

The COVID-19 Infodemic: A modern day government public relations crisis

By: Megan Pearson

Governments around the world have been challenged to maintain social cohesion and trust after experiencing a global pandemic during the age of misinformation. While the COVID-19 virus has spread quickly across the globe, false information about the health crisis has spread even faster. This phenomenon is known as an “infodemic.” The World Health Organization (WHO, 2021) explains that infodemics are an overabundance of information – both true and false – that make it hard for people to find trustworthy sources and reliable guidance when they need it. The infodemic has influenced opinions and beliefs about COVID-19 vaccines, stay-at-home orders, mask mandates and more, ultimately affecting government response efforts and prolonging the pandemic (Mheidly & Fares, 2020). Misinformation perpetuated by the infodemic has created mass division, undermining social cohesion and government trust.

The World Health Organization (WHO, 2020) has called on member states to “develop and implement action plans to manage the infodemic” (para. 8). Promoting the timely dissemination of accurate information and working to prevent the spread of misinformation is essential to combatting COVID-19 (Kim & Kreps, 2020). Unfortunately, governments around the world struggled to effectively leverage communication strategies and engage with their stakeholders early in the pandemic to try and prevent the spread. Given that effective infodemic management depends on communication efforts, it is important to understand the role of government public relations (GPR) practitioners. In this paper, I argue that GPR practitioners play a vital role in combatting the COVID-19 infodemic (e.g., Kim & Kreps, 2020; WHO,

2021), and I explore communication tactics that can be used to immunize citizens against misinformation (e.g., Lockyer et al., 2021).

Literature Review

This literature review focuses an analysis of government communication efforts during the COVID-19 health crisis (Kim & Kreps, 2020) and how misinformation impacts stakeholders' interpretations of government messaging (Lockyer et al., 2021).

Kim and Kreps (2020) analyze government communication efforts during the early stages of the COVID-19 pandemic and provide recommendations for risk communication during health crises. The authors argue that effective government communication is essential to a successful pandemic response. However, governments throughout the world have failed to successfully leverage communication strategies in response to COVID-19. Two-way communication is most effective and preferred by publics, yet most governments returned to “an authoritative communication system that only allows one-way communication, avoiding questions from the public about what they actually need to know” (p. 406). Kim and Kreps argue that pandemics are situations of particularly high communication demand; therefore, governments must prioritize public relations and communication efforts to engage with communities and provide clear information. Governments can learn “many critical lessons from examining instances of ineffective communication with the public during the [COVID-19 pandemic]” (p. 398).

The infodemic has damaged government trust while provoking hatred and racism. It has also endangered public health; misinformation has decreased the likelihood for citizens to engage in necessary preventive behaviours that could save lives and stop the pandemic, such as getting vaccinated. Lockyer et al. (2021) explain that “trust in government, scientists and health

professionals is seen as essential in preventing the spread of COVID-19 and implementing a successful vaccine program” (p. 1160). The authors found that the more confused, distressed, or mistrusting individuals felt during the pandemic, the more likely they were to be hesitant about vaccine uptake. Within this climate of misinformation and distrust, governments around the world have rolled out mass vaccination programs to combat the pandemic.

The COVID-19 Infodemic

The COVID-19 infodemic continues to run rampant throughout the world, and Canada is not immune. The World Health Organization (WHO, 2021) provides an overview of its infodemic management, risk communication and community engagement efforts since the start of the pandemic. In February 2020, the organization recognized that false information was spreading just as quickly as COVID-19 and immediately dedicated efforts to managing the infodemic. Efforts began with the advancement of infodemiology, which is the science of researching digital content with the goal of improving public health. Additionally, the WHO’s infodemic management framework was developed for its member states and additional stakeholders to reference in their infodemic response efforts. This framework is “driven by the use of evidence-based information and is anchored in principles of community involvement” (WHO, 2021, p. 2). Governments throughout the world can leverage the WHO’s framework to manage infodemics in their individual regions.

