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Infodemic in the Global Coronavirus Crisis

Vahideh Zarea Gavvani*¹ 

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In December 26, 2019, 4 unusual cases of pneumonia were recorded in China, three of those were from the same family. Another 3 cases of pneumonia were found in the same hospital in December 28 and 29(1). The virus started to expand rapidly so that doctors in Wuhan Hospital reported the phenomenon to China's CDC and WHO. The research articles began to publish online from the first of January.

The Coronavirus news spread out as quickly as the virus. The virus was named new coronavirus 2019 (nCoV 2019). In January 7, 2020 the disease caused by the virus was identified as CoVID 19 (1). The altmetrics database indicates the first mentions to the peer reviewed articles about coronavirus has been tracked in social media like Twitter and Facebook since January 16,2020. The majority of mentions aggregated from the public profiles. The scientists, practitioners (like doctors) and science communicators (like journalists) were the other group of people who mentioned the scientific articles. This could be a dangerous sign for risk communication, at the same time. The public are the main group who follow the news and information on the social media but not all of the public know how to distinguish misinformation from the truth.

In January 30, the coronavirus was identified as a global health threat requiring collaboration of all countries (2).

In February, the virus spread out of the China and immediately became the headline of news media. In March 8,2020 the China health department claimed that the outbreak has been controlled and Wuhan closed makeshift hospitals(4,5) but the disease surges in Iran. The first cases of coronavirus were formally reported in 19 February 2020 in Qum city of Iran (3). At the moment, the highest rank of mortality caused by the pandemic relates to Italy, Iran, and South Korea (6).

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1. Department of Medical Library and Information Sciences, School of Management and Medical Informatics, Tabriz University of Medical Sciences, Tabriz, Iran (Email: vgavvani@gmail.com)

People surf the web and social media impatiently for information on cause, transmission, control and prevention of coronavirus disease (CoViD 19). They often use and re-publish the information they find online before recognizing their trustworthiness and the evidence behind them.

The open access and democratic nature of health communication in social media and the Internet provide opportunity for distribution of myths and truths about coronavirus. Distribution of misinformation among public, damages public health and creates distrust to authorized sources of information. Therefore, misinformation epidemic is more dangerous than the crises.

Goffman in 1964 (13) and then Eysenbach recognized and introduced the prevalence of misinformation epidemic through online health information seeking in 2002 (7). He found that most of health information that disseminate during epidemic in social media and internet disagree the evidence (8,9). He called the methods of identifying, studying and management of misinformation as infodemiology. Infodemiology progresses in crises, specially the public health crises, in which abundant of misinformation becomes accessible for public and creates complexity instead of solving the problem.

WHO director in the Munich Security Conference held in 15 February doubted about distribution of misinformation about the epidemic of coronavirus and called it the infodemic by declaring that we are not fighting an epidemic, we are fighting infodemic and this requires global collaboration (10,11).

In crises, public informing of the methods of evaluation of information resources is not a right strategy for tackling with dissemination of misinformation. Novel strategies are needed to tackle with new infodemic crises and to assure that right information disseminated from the

trusted sources to people at the right time. We also need to guarantee that people take the right action by receiving the right information in coronavirus epidemic. Hence, the WHO's Risk Communication Team launched a new information platform called WHO Information Network for Epidemics (EPI-WIN) (2). One of the methods that this team follows is identifying misinformation in social media, searching and finding related scientific evidence with them from sources such as scientific papers and publishing them on EPIWIN website to provide accurate information for information hunger of the people.

Today, infodemic crises have become one of the priorities of health decision making authorities in the world. We also warn our society about misinformation distributed among public in the form of news, recommendation and guidelines about coronavirus. Misinformation caused more than 27 deaths by direct consumption of alcohol and detergents to avoid the risk of coronavirus in Iran (12). Recommending use of some foods, drugs and plants without scientific evidence increases rapidly among people. Some of these products like *Descurainia sophia*, garlic, cinnamon, nigella seeds, wild rue seeds have no evidence and some like Vitamin D have been proved to be effective by the evidence but are misinformed and distorted.

These are just examples of misinformation epidemic on coronavirus 2019 pneumonic. Still there are further issues to discuss and to study about the psychological adverse effects. The spread of misinformation about coronavirus has political, industrial, economical and health related aspects which require specific strategies for treatment.

It is required that a team is formed in Iran for tracking, controlling and managing the contamination of information to assess information evidence.