

Institution

COVID-19 Misinformation is made Worse by Social Media

Name of Student

Professor

Class Name and Course Code

Date

Background

Undeniably, information sharing during the pandemic era potentially improves patient outcomes. Social media platforms play a central role in disseminating information much more rapidly than traditional media (Fernández and Ariztegui 77). It accounts for the dramatic development of social media channels in healthcare systems, the economic and political arena. Arguably, since the declaration of severe acute respiratory syndrome coronavirus – 2019 (SARS-Cov-2019) as a global pandemic has a global pandemic, information was shared faster around the globe than the pandemic virulence. Consequently, healthcare providers and healthcare systems showed a rapid response in addressing the critical issues relating to the pandemic according to World Health Organization Disease (COVID-19) dashboard.

Nonetheless, much has been said and written about the pandemic after social media channels became the predominant resource on SARS-Cov-2019 for both the public and scientists (Sharov 13294). Accordingly, it has dominated printed and electronic media as there is a surge in the publications of medical journals and documentation of primary data on the pandemic. Owing to the complexity of SARS-Cov-2019, it attracted tremendous scholarly attention, evidenced by an increase in citations by scientific researchers and social media mentions (Fernandez and Ariztegui 78). In order to avoid delays in the dissemination of potentially crucial information on the virus, most journals embarked on inviting COVID-19 submissions and sharing them as preprints to the public and the scientific community (Rahimi and Abadi e13656). Whereas communities have tremendously benefited from the massive influx of social media platforms, they have bright and darker sides.

According to Gottlieb and Dyer 640 observed that, as social media platforms turn out to be our greatest ally, there are fundamental concerns about spreading false information. In recent

times, social media tools have made notable impacts on public behaviors and attitudes (handwashing, social distancing, wearing masks, medical check-ups) (Rahimi and Abadi e13656). Subsequently, the increase in awareness helped clinicians develop better ways of combating the spread of the virus, such as developing new vaccines, quarantine measures, the development of personal protective equipment (PPEs), and an internationally coordinated response. However, due to social media channels' power, the spread of conspiracies and inaccuracies is rising at nearly exponential rates (Sharov 13294). There are growing and worrying trends on SARS-Cov-19 disinformation and misinformation (Baines, et al. 421). Disinformation refers to "false information deliberately created and spread with malicious intent," whereas misinformation refers to "information sharing with people who do not intend to mislead others." Both lower vaccination rates and vaccine confidence of its effectiveness, safety, and development (Baines, et al. 421). As such, the public and public health systems have been put in constant crosshairs.

After the SARS-Cov-2019 grabbed global attention, there have been increasing tendencies to the spread of falsehoods. Nevertheless, the "pandemic of misinformation" has not got unnoticed as more researchers have expressed that some of the information seems to be wholly made up. They are no longer passive consumers but rather active consumers of falsehoods and inaccuracies. These falsehoods are often propagated by party activists, operatives, and state actors for political gain (Gottlieb and Dyer 640). The proliferation of inaccuracies regarding COVID-19 discredits scientific contributions and fuels panic among the public. Instead, it spreads conspiracy theories and false news, which develops anxiety among people (Baines, et al. 421).

Previous studies reveal that vaccine hesitancy and acceptance largely depend on trust, beliefs, background health issues, and potential side effects. More recently, conspiracy theorists and naysayers have written off different COVID 19 vaccines (Kouzy, et al. 7255). The existing

beliefs on the safety and effectiveness of the vaccine influence vaccine hesitancy and acceptance (Lockyer, et al. 1162). Although enormous have been performed to design and invent effective vaccines, their efficacy depends on their acceptance. There are numerous conspiracies and myths, including the belief that doctors and healthcare workers developed COVID-19 as their business. Some believe that "flu-like illness" is undeadly despite the increasing recommendations by the health specialists not to handle the dead. There is also an increase in resistance to the vaccine from the public citing that it was a pre-planned project to cover the trackable microchip conspiracy theory, using Bill gates as a scapegoat. Many believe it is a virus that escaped from a Chinese lab in Wuhan

There are also myths that SARS-Cov-2019 is a punishment from God (Salah and Kasi 16); others believe that various global governments record false high numbers on death rates and infections to receive more donations. Some view the pandemic as a bio-warfare. In addition, there is an increase within the public that the virus is spread by 5G technology by being detrimental to human immunity (Schroeder, et al. 260). As evidenced by the "Plandemic" viral video, COVID-19 is a conspiracy that many people believe sought to popularize the companies dealing in pharmaceutical products and profit from social media sales (Kearney, et al., 1).