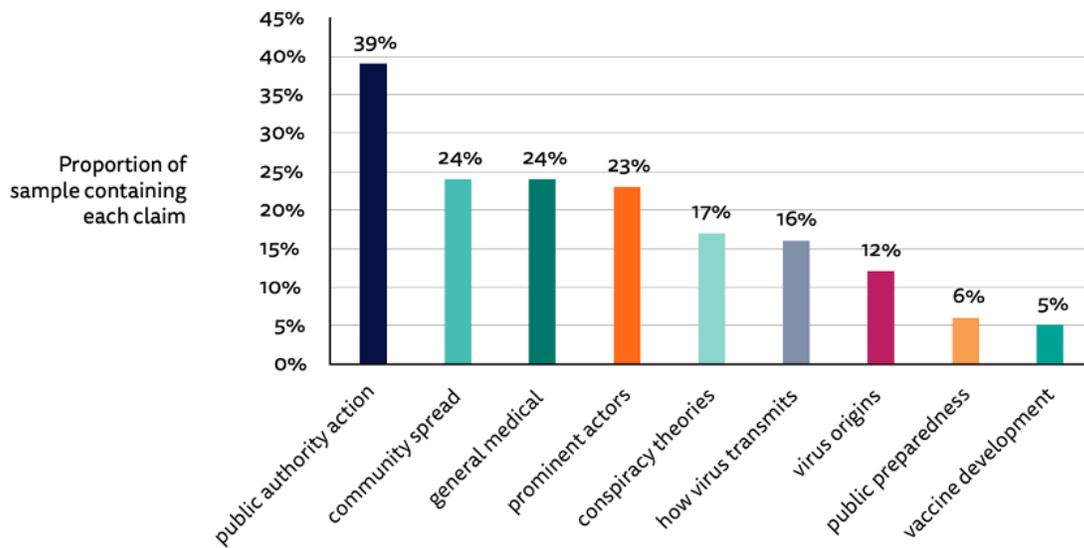
Statistics Canada (2021) found that 96 per cent of Canadians say they have seen false or misleading COVID-19 information online. Additionally, 40 per cent reported that they had once believed false information about the virus and later realized it was not true (Statistics Canada, 2021). Scales et al. (2021) explain that millions of people around the world have been exposed to

deceptive COVID-19 information online, most claims being rooted in conspiracy theories or frustrations with pandemic restrictions. Among these claims are ideas that COVID-19 “is a hoax or that experts are exaggerating its severity and the extent of its spread, that masks are ineffective or increase infection risk, or that COVID-19 vaccines cause the disease, alter the recipient’s DNA or include tracking devices” (p. 678).

Brennen et al. (2020) conducted a study to identify the main types, sources and claims of COVID-19 misinformation from January to March 2020. They analyzed 225 pieces of misinformation deemed false by fact checkers, finding that “misinformation about COVID-19 comes in many different forms, from many different sources and makes many different claims” (p. 8). Figure 1 represents the types of claims found within COVID-19 misinformation during early stages of the pandemic; the most common were about public authority action, community spread and general medical information (see Figure 1 below).

This data was collected during the initial months of the pandemic, which was a crucial time for mobilizing citizens to act against the virus. Most misinformation at the time planted seeds of doubt about the government’s intentions and reliability, deterring some citizens from following public health guidelines. False claims about community spread, methods of prevention and how the virus transmits also hindered government efforts to stop the pandemic. Brennen et al. (2020) explains that “misinformation about these topics may fill in gaps in public understanding, and those distrustful of their government or political elites may be disinclined to trust official communications on these matters” (p. 6).

Figure 1: Proportion of sample containing types of false claims (Brennen et al., 2020).



Note: Figure 1 shows the proportion of the sample (N=225) containing each type of claim. Pieces of misinformation may contain multiple claims.

Additionally, Kim and Kreps (2020) found that misinformation fanned the flames of racism and hatred: “After it was known that the pandemic first started in China, Asians regardless of their nationalities often faced racial and xenophobic discrimination by non-Asian people in non-Asian countries” (p. 407).

As of Dec. 3, 2021, nearly 76 per cent of Canada’s total population has been fully vaccinated against COVID-19 (Government of Canada, 2021-b, Key Updates section). This means that even though the vaccine has been available for nearly a year, 24 per cent of the population are still hesitating to be immunized (Government of Canada, 2021-b, Key Updates section). Evidence suggests that ultimately, vaccines are the best way to prevent transmission of

the virus, hospitalizations, deaths and emerging variants, yet many people still hesitate

(Government of Canada, 2021-a). Jarry (2021) describes the nature of vaccine hesitation:

What is standing between the vaccine hesitant and their potential protection from COVID-19 is often nothing more than the human brain: susceptible to anxiety, seduced by misinformation, vulnerable to doubt. The virus itself, brainless but injurious, has no such qualms. (Vaccines are not antibiotics, para. 9)

Vaccine hesitancy can be largely attributed to safety concerns, negative stories and a lack of knowledge, “all of which have been amplified by recent exposure to misinformation on social media” (Lockyer et al., 2021, p. 1166).

The Pan American Health Organization (PAHO, 2020) explains that in the age of information, misinformation is intensified by social media and spreads “farther and faster like a virus” (p. 1). The age of information is truly a double-edged sword. On one hand, people are tethered to digital devices and can access critical updates on the virus 24 hours a day; on the other hand, this makes the world critically vulnerable to both intentional and innocent sources of misinformation (WHO, 2021). Misinformation is especially persuasive when governments fail to provide clear and useful information to citizens.

