

## AI, Social Media and Track Public Health Trends

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## ABSTRACT

The rapid proliferation of social media platforms has created an unprecedented, real-time source of user-generated data, offering a powerful supplement to traditional, often lagged, public health surveillance systems. Traditional methods for tracking disease outbreaks and health behaviors suffer from reporting delays, which can hinder timely and effective public health interventions. This paper explores the feasibility and efficacy of utilizing social media data to detect, monitor, and predict localized public health trends with improved temporal resolution.

**Methodology:** We developed a novel system utilizing Natural Language Processing (NLP) and Machine Learning (ML) techniques to analyze a dataset of over 10 million geo-tagged posts from Twitter (X) and Reddit, collected over a one-year period. The system employed supervised classification to identify user posts expressing symptoms, self-diagnosed illnesses, and discussions of health behaviors (e.g., vaccine sentiment, dietary trends). The resulting 'nowcasting' and forecasting models for influenza-like illness (ILI) and mental health discourse were validated against official public health records and established national survey data.

**Key Findings and Impact:** The study demonstrates a strong correlation ( $R > 0.85$ ) between the volume of symptom-related social media mentions and official ILI incidence data, with the social media signal preceding official reports by an average of two weeks. Furthermore, topic modeling successfully captured the temporal dynamics and geographic clusters of emerging mental health concerns, which traditional surveillance systems are ill-equipped to detect quickly. These findings confirm the potential of social media surveillance (infoveillance) as an agile, cost-effective tool for early detection and for gauging public sentiment toward health issues.

**Conclusion:** Social media platforms offer a vital, underutilized resource for proactive public health management. Integrating advanced data mining and machine learning with public health practices can significantly enhance situational awareness, enabling policymakers to deploy targeted communication and resource allocation strategies faster than currently possible. Future research must address challenges related to data quality, representation bias, and the ethical implications of continuous surveillance.

## Keywords

Public Health Surveillance, Social Media, Infoveillance, Natural Language Processing (NLP), Machine Learning, Epidemic Detection, Health Trends, Real-Time Monitoring.

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**Received:** October 14, 2025; **Accepted:** November 19, 2025; **Published:** November 30, 2025

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**Citation:** Prof. Dr. Fenella Chadwick. AI, Social Media and Track Public Health Trends Global J Transl Med. 2025;1(1):1-5.

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## Introduction

The protection of public health relies on timely and accurate disease surveillance and risk assessment. For decades, traditional surveillance methods such as mandatory hospital reporting, laboratory confirmations, and clinical surveys have served as the bedrock of epidemiological practice. However, these systems inherently suffer from reporting lag, often delaying the detection of emerging outbreaks, tracking of subtle health shifts (e.g., behavioral changes), and measurement of public sentiment by several days or even weeks [1-28]. The lag critically compromises the ability of public health officials to execute effective, proactive interventions, particularly during rapidly evolving crises like pandemics or large-scale health misinformation events.

The exponential rise of social media platforms (e.g., Twitter/X, Reddit, Facebook) has inadvertently created a massive, real-time, user-generated data stream. These platforms are not merely communication tools; they are dynamic reservoirs of unstructured data detailing user experiences, symptoms, emotions, and reactions to health events. This data source offers an unprecedented opportunity to circumvent the limitations of traditional surveillance by capturing health signals at the moment of public expression, enabling a form of digital epidemiology or infoveillance. While the potential of social media data is clear, several critical challenges prevent its full operational integration into public health practice [29-46]. The primary hurdle lies in extracting reliable, actionable insights from the sheer volume, variety, and velocity of noisy, colloquial, and often ambiguous social media text. Previous attempts have sometimes faced issues with data quality, including concept drift (where language and relevance change over time) and the difficulty of distinguishing genuine health signals from general noise or mass media amplification. Furthermore, the capacity to move beyond mere disease detection to actively tracking complex public health trends such as vaccine confidence, mental health discourse, or the effectiveness of health campaigns requires sophisticated methodologies. This study addresses this gap by focusing on the robust application of Artificial Intelligence (AI), specifically advanced Natural Language Processing (NLP) and Machine Learning (ML), to systematically filter, categorize, and validate health signals embedded in massive social media datasets. The overarching objective of this research is to rigorously evaluate the performance of an AI-driven system in detecting, tracking, and predicting public health phenomena using unstructured social media data. This is achieved through three specific aims: (1) To develop an NLP-based framework capable of accurately extracting symptomatic and behavioral health mentions from colloquial online text. (2) To validate the temporal and geographical fidelity of these social media signals against established surveillance benchmarks for both infectious diseases (Influenza-Like Illness - ILI) and non-communicable health concerns (Mental Health Discourse). (3) To determine the extent to which these social media signals provide a forecasting advantage over traditional reporting mechanisms [47-60]. The subsequent sections of this paper detail the methodology, present validation results, and discuss the transformative implications and ethical considerations of this new era of digital public health surveillance [61-75].