Determining a Lie

In the modern world, it is essential to recognize conspiracists narratives, disinformation, and misinformation propagated by social media platforms, whether on climate change, economic crisis, or COVID-19. COVID-19 vaccine hesitancy and low acceptance rates could be due to anti-vaccine misinformation, false beliefs, and lack of adequate knowledge (Sharov 13294). The current global trends on COVID-19 falsehoods aggravate global grave concerns, potentially leading to dreadful outcomes. As countries strive to move out of the pandemic, it is possible to

debunk the existing conspiracy theories and myths on COVID-19. In this pursuit, scientific research is indispensable. Research is ongoing in the quest to counter myths and conspiracy theories, with many scientists proving the existing narratives as untrue, thus ameliorating the far-reaching and damaging effects of dis- and misinformation (Kouzy, et al. 7255). Therefore, this paper aims to provide factual information based on scientific evidence relating to the novel SARS-Cov-19. Herein, the information provided will be devoid of lying and with comprehensive knowledge on the subject matter. As such, lack of knowledge will not be excused.

Lies versus Rebuttals on SARS-Cov-19

Although there are a few bad people in the world, there are plenty of wrong incentives and bad ideas. As expected, a journal that publishes content without a thorough review should go down just like a supermarket that produces low-quality products. However, as social media channels thrive, malicious information spreads despite the increasing efforts to debunk false theories and myths on COVID-19 (Sharov 13294). More recent studies showed that Twitter accounts for more than 50% of the misinformation (Kouzy, et al. 7255) regarding SARS-Cov-19, with politicians being the most potent spreaders. Moreover, false information has also been spread through YouTube and Facebook. Andy Stone and Farshad Shadloo, the spokesmen of Facebook and YouTube, respectively, promised to combat the spread of false and delete harmful content that violates their policies.

Former United States president, Donald Trump, was on record spreading misinformation in a tweet, "We now have the lowest fatality (mortality) rate in the world" (Chakraborty, et al. 106754). Despite being the most influential leader, his arguments contradict the data already documented in the literature. Arguably, popularity affects social media accuracies (Chakraborty, et al. 106754). When Trump said this (27th August 2020), India, South Korea, Saudi Arabia, and

Russia had lower mortality rates than the US. The infections and fatality rates continued to be soar; the global population is approximately 7.8 billion; however, there are over 2 million deaths. The number of infections increased to over 93 million, according to WHO. The death rate is about 0.26% of the total global population. Surprisingly, the number of death and infections rates in the United States is 8 and 10 folds, respectively, than in Africa (Anong and Okoyeh 1). Since the first SARS-Cov-19 case was recorded in the US in early 2020, the country recorded approximately 210,000 deaths within nine months, the highest death toll in the world (Anong and Okoyeh 1). As evidenced by these statistics, Trump's tweet was misinforming. Besides Trump stating that children were "almost immune," both tweets were disabled retweets on Trump's post, and Facebook flagged off his post in August 2020 on the basis that they were misinforming.

Various tweets claim the "SARS-Cov-2019 vaccine is causing magnetism" (Tanzi 41). Moreover, some pictures and videos appear that people are magnetized. Other arguments stated that when you put forks, spoons, or even keys, they stick because vaccinated people tend to be metallic in nature. Nevertheless, fact-checking reveals that SARS-Cov-19 vaccines contain no tracking devices and magnetic reactions (Tanzi 43). There are segments of misinformation stating that these vaccines use magnetic fields to concentrate RNA, mRNA into peoples' cells.

