VIDEO TITLE: Mba´éicha ikatu jajerovia vakúnare | Pehêngue 3

[00:00:10] [00:00:14] Maryn McKenna - Matei. Tapeguahê porâite ñande MOOC "Momaran duhárakuéra oikuaava'era COVID-19 Vakúna rehugua". Che Meryn McKenna, moom'akâva ko mbô'esry, Kòa ha éma Mbohapyha pehê.

[00:00:24] [00:00:38] Maryn McKenna- Upe pehêngue peteîme ñâñe’e mba'êicha ñanguahê apeve, pandemia rembiasa, ha vakúna mba’êicha ikatu ohenonde’a mba’asîye. Upe pehê mokôime ñâñe’e umi apañuái ojegurekôva vakúna jegueraha haguá avei mba’êicha oñehenonde’a politika rupi vakúna ñemosarambi yvy ape ári.

[00:00:43] [00:01:20] Maryn McKenna – Ko pehême ñâñe’êta mba’êpa ikatu ojoko tapichâpe pono oñevakuna ojegurekôma vakúna upe tendâpe, mba’êre upeicharô no ñevakuná. Heta maranduj oî, marandu vai, ojereva vakúnar. Óiporopy’apy, pe mba’e’kuua hesakâ, maranduñ ha marandu vai ndaha’ei oparâră reîva, oguerekô hapykuerigu. Tapichaktuéra, ohecha ha ohendu maranduñ COVID re, katuetei noñangarekomô’ai ijehe, ndoiropomo’ai juru mo’âha, noñemomobryrmo’ai ha omboykêta vakúna.

[00:01:24] [00:02:18] Maryn McKenna – Ñambopyhy mboyve ñamohesakâ á apyra. Umi oipyguarâva rembiapo ñamomorâva ko pehême, he’i ikatu maranduj oiko marâ’ý, ha’ete umi kuñakarak jurumy’i ombohasáva ñe’ângue vakúna COVID reha upe chat oguerekôva hógaguandive. Ijapu, ha katu ndaha’ei añagui he’íva. Pe maranduj térâ momarandu vai upe’a afetê, añagui oje’e, ojeporó ikatuhagu oporohundi. Aguí’i ikatu avei pe momarandu vai osê, tekuá, politiko aty gui, yrô tapicha iñañáva, nda heko porâiwa, ipo karêva, he’i ha ohendúva, ombohasa pe maranduñ hembipota porâ ramo jepe ombyaima.

[00:02:20] [00:02:58] Maryn McKenna – Òi mba’ê vai. Ojoaju, nda ha’ei peteîva térâ ambueva. Momaranduñ ha momarandu vai ojegureko oñepyrûguive pandemia, oñepyrûguive mba’asî vai. Akokuehe Jasypo, ohasama mokôi jasy pandemia rirê ha po jasy oñepyruru guive ojepyso yvy ape ári Agencia UNESCO oikuaaya kara momarandu hérava "Periodismó, sásô momaranduhárakuérape ha COVID-19" ojehecha hápe mba’êichapa pe maranduñ ombohovái vai pandemia pe.

[00:02:57] [00:03:30] Maryn McKenna – Pe pandemia oñepyrûro guare, ojejuhu momaranduñ ha eha peteî atake. 40 % umi marandu osëva Redes sociales pe osë tenda jeguerovia’y gui. Umi tuits osëva COVID 19 re 42% ou bots gui. Ha’etêpe upe jasyapýpe, oje’ê jave ojegurekohà pandemia, 40 sua momaranduñ COVID rehugua ojejuhu Facebook pe.

[00:03:31] [00:03:53] Maryn McKenna – Pêicha avei aty ojetypekâva Italia pe, hérava Fundación Kessler, ojuhu ambue ary oñepyrû jave pandemia, oïha 46.000 tuits ijabûva ha oporo mbotavýva ára ha ára. He’îse hetaiterei tapichaktuéra ohecha hague momaranduñ.

[00:03:52] [00:04:32] Maryn McKenna – katuetê ary pukukue pehecha ha pe hendune momaranduñ ha marandu vai oje’eva mba’asy COVID re ha pe virus omoñepyrûva. Juru
Marilyn McKenna- Ko pandemia ohechauka mba’éicha imbarete pe momaranduý. Jahechavá’erá averi mba’asy coronavirus ipyahu, katute ete upé’a operomonghyjye, ha averi ambue pandemia oikoró guare ndaiporiva’ékue Redes Sociales.

Marilyn McKenna - SARS, coronavirus oňepyrú arapýre 2003 pe upéró ndaiporí redes sociales. Gripe Aviar H1N1 2009 pe, ohasa ríre 3 ary oňepyrú hague Twitter ha Facebook, upéró neira oiporu opavave, upéró ojapo 2 ary ramo osě pumbryy katupyr. Sa’ieterieve oñene’e’ a mba’asyre.

Marilyn McKenna – Ébola epidemic 2014 pe tuichaiterei ojeikuaa redes sociales rupí, opytáre África Occidental pe heta ñe’e rei oí, heta momaranduý pe ijerére. Ndaikatui oñembojo ko’a nga oikóvare, ko’a nga imbareteerei pe momaranduý upévére Organización Mundial de la Salud he’i oíha inflamademia. Umi tapichauére ndoguerovía vakúna, onegava, ombotovéva, ojaoj he’iva umi momaranduý oíva vakúnare, peicha ombotuichev infam同edia.


