

ViQA-COVID: COVID-19 Machine Reading Comprehension Dataset for Vietnamese

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Abstract

After two years of appearance, COVID-19 has negatively affected people and normal life around the world. As in January 2022, there are more than 317 million cases and five million deaths worldwide (including nearly two million cases and over thirty-four thousand deaths in Vietnam). Economy and society are both severely affected. The variant of COVID-19, Omicron, has broken disease prevention measures of countries and rapidly increased number of infections. Resources overloading in treatment and epidemics prevention is happening all over the world. It can be seen that, application of artificial intelligence (AI) to support people at this time is extremely necessary. There have been many studies applying AI to prevent COVID-19 which are extremely useful, and studies on machine reading comprehension (MRC) are also in it. Realizing that, we created the first MRC dataset about COVID-19 for Vietnamese: ViQA-COVID and can be used to build models and systems, contributing to disease prevention. Besides, ViQA-COVID is also the first multi-span extraction MRC dataset for Vietnamese, we hope that it can contribute to promoting MRC studies in Vietnamese and multilingual. We will publicly release ViQA-COVID soon.

1 Introduction

Omicron - a dangerous variant of SARS-CoV-2 has shown its danger in recent months. Specifically, on average, each day there are around five hundreds thousands new cases and around ten thousands deaths worldwide. The uncontrollably rapid spread leads to the overwhelming of resources in disease prevention: medical staff, medical equipment manufacturing workers, data analysts, anti-epidemic support teams, etc. In the long run, this will have serious economic, social, as well as human impacts.

In Vietnam, the number of cases is increasing very quickly. The information of the cases must be

updated continuously to support the medical team to capture information and promptly treat the patient. On national portals, important information about the epidemic such as the number of cases, time and location related to the epidemic, people in contact with the patient, also needs to be updated quickly so that people can grasp the information and protect themselves. In addition, the hotlines and portals receive a lot of questions and reflections from the people every day. It can be seen that the amount of data generated daily is very large and difficult to handle manually. Thus, a system to extract information and answer questions like the machine reading comprehension (MRC) system is extremely necessary at the present time. It will be an aid for the prevention of COVID-19 or even other diseases in the future.

To build a COVID-19 MRC system, a COVID-19 MRC dataset is required. As a matter of fact, sufficient MRC dataset on COVID-19 for Vietnamese has yet to be released. Therefore, we created ViQA-COVID, a multi-span extraction MRC dataset about COVID-19 for Vietnamese based on official data from Centers for Disease Control and Prevention (CDC) Vietnam and reputable online news sites. In addition, ViQA-COVID is also the first multi-span extraction MRC dataset for Vietnamese. The goal of this research is to contribute to building data sources for low-resource languages like Vietnamese.

In the next section, related works will be covered. Section 3 presents about datasets, statistics and annotation process. Section 4 is devoted for experiments set up. The results and benchmark are described in Section 5. Section 6 summarizes the study and presents further research directions.

2 Related Work

In recent years, COVID-19 has spurred research in many fields especially in AI related ones. In the field of computer vision, researchers (Wang

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et al., 2020a) designed COVID-Net to detect COVID-19 cases from chest X-ray (CXR) images and introduced COVIDx, a dataset consisting of 13,975 CXR images across 13,870 patient cases. In (Wang et al., 2020b), three masked face datasets: Masked Face Detection Dataset (MFDD), Real-world Masked Face Recognition Dataset (RMFRD), and Simulated Masked Face Recognition Dataset (SMFRD) that helped a lot in detecting and reminding people to wear masks (one of the most effective measures to prevent covid-19), are introduced. The image editing approach and datasets: Correctly Masked Face Dataset (CMFD), Incorrectly Masked Face Dataset (IMFD), as well as their combination - masked face detection (MaskedFace-Net) are introduced in (Cabani et al., 2020). MaskedFace-Net has been applied to detect whether people are wearing masks and wearing them correctly.

In the field of NLP, COVID-QA (Möller et al., 2020) is an MRC dataset consisting of 2,019 pairs of questions - answers labeled by experts, with data sources collected from CORD-19. COVID-QA is widely used in evaluating MRC tasks and applied to tasks related to COVID-19. CovidQA (Tang et al., 2020) is one of the first Question Answering datasets, consisting of pairs of questions - articles and answers that are articles related to the question. CovidDialog (Ju et al., 2020) provides a dataset including doctor-patient conversations (603 consultations and 1,232 utterances in English and 399 consultations and 8,440 utterances in Chinese). Using CovidDialog, researchers (Zeng et al., 2020) have developed a medical dialogue system to provide information related to the pandemic. (Zhang et al., 2021) publicly released COUGH, a COVID-19 FAQ dataset includes 15,919 FAQ items, 1,236 human-paraphrased user queries and each query has 32 human-annotated FAQ items. Phoner_COVID (Truong et al., 2021) is a Vietnamese NER dataset about COVID-19 which defined 10 entities related to COVID-19 patients information. In addition, there are many research works that have been highly applicable and have greatly supported countries in preventing COVID-19.

