“Hello, doctor, I was calling to find out if the new variant is connected to the world economic forum and Charles Schwab and microchipping the public in order to tie it into the new banking system?”

I was live on C-SPAN’s Washington Journal, where I had been invited in early April 2022 to talk about the public health podcast from the Bloomberg School of Public Health at Johns Hopkins University and answer calls from the public about the pandemic. In the split second after Susan from Los Angeles, California, posed her question to me, the word “infodemic” popped into my head. The World Health Organization defines this term as “too much information including false or misleading information in digital and physical environments during a disease outbreak,” and the US Surgeon General considers it a “serious threat to public health.”

The symptoms of the infodemic may seem bizarre but the consequences are deadly serious. Confusion keeps people from taking steps to protect themselves, falsehoods reduce interest in vaccination, and lies about public officials undermine trust in public health. The Kaiser Family Foundation has found that nearly 4 in 5 adults either believe or are unsure of at least 1 false statement about COVID-19. One-third of adults believe or are unsure of at least 4 false statements. Researchers have estimated that misinformation has stopped between 2 million and 12 million people from being vaccinated. While fielding questions from Susan from Los Angeles and other callers, I gained a deeper appreciation for why the US ranks 62nd of 179 countries or more in global COVID-19 vaccination rates despite having the earliest access to the most effective vaccines in the world.

What is happening? A recent report from the Johns Hopkins University Center for Health Security found that falsehoods are spreading so rapidly that they are “impossible to counter in real time through official channels.” A recent review in Nature Medicine noted that people are more likely to believe claims that they hear again and again because “the more a claim is repeated, the more familiar it becomes and the easier it is to process.”

Content that provokes a strong emotional reaction—even if reflexive and poorly thought through—tends to be amplified via social media. A 2018 Science study found that falsehoods on Twitter spread “farther, faster, deeper, and more broadly than the truth in all categories of information.” The politicization of the pandemic may make some people especially susceptible to erroneous claims from popular media figures and elected leaders.

The result is a crisis for public health and medicine, 2 fields whose credibility depends on respect for scientific facts and advanced training. Families are pulling patients out of intensive care units. Health professionals and public health officials are becoming demoralized and burning out. Hospitals are losing credibility as myths circulate that erroneously link death determinations for COVID-19 with reimbursement rates.

Efforts to counter this growing threat fall into 3 categories: direct response, stronger prevention, and better health communications.

Responding to misinformation is now a job requirement for everyone engaged in fighting the pandemic. In a JAMA Health Forum in April 2020, Earnshaw and Katz called for clinicians to educate their patients about trusted sources of information, amplify public health recommendations, and reach out to help patients with chronic health conditions. Communication experts recommend debunking falsehoods in 4 steps: leading with facts, warning about myths (only once, so as not to repeat them), exposing techniques of manipulation, and concluding with the facts again.

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The second approach is prevention through policy and enforcement. The Johns Hopkins University report recommends a concerted strategy to expose the primary sources of false and damaging content and shut them down. Social media companies have adopted a range of responses, including removing posts that can cause harm, labeling posts as misinformation, and diverting certain searches to sources of accurate information. However, understanding of the relative effectiveness of these strategies is limited. Given restrictions on government action under the First Amendment, nonpartisan, evidence-based, and independent standards are urgently needed to guide major news and social media platforms in how to prevent the spread of falsehoods.

A key area for policy is transparency. Congress can require that social media platforms disclose data on the spread of misinformation on their networks and on the effectiveness of their efforts to stop it. A bipartisan group of US senators has introduced legislation that would permit qualified researchers to submit proposals through the National Science Foundation to study misinformation on social media networks with appropriate protections for privacy.

The third needed response is to improve legitimate health communications. Typically, public information efforts in public health and medicine resemble traditional corporate communications, with an emphasis on news releases and expert interviews with journalists. These points of engagement now represent just a small fraction of the information environment. A revitalized approach should leave no social media platform or other communications channel behind, with messaging tactics guided by evidence. Public health officials and health care organizations should also expand partnerships with trusted community leaders to counter misinformation spreading through their neighborhoods.

Given the scale and complexity of the infodemic, few have hopes for a quick fix. Even worse, it is not yet clear that a long fix is even possible. It is hard to imagine substantial progress without leadership across the political spectrum, the full engagement of social media companies, and robust research to guide technical and policy solutions.

What will it take for Susan in Los Angeles—and her counterparts around the country and the world—to distinguish fact from fiction and take steps to protect themselves? The future of public health and medicine depends on the answer.

ARTICLE INFORMATION

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Corresponding Author: Joshua M. Sharfstein, MD, Bloomberg School of Public Health, Johns Hopkins University, 615 N Wolfe St, Room W1033F, Baltimore, MD 21205 (joshua.sharfstein@jhu.edu).

Author Affiliation: Bloomberg School of Public Health, Johns Hopkins University, Baltimore, Maryland.

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