METS-CoV: A Dataset of Medical Entity and Targeted Sentiment on COVID-19 Related Tweets

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Introduction

Motivation:

- · There is a large body of social media-based public health studies, especially during the pandemic when clinical and survey studies are difficult to conduct.
- · Existing natural language processing (NLP) tools struggle to fulfill the surging demand for accurate social media-based public healthcare analysis due to the lack of relevant datasets.
- · Named entity recognition (NER) and targeted sentiment analysis (TSA) are two important tasks for studying user foci and attitudes (Figure 1)



I don't wanna take Covid-19 Vaccine. High risk for me. I'm immunosuppressed person and I don't wanna let nothing more touch my inmune system . Be on "O " is enough an nightmare with side effects all the Time And I wanna take Ocrevus just every 9 moths to let to rest my body

Figure 1: Examples of medical entities and targeted sentiments in tweets.

- We released METS-CoV (Medical Entities and Targeted Sentiments on CoVid-19-related tweets), a dataset annotated with:
- 10,000 tweets
- 7 types of entities: Disease, Drug, Symptom, Vaccine, Person, Location, and Organization.
- sentiments of 4 types of entities: Person, Organization, Drug, and Vaccine.
- · We designed detailed guidelines for annotating medical entities (Disease, Drug, Symptom, Vaccine) on tweets
- · We benchmarked the performance of classical machine learning models and state-of-the-art deep learning models including pre-training language models on NER and TSA tasks of METS-CoV.

The METS-CoV Dataset

Data Collection:

We collected COVID-19-related tweets ranging from February 1, 2020 to September 30 2021. We removed non-English tweets, retweets, and tweets with URLs. We used a list of symptom keywords to match medical-related tweets. 2.208.676 tweets remained in our final dataset.



Data Annotation:

We defined 7 entity types based on public health research needs, including 3 general types and 4 medical types. Then we selected 4 entity types for sentiment annotation using 3 sentiment labels: positive, negative, and neutral.

Data Statistics:

Figure 2, Table 1 and 2. Read the paper for more:

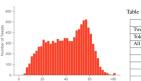


Figure 2: The distribution of tweets length of METS-CoV

Table 1: Statistics of METS-CoV-NER dataset Table 2: Statistics of METS-CoV-TSA dataset

Train Dev Tes

2.253 472

1.555

1,077

4.223

st	Numbe	_	Train	Dev	Test	
	Numbe	•	Irain	Dev	ies	
00		POS	260	64	58	
k	Person	NEU	1293	256	240	
38		NEG	700	152	189	
7		POS	126	24	31	
9	Organization	NEU	1346	284	251	
1		NEG	462	88	99	
8		POS	234	85	64	
7	Drug	NEU	730	147	142	
9		NEG	113	30	21	
7		POS	112	25	20	
	Vaccine	NEU	913	173	183	
		NEG	132	20	34	

Model Benchmarking

We evaluated the performance of (a) statistical machine learning models, (b) neural networks, (c) general domain large-scale pre-trained language models (PLM), and (d) COVID-19-related PLM for the NER task and the TSA task on METS-CoV. In addition, we selected the best model from each group for in-depth analysis and discussion.

Named Entity Recognition (NER)

Table 3: Model performance on METS-CoV-NER dataset. (* means uncased model)