Conversely, studies reveal that vaccines contain no toxins, are not magnetic, and do not rely on "magnetofection." Beforehand the redistribution of these vaccines, they are approved in the US to ensure they are metal-free. Besides, the ingredients of manufacturing these vaccines do not include any magnetic material such as lithium, cobalt, nickel, and iron. Moreover, it does not contain carbon nanotubes, nanowires, micro-electronics, or electrodes (Goshen-Lego, et al. 1507). For instance, messenger RNA (mRNA) is used as the primary ingredient in the manufacture of Moderna and Pfizer-BioNTech, which contain genetic information that elicits the body's immune

response. Salts and sugar, acids stabilizers are also some of the primary ingredients. Moderna and AstraZeneca also do not have any metallic components. Therefore, SARS-Cov-19 are all safe and are fundamental in boosting the body's immunity.

Another lie involves the statement of comparisons of horror Nazi-style orders to SARS-Cov-19 (Houdek, et al. 2). It has been said on repeat by various individuals that "coronavirus mandates and restrictions are like those of Nazi of Germany on how the Jews were treated." Historically, Nazis put Jews on trains – children, women, and men, and consequently died not because they were unproductive workers but rather because they were Jewish. The daughter of Holocaust survivors, Goldie Morgentaler, states that comparing SARS-Cov-19 restrictions to Nazi Germany is ridiculous and disrespectful. She further states that comparing the pandemic restrictions to the Nazis somehow says the regulations are dictatorial and undemocratic. Since governments strive to combat the pandemic's spread, it still faces resistance from civilians who believe they have been deprived of their freedom (Guha 23). However, research findings indicate that government restrictions have been fundamental in combating the spread of the virus (Gao; Gans). Placing public gatherings, wearing masks, handwashing using running water, and travel restrictions are government measures viewed as dictatorial. Still, in essence, they are fundamental in reducing the number of SARS-Covid-19 fatalities.

Studies have revealed a growing trend of people tweeting that they do not require second jabs of any two-dose vaccine (Lockyer, et al. 1162). In multiple times, there have been tweets and retweets on, "No need to take the vaccine if I've already had the vaccine." It is a belief that is untrue. Research indicates that receiving both jabs of Moderna and Pfizer-BioNTech vaccine helps boost immunity. Moreover, mixing the vaccines is allowed to booster shots. Albeit with the effects of the first jab, it is required that an individual gets a second jab unless otherwise stated by the

doctor. These side-effects may be more pronounced in the second dose but do not last long but plays a crucial role in promoting the immune system.

The SARS-Cov-19 vaccine has been associated with other lies, such as causing infertility among women. The vaccinated individuals believe they no longer need to wear masks anymore, people can potentially contract COVID 19 from the vaccine, and so forth (Covid-19 Vaccine: Myths versus facts). Instead, scientific studies reveal that the corona virus vaccine attacks syncytin-1 in the placenta, otherwise inducing fertility (Baines, et. 421). Moreover, people believe that once they receive COVID-19 jab, they do not contract the virus anymore and will stop wearing masks. However, scientific evidence reveals that physical distancing, handwashing, and masking are restorative practices in mitigating the virus (Houdek, et al. 2) until all people are fully vaccinated. That is until more people are sufficiently immune. The argument that it is possible to contract COVID-19 through the vaccine is untrue. Experts have indicated that vaccines do not have a live virus in the vaccine, and thus, does not infect people with SARS-Covid-19 and doesn't affect their diagnostic tests (Covid-19 Vaccine: Myths versus facts).

Counter Argument

Whereas most countries have administered SARS-Cov-19 vaccinations to their citizens, these vaccinations continue to cause a stir. Some believe that these vaccines are ineffective to the emerging delta variant, while others think that these vaccines were rapidly developed and thus, cannot be trusted. Conversely, governments believe it is best to force people to be vaccinated by implementing "No COVID-19 certificates, no services" and "no jab, no job," policies particularly in Fiji and New Zealand (Jindal and Boxall 102). Other countries have put stringent policies on international travelers to take mandatory vaccinations and acquire COVID-19 certificates as the pandemic continues to wreak havoc. Elsewhere in the US, president Joe Biden directs federal

government employees to take compulsory vaccination and submit to weekly testing. Nevertheless, such measures have propagated court challenges, protests, and mandates from politicians in various countries.

