

A COVID-19 'infodemic': How to make sense of what you're reading

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Credit: CC0 Public Domain

You read about [COVID-19](#). Then, you read some more. Then, you read things that contradict other things. This has become a daily routine for many Americans. COVID-19 is worrisome enough, so when you add in the tsunami of information surrounding it—and whiplash accompanying it—it can wear you down. If you're overwhelmed, you're not alone.

The World Health Organization (WHO) reported in February that it was not only fighting SARS CoV-2, the virus that causes COVID-19, but also an "infodemic," which it defined as "an overabundance of information—some accurate and some not—that makes it hard for people to find trustworthy sources and reliable guidance when they need it."

"Information overload is incredibly anxiety-provoking—which is true even when the information is accurate," says Jaimie Meyer, MD, MS, a Yale Medicine infectious diseases specialist. "But here, if people get the wrong information from unreliable sources, we may have more trouble slowing the spread of the virus. And we can't afford to get this wrong."

Below is advice on how to make sense of the [information overload](#).

The COVID-19 numbers can be confusing

[How many people have COVID-19 right now?](#) How many people have died from the disease? If you look on the internet and at [major news outlets](#), numbers may vary widely—sometimes by thousands of cases.

"If you see number fluctuations, it's partly because every place has different testing and reporting strategies," says Dr. Meyer. Some counts include only confirmed numbers; others might include "presumptive cases," which are patients who have tested positive by a local public health laboratory, but whose results are still pending confirmation at a Centers for Disease Control and Prevention (CDC) lab. Some states have begun discussing testing for antibodies against the virus among people who have presumably recovered from their acute illness. "That will give us a much broader sense of how many people have been affected, even if their illness was relatively mild," says Dr. Meyer.

A solid source for numbers is the WHO, which provides daily [Situation](#)

[Reports](#) that include global numbers of confirmed COVID-19 infections and deaths, as well as information on the totals for parts of the globe that are hardest hit. "If you look at the global and national pictures, we are all in slightly different phases of the epidemic," Dr. Meyer says. (The WHO's numbers may be lower than what other sources are providing at a given time because the organization only updates its numbers once a day, and their counts only include confirmed cases.)

For numbers in the U.S., the CDC provides a cumulative overview of cases with breakdowns by state, providing a picture of which areas of the country are hardest hit by the virus. These numbers, which include both presumptive and positive cases, close out at 4 p.m. the day before reporting and are updated daily on weekdays. "There are also cases of 'microepidemics' with certain parts of the U.S. being hit harder than others at any given time," says Dr. Meyer. "The timeframe for our waves, including the peaks and downslopes, are different."

For more [accurate information](#) about your state or county, go to your state department of health—where doctors treating patients (and labs conducting test on patients) with COVID-19 send their reports, Dr. Meyer says. State updates for Connecticut (click on "test data"), New York, and New Jersey, three states that have become an epicenter of the disease in the U.S., are available on their state web pages.

"I think you have to anticipate in the weeks ahead that the numbers are going to look terrible," says Dr. Meyer. "We may see a doubling every day, and that may be because we are testing more and also because more people are falling ill." She also cautions that, months from now, experts will look at the numbers they are seeing today very differently. One factor is that the numbers may not be accurate, as some people with the disease have no symptoms and aren't included in the count, she says. "So, we're not really going to know what these day-to-day numbers really mean until weeks or months from now."

But numbers can still tell a story over a broader period as patterns are teased out over weeks or months, Dr. Meyer says. "Different places have implemented slightly different strategies as far as containing the virus." In March, reports of new cases started to level off in China. "You could map out the tapering of their curve. That's helpful—now we can ask what did they get right to get the curve to start to go downward, and what went wrong that led to it taking so long," she says.

Look at the COVID-19 data—carefully

Different media outlets and institutions have produced charts, dashboards, maps, and infographics to update and explain the virus, including some colorful, real-time versions. "Data is dull, and graphs are pretty and may be more digestible," Dr. Meyer says.

But, graphs can be accurate or inaccurate—just as with any information, it's important to question the source, Dr. Meyer says. "Those of us who are academics, that's what we love to do. We ask, "What does it mean?" and "Where does it come from?" "Is it a true sense of hope or should I not believe it?" For double-checking, "I go to the CDC; I go back there all the time," she says.

Dashboards are available now from a variety of sources, including some from reputable universities and media outlets. Johns Hopkins University has received widespread recognition by providing live updates on a [coronavirus real-time tracking map](#). While the site has been successful and the university assures users that the map site is safe, it has also warned them to be careful to avoid malware designed to look like its tracking map. The malware was designed to steal information from users who visited the fake version of the site.