										0.9					Confur	ision Ma	atrix		
	Results (F1 value ± std)	Person	Location	Organization	Disease	Drug	Symptom	Vaccine	Overall			-0-CRF 	Person 4	56 1	12	0	0 0	0	700
(a)	CRF	64.43±1.59	76.37±0.62	54.64±2.08	73.61±0.44	77.34±1.60	74.05±0.56	84.85±0.82	71.58±0.54		**	→ RoBERTa-large		_					-600
	WLSTM	72.05±0.79	79.82±0.61	60.79±0.77	73.52±1.26	79.63±1.36	76.72±0.83	86.03±0.84	75.02±0.36	0.85 -			Location	1 252	2 4	0	0 0	0	
	WLSTM + CCNN	80.63±0.62	81.47±0.89	61.30±0.91	74.52±0.75	80.46±0.28	76.63±0.91	85.91±1.17	76.78±0.29			***			200				-500
(b)	WLSTM + CLSTM	81.16±0.29	81.37±0.48	62.28±1.41	74.80±1.49	79.50±1.01	76.70±0.25	85.59±1.46	76.91±0.22			-	Organization	/ 6	296	0	0 0	2	
(6)	WLSTM + CRF	72.41±0.44	79.25±0.59	62.39±0.97	74.89±1.28	79.60±0.71	79.14±0.51	88.72±0.62	76.38±0.22	월 0.8 -	_		Waccine Vaccine	1 0	4	218	1 0	0	-400
	WLSTM + CCNN + CRF	81.38±0.44	82.15±0.44	62.79±0.91	76.12±0.76	80.41±0.58	78.12±0.51	89.11±0.36	78.10±0.19	/al		×	9			-			-300
	WLSTM + CLSTM + CRF	77.49±1.67	81.26±1.19	63.21±0.93	75.61±0.76	81.27±0.65	79.14±0.53	87.85±0.43	77.63±0.40	£			Disease	0 0	1	0 7	202 22	0	111
- 1	BERT-base*	86.99±1.27	84.47±0.84	71.01±0.52	76.18±1.49	84.78±1.02	80.26±0.43	89.83±0.56	81.49±0.36	0.75 -	•								-200
	BERT-base	86.71±0.73	84.09±1.67	71.90±0.91	76.93±1.11	84.54±1.05	79.70±1.22	89.48±0.99	81.34±0.41				Symptom	0 0	0	0	24 71	0	
(c)	BERT-large*	87.47±1.22	84.43±1.05	71.21±0.59	76.34±0.96	85.53±1.52	81.44±0.18	89.33±1.25	81.98±0.30				Drug			0	1 0	207	-100
	BERT-large	88.25±0.52	84.63±1.38	73.30±1.38	76.52±1.11	86.05±1.06	80.12±0.55	89.16±1.58	82.05±0.24	0.7 -			Drug	0 0	0	U	1 0	201	.0
(0)	RoBERTa-base	85.58±0.73	85.46±0.86	72.21±1.11	76.49±1.63	85.38±1.15	79.81±0.67	89.89±0.28	81.43±0.20			•		100	i 6	Je .	200	5	
	RoBERTa-large	86.79±0.44	85.85±2.12	73.78±0.72	76.84±0.57	86.79±0.78	81.32±0.67	90.42±1.12	82.55±0.27					a i	zat	og g	ses		
	BART-base	84.24±0.59	82.85±0.71	70.60±1.46	75.01±1.80	83.39±1.03	79.03±0.48	90.22±1.58	80.17±0.46	0.65			1		a E	>	- 1	3	
	BART-large	81.60±4.93	80.04±4.74	64.66±8.86	71.24±1.90	80.61±2.90	74.27±4.45	81.21±6.20	75.56±5.04		<20 30	40 50 60 >60			6		ere.		
(d)	BERTweet-covid19-base*	91.63±0.79	85.79±0.75	77.07±0.51	77.09±1.61	83.57±0.65	81.16±0.45	91.16±1.54	83.63±0.36			Tweet Length			Predic	icted en	tity		
	BERTweet-covid19-base	91.50±0.81	86.26±0.97	76.47±0.46	77.80±0.57	84.16±1.22	80.89±0.52	89.98±1.04	83.49±0.18	Figur	o 3. El values	Figure /	I. The	e conf	fucio	n ma	riv o	£	
	COVID-TWITTER-BERT*	91 29+0 42	85 68+0 92	76 27+0 64	77 48+0 81	86 35+0 96	81 85±0 53	90 44+0 94	83 88+0 20	1 Igui	c J. 1 1 values	of different NER models	Figure 4: The confusion matrix of						

against the tweet length

COVID-TWITTER-BERT on NER test set.

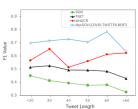
- Overall performance (Table 3): COVID-TWITTER-BERT is a strong baseline on the NER subset, but F1 values of Disease and Organization entities are suboptimal.
- Effect of tweet lengths (Figure 3): All models' performance decreases as tweet lengths increase. The performance is generally better when tweet lengths ≤ 40 tokens.
- In-depth study (Figure 4): COVID-TWITTER-BERT extracts entities correctly in most cases. But it tends to confuse Symptom and Disease.

Targeted Sentiment Analysis (TSA)

Table 4: Model performance on METS-CoV-TSA dataset.

(† means our implementation. The standard deviation of SVM model is not reported because the prediction of LibSVM⁴ is not affected by random seeds when the dataset splitting is fixed.)

