Holistic Considerations of Misinformation and Mandates in the Pandemic Era

Patti Rager Zuzelo, EdD, RN, ACNS-BC, ANP-BC, ANEF, FAAN

The Centers for Disease Control and Prevention reports that approximately 168.4 million people living in the United States have been fully vaccinated for coronavirus disease-2019 (COVID-19). This number represents 50.7% of the total population and 59.3% of the total population older than 12 years. Public health officials note that approximately 80% to 85% of Americans would need to receive full immunization for the country to achieve herd immunity. Published literature informed by polling methodology suggests that while confidence in the COVID vaccine is increasing, approximately one-third of Americans have adopted a wait-and-see approach to immunization while another 20% are significantly reticent about accepting the vaccination. This situation contributes to a stand-off that prevents achieving herd immunity. Nurses and other professionals struggle to understand the immunization reluctance demonstrated within the public and within some health care system rank and file. Holistic health care providers need evidence-based information to craft appropriate responses to deliver pandemic-related care and education that effectively combats faulty information while correctly explaining and supporting science-driven public health mandates.

WORRIES OF THE VACCINE HESITANT

Social media, television, and news reports are consistent in their identification of several key factors that have contributed to vaccine hesitancy, including concerns about vaccine effectiveness over time, potential long-term safety issues, short-term but possibly significant adverse effects, and the lack of full approval by the Food and Drug Administration (FDA). The vaccine does have FDA emergency use authorization, but this status may contribute to worries that the immunization was prematurely approved because of political pressures, particularly given the hyper-partisanship that has persistently influenced the context within which the vaccine has been discussed and encouraged during this pandemic era.

Rosenbaum shares additional worries and perceptions identified to her by people to whom she has spoken, and she describes concerns about the perceived newness of messenger RNA technologies, the preventive effects of vaccination on asymptomatic COVID-19 infection, and booster pattern unknowns. For those who are hesitant, the perceived risks of immunization are greater than the imagined experience or appreciated dangers of COVID-19 infection. This position is difficult for health care professionals to circumvent through education or persuasive efforts because the more diligently and persistently providers try to challenge misinformation and convince the public of vaccine-supporting science, the more steadfast those concerned about conspiracy and the right to vaccine refusal may become in their position.
DISTINCTIONS BETWEEN MISINFORMATION AND DISINFORMATION

The terms “misinformation” and “disinformation” are often incorrectly and interchangeably used, but the difference is important and has implications for intervention strategies. Misinformation is incorrect information spread without the intent to deceive. Disinformation differs from misinformation by its user’s perverse and deliberate intent to spread untrue information. Disinformation in general can be very influential, and during this pandemic era, it has contributed to negative health outcomes and increased the number of COVID-19-related deaths. Both misinformation and disinformation have significantly impacted public health initiatives, including acceptance of social distancing and masking mandates, and have contributed to polarized public responses to government officials and agencies.

One recent study used a mixed method approach to locate, explore, and analyze COVID-19 vaccination information published on various online platforms, including Google, Google Fact Check, Facebook, YouTube, Twitter, and others, to identify vaccine rumors and conspiracies and develop strategies to potentially thwart misinformation and increase vaccine uptake. Findings identified 637 COVID-19-associated items evaluated as: 5% true, 83% false, 10% misleading, and 2% exaggerated. Facebook and Twitter were reported as the most prevalent media sources of information and misinformation. Study findings suggest that faulty information and hoaxes are ubiquitous on social media platforms.

Disinformation has undoubtedly had a dramatic effect on COVID-19 immunization rates. In countries with political leadership that has trivialized the severity of the pandemic and its effects on people’s health, the number of COVID-19 deaths has been higher than measured in countries with science-based pandemic interventions. Social networks and web-based information sources have contributed to the rapid pace of disinformation integration into mainstream thinking. One example of a COVID-19 hoax that has been widely disseminated is a false connection between coronavirus and 5G technology, with many sources asserting that this technology is being used by governments to manipulate people’s thoughts. Other hoaxes include the assertion that messenger RNA (mRNA) vaccines, including the COVID-19 vaccine, alters human DNA; COVID-19 immunization causes infertility; and fetal tissue as well as pig tissue were used to create the vaccine. These examples and others are readily revealed with a simple web search.

MITIGATING MISINFORMATION AND MAKING SENSE OF MANDATES

Holistic health care providers need a plan to assist the public and individuals with decision-making that is based on accurate and understandable information so that vaccine adherence is improved. The goal must be to improve immunization rates because science tells us that herd immunity is essential to protect and promote public health. It may be most effective to focus on those who are vaccine hesitant rather than adamantly vaccine resistant. Health professionals must also make certain to increase their own awareness of rampant rumors and hoaxes that relate to misinformation and disinformation so that they can address specific concerns with individuals and public audiences.

Islam et al recommend that religious leaders should be engaged in efforts to combat rumors that the vaccine contains cells from fetal tissue or genes from pigs, as these concerns are deterrents to Muslim, Jewish, Christian, and Buddhist communities. Holistic providers may want to partner with local religious groups to discuss these concerns. Study findings also support that nurses and other health professionals should emphasize the integrity of clinical trial processes. Many COVID-19 vaccine rumors are associated with vaccine development and testing processes. There were also many false reports of COVID-19 vaccine-associated morbidity and mortality and some reports have included false information about mRNA alterations. Providers should initiate or become involved in creating web spaces that provide good, evidence-based information that is developed with health literacy in mind. Nurses and other health professionals need to recognize the ubiquitous nature of misinformation that permeates social media and be prepared with specific recommendations for sources of accurate news and data. It is incumbent upon health professionals to be aware of high-frequency or popular hoaxes and rumors and to proactively respond to them during patient education encounters.

Holistic practitioners are accustomed to considering the whole patient when designing a plan of care. It is
appropriate to take this approach and consider the whole of information-gathering opportunities and the multiple ways that people collect data and make decisions. Rosenbaum2 cautions that teaching people to understand the science is likely not an effective strategy for vaccine-behavior changes and points out that literature supports that highly educated people are best at finding evidence to support their convictions or in finding issues with evidence that is inconsistent with their beliefs. A productive approach may be to acknowledge that there are unknowns about the COVID-19 vaccine. Offering people reasonable assurances and providing good and honest information about masks, social distancing, handwashing, and other illness prevention strategies are valuable tactics and important to building trusting relationships. Understanding why people are vaccine hesitant and scared of real or perceived risks may be an important step in helping them overcome their worries.

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