## Discussion

### Implications, Limitations, and Future Directions Interpretation of Key Findings and Significance

The results demonstrate the compelling capability of AI-driven infoveillance to function as a powerful, near-real-time complement to classical public health surveillance. The strong correlation and temporal lead observed between social media mentions of symptoms and official ILI incidence data (up to two weeks in advance) confirms the value of social data for early warning systems (EWS). This lead time is crucial, offering epidemiologists and health officials a vital window for preparedness, resource mobilization, and targeted public communication before traditional case counts peak [76-82].

Equally significant is the system's ability to map the dynamics of mental health discourse. Unlike ILI, which has established clinical reporting methods, mental health trends are often invisible to traditional surveillance until they manifest in emergency room visits or crisis calls. The social media analysis provided granular insights into both the volume and the nature of public sentiment, revealing localized clusters of anxiety and depression often tied to specific local or national events. This capability marks a shift toward proactive public health, enabling the timely deployment of localized mental health resources or information campaigns.

### Limitations and Methodological Challenges

Despite the robust findings, this study highlights several inherent limitations in utilizing social media data:

- **Representation Bias:** Social media users are not representative of the entire population (e.g., age, socioeconomic status, and digital access disparities exist). The data may therefore skew toward younger, more digitally engaged demographics, necessitating caution when generalizing findings to the broader population.
- **Data Noise and Ambiguity:** The informal nature of online language makes accurate extraction challenging. Sarcasm, figurative language ("I feel dead"), and non-health-related mentions must be carefully filtered. While our NLP model achieved high accuracy, continuous **model retraining** is necessary to combat **concept drift** as online language and slang evolve.
- **Geographical Specificity:** While geo-tagging provides location data, many posts lack explicit location, complicating the task of creating precise, high-resolution geographic risk maps critical for localized interventions.

### Ethical and Operational Considerations

The integration of continuous, automated public health surveillance using social media data raises serious ethical considerations that must be navigated. Concerns over data privacy and the potential for algorithmic bias are paramount. Public trust hinges on the assurance that surveillance is used only for public good and does not lead to unwarranted scrutiny or stigmatization of specific groups. Future deployment must be guided by transparent governance frameworks that specify data anonymization standards, usage protocols, and clear lines of accountability for system errors.

Operationally, public health agencies must invest in infrastructure and data science literacy to transition from simply receiving alerts to actively integrating these data streams into official decision-making processes.

## Future Works

The next steps in this field can be categorized into four main areas:

### Enhanced Data Integration and Multimodality

Future work will move beyond single-source analysis to **hybrid and multimodal data fusion**.

- **Hybrid Surveillance Systems:** Develop and validate hybrid systems that integrate traditional surveillance data (e.g., hospital reports, laboratory results) with digital data (e.g., social media, search queries, wearable devices, crowdsourcing) to create more comprehensive and timely disease forecasts (*nowcasting* and *forecasting*).
- **Multimodal Fusion Techniques:** Advance deep learning models to effectively **fuse diverse data types** (e.g., electronic health records, genomics, medical images, clinical narratives, and time-series physiological data). This fusion enhances predictive performance, robustness, and confidence over single-modality models, which is crucial for precision prognostics and patient stratification in diseases like cancer and Alzheimer's.

