infectious disease outbreaks. **2026**.
4. Sirota, S.B., Bender, R.G., et al. Global burden of lower respiratory infections and aetiologies, 1990–2023: a systematic analysis for the Global Burden of Disease Study 2023. *The Lancet Infectious Diseases*. **2025**.
5. Rizvi, A., Saeed, M.U., et al. Evaluation of bilateral co-infections and antibiotic resistance rates among COVID-19 patients in Lahore, Pakistan. *Medicina*. **2022**. 58(7): 904.
6. Yusof, M., Ahmed, N., et al. The prevalence of leptospirosis infections among humans in Malaysia: a systematic review and meta-analysis. *Tropical Biomedicine*. **2025**. 42(2): 201–212.
7. Irekeola, A., Ahmed, N., et al. First reported cases of *Borrelia* and dengue co-infection: A case series. *Tropical Biomedicine*. **2024**. 41(3): 316–318.
8. Rasool, Z., Noreen, H., et al. Genotypic and Phenotypic Characterization of Erythromycin-Resistant *Staphylococcus aureus* Isolated from Bovine Mastitis and Humans in Close Contact. *Tropical Medicine and Infectious Disease*. **2022**. 8(1): 26.
9. Rabaan, A.A., Alhumaid, S., et al. Application of artificial intelligence in combating high antimicrobial resistance rates. *Antibiotics*. **2022**. 11(6): 784.
10. Chadwick, F. AI for disease surveillance in the modern era: Early detection and rapid response. *Global Journal of Medical and Biomedical Case Reports*. **2025**. 1(1): 1–10.
11. Zeshan, B., Karobari, M.I., et al. The usage of antibiotics by COVID-19 patients with comorbidities: the risk of increased antimicrobial resistance. *Antibiotics*. **2021**. 11(1): 35.
12. Wahab, A.M., Zeshan, B., et al. Molecular Survey of *Campylobacter jejuni* in Broiler Chicken Farms

