



# Implementation Of Biometric Vaccine Covid-19

<sup>1</sup>Sneha Bhaskar Salunkhe, <sup>2</sup>Pooja Deepak Bandel, <sup>3</sup>Pratiksha Jagannath Lawande, <sup>4</sup>Sayali Shankar Patil

<sup>1</sup>Prof. T. B. Tambe

Department of Computer Engineering, P K Technical Campus,  
Chakan, Maharashtra, India

**Abstract:** Immunization against COVID-19 has been an integral part for government health services in India. In developing countries, current vaccination status of COVID-19 is recorded in a paper, which is ineffective in many ways: information which may go missing, process of looking up data is tedious. The main objective of proposed work is to use biometric traits (fingerprint) of a person to store their vaccination schedule details, thereby automating the vaccination schedule for the user. Biometrics traits are used since fingerprint of user have great potential to accurately record immunizations and helps greatly in efficiently searching the data. The proposed method aims at developing an application which provides to alerts on a regular basis to parents and Accredited Social Health Activist (ASHA) workers based on the stored vaccination schedule information

Index Terms- Arduino, Finger Print Device, Processor(Core 2 Duo)

## I. INTRODUCTION

A centralized system to monitor vaccination coverage of each child by providing relevant notifications to health care centers, thereby increasing the coverage of vaccinations.

The size of the fingerprint does not have any influence in fingerprint recognition system. The major concern of a fingerprint is with the image quality, we will be using machine learning algorithm to increase the accuracy of fingerprint up to 98%.

Fingerprint enrollment is done after the first vaccination cycle where images are collected. The features are extracted and saved as templates in database.

During each vaccination phase, the fingerprint data stored in the database is updated if there is a visible growth in the ridge distance.

To identify the person who have taken two doses so that it can help authority to validate the use of public resource.

## II. LITERATURE SURVEY

**Title:** Fingerprint enhancement by directional Fourier filtering

**Author name:** Sherlock, Barry G., D. M. Monro, and K. Millard.

**Description:** A child is considered fully vaccinated only if vaccinated with one dose of Bacillus Calmette-Guérin (BCG) and measles vaccine, three doses of pentavalent and oral polio vaccine with the right dosage and boosters at the right age and interval[1]

**Title:** A taxonomy for texture description and identification

**Author name:** Rao, A. Ravishankar

**Description:** Efforts to increase vaccination coverage in the country needs to focus on educating the commons about the vaccination schedule and strengthening supervision by implementing a better Monitoring system to ensure that every child is vaccinated at right age and interval. Achieving high vaccination rates has been one the greatest challenges in developing countries. Periodic estimation of vaccination coverage is done to monitor the progress in achieving these targets. About 16 percent of children who received one dose of BCG and 13 percent of children who received first dose of DPT did not complete the full course of vaccination

**Title:** FVC2004: Third fingerprint verification competition

**Author name:** Maio, Dario.

**Description:** The vaccination analysis of infant includes 108,057 children in which the estimated proportions of fully vaccinated, under- vaccinated, and non-vaccinated children were 57%, 31%, and 12%, respectively.

**Title:** A systematic approach for feature extraction in fingerprint images

**Author name:** Chikkerur, Sharat, Chaohang Wu, and VenuGovindaraju

**Description:** Children may behave differently during the enrolment process as compared to adults. This is simply due to the lack of understanding of the process and also because of their children specific attitude. This can be classified as less cooperative while keeping in mind the main objective to obtain fingerprint images of respectable quality. Fingers of children grow at the same rate as the rest of the body. The time period between the enrolment process and the sample fingerprint image collected during the vaccination to be compared could be long enough to prohibit smooth matching. It is not known, to what extent this growth effect becomes relevant for the matching process and whether algorithms will take this effect into account.

### III. PROBLEM DEFINITION

Technology of identification and verification on unique physiological and behavioural characteristics includes following biometric traits fingerprints, palm geometry, iris, dental root morphology. Commercial applications also started using biometric application in which finger print is widely used. Fingerprint authentication involves identification of unique pattern which is used for recognition.

### IV. ARCHITECTURE DIAGRAM

**Admin Login:**

When admin will install the software, in case he wants to register user with vaccine admin need to login.

**User Registration:** user if already taken first dose than it will show due date for next dose. If not than it will ask to fill form and save. Once Save it will mark fingerprint as first dose complete.