With the rapid development of NLP in Vietnam, many new datasets have been introduced. From collecting 174 articles on the Vietnamese Wiki and through a five-phase annotate process, UIT-ViQuAD (Nguyen et al., 2020a) was created

with more than 23,000 question-answer pairs based on 5,109 passages. UIT-ViQuAD is a single span-extraction MRC datasets widely used in span-extraction MRC task Vietnamese besides UIT-ViNewsQA (Nguyen et al., 2020b), a dataset in healthcare domain consisting of 22,057 question-answer pairs based on 4,416 articles health report. In addition, ViMMRC (Nguyen et al., 2020c) is a multiple-choice dataset and includes 2,783 multiple-choice questions based on 417 Vietnamese texts. With the task of sentence extraction-based MRC, UIT-ViWikiQA (Do et al., 2021) is the first Vietnamese sentence extraction-based MRC dataset, created from converting the UIT-ViQuAD dataset. UIT-ViWikiQA includes 23,074 question-answer pairs, based on 5,109 passages.

In addition to the studies on COVID-19 and MRC datasets for Vietnamese, we also consulted other famous MRC datasets such as: SQuAD1.1 (Rajpurkar et al., 2016), SQuAD2.0 (Rajpurkar et al., 2018), GLUE (Wang et al., 2018), SuperGLUE (Wang et al., 2019), MASH-QA (Zhu et al., 2020), QUOREF (Dasigi et al., 2019) and DROP (Dua et al., 2019).

The above studies helped us to complete our research.

3 Dataset

In this section, ViQA-COVID, annotation processing and statistics about the dataset is described in detail.

CDC daily receives a large amount of data on cases, reflections and questions from people. Extracting and processing information from this data source is essential to helping medical teams understand the situation and make decisions to prevent COVID-19. However, handling huge amounts of data by hand is extremely complex. In addition, unfixed-form data and complexity of Vietnamese make it difficult to handle with rule-based approach. Based on previous studies as (Nguyen et al., 2020a), (Zhu et al., 2020), (Segal et al., 2020), etc., it can be seen that a MRC system based on deep learning can solve the above problems. For example: From the patient's epidemiological information, the medical team asks: "*Who has the COVID-19 patient been in contact with?*". MRC system can answer correctly and the medical team can isolate and treat those people quickly. In addition, MRC system can help answer people's questions about disease, policies, ways to prevent COVID-19

Passage:

Vietnamese: Thông tin dịch tễ: khoảng 07 giờ 00 ngày 26/7/2020, bệnh nhân trở về nhà và tiếp xúc với **những người trong gia đình**. Khoảng 07 giờ 00 ngày 27/7/2020, bệnh nhân được cách ly tại Bệnh viện đến ngày 02/8/2020. Sáng ngày 03/8/2020, tại Bệnh viện Đà Nẵng, bệnh nhân được lấy mẫu xét nghiệm dịch hầu họng (lần 2) và có kết quả (+) với vi rút SARS-CoV-2. Bệnh nhân ở cùng phòng với **anh Đ.T (bảo vệ Bệnh viện Đà Nẵng)**.

English: Epidemiological information: around 7:00 am on 26/7/2020, patient returned home and contacted with **family members**. Around 7:00 am on 27/7/2020, patient was isolated at Hospital until 02/8/2020. On the morning 03/8/2020, at Da Nang Hospital, patient was sampled oropharyngeal fluid testing (2nd time) and got a (+) result for SARS-CoV-2 virus. Patient was in the same room with **D.T (security guard Da Nang Hospital)**.

Question: Bệnh nhân đã tiếp xúc với những ai? (Who has the patient been in contact with?)

