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Short communication

# Accuracy of a large language model in distinguishing anti- and pro-vaccination messages on social media: The case of human papillomavirus vaccination

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ARTICLE INFO	ABSTRACT					
Keywords: Artificial intelligence Large Language Models Vaccination Social media Public discourse Human Papillomavirus	<i>Objective:</i> Vaccination has engendered a spectrum of public opinions, with social media acting as a crucial platform for health-related discussions. The emergence of artificial intelligence technologies, such as large language models (LLMs), offers a novel opportunity to efficiently investigate public discourses. This research assesses the accuracy of ChatGPT, a widely used and freely available service built upon an LLM, for sentiment analysis to discern different stances toward Human Papillomavirus (HPV) vaccination. <i>Methods:</i> Messages related to HPV vaccination were collected from social media supporting different message formats: Facebook (long format) and Twitter (short format). A selection of 1,000 human-evaluated messages was input into the LLM, which generated multiple response instances containing its classification results. Accuracy was measured for each message as the level of concurrence between human and machine decisions, ranging between 0 and 1. <i>Results:</i> Average accuracy was notably high when 20 response instances were used to determine the machine decision of each message: $.882 (SE = .021)$ and $.750 (SE = .029)$ for anti- and pro-vaccination long-form; $.773$					
	(SE = .027) and .723 ( $SE = .029$ ) for anti- and pro-vaccination short-form, respectively. Using only three or even one instance did not lead to a severe decrease in accuracy. However, for long-form messages, the language model exhibited significantly lower accuracy in categorizing pro-vaccination messages than anti-vaccination ones. <i>Conclusions:</i> ChatGPT shows potential in analyzing public opinions on HPV vaccination using social media content. However, understanding the characteristics and limitations of a language model within specific public health contexts remains imperative					

### 1. Introduction

Vaccination continues to be a subject of intense public discussion, with a broad spectrum of viewpoints and beliefs, ranging from advocates praising its benefits to a skeptical faction (Yaqub et al., 2014; Sturgis et al., 2021; Blane et al., 2023:57–80.). Given that these diverse perspectives are tied to individuals' health behaviors, understanding public perceptions of vaccination is of great importance for social scientists and public health professionals (Yaqub et al., 2014; Paul et al., 2021; Cruickshank et al., 2021).

As digital platforms, particularly social media, have emerged as pivotal venues for discussions on health-related issues, researchers have turned to analyzing messages on these platforms to gain insights into public perceptions (Chou, 2009; Chou et al., 2020; Alipour et al., 2024; Valdez et al., 2023). At the core of various quantitative and computational approaches exploring the immense volume of online messages generated on these platforms lies the process of human evaluation. Often, multiple researchers or experts assess a subset chosen from a large dataset of online messages, and the insights drawn from the subset are then extrapolated to the entire dataset or to the broader population through statistical assumptions or machine-learning techniques (Hornik et al., 2022; Huang et al., 2014; Shapiro et al., 2017). However, the human evaluation process is inherently time-consuming and laborintensive, demanding extensive collaboration among multiple individuals.

Recently, the advent of large language models (LLMs) has opened up

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new possibilities to reduce the burdens associated with human evaluation. LLMs, such as OpenAI's GPT (Generative Pre-trained Transformer) and Google's LaMDA (Language Model for Dialogue Applications), are artificial intelligence models trained on a large volume of text data to generate human-like text based on the user input they receive (Brown et al., 2020; Thoppilan et al., 2022). LLMs have demonstrated considerable capacity for human-level decision-making and logical processing (Katz et al., 2023; Liu et al., 2023). Furthermore, the increasing accessibility and user-friendliness of these powerful LLMs are amplifying their impacts in various academic disciplines (Ziems et al., 2023; Heseltine and Clemm von Hohenberg, 2024).

Therefore, the present research explores the feasibility of utilizing an LLM in investigating public perceptions based on digital platform data. Our primary focus is on ChatGPT, with a particular emphasis on its freely available and most unrestrained iteration powered by GPT 3.5 (OpenAI, 2022). ChatGPT powered by GPT 3.5 also distinguishes itself as the most widely used chatbot service with over 100 million monthly users worldwide (Hu, 2023), while operating on one of the most high-performing LLMs available (Xu et al., 2023). These characteristics underscore its potential as a feasible and effective tool accessible to a broad spectrum of researchers, including those without substantial financial resources and technical knowledge.

We evaluated the accuracy of ChatGPT operating on GPT 3.5 in classifying the stances toward vaccination expressed in social media messages, by utilizing multiple datasets and comparing human and machine evaluations of the same data. Through this investigation, we aim to contribute to identifying methodological advances for researchers in the fields of public health and social sciences, ultimately enhancing our understanding of public perceptions of health-related issues in the digital era.

