

The Infodemic of COVID-19

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While the fight against the COVID-19 pandemic remains centered around the great strides made in fields of biotechnology and epidemiology, an epidemic of misinformation and growing skepticism of the scientific community rages beneath the surface. Almost understandably so, in an unprecedented time of change riddled with fear and a sense of loss, people turn to thoughts, emotions, and behaviours that sometimes do more to impede the return to normalcy that we all crave. Reports that were particularly prevalent during the early pandemic response, including those of individuals refusing to wear masks in public spaces or anti-lockdown rallies throughout North America, only spurred further confusion and divisive sentiments on both sides.¹ While these events may point towards a lack of clear communication and mixed messaging from authority figures in the early response, a culture of inherent skepticism, particularly on social media, continues to be pervasive. With hopes of a global re-opening riding on the current vaccine rollout, widespread acceptance of the COVID-19 vaccines remains essential to achieving herd immunity and ultimately curbing the spread

of the virus. However, marginalized and underrepresented groups in North America that have been most heavily affected by the pandemic are also often those who are most distrustful of the medical system.^{2,3}

It's no wonder that people are skeptical, given the misinformation that surrounded the start of the pandemic on a multi-national level. Countries that refused to share vital information regarding the spread and impact of domestic COVID-19 outbreaks hindered collective efforts to track the virus.⁴ New York governor Andrew Cuomo, previously hailed for his effective and decisive response to the pandemic, has recently come under scrutiny for allegedly misrepresenting the number of COVID-19 deaths in long-term care facilities.⁵ In general, mistrust in institutions, news media, and public figures in North America has grown in the last several decades, not to mention conflicting information provided by trusted leaders, for instance, between former President Donald Trump and Dr. Anthony Fauci.^{2,6}

Social media and the technology we depend on to stay connected and informed during a time of social isolation amplifies the dissemination of ideas and information, whether accurate or not. Rumors including the curative properties of raw garlic, or that 5G technology somehow predisposes the individual to COVID-19, have circulated throughout social media, some even beginning and propagated by public leaders.⁷ As the WHO declared Covid-19 to be a global pandemic back at the start of 2020, it also identified an “infodemic”, where the dissemination of misinformation on covid-19 would prove to cost lives, potentially leading to a lack of compliance to public health guidelines, or a failure for immunization campaigns to reach their targets.⁸ The creation of such doubt is especially harmful in the case of vaccine hesitancy. Such a phenomenon is not specific to COVID-19 vaccines - only several years ago, vaccine hesitancy resulted in outbreaks of measles in pockets throughout Europe and North America.⁷

That being said, these fears may not be entirely without merit. Of particular relevance is the historic ill-treatment of minority groups by the scientific community, breeding distrust and resentment even today. Notable examples include the Tuskegee syphilis study, where African American men were recruited under the guise of medical care but instead were monitored to study the progression of syphilis without being informed or treated, as well as the forced vaccination of African Americans for smallpox in the 1900s.^{9,10} It's no wonder then, given these events, that African Americans are the most hesitant racial group to receive a vaccine, with a December poll by the Kaiser Family Foundation finding that 35% of African American adults would choose not to be vaccinated.^{10,11} However, we hardly have to look past the last few decades to see a legacy of mistreatment that extends into contemporary experiences of inequity in healthcare access. Ethnic minorities experience poorer health outcomes even when they are able to access treatment, and as illustrated by the recent pandemic, are often most adversely affected when the healthcare system is placed under strain.³ Yet, minority groups have been highlighted as more distrustful of the medical community, and more likely to present with medication nonadherence, poorer self-reported health, and decreased uptake of screening and preventative measures.²

As medical professionals, we often take for granted a

patient's trust in the role of a physician as a respected and trusted figure. However, in times like these when this relationship is paramount, we see where things can go wrong when that fragile trust is tested. The general response to the pandemic continues to highlight the importance for the medical community to maintain a strong rapport with patients, especially those who have historically been mistreated. Physicians should serve as a bridge between the scientific community and patients, transforming restrictive and disconcerting jargon into plain, easily accessible language. Having the privilege of serving as a respected figure in the community involves leading by example, including working to amplify more diverse voices and ensuring culturally sensitive training and education to leaders and providers. Outside of the scientific community, partnering with well-regarded institutions in communities that have been mistreated or marginalized in the past, including religious organizations, businesses and civic groups, may help to bridge that gap. In an effort to achieve a representative cohort during clinical trials for the COVID-19 vaccine, Pfizer worked with advocates and organizations in minority communities to encourage participation from people of colour, and nearly achieved representation of the proportion of African Americans in the United States, though still falling short.¹² While many platforms including Facebook and Twitter have begun removing false information surrounding COVID-19, content moderation is notoriously difficult to enforce, given the speed at which misinformation can circulate online.¹³ Physicians should not only seek to inform, but also to counsel on how patients can go about finding reliable sources of information. All in all, physicians are in a unique position of privilege to connect with people on a trusting and intimate level, and this relationship will be paramount in battling not only the spread of the COVID-19 disease, but also, of misinformation at large.

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