Government Response to COVID-19

Despite escalated concerns about potential pandemics and infodemics in recent years (Larson, 2018), most governments around the world were underprepared for the COVID-19 public health crisis. Kim and Kreps (2020) argue that ineffective government communication has created “serious errors in responding to the evolving health threats, leading to disastrous health and social outcomes for the public and prolonging the pandemic” (p. 398). Although the public

health crisis is a global issue, response efforts must also be taken at local and national levels to adequately manage both virus and misinformation transmission. Combden et al. (2021) found that both Canada and the United States suffered rapid rates of infection due in part to initial failures to provide clear and consistent communication.

Both countries relied on an authoritative communication system that focused primarily on pushing as much information as possible to citizens. Government representatives such as Prime Minister Trudeau and various health officials offered “daily or weekly briefings to their constituents with major news channels” (Mheidly & Fares, 2020, p. 414). Officials also leveraged social media to share updates, present facts and promote health measures. These government communication strategies, especially early in the pandemic, lacked ample opportunity for citizens to ask crucial questions and clarify misinformation.

The World Health Organization (WHO, 2021) explains that listening to the evolving concerns of individuals and communities is essential to infodemic management. When government communicators understand topics of public concern and gaps in public information, “they can respond in real time with high-quality, evidence-based information and recommend interventions” (p. 4). The organization identifies new developments in online social listening tools that can be leveraged by governments to analyze public conversations on social media, blogs, news commentaries and more. These open-sourced tools can “discern the sentiment, perspectives, practices and attitudes of a population” (p. 4), allowing governments to understand what citizens think about masks, vaccines and more. Had extensive infodemic monitoring been in place during the early stages of the pandemic, governments may have been able to prevent significant misinformation trends (Scales et al., 2021).

Listening to concerns is one of the four pillars WHO (2021) outlines for successful infodemic management. The other three pillars focus on communicating accurate information based on science, promoting resilience to misinformation and engaging with local communities. The World Health Organization (2021) describes the purpose of implementing these four pillars: “Infodemic management aims to ensure that people have the right information at the right time in the right format, so that they are informed and empowered to adopt behavioural changes during epidemics to protect their health and the health of their loved ones and communities.” (p. i) Given that the essential components of infodemic management involve strategic communication and stakeholder engagement, relying on government public relations practitioners is vital during the COVID-19 health crisis.

Immunizing Citizens Against Misinformation

It is imperative that governments and GPR practitioners implement infodemic management and work to immunize citizens against misinformation. Liu and Levenshus (2012) explain that GPR practitioners play a lead role in successfully mitigating and recovering from government crises: “With all eyes on the government, government communicators can help reduce uncertainty, lower residents’ risks, and provide critical lifesaving information” (p. 101). A crisis communication response was particularly important at the beginning of the pandemic to slow both misinformation and the virus, but opportunities to leverage strategic GPR were not adequately seized. Going forward, GPR practitioners can implement strategic tactics to combat misinformation and prepare for future government crises.

Mheidly and Fares (2020) and Kim and Kreps (2020) outline several strategic considerations GPR practitioners should implement in response to the infodemic. Some of these

strategies include using empathetic communication to grab public attention, actively addressing citizen concerns, establishing effective information diffusion and more. There are also specific strategies surrounding social media to consider, such as promoting public health accounts, monitoring engagement on posts and sharing personal experiences to combat misinformation.

Niemiec (2020) discusses how current misinformation moderation on popular social media platforms perpetuates inevitable political biases, limits freedom of speech and allows censorship to occur. The alternative remedy to this issue is to put considerable effort towards public information campaigns about the infodemic itself. Niemiec (2020) explains why misinformation literacy is important: “Focusing on understanding and studying the problem of misinformation, education and promotion of a virtuous use of social media and information seems more laborious and may not bring immediate results, but, in the long run, may contribute to a society that is more immune to infodemics.” (p. 4)

Educating citizens and raising awareness, specifically for younger generations, may be the most crucial strategy to immunize society against misinformation (Niemiec, 2020). Citizens should learn how to recognize misinformation, how to verify their sources and where to find trustworthy information. GPR practitioners can implement strategic, public information campaigns to persuade and motivate publics towards misinformation education.

Conclusion

Government public relations must be used to communicate the importance of getting immunized against misinformation; it is just as important as getting immunized against the COVID-19 virus. My research has proven that stronger GPR efforts to stop misinformation and quickly disseminate critical knowledge could have slowed the pandemic in its early stages

(Combden et al., 2021). Although governments around the world attempted to implement effective crisis communication, Government Public Relations's potential was not fully utilized (Kim & Kreps, 2020). Misinformation has spread just as widely and rapidly as the COVID-19 virus, and the infodemic continues to negatively impact society every day (WHO, 2021). There are many lessons that can be learned from the COVID-19 health crisis, and there is still work to do to rebuild trust in government, restore social cohesion and immunize citizens against misinformation.

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