Among various issues that stimulate intense public discussion on vaccination, we focused on Human Papillomavirus (HPV) vaccination. Despite its pivotal role as a preventive measure against a spectrum of cancers (Shing et al., 2022), HPV vaccination encounters significant resistance and skepticism (Dunn et al., 2017; Sonawane et al., 2021). Understanding public perceptions about HPV vaccination and investigating different beliefs that influence its acceptance or resistance is thus a public health priority.

#### 2. Method

#### 2.1. Data collection

We retrieved messages related to HPV vaccination from two major social media platforms supporting different message formats: Facebook (long format) and Twitter (short format). Specifically, 141,479 messages were collected from Facebook, and employing the same search criteria used for Facebook, 676,193 messages were obtained from Twitter. This research was exempted by the Institutional Review Board of the University of California Davis, as a part of the application 2031428–1. The detailed procedure to create these two message pools is explained in Supplementary Online Material (SOM).

#### 2.2. Human evaluation

Human evaluators assessed 1,200 long-form and 1,200 short-form messages selected from the message pools. The details of the selection procedure are provided in SOM. The selected messages were evaluated by a team of three human evaluators. Specifically, each message was independently assessed and classified by two evaluators, and in cases of disagreement, a third evaluator resolved the discrepancies. The intercoder reliability among the evaluators was very high: Cohen's Kappa scores were.938 and .885 for long-form and short-form messages, respectively. The primary focus of this research lies in the capability of LLMs, which are designed to generate human-like assessments, in accurately replicating human evaluations of opinions on a contentious public health issue (Refer to SOM for further explanation).

#### 2.3. Machine evaluation

From the long-form messages assessed by human coders, we randomly selected 200 pro-vaccination, 200 anti-vaccination, and 100 neutral messages. Similarly, from the human-evaluated short-form messages, 200 pro-vaccination, 200 anti-vaccination, and 100 neutral messages were randomly selected. The current research refers to these refined groups of messages as "machine evaluation sets." All messages were then evaluated by GPT 3.5. We used the model's latest version as of September 2023 (model name: gpt-3.5-turbo-0613). In order to compare the results from an extended number of iterations, we utilized an automated Python script based on OpenAI's commercial API (Application Programming Interface). The same tasks can be completed with ChatGPT by entering written prompts into its free web interface. This option is particularly advantageous for researchers seeking computational analysis of small or moderate-sized datasets who may lack technical knowledge, coding abilities, or financial resources, even though the API offers a more efficient, streamlined approach for evaluating a large amount of messages without the need for repetitive manual input.

For each message in a machine evaluation set, a prompt was created and presented to the language model. The prompt included instructions, the content of the message, and the coding scheme, as presented in SOM. The instructions commanded the model to classify a message into one of the five categories based on the coding scheme and explain its decision: ANTI (anti-vaccination), PRO (pro-vaccination), NEU (neutral), MIX (mixed), and IR (irrelevant). Except for minor formatting adjustments, the instructions and the coding scheme were identical to those provided to the human evaluators. Considering that identical prompts may yield varying responses due to the probabilistic nature of language models (Jurafsky and Martin, 2009), we gathered 20 response instances for each message and thus a total of 20,000 response instances. It was done by initiating a new "chat" with the model, sending the prompt in the chat, receiving and storing its response, and repeating the process 20 times for each message.

The language model's decision for each message, termed "machine decision," was determined by randomly selecting m out of the 20 response instances with replacement and identifying the majority of answers. This approach considers the 20 response instances as a sample of possible evaluations generated by the model for a given message. To compare accuracy across different numbers of response instances, we varied m among values of 1, 3, 5, 7, 9, and 11. For example, the case of m = 3 emulates a scenario in which a user generates three response instances and determines the majority among them. If a message received categorizations of ANTI, ANTI, and PRO with m = 3, the machine decision would be determined as ANTI. When there was a tie, one additional response instance was randomly selected until the tie was resolved. m = 1 corresponds to "one-shot" determination, where one instance was generated and considered as the machine decision.

For each message, we iterated the random selection and majority determination process 1,000 times. After each iteration, a value referred to as "human–machine concurrence" was recorded as 1 if the machine decision matched the human evaluation of the message; otherwise, it was recorded as 0. This variable was then averaged across all iterations, resulting in a value referred to as "accuracy." This accuracy value reflects the model's accuracy for a specific message. Furthermore, we computed the average accuracy across all the messages within a machine evaluation set, denoted as  $K_m$ . This provides an assessment of the model's overall accuracy for the messages within that particular set.