ı											
		Per	rson	Organ	ization	Dı	rug	Vac	cine	Ow	erall
(2)	(a) Model (mean ± std)		Acc F1		Acc F1		Acc F1		F1	Acc	F1
(a)	SVM (Vo and Zhang, 2015)	50.72	36.99	64.57	42.02	58.15	30.17	70.89	46.09	59.53	38.73
	LSTM (Hochreiter and Schmidhuber, 1997)	58.56±1.79	50.41±2.48	61.00±0.95	45.64±0.47	56.39±2.18	41.53±1.92	65.99±2.41	40.03±3.62	60.21±1.53	49.08±1.58
	TD-LSTM (Tang et al., 2016b)	59.26±0.98	49.54±1.81	63.90±2.19	41.57±2.76	59.91±1.72	41.04±2.22	73.08±0.77	38.14±2.73	63.16±0.65	48.26±1.09
	MemNet (Tang et al., 2016a)	59.79±1.57	43.97±3.30	64.79±2.48	37.98±1.92	59.21±1.86	40.24±1.19	74.43±1.21	36.98±2.79	63.73±0.85	45.04±1.65
(b)	IAN (Ma et al., 2017)	52.81±1.72	32.75±2.65	67.68±0.45	36.70±1.94	59.73±0.45	25.22±0.10	77.22±0.00	30.88±0.00	62.59±0.55	34.62±1.77
(0)	MGAN (Fan et al., 2018)	57.17±2.00	43.84±4.70	63.84±2.68	40.09±1.20	58.33±2.22	35.32±5.01	72.49±0.98	37.05±5.10	62.00±1.10	42.55±3.17
	TNet-LF (Li et al., 2018)	58.07±1.19	51.17±2.10	63.16±1.52	47.68±1.59	60.00±2.00	46.30±2.51	68.52±3.15	41.57±2.17	61.71±1.01	50.80±1.22
	ASGCN(Zhang et al., 2019)	58.89±0.63	42.48±2.61	63.89±0.84	39.73±2.62	58.41±1.90	31.12±3.91	72.66±2.02	38.24±2.95	62.69±0.23	41.32±2.22
	AEN (Song et al., 2019)	56.84±2.54	47.91±4.12	60.63±4.22	45.68±3.58	52.51±3.12	37.08±4.31	69.12±4.59	41.46±3.31	59.37±2.43	46.28±3.73
	LCF (Zeng et al., 2019)	60.29±2.10	52.43±2.31	68.58±1.06	50.15±4.17	58.42±3.16	44.01±1.64	71.14±2.73	41.75±1.90	64.27±1.61	51.29±2.06
(c)	BERT-SPC (Devlin et al., 2019) †	64.39±0.91	60.06±1.01	73.28±0.93	58.48±1.50	62.38±1.33	49.11±2.90	77.22±0.96	50.28±5.09	68.87±0.34	59.31±1.18
l ' '	depGCN (Zhang et al., 2019)†	67.39±1.16	62.35±2.08	74.02±0.71	58.62±1.06	63.61±1.07	49.32±0.74	77.13±1.54	47.50±2.73	70.38±0.40	59.96±0.77
	kumaGCN (Chen et al., 2020b)†	66.28±1.33	61.84±2.46	72.86±0.59	58.01±2.04	63.61±0.77	49.67±3.14	76.88±0.73	50.17±4.56	69.59±0.73	59.91±2.48
	dotGCN (Chen et al., 2022)†	67.06±1.63	62.56±1.54	73.33±0.68	58.34±1.52	63.35±2.13	50.20±1.98	77.55±0.77	45.98±2.90	70.09±0.75	60.05±1.41
	BERT-SPC(COVID-TWITTER-BERT)†	73.72±1.47	70.25±2.10	78.53±0.61	66.24±1.59	75.07±1.06	62.67±3.10	79.15±1.02	61.68±3.70	76.29±0.57	70.03±0.92
(d)	depGCN (COVID-TWITTER-BERT) †	75.85±1.22	72.70±1.78	79.42±1.25	66.94±2.66	76.92±1.49	67.35±2.45	77.89±2.14	59.85±4.45	77.42±0.77	71.39±1.65
ιω,	kumaGCN (COVID-TWITTER-BERT) †	74.37±1.39	71.46±1.43	78.48±1.46	64.56±1.61	76.30±2.38	62.96±7.41	78.73±1.50	58.87±2.63	76.65±1.20	70.20±1.95
	dotGCN (COVID-TWITTER-BERT) †	74.95±1.60	72.53±1.54	79.11±0.89	65.21±2.06	74.10±1.90	61.26±2.14	78.65±1.72	59.41±2.92	76.65±0.49	70.32±0.96



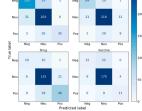


Figure 5: F1 values of different TSA models against the tweet length

Figure 6: The confusion matrix of depGCN (COVID-TWITTER-BERT) on TSA test set.

Observations:

- Overall performance (Table 4): Pre-trained models on COVID-19 tweets, such as COVID-TWITTERBERT, has better performance on TSA subset.
- Impact of tweet lengths (Figure 5): For SVM and TNET, their F1 values gradually decrease as tweet lengths increase. But for depGCN (COVID-TWITTER-BERT), its F1 value remains stable when the tweet length ≤ 50. The performance increases to 0.8 when the tweet length = 60, and decreases to about 0.6 when the length further increases to > 60.
- In-depth study (Figure 6): the current best TSA model has moderate performance. More robust models are needed to accurately distinguish sentiment polarities.

Conclusions & Future Work

Public health researchers can use METS-CoV to mine valuable medical information from tweets. For example, The dataset can be used as a training dataset for examining public attitudes toward COVID-19 vaccines and drugs, tracking the public's mental status change during different COVID-19 phases, etc. Our experiments also show that current models have not fully exploited the dataset's potential. We call for more efforts on developing models for social media-based public health studies.

For ethics discussions, code, data, and guidelines, please refer to our paper and GitHub page.