Although mandatory vaccinations can be justified, experts argue that there should be apparent exceptions, such as people with health concerns, including allergies. Additionally, vaccinations should not be enforced using force or undue coercion as recommended by international human rights law. It is against civil liberties, and instead, incentive programmes, including lotteries, increase civilians' willingness to take vaccinations. It is also recommended that if you are a classroom teacher with unvaccinated children or a healthcare provider, you need to take the job. Additionally, those who have taken the vaccine should not be allowed to interact with those who haven't been vaccinated.

Why People Lie about Corona Vaccination

With the dramatic rise in infection rates and the emergence of new variants, vast businesses require patrons to attest or prove their vaccination status. Following the directives by the federal government that require organizations with over one hundred employees to undergo compulsory vaccination and regular testing, a significant portion of its population is not yet vaccinated. Studies have shown that people lie about SARS-Cov-19 on numerous occasions (Gary). One of the frequently cited reasons is that people want to protect how other people may perceive them. As such, they pretend to identify themselves with family, friends, and also relatives. Stigmatization is undesirable and makes individuals crafty by changing how others view them.

There are concerns where people fake vaccination cards and forge vaccination records to circumvent the federal government's requirements. Not every person wants to be vaccinated owing

to the rise in the spread of false information. Studies have been performed, particularly on incentivizing peoples' tendency to lie with monetary payoffs (Gary). The study's outcome indicated that people who have already gotten the first jab have higher-lying tendencies than those who have gotten no jab. Investigations further revealed that people who lie about coronavirus vaccination influence the moral behavior of individuals, as detailed in the book, "The COVID-19 illusion: A cacophony of Lies". Once people get vaccinated, they develop positive emotions such as pride, joy, and relief, which influences the subsequent tendencies of individuals to lie. Conversely, researchers argue that unvaccinated individuals have a greater tendency of moral dishonesty to have freedom and potentially keep their jobs if they are working.

As the scientific understanding of SARS-Cov-19 continues to develop, there is still the emergence of new conspiracy theories, the spread of unsubstantiated rumors, and the lack of credible reporting, which have tremendously challenged healthcare workers and governments making informed decisions (Kouzy, et al. 7255). The misleading tweets are shared by distinct politicians who aim to push for a particular agenda for their political gains. Anti-vaccine protests are also occasioned by unofficially linked to the government to gain their political mileage. Celebrities also have higher tendencies to spread misinformation of SARS-Cov-19 dramatically due to their newsworthiness and fanbase and potentially increase their viewership through non-credible information.

Conclusions

In conclusion, the social media channels that have immensely developed potentially cripples the preventive safety measures to mitigate the spread of the contagious virus. Mis- and disinformation about misleading information on self-diagnosis, virus susceptibility, its transmission mechanisms, developed vaccines, the safety of PPEs, development of the vaccines,

and SARS-Cov-19 mandates regarding quarantines, curfews, protocols, inoculations, and lockdowns. As global governments strive to combat the spread of the coronavirus, social media platforms should counter speeches and develop policies that regulate sharing information on social media, which would otherwise worsen the pandemic. Some of the authorities' measures include tweet deletion, suspensions or permanent locking of accounts, and labeling. As the number of falsehoods continues to explode in social media platforms, the growth of science will ultimately debunk the emerging conspiracy theories and myths of the virus. The collaborations between the administrators of various media platforms and the government stakeholders will help combat the spread of the virus while stopping the spread of malicious information to the public intended to cause panic and confusion.

