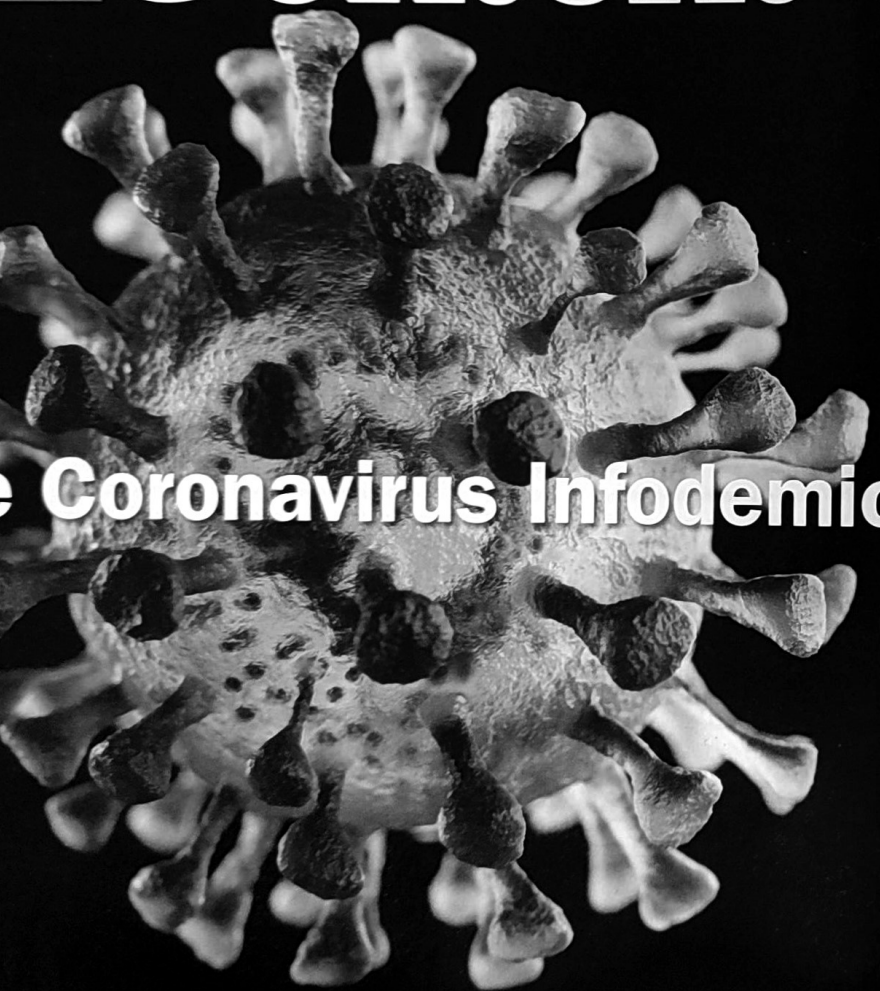
EContent™

e Coronavirus Infodemic



AMY AFFELT

Hey, did you hear the one about the guy who got the coronavirus after drinking a bottle of Corona beer? It sounds like the start of a sick joke, but to 38% of the 737 U.S. beer drinkers questioned in a 5W Public Relations survey, it's a commonly held belief. Those respondents said that they "wouldn't buy Corona 'under any circumstances' because of the outbreak, and another 14% said they wouldn't order a Corona in public." This misconception was so widespread that it led Constellation Brands (the producer of Corona beer) to issue a statement reading that "there is no link between the virus and our business."

As librarians and information professionals, we are concerned about both misinformation (fake news shared without malice) and disinformation (fake news given with an intention to deceive); we are fundamentally dedicated to providing sound research that aligns with science and fact. However, in the case of the novel coronavirus that causes COVID-19, fake news can lead to ancillary ramifications that we had not previously anticipated. Fake news can be damaging to public health—as in the case of products such as ibuprofen (as of this writing, the jury is still out on whether or not it worsens active coronavirus in patients)—but it can also have a serious impact on the economy (as in the case of Corona beer) and our way of life.

The World Health Organization (WHO) defines an infodemic as "an over-abundance of information—some accurate and some not—that makes it hard for people to find trustworthy sources and reliable guidance when they need it." WHO sees COVID-19 as uniquely problematic; it states that it is "working 24 hours a day to identify the most prevalent rumours that can potentially harm the public's health, such as false prevention measures or cures." To that end, *The Wall Street Journal* reports that in partnership with Google, Facebook, and Twitter, WHO is ensuring that its information appears at the top of search results.

Tech giants have responded with information regarding their own plans to fight COVID-19 misinformation and disinformation on their platforms. Facebook is tweaking search results to direct users toward authoritative medical sources, along with removing content that has been flagged as false by major health organizations. Twitter stated that when users do a search for the keyword "coronavirus," it directs them toward authoritative sources. It also claims that it is eliminating auto-search suggestions that result in "non-credible" content in the results. Tweets with discredited information are being removed, such as one by former New York City mayor Rudy Giuliani saying that "hydroxychloroquine was '100% effective' in treating COVID-19." Google, owner of YouTube, stated that it is promoting content created by trusted health organizations and removing misleading videos about the virus.

