



Vol 13, N° 2

<https://revistas.usb.edu.co/index.php/IJPR>

ISSN 2011-2084

E-ISSN 2011-7922

 OPEN ACCESS

Guest Editor
Douglas Londoño. PhD.

***Corresponding author:**
Mauricio Cuartas-Arias
Email: jmcartasa@eafit.edu.co

Copyright: ©2020. International Journal of Psychological Research provides open access to all its contents under the terms of the license [creative commons Attribution-NonCommercial-NoDerivatives 4.0 International \(CC BY-NC-ND 4.0\)](https://creativecommons.org/licenses/by-nc-nd/4.0/)

Declaration of data availability: All relevant data are within the article, as well as the information support files.

Conflict of interests: The author has declared that there is no conflict of interest.

How to Cite:
Cuartas-Arias, M. (2020). In the Face of a Pandemic: The COVID-19 Infodemic. *International Journal of Psychological Research*, 13(2), 6–8.
<https://doi.org/10.21500/20112084.4891>

In the Face of a Pandemic: The COVID-19 Infodemic

Enfrentando la pandemia: la infodemia en la COVID-19

Mauricio Cuartas-Arias^{1*} 

¹Department of Psychology, School of Humanities, Universidad Eafit. Medellín, Colombia.

COVID-19 or coronavirus disease causes an acute respiratory infection that can be mild, moderate or severe. The World Health Organization (WHO) initially declared COVID-19 as a public health emergency of international interest on January 30, 2020, and it came to be considered a pandemic on March 11, 2020. By June, the virus had already spread in more than 200 countries and more than 6 million cases were reported, with more than 370,000 deaths to date. This vertiginous spread of the virus has violated the population in different areas, from its economy and behavior, to unfortunate psychosocial implications.

Currently, attempts are being made to battle the COVID-19 pandemic on two fronts: from medical advances and the improvement in coverage and supplies of health systems, to the sufficient and sensible handling of information to control the infodemic. We know that with the new outbreaks and behavior of the virus in populations comes a large amount of information of all kinds, related to the health situation. The coronavirus infodemic spreads rapidly and extensively with all kinds of information and manages to be widely distributed on social networks and the ordinary media.

While it is important to be well informed, information overload, obtained through unofficial or governmental repositories of information and from websites and social networks with personal interests and without verified sources, carries health risks and aggravates the proper management of global public health problem. Communication from websites or social networks, not supervised by local or regional health institutes, brings with it several drawbacks between the sender and receiver of the information, since the distortion that can modify the meaning of the message is incorporated, adding value judgments, subjective perceptions according to the temporal context of the message, subjectivities about credibility, among other additional disadvantages, such as semantic, cultural, and information overload problems.

All this infodemic colophon includes the suspicion of the sources, the synergy between the formal and the informal communication, and the weaknesses in the temporal sequence of events, which can provide a wrong timeline to the messages (Vaezi & Javanmard, 2020).

Therefore, in the face of the emergency to stop the spread of the COVID-19 outbreak, there is an urgent need to fight the wrong information, which is advancing even faster than the pandemic. The biased, false, and colored communication of incomplete truths has generated a great problem in public health, negatively impacting the perception of health-disease, and causing populations to stop promoting a change in behavior from self-care to the prevention of the social group in which they interact.

This chaotic information, which spreads on social networks and in biased communications, distributed in local newspapers and built with snippets of true and false information, affects the dynamics of social cooperation necessary to stop the pandemic (Hua & Shaw, 2020). With the infodemic, it is easy to move from risk rationalization to panic and uncertainty, so there is an urgent need to give the pandemic an understandable cause. Furthermore, it is important to recognize that, given the controversial, limitless and confusing nature of information, plausible and conspiracy theories are also formulated in digital communication, which promote xenophobia, racism, social prejudice and exclusion. It is the dark side of connectivity, as people die from misinformation circulating in the pandemic: from the consumption of animals used as prophylaxis to the excessive consumption of alcohol (Chick, 2020; Javelot et al., 2020).

Additionally, given the recurring biases to understand the scope of the pandemic, the stigmatization associated with the disease emerges and selects patients and those infected, such as health personnel. Social stigma is an event that manages to isolate, marginalize, and discriminate the population.

