

Module 3 - How can we trust the vaccines?

[00:00:10] Hello, welcome back to our MOOC, Covering the COVID-19 Vaccines: What Journalists Need to Know. I'm Maryn McKenna, your chief instructor and this is our third module.

[00:00:24] In the first episode and materials, we talked about how we got to where we are now, the history of the pandemic and the achievement of vaccines that may stop it. In the second, we talked about the logistical and political barriers to getting vaccines distributed across the globe.

[00:00:43] In this one, we're going to talk about what would prevent someone from taking the vaccine once it arrives where they are, the enormous amount of misinformation and disinformation swirling around the vaccines. This is a concern because the science is very clear, misinformation and disinformation aren't just noise, they have an effect.

[00:01:08] When people read or watch or listen to false information about COVID, they are less likely to act to protect themselves, less likely to wear a mask, follow social distancing or accept the vaccine. Before we go any further into this, let's define our terms. In the definition of the researchers whose work we're recommending in this module, misinformation is most likely to be something passed along innocently, say your auntie pasting a rumor about the COVID vaccine into your family group chat.

[00:01:47] The content is false, but the intent is not malicious. Disinformation is malicious - it is weaponized misinformation created in order to have a destructive effect. Now, a piece of disinformation can be created by a bad actor, a government, a political group, someone with dishonest intentions put out into the world and then picked up and passed along as misinformation by someone with good intentions.

[00:02:20] So there's a spectrum. They're related. It's not either or. Misinformation and disinformation have been a problem since the earliest moments of the pandemic. Last May, two months into the pandemic and five months since the coronavirus began spreading around the world, the agency UNESCO released a briefing package called Journalism Press Freedom and COVID-19 that examined how bad information was complicating pandemic response.

[00:02:57] Even that early in the pandemic, they found that disinformation was an onslaught. 40% of social media posts about COVID came from unreliable sources. 42% of tweets related to COVID-19 were produced by bots. And just in March that year, just as the pandemic was declared, 40 million posts containing false information on COVID were detected and flagged by Facebook.

[00:03:31] Separately, the Bruno Kessler Foundation, a research group in Italy, found that in March last year, again, just as the pandemic was getting going, there were 46,000 false tweets about it every day. Meaning that millions of people were exposed to that false content.

[00:03:52] I'm sure you've seen in the year since then, some of the untrue claims that circulated about the disease COVID and the virus causing it -- wearing a mask causes carbon dioxide levels to rise in your body. Holding your breath for 10 seconds proves you don't have COVID. Drinking sips of hot water flushes the virus from your throat, herbal

remedies cure COVID, hydroxychloroquine cures COVID, ivermectin cures COVID and so on.

[00:04:25] This pandemic, we have been uniquely vulnerable to misinformation. In part, that's because the coronavirus itself is new and newness evokes alarm. But it's also because this is really the first social media pandemic.

[00:04:43] SARS, the first international outbreak of coronavirus occurred in 2003 before social media existed. The H1N1 avian flu in 2009 came three years after the founding of Twitter and Facebook, or before they were open for public use and two years after the first smartphone. But engagement was exponentially less than it is today.

[00:05:10] The Ebola epidemic of 2014 was absolutely affected by social media, but because that was confined to West Africa, there were problems with rumors and gossip. But misinformation was mostly regional. Contrast that to today, where misinformation has been so intense that the World Health Organization dubbed it an infodemic.

[00:05:36] And where the false stories that have always been told by people opposed to vaccination have combined with the rumors and wild claims that circulated about the coronavirus to create an even more intense infodemic about the vaccines.

[00:05:54] Here are just a few of the rumors that have been circulating. Vaccine development was rushed, COVID vaccines make men sterile and give women miscarriages, the vaccines are based on messenger RNA, they rewrite the DNA in your body, the vaccine injection inserts a microchip into you and so on. And none of those are true.

[00:06:17] Now, these claims seem outlandish, but they are potent enough for people to want to share them and pass them along, which means they are potent enough for people to believe them. And that means they may be potent enough to frighten people away from taking the COVID vaccine and therefore extending the pandemic.

[00:06:42] There's also a nationalist component to rumors such as these. In recent months, as different vaccine candidates have become available, intelligence analysts have begun to notice the occurrence of state sponsored disinformation.