Marilyn McKenna – Opá a mba’e ñane mbo puka, ndajagueroviá, katu oí ombohasa marandu, peicha imbarete ha katuetei ojuh ugueroviá, oñemondýiva noñevakúnáiva COVID gui, ha peicha ipukuve ohovo pandemia.

Marilyn McKenna – Ape averi oí tetá reko umi ñe’e reitiye. Jasykuéra jahasava’ekuépe, heta oñekeuave’es vakúna, umi analista kuaapy ohechakuaa oíha momaranduý oséva tekuáí gui. Pe'a he’isne umi tetá ojejapohápe vakúna oíha ñomongetápe tekuáí gua ndive, ñondivé omosarambi ñe’èreity vakúna ojejapóva tetá ambuépe, upéicha avave ndojoguamo’ái upe vakúna, ha ikatúta ha’ekuéra ojerure arapýpe, hetave ohepymé’e chupezúra pe ojapóvare .Peicha oiko pe tetá ñomongeta, yró diplomasia vakúna reheguá ñañe’e’eva’ékue akokuehe, oñhame tetánuera oiporuva vakúna ha ekuéra ojapova tembiporu ramo ojopy haguá ambuépe.
Maryn McKenna – Ajerure ſeptvūva ndahasy. Koʻaga oï heta tenda ſanepytvovā jahecha haguā umi marandu ſahendūva vakūna COVID rehuapia anete. Umi tembiporu rā oiva ko pehême pejuhuta heta enlace pevicheʼahaguā.

Maryn McKenna - Iporavėva haʻe Coronavirus Fact Alliance, omyašāiba Instituто Poynter, upēpe pejhuhta 100 rasa tapichakuēra ovicēva marandu ojeʻeva vvy ape āri, oreko papapy ha mba’eicha ikatu rechehua japuha upe ojeʻeva. Heta mombeʻu gua ‘u ha mbjojereroviaveʻy avei oĩ oguerekōva OMS, Uniōn Europea, British Broadcasting Companies África Service ha upe tenda ojeguerekōva Snopes.com.

Maryn McKenna - Ojeguerekō Observatorio Infodemics COVID-19 omyašāiba Fundación Bruno Kessler, ohechāva mba’eicha omyi Twitter pe vakūna rehguaria marandu, omombeʻuva mboʻy momandaruő ojeguerekō upe tetāme upe jave. Ojeguerekō avei, Vaccine Insights Hub, First Draft mbaʻe, ahapkyuere rekāva umi ojeguerekōva Twitter ha Google pe ojereva ſnomoneta vakūna COVID re.

Maryn McKenna – Oime Colaborativa de Comunicaciones en Salud Pública, upēpe oĩ umi mba’apo ſhemohenda tetārekuāi ſeišārā Estados Unidos gua, ko tenda nda haʻei omointevo papapy umi mombeʻu guaʻupe, avei omomorā tendy ohechaukāva jeiporu: hovyʻ ŭ, sayju, pytā, umi ſeʼe reity oĕñiŋarekōvaʼerëre ha mbjojereroviaveʻy ha umi oĕnemboyke vaʻerā.

Maryn McKenna – Peicha ikatūta jaikuaa umi momandaruő ſrō momandurāi vakūna rehguaria, ponove oĕnembohasa. Ambue mbaʻe ajururēva hasyve, mba’ėicha ikatu ſamyatrō po maranduő ha mba’ėicha ſaipytvōta ſane renduĥarakuēre ogeuereko haguā marandu ojegueroiaveʻerā.

Maryn McKenna – Opavave jaikuaa ndahaʻei jaʻėntevoʻerā marandu ha oĩma, koʻaga peve heta gueteri opitāva. Ymāguive jaikuaa pety ſjapo vaiha ſande retepŷre, ikatuha omeʻe kanser, umi opitāve oĕnemomanduāʻakoi upe pitahu ykēpe ojehai .

Maryn McKenna - Momarandu hekopetente oĕneikoteve, hetaite mba’ema ſiambiquevaramoʻa. Koʻaga peve heta oĩ opitāva. Upeicharō mbaʻe jajapōta momaranduhāra haicha ſaipytvō havuā ſane renduĥarakuērepe, ſande rechavape ha omoñeʻeva, ikatu havuā oreko marandu hekōpe vakūna rehguia.

Nsbohyšyi viru omonoʻōyva EE. UU oisāmbhyyva Instituto Aspen, ramoite oikuaayka momorāmbyrā mba’ėicha ikatu ojeʻē umi momandaruő oikoţa va oiko‘yva jehecha aňetépa. Iporavāʻerā ejesareho mba’epa oipyʻapy ne renduĥarape ha emosarambi kuapay umivare. Umi ikatupyrvya momandurāpe heʻi «pre-bunking» ani embojereroviaveʻy. Ani ere jey momarandu vai , techapyra : ani rehai mbaʻeve oporombotarovavaʼerā, peicha:

“ vakūna ikatu oporomomembykua”.

Maryn McKenna – Oipytyvō ne renduĥarape oikumby haguā pe ojeʻeva. Techapyra, vakūna haʻetevai̇cha ojejapōva’ekue tagēme, petei ăry mbovoye.
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.