Consequently, the stigmatized population generally avoids medical attention for fear of being singled out, and hides their potential risk and medical history, in order to avoid being the victim of derision and aggression. Unfortunately, this type of behavior contributes to increasing the risk of community transmission and creates a disadvantage in health systems to assess and contain contagion in the population (Dubey et al., 2020).

To all this, there are ethical problems surrounding the marketing of information consumption; communicating to more people favors the positioning of certain electronic channels that selfishly gain followers as potential conspirators to overshadow the impact of the health emergency. In this regard, Brainard and Hunter (2019) modeled how the spread of an infectious disease can be predicted, based on the behavior of populations, and

were able to determine that reducing the amount of biased and misinformation about infection has important implications for reducing the disease outbreak (Vaezi & Javanmard, 2020).

Therefore, all the actions in favor of making infodemiology a resource that contributes to managing the health emergency, reducing the impact of the infodemic, are essential at the moment. In addition to this, the WHO team has developed an information platform called EPI-WIN, and its purpose is to disseminate verified information about COVID-19. To do this, the infectious risk management team of the health emergency program contacts different professionals and researchers who advise on the most appropriate management from public health to face the pandemic. Similarly, Elsevier has created a free and online resource center on the coronavirus, privileging information based on evidence. Elsevier-Connect is committed to enabling responsible infodemiological access. It has also been done by the National Library of Medicine of the United States, through the National Center for Biotechnological Information (NCBI; <https://www.ncbi.nlm.nih.gov/sars-cov-two/>). In addition, the United States Centers for Disease Control and Prevention (CDC; <https://www.coronavirus.gov>) has a large number of online resources on COVID-19 available for free. All of its information is validated by experts in the area, offering first-hand information on the latest advances in understanding and dealing with the pandemic.

Journalists and media regulators have an important role in providing comprehensive information to citizens, as well as taking serious action on those who spread misinformation. Therefore, we recognize that the fundamental purpose of digital information channels, social networks, and other means of dissemination, should be focused on prevention in a scenario of global vulnerability, providing evidence-based information, with clear and concise language that manages to sensitize people about the current public health emergency. In addition, it is clear that the role of social networks to mitigate the impact of mental health generated by COVID-19 is fundamental. Connectivity has allowed providing social support during physical distancing, offering telepsychiatry, telepsychology services, and disseminating guidelines and health protocols from reliable sources to face the health emergency (Ni et al., 2020).

Finally, managing the pandemic is everyone's responsibility. However, evolving efficiently in its control is easier if we inform ourselves with reliable sources and if the media makes the trend in the use of information turn towards prevention and cooperation. We all suffer from the pandemic.

“If you are not well informed, you will not act properly to stop the contagion.”

References

- Chick, J. (2020). *Alcohol and COVID-19*. Oxford University Press.
<https://doi.org/10.1093/alcalc/agua039>.
- Dubey, S., Biswas, P., Ghosh, R., Chatterjee, S., Dubey, M. J., Chatterjee, S., Lahiri, D., & Lavie, C. J. (2020). Psychosocial impact of COVID-19. *Diabetes & Metabolic Syndrome: Clinical Research & Reviews*, *14*(5), 779–788.
<https://doi.org/10.1016/j.dsx.2020.05.035>.
- Hua, J., & Shaw, R. (2020). Corona virus (Covid-19) “infodemic” and emerging issues through a data lens: The case of china. *International journal of environmental research and public health*, *17*(7), 2309. <https://doi.org/10.3390/ijerph17072309>.
- Javelot, H., El-Hage, W., Meyer, G., Becker, G., Michel, B., & Hingray, C. (2020). COVID-19 and (hydroxy) chloroquine-Azithromycin combination: Should we take the risk for our patients? *British Journal of Clinical Pharmacology*, *86*(6), 1176–1177. <https://doi.org/10.1111/bcp.14335>.
- Ni, M. Y., Yang, L., Leung, C. M., Li, N., Yao, X. I., Wang, Y., Leung, G., Cowling, B., & Liao, Q. (2020). Mental health, risk factors, and social media use during the COVID-19 epidemic and cordon sanitaire among the community and health professionals in Wuhan, China: Cross-sectional survey. *JMIR mental health*, *7*(5), e19009.
<https://doi.org/10.2196/19009>.
- Vaezi, A., & Javanmard, S. H. (2020). Infodemic and risk communication in the era of CoV-19. *Advanced biomedical research*, *9*, 10.
https://dx.doi.org/10.4103%2Fabr.abr_47_20.