Works Cited

- Anong, William A., and Jude N. Okoyeh. "Perspectives on Fewer Sars-2 Corona virus (COVID-19) Deaths in Africa." *Integrative Journal of Medical Sciences*, vol. 8, 2021.
- Baines, Annalise, et al. "#Scamdemic, #Plandemic, or #Scaredemic: What Parler Social Media Platform Tells Us about COVID-19 Vaccine." *Vaccines*, vol. 9, no. 5, 2021, p. 421.
- Chakraborty, Koyel, et al. "Sentiment Analysis of COVID-19 tweets by Deep Learning Classifiers—A study to show how popularity is affecting accuracy in social media." *Applied Soft Computing*, vol. 97, 2020, p. 106754.
- Fernández, Patxi P., and Miguel M. Aríztegui. "COVID-19 and social media." *COVID-19 Pandemic*, 2021, pp. 85-97.
- Gans, Joshua. *The Pandemic Information Gap: The Brutal Economics of Covid-19* The MIT Press, 2020. EBSCO Ebooks, ccsf.primo.exlibrisgroup.com/permalink/01CACCL_CCSEF/je14l6/alma991003866078705263. Accessed 25/10/2021.
- Gao, Xibai. *China's Novel Coronavirus Response: Guidelines for Governments, Communities, Entities and Individuals to Combat COVID-19*. 2020.
- Gary J. *The COVID-19 Illusion: A Cacophony of Lies*. Gary Jordan, 2020.
- Goshen-Lago, Tal, et al. "Serologic Status and Toxic Effects of the SARS-CoV-2 BNT162b2 Vaccine in Patients Undergoing Treatment for Cancer." *JAMA Oncology*, vol. 7, no. 10, 2021, p. 1507.
- Gottlieb, Michael, and Sean Dyer. "Information and Disinformation: Social Media in the COVID-19 Crisis." *Academic Emergency Medicine*, vol. 27, no. 7, 2020, pp. 640-641.

Guha, M. "Book Review: Covid-19".

Houdek, Petr, et al. "The Challenge of Human Psychology to Effective Management of the COVID-19 Pandemic." *Society*, 2021.

Jindal, Deepika, and Peter Boxall. "Job crafting in New Zealand during Covid-19: some key examples and their implications." *Management Perspectives on the Covid-19 Crisis*, 2021, pp. 96-108.

Kearney, Matthew D., et al. "The Twitter origins and evolution of the COVID-19 "plandemic" conspiracy theory." *Harvard Kennedy School Misinformation Review*, 2020.

Kouzy, Ramez, et al. "Coronavirus Goes Viral: Quantifying the COVID-19 Misinformation Epidemic on Twitter." *Cureus*, 2020.

Lockyer, Bridget, et al. "Understanding Covid-19 misinformation and vaccine hesitancy in context: Findings from a qualitative study involving citizens in Bradford, UK." 2020.

Rahimi, Farid, and Amin T. Abadi. "Criticality of physical/social distancing, handwashing, respiratory hygiene, and face-masking during the COVID-19 pandemic and beyond." 2020.

Salah, Saman, and Nazir A. Kasi. "The Challenges Faced by the Muslims During Corona Virus Pandemic: Creating Harmony between Precaution and Reliance on God." *rahatulquloob*, 2021, pp. 13-18.

Schroeder, Daniel, et al. "WICO Graph: A Labeled Dataset of Twitter Subgraphs based on Conspiracy Theory and 5G-Corona Misinformation Tweets." *Proceedings of the 13th International Conference on Agents and Artificial Intelligence*, 2021.

Sharov, Konstantin S. "Adaptation to SARS-CoV-2 under stress: Role of distorted information." *European Journal of Clinical Investigation*, vol. 50, no. 9, 2020.

Tanzi, Maria G. "Building COVID-19 vaccine confidence throughout the immunization neighborhood." *Pharmacy Today*, vol. 27, no. 7, 2021, pp. 38-48.

"The COVID-19 Vaccine: Myths Versus Facts." *University of Missouri Health Care*, www.muhealth.org/our-stories/covid-19-vaccine-myths-vs-facts. Accessed 25 November, 2021.

"WHO Coronavirus Disease (COVID-19) Dashboard." *Bangladesh Physiotherapy Journal*, vol. 10, no. 1, 2020.