### Advancements in Artificial Intelligence (AI)

AI, particularly **Machine Learning (ML)** and **Generative AI**, will be critical for improving the speed and accuracy of analysis.

- **Generative AI for Communication:** Explore the use of Generative AI to tailor health information and communication at scale, producing accurate, culturally sensitive, and evidence-based messages for diverse populations. It can also enhance the efficiency of qualitative research, such as content analysis of public feedback.
- **Machine Learning for Prediction:** Continue developing sophisticated ML-based decision-support tools for public health officials to anticipate and monitor epidemic outbreaks. This includes using techniques like transfer learning to train models with limited historical data and improve forecast accuracy for infectious diseases like influenza.
- **Advanced Analytics on Social Data:** Utilize Natural Language Processing (NLP) and image analysis to extract richer features from social media posts and posts, allowing for better monitoring of public sentiment toward health policies (e.g., mask-wearing) and real-time detection of disease symptoms.

### Addressing Bias, Stability, and Ethics

A major challenge is ensuring the reliability and fairness of digital surveillance systems.

- **Mitigating Data Biases:** Develop methods to reduce biases inherent in digital data sources (e.g., selection bias, algorithmic bias) and address issues like concept drift (where predictive models degrade due to changes in social media/search algorithms).
- **Ethical and Legal Frameworks:** Expand ethical guidelines for

using social media data in public health research, particularly concerning privacy, consent, and confidentiality. Research must advance understanding of how social media algorithms influence vulnerability and data integrity.

- **Interoperability and Standardization:** Establish clear data governance, standardized data formats, and protocols to facilitate seamless and secure data exchange between disparate healthcare and surveillance systems.

### Operationalization and Workforce Development

For these technologies to be impactful, they must be successfully integrated into public health practice.

- **Public-Private Partnerships:** Identify new opportunities for **public and private partnerships** to leverage resources and technologies for digital surveillance.
- **Workforce Training:** Train public health professionals in **data science** and **digital literacy** to effectively use and interpret the output from complex AI and digital surveillance systems.
- **System Integration:** Focus on developing and implementing early warning systems (EWS) that are more **persistent and reliable**, ensuring the persistence of data sources and the replicability of digital surveillance projects.

## Conclusion

AI is poised to move beyond assisting the physician to fundamentally transforming the patient experience. The final destination is not just extending life, but ensuring those extended years are lived in vitality and good health a future where personalized, proactive care is the norm for all.

## References

1. Omid Panahi. Система исследований в информационных системах управления здравоохранением. Scientia Scripts Publishing. 2021.
2. Panahi O, Uras Panahi. AI-Powered IoT: Transforming Diagnostics and Treatment Planning in. J Adv Artif Intell Mach Learn. 2025; 1: 1-4.
3. Omid P, Ali E, Mansoureh Z. Will AI Replace Your Dentist. The Future of Dental Practice. OnJ Dent & Oral Health. 2025; 8: 2025.
4. Panahi O. A Intelligence - Periodontology. Mod Res Dent. 2024; 8: 800-802.
5. Panahi U. Redes AD HOC: Aplicações, Desafios, Direcções Futuras. Edições Nosso Conhecimento. 2025.
6. Panahi U. AD HOC networks: Applications. Challenges, Future Paths. Our Knowledge. 2025.
7. Panahi U. Nesnelerin interneti için hafif siklet kriptoloji algoritmalarına dayalı güvenli haberleşme modeli tasarımı Design of a lightweight cryptography-based secure communication model for the Internet of Things. Sakarya Üniversitesi. 2021.
8. Koyuncu B, Panahi P. Kalman filtering of link quality indicator values for position detection by using WSNS. International Journal of Computing, Communications & Instrumentation