Don't jump on the latest COVID-19 study

Basic science studies and clinical trials (studies with human volunteers) have a powerful way of generating headlines, but those headlines don't always tell the whole story. The CDC offers the following guidance on interpreting studies:

- Look at who published the research. Health care providers mostly trust research that is published in credible, high impact, peer-reviewed [scientific journals](#) such as JAMA, the Journal of the National Cancer Institute, The New England Journal of Medicine, and Science, among others. "That being said, data on new treatments is emerging so quickly, people have started posting "pre-prints" of manuscripts before they can be peer reviewed," says Dr. Meyer. "These are really useful to know about the most current data but have to be interpreted carefully."
- Consider how a study's results fit with what is already known. It may take months or years—and many other studies—before experts understand the full picture of COVID-19. While a single study can be an important step forward, studies are more informative when they build on previous research.
- Ask how funding influenced the study. A study's funding can affect its credibility, so it's important to be mindful of the study sponsor, especially if they have a vested interest in the study results. "Still," says Dr. Meyer, "there are plenty of great studies that were sponsored by pharmaceutical companies. You just have to read the article understanding who sponsored it," she says. Journal articles usually include a mention of the funding source for a given study.

It may take years before doctors have enough evidence from research to see a full picture of COVID-19, says Dr. Meyer. "A lot of what we have so far is anecdotal data. We know some things about what the experience has been in China, Italy, and Seattle. We have descriptions of some small groups of patients, and large groups of patients, and even tens of

thousands of people in China. That can be incredibly useful for clinicians and public health specialists, but those things are not the gold standard, which would be randomized clinical trials." That means studies in which the participants are divided by chance into separate groups that compare different treatments or other interventions.

One scientific laboratory study (not a clinical trial with humans) attracted widespread attention in mid-March. Scientists from the National Institutes of Health (NIH), CDC, UCLA, and Princeton University found that SARS-CoV-2, the virus that causes COVID-19, was detectable in aerosols (particles or droplets in the air) for up to three hours, on copper up to four hours, cardboard up to 24 hours, and plastic and stainless steel up to two to three days. Scientists who were involved said the evidence suggests people who are infected might be spreading the virus without recognizing, or prior to recognizing, symptoms, according to the NIH. "That was something we all were talking about," says Dr. Meyer. But, she added that there is more work to be done to determine the clinical relevance of the study. "We still don't know what that means for transmissibility," she says. "In other words, just because you find the virus on surfaces or bodily secretions does not mean that it is a live virus that can infect someone."

There are clinical trials in progress to find potential treatments and a vaccine for COVID-19. Hundreds of examples of some of this work can be found by going to clinicaltrials.gov and searching for COVID-19.

Be wary of COVID-19 information on social media

Separating fact from fiction is especially difficult when the source is social media. "Everything looks the same on Twitter," says Dr. Meyer. "When you have a tweet from Anthony Fauci, MD, director of the National Association of Allergy and Infectious Diseases, next to a tweet that says the opposite thing from a celebrity or some random

person—and they all appear similar, you have to weigh the credibility of your sources."

Dr. Meyer suggests anyone who spends time on social media follow the CDC, the WHO, and their state public health department. "All of these places have Facebook pages, and those are good sources," she says. Both the CDC and the WHO also provide public health information and advice on COVID-19 on Twitter, Instagram, LinkedIn, and Pinterest. Major media outlets such as the *New York Times*, the *Wall Street Journal*, and the *Washington Post* provide fact-based information, as well as do major academic institutions.

The WHO's communication team has been working with social media channels to ensure that anytime someone searches the internet for "[coronavirus](#)," "COVID-19," or a related term, a box comes up directing them to a reliable source such as the WHO or the CDC.

Below are a few sites that can help separate fact from rumors.

- [WHO: Mythbusters](#)
- [Federal Emergency Management Agency \(FEMA\) Coronavirus Rumor Control](#)
- [CDC Stop the Spread of Rumors](#)
- [U.S. Department of Defense Coronavirus: Rumor Control](#)

If you aren't sure about the difference between some of the terms you see—such as words like "isolation" and "quarantine"—look them up. Yale Medicine has a COVID-19 glossary that provides definitions and background on the many terms used to talk about COVID-19.

Don't let COVID-19 overload affect your mental health

Are you spending too much time looking for news about COVID-19? (Doomsurfing is a term that is coming up—it's essentially relentlessly searching the internet for coronavirus-related content during the COVID-19 pandemic.) If you are doomsurfing, it may be time to take a step back and ask yourself what you really need to know.

"I may not have scientific expertise in infodemics, but I have a practical and personal answer," says Dr. Meyer. "If the news is starting to make you feel overwhelmed and anxious, you've got to step away." This is especially important for people who have mental health conditions, who may feel even more stressed by events, she says. "Put down the phone, television, or iPad, and go do something else and breathe for a while. It's OK to be overwhelmed, step away, and then come back."

The WHO provides the following advice:

- Minimize watching, reading or listening to news about COVID-19 that causes you to feel anxious or distressed
- Seek information only from trusted sources, so that you can take practical steps to protect yourself and loved ones.
- Look for updates at specific times, maybe once or twice a day. Avoid getting caught up in the sudden and near-constant stream of news reports.

A few things you need to know

Many important messages from the CDC and the WHO are "solid," Dr. Meyer says. For instance, social distancing and handwashing are key strategies toward preventing COVID-19. While doctors still may be learning more about its symptoms, the CDC reports three primary ones: cough, fever, and shortness of breath. If you experience any of these symptoms, you should call your doctor. You also need to know about any new announcements from federal, state, or local governments about

restricting travel and possibly staying home for a period of time.

In the end, it's important to know that doctors and researchers are still learning about the new virus, so information and advice—even from reputable sources like the CDC and WHO—will likely change as more data becomes available.

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