[00:06:58] That is, countries where vaccines are manufactured, often by companies that have a governmental connection, are creating disinformation campaigns about other countries vaccines to make their own look better and to diminish competition in the global marketplace. It's another version of the vaccine diplomacy that I talked about last week of countries using their own vaccines as a tool of soft power.

[00:07:26] The more they can besmirch the reputation of a rival vaccine, the bigger their own influence can grow internationally. So as journalists, we have two tasks in front of us. The first is to identify misinfo and disinfo when we see it, so that we can keep it from passing it along. The second is to try to debunk it so that people can reject the fake news and receive accurate information.

[00:07:56] The first task is the easier one. There's now a whole array of sites that will help you identify when claims about the COVID vaccines are not true. And in the materials for this module, we have given you links for many of them.

[00:08:13] One of the best is the Coronavirus Facts Alliance, sponsored by the Poynter Institute, which is made up of more than 100 fact checkers from around the world and which lists the fake stories and the material to debunk them. There are also collections of myths and debunks maintained by the WHO, the European Union, the British Broadcasting Companies Africa Service and the long standing debunking site Snopes.com.

[00:08:47] There's also the COVID-19 Infodemics Observatory maintained by the Brudno Kessler Foundation, which looks at Twitter traffic about vaccines to tell you how much disinformation is circulating in your country right now. And, the Vaccine Insights Hub at first draft, which monitors the top Twitter and Google trends around the COVID vaccines.

[00:09:11] And, the Public Health Communications Collaborative, which is made up of public health organizations in the U.S.. It not only lists emerging vaccine myths, it also recommends on a traffic light basis - green, yellow, red - which roomers need attention and debunking and which ones can be safely ignored.

[00:09:35] So, that's how to identify vaccine misinformation and disinformation so that we don't accidentally pass it along. The second task is harder how do we correct misinformation and disinformation and help our audiences to obtain trustworthy information instead?

[00:09:56] I think we all know that it's not enough simply to give people information, after all, people still smoke. We've known for decades now that smoking causes cancer and other health problems. And anyone who smokes is reminded of that any time they pick up a pack of cigarettes and see the big warning on the side.

[00:10:16] If better information was all it took to change behaviors, no one would smoke. Yet people still do. So what do we do as journalists to help readers and viewers receive good vaccine information? The U.S. nonprofit, the Aspen Institute, recently released a set of recommendations about framing coverage appropriately. Here are some of their recommendations.

[00:10:44] Imagine what your audience's concerns may be and run stories about those concerns before they arise. Information specialists call this "pre-bunking" instead of debunking. Don't repeat bad information on the way to debunking it. For instance, don't write headlines that say things like, "Do vaccines cause miscarriage?"

[00:11:10] Help your audience understand context. For instance, that the vaccines that seem to have been produced in less than a year were actually developed out of basic science that was done over more than 10 years. Don't overemphasize small effects, for instance, spending a lot of words on vaccine side effects when they are extremely rare.

[00:11:35] Recognize that people who are hesitant about vaccines may have good reasons, they may come from areas of the country or ethnic groups that were treated badly by governments or by medical research and have historical reasons for distrust.

[00:11:53] Don't undersell the vaccine's effectiveness. For instance, when you report the efficacy numbers from clinical trials, emphasize that all the vaccine formulas score 95% or higher for preventing severe illness and death. And finally, showcase local voices, not government ones such as clergy or community leaders whose statements about the vaccines will be trusted.

[00:12:25] I want to emphasize here, I am not asking you to do the job of your government or your Ministry of Health. Our task as journalists is not to sell any particular vaccine. Our responsibility as journalists is to make sure our audiences receive the most accurate, best contextualized information that is the most appropriate to their lives, their geography and their resources so that they can make the most informed decisions that they can.

[00:12:59] All of us who want to see the COVID pandemic end and hope that the decision our audiences make will be to seek vaccination, because at this point the COVID vaccines are the most potent tool that we have for diminishing the attack rate of the virus and ending the worldwide illness and death that the pandemic has caused.

[00:13:23] What life will look like after we get to that point, how much risk we will run if COVID becomes an endemic disease? What kind of monitoring we need to know if it is flaring up again? Whether we'll need to get booster shots for the vaccine or start giving it to children as a routine early life vaccination? When we can gather again the way we used to? We'll talk about all of these next week in our final module on life after the vaccination campaigns.

[00:13:57] Thank you for joining us. We'll see you online. Stay safe.