LETTER TO THE EDITOR

Artificial Intelligence as a Catalyst for Advancements in Medical Virology

Mohamed N. Ibrahim

Department of Clinical Laboratory Sciences, College of Applied Medical Sciences, Jouf University, Qurayat, KSA

SUMMARY

Artificial intelligence (AI), including machine learning (ML) and deep learning (DL), has become a crucial element in medical virology, transforming the research and treatment of viral illnesses. AI is transforming viral research and clinical practice by improving genomic analysis, diagnostic accuracy, treatment innovation, and epidemiological modeling. AI's contributions are significant and extensive, encompassing the analysis of intricate viral genomes, the expedited development of antiviral treatments, and the forecasting of disease evolution. Notwithstanding obstacles like data privacy, algorithmic bias, and ethical dilemmas, the amalgamation of AI with advanced technologies, including quantum computing and protein language models, is poised to herald a new epoch of virological advancement. This letter emphasizes the necessity for interdisciplinary collaboration to use AI's transformational capabilities while maintaining stringent ethical monitoring in combating viral infections. (Clin. Lab. 2026;72:xx-xx. DOI: 10.7754/Clin.Lab.2025.250474)

Correspondence:

Mohamed N. Ibrahim, PhD Assistant Professor of Microbiology Clinical Laboratory Science Department College of Applied Medical Sciences Qurrayat, 77451, Jouf University KSA

Phone: +9

: +966 562698734

Email: Mnmicro2010@gmail.com

KEYWORDS

artificial intelligence, virology, genomic surveillance, diagnostics, drug discovery

LETTER TO THE EDITOR

Artificial intelligence (AI) has radically changed virology by providing advanced tools to handle the growing complexity of viral diseases at a time marked by worldwide pandemics. AI has changed the paradigms of viral genome analysis, diagnostic techniques, treatment development, and epidemiological modeling by using machine learning (ML) and deep learning (DL), establishing itself as a vital tool in the fight against infectious illnesses.

The study of viral evolution has been transformed by artificial intelligence's ability to handle large genomic data sets. By means of sophisticated ML algorithms, scientists may find phylogenetic links and mutation patterns with unmatched accuracy. A pioneering case is the AI-driven monitoring of SARS-CoV-2, which examined more than 20 million genetic sequences in the GISAID database to track variations and guide vaccine creation. Such technologies have allowed real-time tracking of

Letter to the Editor accepted May 1, 2025

Clin. Lab. 1/2026

viral variation, enabling quick public health actions. Furthermore, artificial intelligence has increased metagenomic research by finding millions of new viral species in environmental samples, enhancing our knowledge of viral ecology [1].

AI has brought revolutionary approaches in diagnostics that improve scalability as well as accuracy. Surpassing conventional PCR testing in throughput, deep neural networks especially convolutional neural networks (CNNs) have been used to examine medical imagery, including chest CT scans, for quick identification of COVID-19 [2,5]. AI-driven analysis of immune cell transcriptomes from peripheral blood samples has also allowed early diagnosis of illnesses like HIV and hepatitis, providing a non-invasive diagnostic paradigm. These developments, especially in resource-limited environments, highlight the possibility of artificial Intelligence to democratize diagnosis [3].

The creation of antiviral therapies and vaccinations has been much hastened by artificial intelligence. Using ML algorithms, researchers have found repurposable medications with inhibitory effects against SARS-CoV-2, as shown by investigations on sofosbuvir, a nucleotide inhibitor first created for hepatitis C. Moreover, generative adversarial networks (GANs) have enabled the de novo design of potential antiviral compounds, some of which have shown promising efficacy against various viral pathogens in preclinical studies. Equally significant is artificial intelligence's influence on clinical trials; systems including Smart Data Query have simplified data analysis for large-scale vaccine trials, handling data from 44,000 people in under 22 hours with little human involvement. These developments show how quickly artificial intelligence can speed up medicinal pipelines, shortening the period from discovery to deployment [2,4].

Developing targeted treatments depends on knowledge of virus-host interactions; artificial intelligence has been quite helpful in this area. ML algorithms forecast protein-glycan and protein-protein interactions, so they clarify how viruses attach to host receptors. A learning vector quantization technique, for example, found 1,326 human proteins interacting with SARS-CoV-2, therefore offering insights into its pathophysiology. DL-based transcriptional analysis has also simulated virus-host dynamics, guiding therapeutic discovery for infections with great receptor affinity [2,6]. These predicted features help precision medicine and improve our knowledge of viral processes.