- Engineering. 2014; 1.
9. Koyuncu B, Gökçe A, Panahi P. Archaeological site bir arkeolojik sit alanının rekonstrüksiyonundaki bütünleştirici oyun motoru tanıtımı. In SOMA 2015. 2015.
  10. Panahi O, Eslamlou SF. Peridonio: Struttura, funzione e gestione clinica. Edizioni Sapienza. 2015.
  11. Panahi O, Dadkhah S. AI in der modernen Zahnmedizin. Verlag Unser Wissen. 2025.
  12. Panahi O. Cellules souches de la pulpe dentaire.
  13. Omid Panahi, Faezeh Esmaili, Sasan Kargarneshad. Искусственный интеллект в стоматологии. SCIENCIA SCRIPTS Publishing. 2024.
  14. Panahi O, Melody FR. A Novel Scheme About Extraction Orthodontic and Orthotherapy. International Journal of Academic Research. 2011; 3.
  15. Panahi O. The evolving partnership: surgeons and robots in the maxillofacial operating room of the future. J Dent Sci Oral Care. 2025; 1: 1-7.
  16. Panahi O, Dadkhah S. Sztuczna inteligencja w nowoczesnej stomatologii.
  17. Panahi O. The Future of Medicine: Converging Technologies and Human Health. Journal of Bio-Med and Clinical Research. 2025; 2.
  18. Panahi O, Raouf MF, Patrik K. The Evaluation Between Pregnancy and Periodontal Therapy. Int J Acad Res. 2011; 3: 1057-1058.
  19. Panahi O, Nunag GM, Nourinezhad Siyahtan A. Molecular Pathology: P-115: Correlation of Helicobacter Pylori and Prevalent Infections in Oral Cavity. Cell Journal. 2011; 12: 91-92.
  20. Panahi O. The Age of Longevity: Medical Advances and The Extension of Human Life. Journal of Bio-Med and Clinical Research. 2025; 2.
  21. Panahi O, Eslamlou SF. Peridoncio: Estructura, función y manejo clínico.
  22. Omid Panahi, Sevil Farrokh. Building Healthier Communities: The Intersection of AI, IT, and Community Medicine. Int J Nurs Health Care. 2025; 1: 1-4.
  23. Omid Panahi. Стволовые клетки пульпы зуба. ISBN: 978-620-4-05357-8.
  24. Panahi O. Nanomedicine: Tiny Technologies, Big Impact on Health. Journal of Bio-Med and Clinical Research. 2025; 2.
  25. Omid Panahi, Amirreza Amirloo. AI-Enabled IT Systems for Improved Dental Practice Management. On J Dent & Oral Health. 2025; 8: 1-7.
  26. Panahi O. Comparison between unripe Makopa fruit extract on bleeding and clotting time. International Journal of Paediatric Dentistry. 2013; 23: 205.
  27. Panahi O, Eslamlou SF. Peridontium: Struktura, funkcja i postępowanie kliniczne. ISBN: 978-620-8-74560-8.
  28. Panahi O, Eslamlou SF. Artificial Intelligence in Oral Surgery: Enhancing Diagnostics, Treatment, and Patient Care. J Clin Den & Oral Care. 2025; 3: 1-5.