### 3. Results

Average accuracy based on 20 response instances ( $K_{20}$ ) was notably high for anti- and pro-vaccination messages. When considering anti- and pro-vaccination messages together,  $K_{20}$  was .816 (SE = .018) for long-



(b) Short-form messages on HPV vaccination (Twitter)





**Fig. 1.** Machine Accuracy of Sentiment Evaluation by the Number of Response Instances for Majority Determination. *Note*. ANTI, PRO, and NEU indicate humanevaluated anti-vaccination, pro-vaccination, and neutral messages. *m* is the number of response instances generated. When m > 1, a machine decision was determined by the majority rule among m response instances. m = 1 corresponds to one-shot evaluations without majority determination. Bars indicate average accuracy, and error bars indicate mean  $\pm$  s.e.m.

Table 1
Machine Accuracy of Sentiment Evaluation by the Number of Response Instances for Majority Determination.

	Facebook (Long format)												
т	ANTI		PRO		NEU		ANTI & PRO		All				
	(n = 200)		(n = 200)		(n = 100)		(n = 400)		(N = 500)				
	$K_m$ (SE)	$K_m / K_{20}$	$K_m$ (SE)	$K_m / K_{20}$	$K_m$ (SE)	$K_m / K_{20}$	$K_m$ (SE)	$K_m / K_{20}$	$K_m$ (SE)	$K_m / K_{20}$			
1	.770 (.019)	87.2 %	.697 (.025)	93.0 %	.468 (.031)	86.1 %	.734 (.016)	89.9 %	.681 (.015)	89.4 %			
3	.840 (.020)	95.2 %	.729 (.026)	97.3 %	.508 (.037)	93.4 %	.785 (.017)	96.1 %	.729 (.016)	95.8 %			
5	.860 (.020)	97.4 %	.738 (.027)	98.4 %	.521 (.040)	96.0 %	.799 (.017)	97.9 %	.743 (.017)	97.6 %			
7	.866 (.020)	98.2 %	.741 (.028)	98.9 %	.527 (.041)	97.1 %	.804 (.017)	98.5 %	.748 (.017)	98.3 %			
9	.872 (.020)	98.8 %	.744 (.028)	99.2 %	.531 (.042)	97.7 %	.808 (.018)	99.0 %	.752 (.017)	98.8 %			
11	.875 (.021)	99.2 %	.746 (.028)	99.5 %	.535 (.043)	98.4 %	.811 (.018)	99.3 %	.755 (.017)	99.2 %			
20	.882 (.021)	_	.750 (.029)	-	.540 (.045)	-	.816 (.018)	-	.761 (.394)	_			
	Twitter (Short format)												
т	ANTI		PRO		NEU		ANTI & PRO		All				
	(n = 200)		(n = 200)		(n = 100)		(n = 400)		(N = 500)				
	$K_m$ (SE)	Km / K20	$K_m$ (SE)	K <sub>m</sub> / K <sub>20</sub>	$K_m$ (SE)	K <sub>m</sub> / K <sub>20</sub>	$K_m$ (SE)	Km / K20	$K_m$ (SE)	$K_m / K_{20}$			
1	.679 (.023)	87.9 %	.675 (.024)	93.3 %	.448 (.026)	82.9 %	.677 (.017)	90.5 %	.631 (.015)	89.3 %			
3	.735 (.025)	95.1 %	.702 (.027)	97.0 %	.498 (.033)	92.0 %	.718 (.018)	96.1 %	.674 (.017)	95.4 %			
5	.751 (.026)	97.2 %	.711 (.028)	98.3 %	.514 (.036)	95.1 %	.731 (.019)	97.7 %	.687 (.017)	97.3 %			
7	.757 (.026)	98.0 %	.713 (.028)	98.6 %	.520 (.037)	96.1 %	.735 (.019)	98.3 %	.692 (.018)	98.0 %			
9	.762 (.027)	98.6 %	.717 (.028)	99.1 %	.525 (.039)	97.0 %	.740 (.019)	98.9 %	.697 (.018)	98.6 %			
11	.765 (.027)	99.1 %	.719 (.029)	99.4 %	.532 (.040)	98.4 %	.742 (.020)	99.2 %	.700 (.018)	99.1 %			
20	.773 (.027)	_	.723 (.029)	-	.541 (.042)	-	.748 (.020)	-	.707 (.018)	-			

*Note.* m is the number of response instances generated. When m > 1, a machine decision was determined by the majority rule among m response instances. m = 1 corresponds to one-shot evaluations without majority determination.  $K_m$  is machine accuracy averaged across n messages when m response instances were generated to determine machine decision. ANTI, PRO, and NEU indicate human-evaluated anti-vaccination, pro-vaccination, and neutral messages.

form and .748 (SE = .020) for short-form messages. These results are particularly noticeable considering that machine evaluation was conducted without any tailored pre-training or fine-tuning specific to HPV vaccination discussion. This highlights the large language model's capability and efficiency in distinguishing stances toward vaccination. Specifically for anti-vaccination messages, average accuracy was even higher:  $K_{20}$  achieved .882 (SE = .021) and .773 (SE = .027) for long-form and short-form messages, respectively.

