

Strategies to support the COVID-19 response in LMICs

A virtual seminar series

Resource Page

Misinformation during the COVID-19 Pandemic

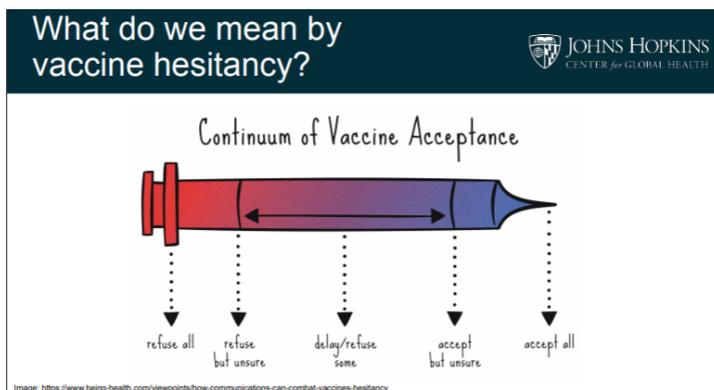
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Summary/Key Points:



Those who are considered vaccine hesitant are those found in the middle of this spectrum: those who delay/refuse some vaccines- this section is where we implement the most interventions to address vaccine hesitancy so that these people will move towards the right of the spectrum.

What is driving vaccine hesitancy now?

These factors are rooted in and spread through misinformation

- Tyranny = government is over-reaching
- Many individuals are susceptible to conspiracy theories due to uncertainty
- Authorities do not know best, and science becomes another voice in a crowded space. So, despite the need for public health voices for scientific experts to be at the forefront, it is being crowded out by others.

- What to do when the government spread misinformation: Governments tend to be very evidence based, but do not do it in a way that uses interesting approaches (such as storytelling)

Misinformation and disinformation

- Misinformation = false or inaccurate information or misleading information
 - Not necessarily done intentionally
- Disinformation = information that is designed intentionally to mislead others

Impact of misinformation on public health

- Example: the use of chloroquine or bleach for COVID-19
- **The challenge:** Distinguishing misinformation from good information is a moving target, so we must adapt our messaging to address concerns as we learn more about an issue.

Why are we seeing more misinformation and disinformation?

Misinformation and disinformation are rooted in anti-science and supposed vested interests

- Participatory nature of social media enables information exchange, but also increases possibility of rapid dissemination of inaccurate information
- Natural search for explanation in times of uncertainty leads people to find “answers” in misinformation and conspiracy theories

Misinformation ecosystem

- Credibility
 - Built on an element of truth and from a respectable source
 - Consistent with one’s worldview
- Homogeneity of sources (“echo chamber”)
 - Convenience, habitual, less effortful
 - Eliminated need to engage cognitively
- Shared experience
 - Part of a community, belonging, with exclusive access to information
- Normative mechanisms
 - Descriptive norms: what groups think is “correct” is decided by the group
 - Injunctive norms: threats of punishment for deviations from the group

“Inform, educate, empower” in an epidemic

- Trust: Communicate to build, maintain, and restore trust between public and those managing outbreak. Without trust, public will not believe or act on health information.
- Announce Early: Proactive communication, even with incomplete information, is crucial in alerting those affected, minimizing threats, and preventing rumors.
- Transparency: Maintaining public trust requires ongoing transparency including timely and complete information.
- Listening: Understanding public risk perceptions, views, and concerns is critical to effective communication.

What can we as individuals do to address misinformation?

- Do not correct misperceptions: The instinctive response to vaccine-related misinformation is to provide correct information, but this can backfire – called the boomerang effect.
 - If you correct a misperception, what ends up happening is that people will believe in that misperception even more
- Focus on the disease: Pivot the conversation to the disease itself
 - Focus on trust through transparency and timeliness of information
- Use nudges/defaults: apply presumptive communication

Questions to ask, regarding social media:

1. How can we mitigate the knowledge gaps?
2. How are people getting this information?
 - a. Example: WhatsApp
 - i. People posting on misinformation on these kinds of apps may be a way for them to grasp for information and a way to feel as though they can do something. Public health must reduce this anxiety, so being empathetic and understanding that we are all struggling would help.

Misinformation as contagion- use public health and outbreak response approaches that work

1. Describe causal pathway
2. Develop surveillance system
3. Activate response activities