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Fighting the COVID-19 'infodemic'

It's time for health authorities and scientists to communicate better, and help the public accept uncertainty.

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Leggi in italiano

A recent image of a crowded street in the old town of Naples. Credit: Salvatore Laporta/KONTROLAB/LightRocket via Getty Images.

Almost two years after the first cases of COVID-19 were reported in Italy, the pandemic still occupies front pages on a daily basis. We are facing yet another wave, but it seems to be approaching the peak, after which we hope cases will descend. The public's attention is currently focused on the Omicron variant, but we cannot exclude new ones in the future. There are ongoing debates over restrictive measures, COVID passes and vaccinating children. New controversies have arisen on the third dose (how much immunization does it provide? For how long?) and more recently on the fourth one (will it be necessary, and for whom?).

The Italian government recently made COVID-19 vaccination compulsory for everyone above 50. Opinions on the issue are highly polarized, between those who view it as an excessive – and ineffective - limitation of personal freedom, and those who complain that the fines for the unvaccinated are too low. Another matter that is hotly debated, recently, is the opportunity to include asymptomatic subjects, and patients hospitalized for other

diseases, in the official count of COVID-19 cases.This continual flow of news, data, comments, interpretations, which we have tried to analyse in a recent book[1], is a sort of second virus which generates confusion and contributes to risky behaviours, such as refusal to vaccinate, 'do-it-yourself' treatments, even denial of the virus and the pandemic itself. This "infodemic" does not only spread through fake news on social media, but also through mainstream media, when news outlets do not differentiate their sources on the basis of reliability. The scientific community itself contributes to it, when it falls in the trap of polarization.

What we most need in this phase is careful, considered information, delivered by competent and credible institutional voices, without trivialisation, technicalities, egocentrism and ideology. Perhaps more than anything else, we need communication that is based on caution, doubt, and self-criticism. Scientists and institutions need to avoid presenting all statements as if they were certainties, and need to always highlight their inherent degree of uncertainty.

It must be made clear to the public that on a scientific level, in an ever-changing situation such as this pandemic, few decisions or statements are right or wrong in absolute terms. For example, classifying infected people in different categories – asymptomatic, paucisymptomatic, severe, vaccinated or not, hospitalized with or without previous pathologies, etc. – is useful for risk analysis, although it does not make much difference in terms of clinical management, as all hospitalized infected persons should still be isolated from other patients. A vaccine that does not prevent infection but significantly reduces the symptoms may appear less useful to some, but does reduce the impact of the virus on public health. Distinguishing between patients hospitalized *for* COVID or *with* COVID can have a different meaning, depending on whether one is monitoring the saturation of hospital wards, or establishing the risk level of different regions.

The war-like language often used to describe the pandemic, although understandable, can generate excessive alarm. The daily report by health authorities on cases, hospitalization and deaths, although mandated by international agreements and WHO guidelines, could be rethought and accompanied by a different way of communicating the data, favouring analyses of trends rather than "cold" numbers. Without limiting transparency and media freedom, this would provide more meaningful and more useful information to mass media and citizens, to correctly represent the pandemic situation. Even according to the WHO, after all, the infodemic contributes dangerously to the pandemic. We propose this from our complementary points of views, that of a science communicator and that of a research director.

The appearance of the Sars-Cov-2 virus has amplified local and global fragilities, catalyzed social, cultural and economic changes, and

questioned the role of science in society. For this reason, we agree with the proposal by Richard Horton, The Lancet's editor-in-chief, to describe COVID-19 as a "syndemic" i.e. the combination of multiple medical and social phenomena. In order to deal with it, we need to be aware that the models we use to understand reality always have a margin of inaccuracy; we need to stop dramatizing the alternation of new viral waves and 'slowdown'; we need to get out of the 'bubbles' in which we end up receiving and sending only news that already corresponds to the ideas we already have; we need to engage the public more in the management of the pandemic.

It is time to communicate less and better, and to rethink the relationship between researchers and communicators, in order to deal more consciously with this emergency, and those in the future.

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