Predictive analytics from artificial intelligence has changed epidemiological modeling to allow proactive control of virus outbreaks. AI models predict disease transmission and patient outcomes with great accuracy by combining clinical, genetic, and epidemiological data. Furthermore, the capacity of artificial intelligence to forecast viral evolution, as shown in research on influenza and SARS-CoV-2, helps to create anticipatory vaccines and antivirals [7]. Pandemic preparedness and reaction depend on these instruments.

By changing laboratory processes, AI's automated features have improved efficiency and accuracy. Advanced models like GPT-40 have shown extraordinary competence, scoring 43.8% on the Virology Capabilities Test, outperforming 94% of qualified virologists. AI-equipped collaborative robots (cobots) help with data processing and experimental methods, thereby enhancing research by expediting high-throughput virological experiments [6]. This interplay between artificial Intelligence and automation promises a future of extremely efficient research environments.

Though it has great transforming power, artificial intelligence in virology presents major issues. Genomic and clinical data sets are susceptible to intrusions, thus data security stays first. Non-representative training data produces algorithmic biases that can distort forecasts and worsen inequalities in healthcare. Ethical issues, especially about possible abuse of artificial intelligence in bioweapon creation, call for rigorous control [5,7]. Dealing with these issues calls for following FAIR Data Principles (findable, accessible, interoperable, reusable) and strong ethical frameworks to guarantee responsible AI implementation.

AI's future in virology looks set for exponential expansion. Integration with quantum computing could transform data processing, allowing the real-time study of large genomic datasets. Protein language models, like AlphaFold, promise to improve predictions of viral protein structures and interactions, thereby simplifying medication design. Moreover, using AI-driven diagnoses and therapies in underprivileged areas could help to level global health disparities, strengthening pandemic readiness [7,8]. Realizing these developments while preserving scientific integrity would need interdisciplinary cooperation among virologists, data scientists, and ethicists.

Driving innovation in genomic monitoring, diagnostics, pharmaceutical development, and epidemiological modeling, artificial intelligence has become a cornerstone of virological research. Its capacity to analyze complicated data sets, automate laboratory procedures, and forecast viral behavior has changed our perspective on infectious diseases. Realizing AI's full potential, however, requires cooperative and ethical work on data security, prejudice, and moral issues. While virology negotiates the difficulties of new viruses, artificial intelligence is a light of scientific advancement ready to protect world health.

Source of Funds:

The author received no financial support for the letter, authorship, and/or publication of this article.

Declaration of Interest:

The author does not have any conflict of interest.

2 Clin. Lab. 1/2026

3

References:

- Levi R, Zerhouni EG, Altuvia S. Predicting the spread of SARS-CoV-2 variants: An artificial intelligence enabled early detection. PNAS Nexus 2024 Jan;3(1):pgad424. (PMID: 38170049)
- Yang F, Zhang Q, Ji X, et al. Machine learning applications in drug repurposing. Interdiscip Sci 2022 Jan 23;14(1):15-21. (PMID: 35066811)
- Padhi A, Agarwal A, Saxena SK, Katoch CDS. Transforming clinical virology with AI, machine learning and deep learning: a comprehensive review and outlook. Virusdisease 2023;34:345-55. (PMID: 37780897)
- Shapshak P, Somboonwit C, Sinnott JT. Artificial Intelligence and Virology - quo vadis. Bioinformation 2017 Dec 31;13(12): 410-1. (PMID: 29379259)
- Zhao LP, Cohen S, Zhao M, et al. Using haplotype-based artificial intelligence to evaluate SARS-CoV-2 novel variants and mutations. JAMA Netw Open 2023 Feb 1;6(2):e230191. (PMID: 36809468)
- Ashraf AA, Rai S, Alva S, Alva PD, Naresh S. Revolutionizing clinical laboratories: The impact of artificial intelligence in diagnostics and patient care. Diagn Microbiol Infect Dis 2025 Apr; 111(4):116728. (PMID: 39929018)
- Kraemer MUG, Tsui JLH, Chang SY, et al. Artificial Intelligence for modelling infectious disease epidemics. Nature 2025; 638:623-35. (PMID: 39972226)
- Wah JNK. Revolutionizing e-health: the transformative role of AI-powered hybrid chatbots in healthcare solutions. Front Public Health 2025 Feb 13;13:1530799. (PMID: 40017541)

Clin. Lab. 1/2026