Answer: **những người trong gia đình, anh Đ.T (bảo vệ Bệnh viện Đà Nẵng) (family members, D.T (security guard Da Nang Hospital))**

Figure 1: An example include passage, question and answer from ViQA-COVID. Bold words in passage are answers

184 and so on. To be able to achieve the aforemen- 219
185 tioned purposes, MRC system needs to train with 220
186 MRC datasets. Therefore, ViQA-COVID has been 221
187 created as training data for such system. Figure 1 222
188 shows an example from ViQA-COVID. 223

189 3.1 Annotation

190 The annotation team consists of five data analyst 224
191 from CDC annotating and reviewing data, and three 225
192 experts from CDC advising on the questions and 226
193 information to annotate on the data. In general, the 227
194 annotation process includes following phases:

- 195 • **Collect and clean passage data from CDC:**

196 With limited time and resource, annotating 229
197 all the data is not possible. Therefore, report 230
198 cases are chosen on the basis of informativ- 231
199 eness and structural diversity. Data was en- 232
200 crypted sensitive information (so as not to 233
201 violate privacy issues), corrected typing and 234
202 grammar errors. After data cleaning, a total of 235
203 537 passages were collected. 236

- 204 • **Create and cross-check question-answer**

205 **pairs:** Data is manually annotated. Question- 238
206 answer pairs in ViQA-COVID are based on 239
207 the information CDC needs to support patients 240
208 and prevent diseases, as well as questions from 241
209 people about the epidemic situation. For ex- 242
210 ample: "What places have patients been to?", 243
211 "Where are the epidemic locations that I need 244
212 to be aware of?", etc. Annotators will read 245
213 each passage, create questions and mark spans 246
214 for corresponding answers (a answer can in- 247
215 clude multi-span). Questions are diversified 248
216 and avoid duplication. Question-answer pairs 249
217 are cross-checked to eliminate errors. 250

- 218 • **Collect data from other sources, annotate**

and cross-check: More data from reputable 219
online portals and online news sites were 220
collected to diversify dataset. This data is 221
also reviewed, manually annotated and cross- 222
checked. 223

- **Review and recheck:** To ensure data was 224
clean and did not violate privacy issues, we 225
reviewed and cross-checked again to complete 226
ViQA-COVID dataset. 227

228 3.2 Statistics

229 ViQA-COVID after completion has a total of 6,444 230
question-answer pairs based on 537 passages. To 231
our knowledge, ViQA-COVID is the first multi- 232
span extraction MRC dataset on COVID for Viet- 233
namese. Details of the statistics are in Table 1. 234
It can be seen that, because ViQA-COVID is a 235
domain-specific dataset (COVID-19 and Health), 236
the vocab size is not too large. In addition, the per- 237
centage of multi-span answers is quite high com- 238
pared to most multi-span MRC datasets, around 239
20%. 240

241 Question types in the dataset is distributed as 242
follows: What: 19.3%, How: 3.33%, How many: 243
10.2%, Where: 17.16%, When: 36.61%, Who: 244
8.38%, Others: 5.02%. Like many others lan- 245
guages, each type of question may be expressed 246
in numerous ways. Statistical description of ques- 247
tion words in ViQA-COVID is shown in Table 2.

248 4 Experiments

249 In this section, we present experiments with the 250
state-of-the-art MRC models on ViQA-COVID.

	Train	Dev.	Test
Number of passages	284	139	114
Number of questions	3408	1668	1368
Average passage length	336.8	269.1	252.7
Average question length	11.2	9.5	11.1
Passage vocabulary size	6659	3882	3089
Question vocabulary size	1071	606	601
Number of multi-span answers (%)	712 (20.9)	351 (21.0)	291 (21.3)
Number of single-span answers (%)	2288 (67.1)	1147 (68.8)	927 (67.8)
Number of non-span answer (%)	408 (12.0)	170 (10.2)	150 (10.9)

Table 1: ViQA-COVID overview

Question Types	Question Words
What (19.3%)	là gì (10.5%)
Where (17.2%)	đâu (7.3%)
When (36.6%)	ngày nào (10.4%)
Who (8.4%)	ai (6.2%)
How (3.3%)	thế nào (1.1%)
How many (10.2%)	bao nhiêu (9.6%)

Table 2: Question types and questions words distribution in ViQA-COVID

Passage Length	Train	Dev.	Test	Total
< 128 tokens	0	0	2	2
128 - 256 tokens	12	1	2	15
256 - 384 tokens	25	11	8	44
384 - 512 tokens	38	20	18	76
≥ 512 tokens	260	119	96	475
	335	151	126	612

Table 3: Passage length statistics

4.1 Models

Since BERT (Devlin et al., 2019) - a pretrained model using Transformer (Vaswani et al., 2017) architecture appeared in 2019, it has created a strong development in the field of natural language processing. State-of-the-art performance on NLP tasks increased rapidly thanks to improved models from both BERT and the Transformer architecture. It can be said that they are the two main factors that create a new era for NLP. In this experimental part, we used variants of BERT to evaluate on ViQA-COVID. These models have achieved state-of-the-art results on many MRC tasks.

