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Mass media, social media, fake news, uncertain information, preliminary data: concerns during the present COVID-19 pandemic

Medios de comunicación, redes sociales, noticias falsas, información incierta, datos preliminares: preocupaciones durante la actual pandemia de COVID-19

The new emerging COVID-19 infection is a global problem, presently affecting more than 85 million people worldwide (January 2020). Urgent quarantine was necessary due to the continuous transmission of the disease. An important key point for managing the problematic situation is acquiring new information through research (1). Moreover, the control of the public's access to new data regarding COVID-19 is needed.

At present, communication via mass media and social media is effective. Its impact is interesting; on the one hand, it is useful that people can easily access information via new communication technology. On the other hand, a new problem occurs; fake news, uncertain information, and preliminary data are currently important considerations in health communication science. In this editorial, the authors discuss mass media, social media, fake news, uncertain information, and preliminary data as new public health considerations.

After its first appearance in December 2019, COVID-19 has continuously spread without successful control. Researchers have also continuously studied new diseases and there are many new publications. Currently, many thousands of publications regarding COVID-19 have already been published. The publications in standard scientific journals are accepted as useful data sources. Nevertheless, there are also many below standard publications in nonscientific magazines as well as internet blogs.

Useful scientific data is usually from leading scientists around the world. The countries that have been affected by COVID-19 many months earlier usually have more publications (2). Due to the rapid rate of publication, the problem might occur that some publications are proven unethical and retracted (3–4). The issue regarding the quality control of the influx of information regarding COVID-19 during the present pandemic is very interesting.

As previously mentioned, much of the data is published on social media and shared via internet communication. When new data emerges, many people might share that data and it can have a wide scale impact. Panic might ensue, and thus it is necessary to control data wisely.

Viral media on the internet is a problem focused by communication science during COVID-19. Many countries have laws for controlling data. Legal control is a good method for controlling unwanted viral media on the one hand. On the other hand, it might be misused by some dictatorship to control the situation aiming to show a fake representation of the world and that the situation is well controlled in that setting. During a worldwide pandemic, a setting that has an extraordinarily low rate of infection, fake information, and blockage of real data is suspicious (5).

Mass media and social media play a role in health communication during the COVID-19 outbreak. This is also concordant with the concept of social distancing. As previously mentioned, fake news is an important problem to be discussed. Fake news is regularly shared during the crisis and can cause many problems such as panic, a common consequence. Additionally, individuals with ill intent might use fake news to take advantage of local people. For example, a sale of nonscientific objects or drugs might be promoted via fake news.

In a more serious situation, when new scientific data is published, some mass media might poorly interpret and generalize it, which can result in worldwide panic. For example, when a group of scientists report on a possible new form of disease transmission, a mass media reporter might further extrapolate that the new form of transmission already occurs (6). Control of mass media during COVID-19 is necessary.

Another important consideration is up-to-date information. Both preliminary reports and late data are

problematic. For example, during the early phase of the pandemic, a local researcher in a country might propose that the research team successfully cured the disease despite lack of scientific evidence (7). This reflects the attempt of boasting. It can further affect disease control since individuals subject to the preliminary data might neglect self-protection. Another example is the broadcasting of the estimated number of expected incidents by some inexperienced experts. An expected number too high might be given and it can result in panic among the public. Due to the excessive influx of data, the control of the infodemic is necessary (8).

On the other hand, late data is also problematic. Since the disease rapidly progressed, the data on social media is sometimes not up-to-date and can also result in poor disease control. The adequate representation and broadcasting of up-to-date information is important.

Mass media and social media play an important role in public health communication during the COVID-19 pandemic. Fake news, uncertain information, and publication of preliminary data is common. Viral media on the internet can cause panic and needs to be controlled. Nevertheless, individuals with ill intent might provide disguised data to illegally take advantage of the general public. It is necessary to have an adequate health data communication system during the present crisis.

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References

1. Lake MA. What we know so far: COVID-19 current clinical knowledge and research. Clin Med (Lond). 2020 Mar; 20(2): 124–127.
2. Ioannidis JPA, Hillel MS, Boyack KW, Baas J. The rapid, massive infection of the scientific literature and authors by COVID-19. bioRxiv doi: <https://doi.org/10.1101/2020.12.15.422900>
3. Dinis-Oliveira RJ. COVID-19 research: pandemic versus “paperdemic”, integrity, values and risks of the “speed science”. Forensic Sci Res. 2020; 5(2): 174–187.
4. Boschiero MN, Carvalho TA, Marson FAL. Retraction in the era of COVID-19 and its influence on evidence-based medicine: is science in jeopardy? Pulmonology. 2020 Nov 25:S2531-0437(20)30243-9.
5. Wiwanitkit V. Editorial: “No case” as case study, a focus on COVID-19. Case Study Case Rep. 2020; 10(2): 22 - 23.
6. Sriwijitalai W, Wiwanitkit V. COVID-19 in forensic medicine unit personnel: Observation from Thailand. J Forensic Leg Med. 2020 May;72:101964.
7. Sriwijitalai W, Wiwanitkit V. Exaggerated information and COVID-19 outbreak. Eur J Clin Invest. 2020 May;50(5):e13226.
8. Tentolouris A, Ntanas-Stathopoulos I, Vlachakis PK, Tsilimigras DI, Gavriatopoulou M, Dimopoulos MA. COVID-19: time to flatten the infodemic curve. Clin Exp Med. 2021 Jan 8:1-5.

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