BEST PRACTICES

Librarians and information professionals are especially dedicated to curating and providing factual medical information, considering that medical disinformation is among the most nefarious types of fake news. It not only preys on some of people's biggest fears (disease and death), but it also exploits their hopes for good health. Given the worldwide infodemic of COVID-19 disinformation, what are some best practices that we can follow to protect human health, prevent panic, and provide access to the truth?

For starters, hit the pause button. Stop and consider the information that you are consuming. Unfortunately, in the current fake news era, it is a good practice to consider everything as potentially being fake news unless you can prove otherwise. So, how do you prove otherwise? One way is to toss aside the first article that you read with the information and try to find others that report the same facts. If your article is the only source of the information, it might not be true, or it may be exaggerated or distorted. Can you find multiple outlets reporting the same information? Which of these is the best—or most credible—source of the information? Do multiple articles contradict each other? If so, check their underlying source material. In the case of scientific or medical research, find the underlying study. Is the source of the original research one of the leading journals in the field? Is it a peer-reviewed journal?

In addition to reading the original source material, analyze any accompanying graphics. Are the charts and graphs an accurate representation of the scientific research presented in the article? For example, a widely shared but later debunked study purporting to show that smartphone users were growing horns on their heads from looking down at their devices featured text stating that males were more likely than females to have these growths, while an accompanying chart showed that more females than males had them. Business Insider provides other reasons the study was faulty; for example, "one of the study authors owns an online store that sells posture-correcting pillows."

COMMON SENSE

The following are some other common-sense questions to ask yourself when evaluating medical information:

- Is the information plausible? For $300, one could purchase Silver Solution dietary supplement products, sold by televangelist Jim Bakker, who claimed that they cure COVID-19 "within 12 hours." Not all hoaxes are as obvious as that one, but as Peter Lurie, president of the Center for Science in the Public Interest (CSPI) states, "When a new public health threat arises, set your watch.

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Whether it's anthrax, SARS, or swine flu, hucksters will emerge like clockwork to promote worthless pills and potions."

- Is the article headline a variation on the theme of "The Secret That Even Doctors Won't Tell You"? Doctors have little incentive to keep knowledge of effective treatments from patients; indeed, doing so would be in complete opposition to their mission of saving lives and curing disease.
- If the breakthrough is a drug claim, has it been used in human trials? There are many promising drugs in the R&D pipeline, but unless they are being tested on humans, they may have a long way to go in winding their way through the regulatory process prior to being sold and marketed to patients.
- Does the article have a comments section? Perhaps other readers have commented "This is a hoax," along with links of proof.
- What happens if you do your own search on the topic, along with other keywords such as "myth," "hoax," "scam," "false," "clickbait," and "junk science"? It is possible that you might find articles debunking the information.

FACT-CHECKING

Fortunately, there are other researchers helping to do the groundwork to expose fake health news. HealthNewsReview.org contains valuable information to help you "improve your critical thinking about health care." Its evaluators analyze news articles and press releases on health and medical topics, subjecting claims to a set of 10 standardized criteria to determine their validity. The result is a score for each based on a five-star rating system. It also offers tips for understanding scientific research, a list of suggested health news sources, and information to help users understand common conflicts of interest surrounding scientific research (funding, the relationship between industry and researcher, etc.).

And don't forget fact-checking sites. *The Washington Post*'s Pinocchio test fact-checker is my personal favorite. It evaluates reader-submitted statements and then assigns them a score. The scores include the following:

- One Pinocchio: statements that play a little fast and loose with the truth
- Two Pinocchios: statements that are misleading or have significant omissions or exaggerations
- Three Pinocchios: mostly false statements with significant errors
- Four Pinocchios: "whoppers"
- The Bottomless Pinocchio: claims that rated three or four Pinocchios and have been repeated at least 20 times

On the flip side, statements containing "the truth, the whole truth, and nothing but the truth" earn the sought-after Geppetto Checkmark.

LINKS TO THE SOURCE

CNN report of 5W Public Relations survey
cnn.com/2020/02/28/business/corona-beer-marketing/index.html

WHO's definition of infodemic
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***The Washington Post*'s Pinocchio test**
washingtonpost.com/politics/2019/01/07/about-fact-checker

AMY AFFELT is director of database research worldwide at Compass Lexecon, a global economic consultancy, where she finds, analyzes, and transforms information and data into knowledge deliverables for Ph.D. economists who testify as experts in litigation. She is a frequent writer and conference speaker on Big Data, the Internet of Things, adding value to information, evaluating information integrity and quality, and marketing information services. The author of two books, *The Accidental Data Scientist: Big Data Applications and Opportunities for Librarians and Information Professionals* (Information Today, 2015) and *All That's Not Fit to Print: Fake News and the Call to Action for Librarians and Information Professionals* (Emerald, 2019), Affelt was the Big Data columnist for *EContent* magazine. She is also an SLA fellow. Affelt has a B.A. in history, Phi Beta Kappa, from the University of Illinois–Chicago, and an M.L.I.S. from Dominican University. Send your comments about this article to ecletters@infotoday.com or tweet us (@ITINewsBreaks).