Importantly, however, the language model exhibited lower accuracy for pro-vaccination messages than anti-vaccination ones in the long form:  $K_{20}$  was .882 (SE = .021) for anti-vaccination messages, whereas it was .750 (SE = .029) for pro-vaccination ones. The difference was statistically significant (Mann-Whitney U = 22779, p = .005). While the level of statistical significance diminishes as *m* decreases, a pattern linked to increasing variability induced by fewer response instances for majority determination (See SOM for the complete test results), the consistent gap in average accuracy can be observed in Fig. 1. For short-form messages, however, the difference in average accuracy between anti- and pro-vaccination messages was not statistically significant even with 20 response instances (U = 21038, p = .324).

Furthermore, average accuracy for neutral messages was relatively low:  $K_{20}$  was merely .540 (SE = .045) for long-form and .541 (SE = .042) for short-form messages. These outcomes were significantly lower than those of anti-vaccination messages (long-form: U = 15455.5, p < .001; short-form: U = 14135, p < .001) and pro-vaccination messages (longform: U = 13615, p < .001; short-form: U = 13615, p < .001). As visualized in Fig. 1, this decline in accuracy for neutral messages was consistent across different response instance counts and formats (See SOM for all test results).

It is worth noting that considerable levels of accuracy could be

achieved with only a few response instances, underscoring the efficiency of using the language model for sentiment analysis, as shown in Table 1. Even when employing a relatively small number of instances, such as m = 1 and 3, the average accuracy did not experience a severe decline. For instance, across anti-vaccination, pro-vaccination, and neutral content in long-form, average accuracy with three instances ( $K_3$ ) reached 95.2 %, 97.3 %, and 93.4 % of those of 20 instances, respectively. The average accuracy of one-shot determination ( $K_1$ ) also achieved 87.2 %, 93.0 %, and 86.1 % of  $K_{20}$  for anti, pro, and neutral content in long-form, respectively. A similar pattern was found for short-form messages (Table 1). Average accuracy increased with the number of response instances used for majority determination, albeit with diminishing returns as visualized in Fig. 1.  $K_{11}$  surpassed 98 % of  $K_{20}$  across all evaluation sets.

### 4. Discussion

The present research underscores the evidence of the potential of LLMs as tools for sentiment analysis of social media content about socially contentious public health issues. The findings demonstrate that ChatGPT powered by GPT 3.5 exhibits considerable accuracy in evaluating messages related to HPV vaccination. However, the research also highlights that the accuracy of LLMs can significantly fluctuate depending on the message content and format. The findings reveal that GPT 3.5 displays lower accuracy in identifying pro-vaccination messages compared with anti-vaccination ones for long-form messages. The language model also encountered difficulties in accurately replicating human evaluation decisions for neutral messages. Additionally, the model's accuracy was lower for short-form messages than long-form ones, differing from findings in a study on political texts (Heseltine and Clemm von Hohenberg, 2024).

These discrepancies pose substantial challenges in the practical application of the language model, necessitating additional techniques and procedures to assess, mitigate, or compensate for the inconsistencies. This may also involve new approaches to crafting instructions and coding schemes that enhance machine accuracy for provaccination messages, neutral content, or shorter messages. Researchers must be aware of the characteristics and limitations inherent to LLMs to ensure the reliability and validity of research outcomes.

This research is not without limitations. Most of all, the present study primarily focused on examining the accuracy of a widely used language model, in evaluating vaccine-related messages from the two major social media platforms. Additional discussions on the limitations are provided in SOM.

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#### CRediT authorship contribution statement

**Soojong Kim:** Writing – review & editing, Writing – original draft, Visualization, Validation, Supervision, Software, Resources, Project administration, Methodology, Investigation, Formal analysis, Data curation, Conceptualization. **Kwanho Kim:** Writing – review & editing, Writing – original draft, Visualization, Validation, Software, Methodology, Investigation, Formal analysis, Data curation, Conceptualization. **Claire Wonjeong Jo:** Data curation.

#### Declaration of competing interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

#### Data availability

A link to the data repository is provided on the manuscript.

#### Appendix A. Supplementary data

Supplementary data to this article can be found online at https://doi.org/10.1016/j.pmedr.2024.102723.

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