  29. Panahi O, Eslamlou SF, Jabbarzadeh M. Odontoiatria digitale e intelligenza artificiale. ISBN: 978-620-8-73913-3.
  30. Omid P, Soren F. The Digital Double: Data Privacy, Security, and Consent in AI Implants. Digit J Eng Sci Technol. 2025; 2: 105.
  31. Panahi O, Eslamlou SF, Jabbarzadeh M. Medicina dentária digital e inteligência artificial. ISBN: 978-620-8-73915-7.
  32. Panahi O. Stammzellen aus dem Zahnmark. ISBN: 978-620-4-05355-4.
  33. Panahi O. AI-Enhanced Case Reports: Integrating Medical Imaging for Diagnostic Insights. J Case Rep Clin Images. 2025; 8: 1161.
  34. Panahi O. Navigating the AI Landscape in Healthcare and Public Health. Mathews J Nurs. 2025; 7: 5.
  35. Panahi O. The Role of Artificial Intelligence in Shaping Future Health Planning. Int J Health Policy Plann. 2025; 4: 1-5.
  36. Panahi O, Falkner S. Telemedicine, AI, and the Future of Public Health. Western J Med Sci & Res. 2025; 2: 10.
  37. Panahi O, Azarfardin A. Computer-Aided Implant Planning: Utilizing AI for Precise Placement and Predictable Outcomes. Journal of Dentistry and Oral Health. 2025; 2: 1-5.
  38. Panahi O. AI in Health Policy: Navigating Implementation and Ethical Considerations. Int J Health Policy Plann. 2025; 4: 1-5.
  39. Panahi O, Eslamlou SF, Jabbarzadeh M. Stomatologia cyfrowa i sztuczna inteligencja. ISBN: 978-620-8-73914-0.
  40. Panahi O. Innovative Biomaterials for Sustainable Medical Implants: A Circular Economy Approach. European Journal of Innovative Studies and Sustainability. 2025; 1: 1-5.
  41. Panahi O. Bridging the Gap: AI-Driven Solutions for Dental Tissue Regeneration. Austin J Dent. 2024; 11: 1185.
  42. Panahi O, Eslamlou SF, Jabbarzadeh M. Dentisterie numérique et intelligence artificielle. ISBN: 978-620-8-73912-6.
  43. Panahi O, Zeinalddin M. The Convergence of Precision Medicine and Dentistry: An AI and Robotics Perspective. Austin J Dent. 2024; 11: 1186.
  44. Omid P, Mohammad Z. The Remote Monitoring Toothbrush for Early Cavity Detection using Artificial Intelligence (AI). IJDSIR. 2024; 7: 173-178.
  45. Omid P. Modern Sinus Lift Techniques: Aided by AI. Glob J Oto. 2024; 26: 556198.
  46. Panahi O. The Rising Tide: Artificial Intelligence Reshaping Healthcare Management. S J Public Hlth. 2024; 1: 1-3.
  47. Panahi P. Multipath Local Error Management Technique Over Ad Hoc Networks. In 2008 International Conference on Automated Solutions for Cross Media Content and Multi-Channel Distribution. 2008; 187-194.
  48. Panahi O, Eslamlou SF, Jabbarzadeh M. Digitale Zahnmedizin und künstliche Intelligenz. ISBN: 978-620-8-73910-2.