**User Verification:** This software will install in public places user should have put the fingerprint if he has taken both dose than door will be open automatically.

**Open Door:** If verification is success than open the door.

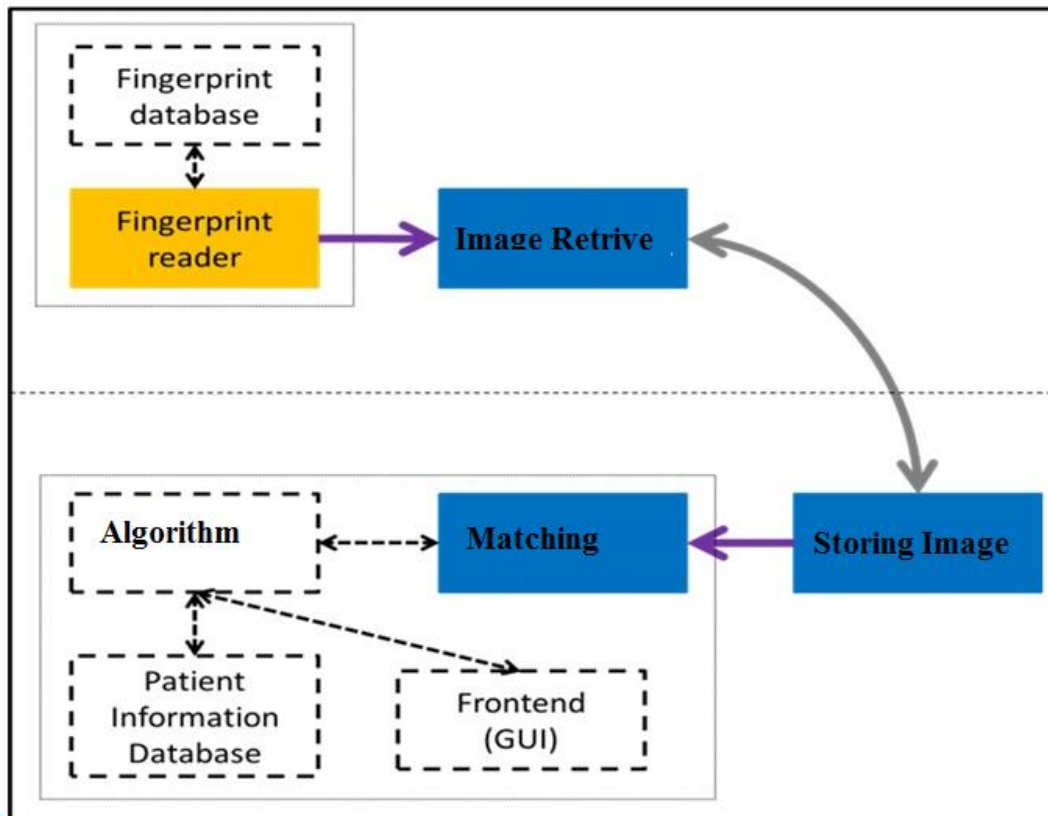


Fig 1. Architecture Diagram

## V. MODULE DESCRIPTION

### Fingerprint Identification Process

At first, since the fingerprint

Next, **extract the features** and prepare feature set

Then, **pre-select and match** the features with n number of templates

If a match, identify person's ID and store in database

### Fingerprint Enrolment Process

At first, capture the fingerprints

Next, extract the features and prepare feature set

Then, create a template and store the data in the database

### Fingerprint Verification Process

At first, acquire the fingerprint

Next, abstract the features and prepare the feature set

Then, check whether the feature set match with one template

If a match, then claim the particular user ID is true and store in the database

Feature Extraction

It collects important features of fingerprints from pre-processed input

### Acquisition of Images from Sensor

It senses the biometric information like a fingerprint for registration and recognition