- **mBERT**: twelve layers with twelve self-attention heads BERT is trained on multi-lingual datasets (including Vietnamese). Since its launch in 2019, mBERT has performed very well in multi-lingual MRC and NLP tasks.
- **XLM-R** (Conneau et al., 2020): based on RoBERTa (Liu et al., 2019) - an optimal BERT-based approach, XLM-R was trained on over two terabytes of cleaned Common-Crawl (Wenzek et al., 2019) data in 100 languages. XLM-R outperformed mBERT in many cross-lingual benchmarks and other

tasks. We evaluated two model - XLM-R_{base}: 12 layers with 8 self-attention heads and XLM-R_{large}: 24 layers with 16 self-attention heads.

- **PhoBERT** (Nguyen and Nguyen, 2020): based on RoBERTa, PhoBERT is a Vietnamese model which improved the state-of-the-art many Vietnamese NLP tasks. PhoBERT is trained on over 20 gigabytes of word-level data (while other models train with syllable data). We also evaluated two models: PhoBERT_{base}: 12 layers with 12 self-attention heads and PhoBERT_{large}: 24 layers with 16 self-attention heads

4.2 Input Processing

Statistics from Table 3 show that most passages are in excess of 512 tokens in length. Whereas maximum length of models' input feature is 512 tokens. To deal with very long passage, we split one example into input features, each of the length is shorter than model's maximum length. In case the answer lies at the position that long passage was split, we create an overlap feature between two features (controlled by stride parameter).

PhoBERT is trained with both syllable-level and word-level tokens. Unlike English, words in Viet-

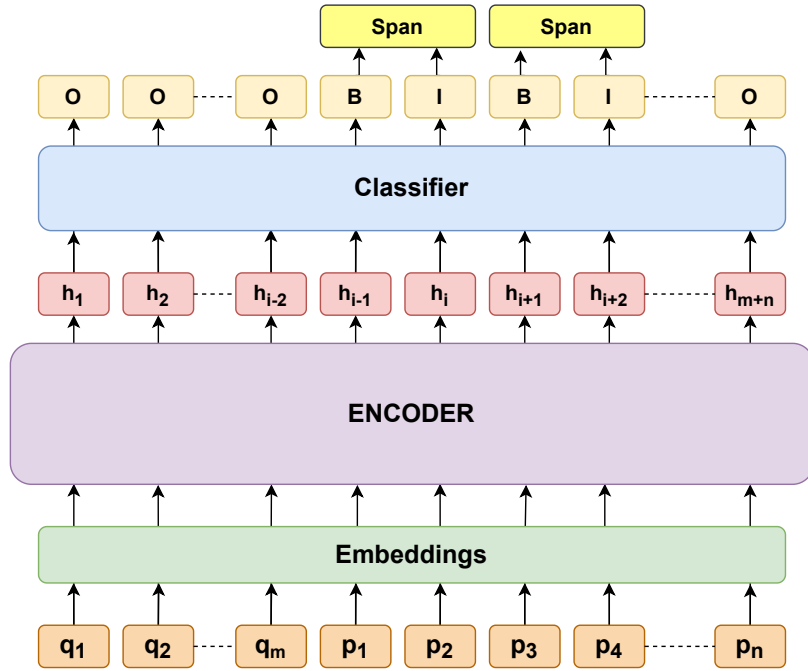


Figure 2: Illustrating the sequence tagging approach for multi-span questions. In which, $\{q_j\}_{j=1}^m$ are question tokens, $\{p_k\}_{k=1}^n$ are passage tokens and $\{h_i\}_{i=1}^{m+n}$ are the contextualized representations of the input tokens.

303 name can be compound words, i.e. one word
 304 with single meaning may be a combinations of two
 305 or more single words and in most of the cases,
 306 the meaning of the compound word is very dif-
 307 ferent from their components. Thus, input sen-
 308 tences are segmented by word segmentation which
 309 can represent them in either syllable or word-
 310 level. Therefore, word segmentation joins syl-
 311 lables with a "_" sign to indicate it's a word and
 312 makes sentences have clearer meanings. With that
 313 idea, PhoBERT outperformed XLM-R in many
 314 Vietnamese-specific NLP tasks. In our experiment,
 315 we use RDRSegmenter (Nguyen et al., 2018) from
 316 VnCoreNLP (Vu et al., 2018) as word and sentence
 317 segmentation.

