Letter to the Editor

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Infodemic: a blessing or curse?

Sir,

Due to the speed and scale of the transmission of the disease, coronavirus disease 2019 (COVID-19) was declared pandemic by the WHO on 11 March 2020 mainly. We're not just fighting an epidemic; we're fighting an infodemic, said WHO director-general Tedros Adhanom Ghebreyesus at the Munich security conference. WHO stated infodemic as an overabundance of information some accurate and some not that makes it hard for people to find trustworthy sources and reliable guidance when they need it. It can lead to confusion and ultimately mistrust in governments and public health response. The systematic use of risk- and evidence-based analysis and approaches to manage the infodemic and reduce its impact on health behaviours during health emergencies, was said to be as infodemic managenent.

Infodemic and its pre-existing problem today

A study conducted on Community's misconception about COVID-19 and its associated factors reported that more than 50% of the respondents reported they considered COVID-19 as a punishment from God. Around 7% of the total respondents reported they consider this virus as a part of a virus war.⁵ Few places in India, drinking cow urine and hosting cow urine drinking parties were conducted as a potential treatment for COVID-19. It was believed further that cow's urine had virus-eradicating and immunity-boosting properties. Combining and consuming water and sacred soil found at the grave of Maronite monk Mar Charbel (Mount Lebanon) was also observed against COVID-19.6 Certain social media accounts circulated false stories of curing COVID-19 by drinking high-proof alcohol which resulted in poisoning over 2000 people due to the inadvertent consumption of methanol with bleach. It was noticeable that people living in isolation, quarantine or at risk of an infectious disease were likely to experience psychosocial stress and adverse health outcomes. This might have provoked their interest in exploring and learning more about the disease from different contents. It was followed by forwarding such information to the peoples of their circle as soon as possible to show their efforts to find new information. Moreover, such situations required assurance complemented by a flow of correct information.8

Existing measures for managing the infodemic

The WHO's EPI-WIN system puts forth reliable information at the world's fingertips, fighting myth and

misinformation that can contribute to panic and put lives in danger. EPI-WIN is an amplification network, designed to provide tailored, timely information to specific sectors with the goal of using their rapid channels to reach employees and other decision makers. ⁹

Table 1: False myths and beliefs regarding COVID-19

Type of information	False believes/myths
Virus origin	It was man-made to kill people across the globe, as an indirect war between nations
Virus transmission and existence	It will spread fast in cold weathered countries, it won't spread in air, in tropical countries like india it won't affect as the virus will die in hot weather, and eating meat transmits COVID disease
Testing	Even having common cold will show positive results then why should I test? Going to testing lab might make us positive, vaccination may make us positive for COVID
About the disease	Disease is given as punishment from god in name of karma, Disease may go away in a week, hospitals are making prolonged stay to make money if the stay exceeded more than a week which in turn changing as a violence against health care worker, once infected there is no chances of reinfection, quarantine for a week is all needed and no need of any medication
Treatment modalities	As many as plenty of homemade remedies and preventive aspects were forwarded million times on various social media
Vaccine	Vaccine will not protect and it causes disease, vaccine will result in death, certain vaccine are not even effective, fake vaccines circulating in the market

Four strategic areas of work corresponding to infodemic was covered by EPI-WIN: identifying, gathering and assessing the real-time evidence and help to form public health recommendations and policies; simplifying the knowledge into actionable and behavioural change communication messages; amplifying the impact of infodemic by reaching out to key stakeholders in communities with tailored messages and advices; quantifying, tracking and monitoring the infodemic via

social media technology platforms to guide the public health measures effectiveness.

Suggestions

Leveraging technology for monitoring and overall strengthening of the infodemic response should be considered.

Generate evidence for policy making by establishing systematic monitoring, disease surveillance and evaluation system as well as promoting scientific research using robust methodologies and tools can inform existing infodemic or design responsive interventions.

Research findings should be used to develop policies grounded in local, contextual research and communities should also be included and used to build and guide policymaking.

Leaders, decision makers and policymakers should be part of global consortiums generating high-quality research in order to stay abreast with worldwide research and guidelines, tailoring these to their own individual contexts.

Promoting role models such as celebrities, local leaders, teachers, community health workers for preventing misinformation can be vital.

Vulnerable and marginalised populations must be targeted with risk communication for protecting and preventing ill effects as a result of infodemic which was critical.

Nationwide toll free number not only for reporting cases but also for reporting rumours and false info related to pandemic and disease management with a special division must be in place.

Any message that in misleading the thoughts and activity of general public before being put up on any social platform must be verified by a technical and advisory committee before circulating it to the public population.

CONCLUSION

Infodemic management is intended as a tool for preparation as well as to be used a tool for implementation of communication strategies to move from the acute phase of the current pandemic to the next normal. If any false information is found right act should be in place and the officials must prompt information and take action against the covidiots those spreading rumours and false belief under IPC Section 63 Indian Penal Code, Epidemic act 1897 and National disaster management act, 2005. It is critical that health communicators around the world are more proactive in tackling risk communication challenges related to COVID-19 and its likely prevention

achieved through vaccination and societal COVID-19 resilience.

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