### Pre-processing

It eliminates undesirable and noisy data for more clarity on ridge structure

It uses image pre-processing and enhancement approaches

### Feature Extraction

It collects important features of fingerprints from pre-processed input

**Matching**

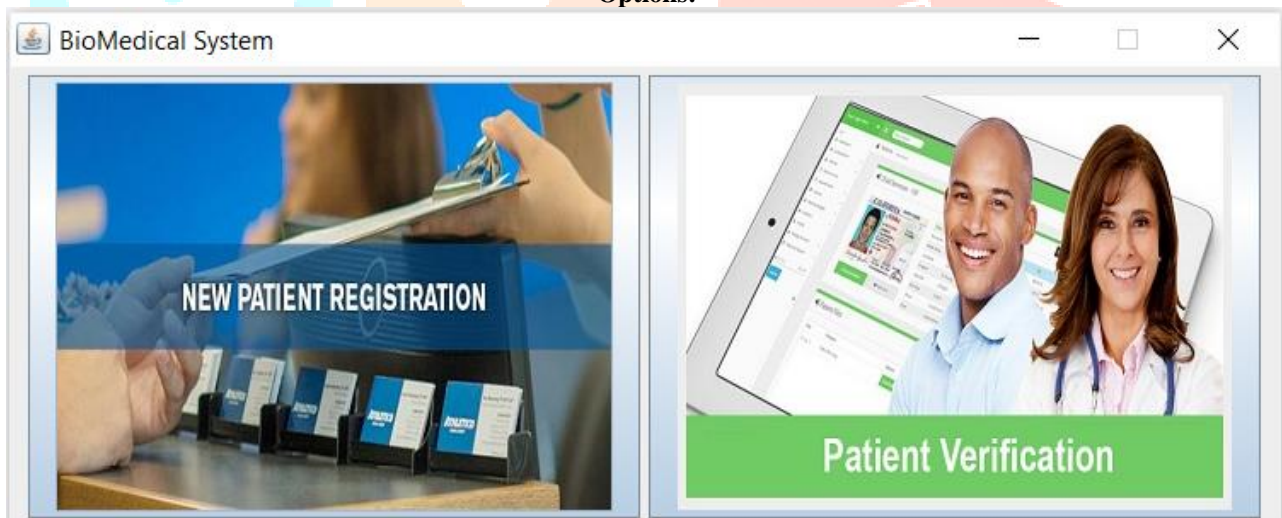
It matches the collected unique features with stored data (template) in the database

## VI. RESULT

**Admin Login:**



**Options:**



**Registration:**

**Patient Information System**

Adhar\_No:

Patient Name:

Date of Birth:

Mobile No:

Address:

Vaccine Dose:

**Start Finger Device**    **Save**    **Cancel**

## VII. CONCLUSION

We have implemented a Biometric Vaccine for Covid-19 project and it will be a beneficial and easy to use project which can help to detect unvaccinated people.

## VIII. REFERENCE

- [1] J Thomas MR, Lip GY. Novel risk markers and risk assessments for cardiovascular disease. *Circulation research*. 2017; 120(1):133–149. <https://doi.org/10.1161/CIRCRESAHA.116.309955> PMID: 28057790
- [2] Ahmed M. AlaaID1, Thomas Bolton, Emanuele Di Angelantonio, James H.F. RuddID, Mihaela van der Schaar,—Cardiovascular disease risk prediction using automated machine learning: A prospective study of 423,604 UK Biobank participants, *PLOS ONE* 14(5): e0213653. <https://doi.org/10.1371/journal.pone.0213653>. May 15, 2019. Poor, —A Hypertext History of Multiuser Dimensions, *MUD History*, <http://www.ccs.neu.edu/home/pb/mudhistory.html>. 1986. (URL link \*include year)
- [3] Stephen F. Weng, Jenna Reys, Joe Kai1, Jonathan M. Garibaldi, Nadeem Qureshi, —Can machine-learning improve cardiovascular risk prediction using routine clinical data?, *PLOS ONE* | <https://doi.org/10.1371/journal.pone.0174944> April 4, 2017
- [4] Rine Nakanishi, Damini Dey, Frederic Commandeur, Piotr Slomka, —Machine Learning in Predicting Coronary Heart Disease and Cardiovascular Disease Events: Results from The Multi-Ethnic Study of Atherosclerosis (Mesa), *JACC* Mar-20, 2018, Volume 71, Issue 11
- [5] <https://www.cdc.gov/heartdisease/facts.htm>. Available [Online].
- [6] Senthilkumar Mohan, Chandrasegar Thirumalai, Gautam Srivastava —Effective Heart Disease Prediction Using Hybrid Machine Learning Techniques, *Digital Object Identifier* 10.1109/ACCESS.2019.2923707, *IEEE Access*, VOLUME 7, 2019. S.P. Bingulac, —On the Compatibility of Adaptive Controllers, *Proc. Fourth Ann. Allerton Conf. Circuits and Systems Theory*, pp. 8-16, 1994. (Conference proceedings)