4.3 Multi-span Approach

319 For the BERT-style models, we use sequence tag-
 320 ging approach (Segal et al., 2020) for multi-span
 321 questions. Instead of predicting start and end prob-
 322 abilities like single-span questions, we predict the
 323 tag for each token. The familiar tags used are B, I,
 324 O, where B is the starting token and I is the sub-
 325 sequent token in output span, O is the token that
 326 is not part of an output span. Multi-span can be
 327 extracted based on B, O tokens. Figure 2 illustrates

this approach in detail.

4.4 Training

BERT-style models have maximum input features
 length of 384 (PhoBERT of 256) with stride param-
 eter of 128. We fine-tuned models with AdamW
 (Loshchilov and Hutter, 2019), weight decay of
 0.01, learning rate of 5e-5 and batch size of 32, in
 30 training epochs on a NVIDIA Tesla P100 GPU
 via Google Colaboratory. Task performance was
 evaluated after each epoch on the development set.

5 Results

We evaluated models' performance on ViQA-
 COVID using exact match (EM) and F1-score. Re-
 sults are shown in Table 4. In which, XLM-R_{large}
 outperforms other models with 83.37% F1-score
 and 68.82% EM on development set and 85.97%
 F1-score and 72.00% EM on test set. We also eval-
 uated the performance of the models on single-span
 and multi-span answers. The models are quite ac-
 curate in predicting single-span answers but still
 have difficulties with multi-span answers, espe-
 cially in terms of exact matching. Overall, XLM-
 R_{large} performed quite well and the difficulty of
 ViQA-COVID is not too hard when compare to

Model	Dev.						Test					
	Single-Span		Multi-Span		All		Single-Span		Multi-Span		All	
	EM	F1	EM	F1	EM	F1	EM	F1	EM	F1	EM	F1
mBERT	45.10	51.09	30.52	61.81	40.83	54.44	46.28	51.14	37.64	65.98	43.49	55.96
PhoBERT _{base}	61.86	72.73	30.59	54.12	51.37	66.49	54.90	74.39	34.99	60.87	54.89	70.01
PhoBERT _{large}	62.13	72.48	32.74	56.70	52.28	67.19	64.65	74.21	37.25	62.14	55.77	70.30
XLM-R _{base}	78.90	83.32	33.20	71.95	64.62	79.77	81.23	85.13	41.27	77.83	68.34	82.78
XLM-R _{large}	82.74	86.79	38.20	75.84	68.82	83.37	85.11	89.24	44.44	79.10	72.00	85.97

Table 4: Performances on development set and test set

Question Types	Dev. errors	Test errors
When	173	163
Where	98	84
Who	83	72
Others	135	95

Table 5: Question type errors on development set and test set

other MRC datasets.

5.1 Error analyst

Through empirical analysis with the best model XLM-R_{large}, we have counted the number of incorrect answers in the development set and test set. The development set has 489/1,668 incorrect answers of which 162 multi-span, 246 single-span and 81 non-span answers. The test set has 414/1,368 incorrect answers of which 141 multi-span, 203 single-span, and 70 non-span answers. We divide these errors into four groups:

- The first group consists of answers that have the correct number of spans but have an excess or lack of words. The cases are mostly long addresses or time periods (e.g. “20/5/2020 to 30/5/2020” but the model can only predict “20/5” or “30/5”). These are also common mistakes in sequence tagging models.
- The second group includes answers that have an excess or lack of span. Mainly occurs when encountering questions about many places or about many people. For example: answering a question that lists people who have been in contact with the patient but also lists those who have not.
- The third group are completely incorrect answers (answers that have no correct span), often occurring in passages having a lot of noise. For example: Patient’s epidemiological report contains multiple dates, including dates of admission. When answering the question

about the date of admission for COVID-19 infection, the model easily mistakenly answered to the date the patient was hospitalized for another illness because of the same keyword “admission”.

- The fourth group includes incorrect answers on other types of questions.

The statistics of the incorrect answers are shown in Table 5.

6 Conclusion

In this study, we introduced ViQA-COVID, the first multi-span MRC dataset about COVID-19 for Vietnamese. Our dataset consists of 6,444 question-answer pairs based on 537 passages related to COVID-19. We also experimented with different the state-of-the-art MRC models on ViQA-COVID. The results show that, XLM-R_{large} outperforms other models with 83.37% F1-score and 68.82% EM on development set and 85.97% F1-score and 72.00% EM on test set. We hope that our dataset will contribute to the prevention of COVID-19 as well as the development of NLP for Vietnamese and multilingual.

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