- in East Coast of Peninsular, Malaysia. Pakistan Journal of Zoology. **2021**. 53(4): 1555.
13. Mboussou, F., Ndumbi, P., et al. Infectious disease outbreaks in the African region: overview of events reported to the World Health Organization in 2018. Epidemiology & Infection. **2019**. 147: e299.
14. Adams, D.A. Summary of notifiable infectious diseases and conditions—United States, 2015. MMWR. Morbidity and mortality weekly report. **2017**. 64.
15. Wójcik, O.P., Brownstein, J.S., et al. Public health for the people: participatory infectious disease surveillance in the digital age. Emerging themes in epidemiology. **2014**. 11(1): 7.
16. Sintchenko, V. and Gallego, B. Laboratory-guided detection of disease outbreaks: three generations of surveillance systems. Archives of pathology & laboratory medicine. **2009**. 133(6): 916–925.
17. Hannah, H. and Jost, C. African Field Epidemiology Network (AFENET) public health participatory epidemiology introductory training module: Manual for trainees. **2011**.
18. Ahmed, N., Ali, Z., et al. Evaluation of antibiotic resistance and virulence genes among clinical isolates of *Pseudomonas aeruginosa* from cancer patients. Asian Pacific journal of cancer prevention: APJCP. **2020**. 21(5): 1333.
19. Absar, M., Zaidah, A.R., et al. A Review of In Silico and In Vitro Approaches in the Fight Against Carbapenem-Resistant Enterobacterales. Journal of Clinical Laboratory Analysis. **2025**. 39(9): e70018.
20. Ibrahim, I.A.E. Unveiling the hidden barriers: a review of stigma associated with infectious diseases and its impact on prevention and control. Journal of Pharmacy and Bioallied Sciences. **2025**. 17(Suppl 1): S166–S168.
21. Jigyasu, D., Kumar, S., et al., Introduction to Artificial Intelligence in Healthcare, in *Healthcare Solutions Using Machine Learning and Informatics*. **2022**, Auerbach Publications. p. 1–24.
22. Al Kuwaiti, A., Nazer, K., et al. A review of the role of artificial intelligence in healthcare. Journal of personalized medicine. **2023**. 13(6): 951.
23. Srivastava, V., Kumar, R., et al. Role of artificial intelligence in early diagnosis and treatment of infectious diseases. Infectious Diseases. **2025**. 57(1): 1–26.
24. Derek, V. and Collings, P. Natural Language Processing (NLP) in Healthcare AI: Enhancing Clinical Insight Extraction from Unstructured Patient Data. Authorea Preprints. **2025**.
25. Patil, S. and Shankar, H. Transforming healthcare: harnessing the power of AI in the modern era. International Journal of Multidisciplinary Sciences and Arts. **2023**. 2(2): 60–70.
26. Zeb, S., Nizamullah, F., et al. AI in healthcare: revolutionizing diagnosis and therapy. International Journal of Multidisciplinary Sciences and Arts. **2024**. 3(3): 118–128.
27. Parums, D.V. infectious disease surveillance using artificial intelligence (AI) and its role in epidemic and pandemic preparedness. Medical science monitor: international medical journal of experimental and clinical research. **2023**. 29: e941209–1.
28. Villanueva-Miranda, I., Xiao, G., and Xie, Y. Artificial intelligence in early warning systems for infectious disease surveillance: a systematic review. Frontiers in public health. **2025**. 13: 1609615.
29. Maddah, N., Verma, A., et al. Effectiveness of public health digital surveillance systems for infectious disease prevention and control at mass gatherings: systematic review. Journal of Medical Internet Research. **2023**. 25: e44649.
30. Grisold, T., Seidel, S., et al. Digital Surveillance in Organizations: T. Grisold et al. Business & Information Systems Engineering. **2024**. 66(3): 401–410.
31. Aiello, A.E., Renson, A., and Zivich, P.N. Social media—and internet-based disease surveillance for public health. Annual review of public health. **2020**. 41: 101–118.
32. Kaur, I., Behl, T., et al. Artificial intelligence as a fundamental tool in management of infectious diseases and its current implementation in COVID-19 pandemic. Environmental Science and Pollution Research. **2021**. 28(30): 40515–40532.
33. Bansal, A., Padappayil, R.P., et al. Utility of artificial intelligence amidst the COVID 19 pandemic: a review. Journal of Medical Systems. **2020**. 44(9): 156.
34. Arora, N., Banerjee, A.K., and Narasu, M.L., The role of artificial intelligence in tackling COVID-19. **2020**, Taylor & Francis. p. 717–724.
35. Cheah, B.C., Vicente, C.R., and Chan, K.R. Machine learning and artificial intelligence for infectious disease surveillance, diagnosis, and prognosis. Viruses. **2025**. 17(7): 882.
36. Bragazzi, N.L., Dai, H., et al. How big data and artificial intelligence can help better manage the COVID-19 pandemic. International journal of

- environmental research and public health. **2020**. 17(9): 3176.
37. Naudé, W. Artificial Intelligence against COVID-19: An early review. **2020**.
38. Boatemaa, R., Asare, S.O., et al. The role of AI in enhancing disease surveillance and outbreak response in developing countries. *Ghana Journal of Nursing and Midwifery*. **2024**. 1(4): 16–29.
39. Palavicini, G. Intelligent health: progress and benefit of artificial intelligence in sensing-based monitoring and disease diagnosis. *Sensors*. **2023**. 23(22): 9053.
40. Nwakobe, C.F., Okafor, S., and Ilouno, I.O. Artificial Intelligence-Powered Predictive Modeling for Disease Surveillance and Mitigation: Enhancing Public Health Interventions. *International Journal of Multidisciplinary on Science and Management*. **2025**. 2(1): 34–42.

Disclaimer/Publisher's Note: The statements, opinions, and data contained in all publications are solely those of the individual author(s) and contributor(s) and not of RES Publishers and/or the editor(s). RES Publishers and/or the editor(s) disclaim responsibility for any injury to people or property resulting from any ideas, methods, instructions or products referred to in the content.