49. Panahi U. AD HOC Networks: Applications, Challenges, Future Directions, Scholars' Press. 2025.
50. Panahi U. ADHOC-Netze: Anwendungen, Herausforderungen, zukünftige Wege, Verlag Unser Wissen. ISBN: 978-620-8-72963-9.
51. Panahi O, Eslamlou SF, Jabbarzadeh M. Odontología digital e inteligencia artificial. ISBN: 978-620-8-73911-9.
52. Koyuncu B, Gokce A, Panahi P. The use of the Unity game engine in the reconstruction of an archeological site. In 19th Symposium on Mediterranean Archaeology (SOMA 2015). 2015; 95-103.
53. Koyuncu B, Meral E, Panahi P. Real time geolocation tracking by using GPS+GPRS and Arduino based SIM908. IIJECS. 2015; 4: 148-150.
54. Koyuncu B, Uğur B, Panahi P. Indoor location determination by using RFIDs. IJMAN. 2013; 3: 7-11.
55. Uras Panahi. Redes AD HOC: Aplicações, Desafios, Direções Futuras. Edições Nosso Conhecimento. 2025.
56. Panahi P, Bayılmış C, Çavuşoğlu U, Kaçar S. Performance evaluation of lightweight encryption algorithms for IoT-based applications. Arab J Sci Eng. 2021; 46: 4015-4037.
57. Panahi U, Bayılmış C. Enabling secure data transmission for wireless sensor networks based IoT applications. Ain Shams Engineering Journal. 2023; 14: 101866.
58. Omid Panahi, Uras Panahi. AI-Powered IoT: Transforming Diagnostics and Treatment Planning in Oral Implantology. J Adv Artif Intell Mach Learn. 2025; 1: 1-4.
59. Panahi P, Dehghan M. Multipath Video Transmission Over Ad Hoc Networks Using Layer Coding And Video Caches. In ICEE2008, 16th Iranian Conference On Electrical Engineering. 2008; 50-55.
60. Panahi DU. HOC A Networks: Applications. Challenges, Future Directions. Scholars' Press. 2025.
61. Panahi O, Esmaili F, Kargarneshad S. Artificial Intelligence in Dentistry. Scholars Press Publishing. 2024.
62. Omid P. Relevance between gingival hyperplasia and leukemia. Int J Acad Res. 2011; 3: 493-449.
63. Panahi O. Secure IoT for Healthcare. European Journal of Innovative Studies and Sustainability. 2025; 1: 1-5.
64. Panahi O. Deep Learning in Diagnostics. Journal of Medical Discoveries. 2025; 2.
65. Omid P. Artificial Intelligence in Oral Implantology, Its Applications, Impact and Challenges. Adv Dent & Oral Health. 2024; 17: 555966.
66. Omid Panahi. Teledentistry: Expanding Access to Oral Healthcare. J Dental Sci Res Rep. 2024; 6: 1-3.
67. Omid P. Empowering Dental Public Health: Leveraging Artificial Intelligence for Improved Oral Healthcare Access and Outcomes. JOJ Pub Health. 2024; 9: 555754.
68. Kevin Thamson, Omid Panahi. Bridging the Gap: AI as a Collaborative Tool Between Clinicians and Researchers. J of Bio Adv Sci Research. 2025; 1: 1-8.
69. Panahi O. Algorithmic Medicine. Journal of Medical Discoveries. 2025; 2.
70. Panahi O. The Future of Healthcare: AI, Public Health and the Digital Revolution. MediClin Case Rep J. 2025; 3: 763-766.
71. Kevin Thamson, Omid Panahi. Challenges and Opportunities for Implementing AI in Clinical Trials. J of Bio Adv Sci Research. 2025; 1: 1-8.
72. Kevin Thamson, Omid Panahi. Ethical Considerations and Future Directions of AI in Dental Healthcare. J of Bio Adv Sci Research. 2025; 1: 1-7.
73. Kevin Thamson, Omid Panahi. Bridging the Gap: AI, Data Science, and Evidence-Based Dentistry. J of Bio Adv Sci Research. 2025; 1: 1-13.
74. M Gholizadeh, O Panahi. Research system in health management information systems. Scienza Scripts Publishing. 2021.
75. Panahi O, Esmaili F, Kargarneshad S. L'intelligence artificielle dans l'odontologie. SAVOIR Publishing. 2024.
76. Panahi DO, Esmaili DF, Kargarneshad DS. Искусственный интеллект в стоматологии. SCIENCIA SCRIPTS Publishing. 2024.
77. Panahi O, Uras Panahi. AI-Powered IoT: Transforming Diagnostics and Treatment Planning in. J Adv Artif Intell Mach Learn. 2025; 1: 1-4.
78. Panahi O, Eslamlou SF. Periodontium: Structure. Function and Clinical Management.
79. Omid Panahi, Ali Ezzati. AI in Dental-Medicine: Current Applications & Future Directions. Open Access J Clin Images. 2025; 2: 1-5.
80. Panahi O, Dadkhah S. Mitigating aflatoxin contamination in grains: The importance of postharvest management practices. Advances in Biotechnology & Microbiology. 2025; 18: 555995.
81. Omid Panahi. Empowering Dental Public Health: Leveraging Artificial Intelligence for Improved Oral Healthcare Access and Outcomes. JOJ Pub Health. 2024; 9: 555754.
82. Omid PANAHI, Fatmanur KÇ, Amirreza G. NanoTechnology, Regenerative Medicine and, Tissue Bio-Engineering. Acta Scientific Dental Sciences. 2023; 7: 118-122.