

The six types of harmful information that make us more vulnerable during the pandemic

Fake remedies, misleading advice, false medical information: the creation, transmission, and consumption of false information have proliferated during the pandemic. Sten Hansson (University of Birmingham/University of Tartu) describes the six types of harmful exposure that make people more vulnerable.

Most people are able to [recognise](#) and [ignore false claims](#) about COVID-19. Nonetheless, as we know from reports of [disinfectant](#), [methanol](#) and [chloroquine](#) poisonings, some will act on misinformation. To get a better idea of the potential harms, we [explored 98 instances of potentially harmful information](#) that spread in six European countries – France, Italy, Norway, Finland, Lithuania, and Estonia – between March and May 2020.



'Vancouver Freedom Rally', October 2020. Photo; [GoToVan](#) via a [CC BY 2.0 licence](#)

We found six types of potentially harmful information:

1. Messages that depicted recommended or obligatory protective measures (e.g., wearing a mask, using a hand sanitiser, observing lockdown) as either harmful or unnecessary. This was often done by appealing to fear and casting doubt on official requirements or advice. In some cases, COVID testing was depicted as risky, and people were advised not to seek medical assistance.
2. Messages promoting the use of false (or harmful) remedies against the virus – essentially giving scientifically unfounded medical advice. In the countries in our study, people were exposed to false claims that coronavirus could be treated, for instance, by consuming vitamin C, tea, water, herbal infusions, sodium bicarbonate, probiotics, or a gargle made of vinegar and salt, or by breathing hot air, smoking, and going to a sauna.
3. Misrepresentations of COVID-19 transmission mechanisms that could have made some people believe that they were either immune to the virus or unlikely to catch it, due to some factor such as their blood group, or smoking, healthy eating, or drinking hot beverages. There were also false claims that coronavirus is spread by bacteria, and that it can be kept away by high temperatures, sunlight, and meditation.
4. Messages that suggested COVID-19 did not exist or was not severe, that the overall risk of catching it was low, and that the pandemic would end shortly, thereby potentially lowering the perceptions of health risk and discouraging cautious behaviour.

5. Scammers exploiting the uncertainty created by the pandemic to trick people into buying fake protection against the virus, or into revealing their confidential information. For instance, we found reports of scammers who tried to sell fake coronavirus tests, offered 'bio-resonance devices' that would 'heal COVID-19', promoted essential oils to be used as disinfectants, and visited people's homes to 'install coronavirus filters' but actually stole their valuables.

6. Certain individuals and groups were subjected to harassment or hate speech, as alleged spreaders of the virus.

This list highlights the multifaceted nature of potentially harmful communicative behaviour during major health crises. People may be exposed to messages that, on the one hand, discourage the adoption of appropriate risk behaviour that is recommended by health authorities, and on the other hand, encourage the use of false or potentially harmful remedies (Types 1 and 2). False information may also affect the ways in which people interpret health risks – how likely they are to catch a virus and how seriously it may affect them – thereby possibly encouraging them to behave in ways that could pose a hazard both to themselves and those who come in contact with them (Types 3 and 4). Moreover, people may fall victim of pandemic-related scams or harassment (Types 5 and 6).

Why is it so difficult to address information-related pandemic vulnerability?

The vulnerabilities listed above are shaped by [social and structural factors](#) that arise from various historically, politically and culturally constructed forms of social inequality. Government policies may exacerbate or fail to mitigate these vulnerabilities. During a pandemic, authorities may [fail to provide](#) accurate risk information and behavioural guidance quickly enough and in a way tailored to the needs of various groups in society, providing fertile ground for rumour-mongering and the diffusion of harmful speculation. Susceptibility to false information is higher in societies with increasing [political polarisation, low trust in news sources, and weak public service media](#). And the risk of falling victim to scams or hate speech is higher in societies with no effective policy measures in place to combat (cyber)crime and xenophobia.

People may suffer because they are exposed to harmful information, irrespective of the actual motivation of the creator or sender of the harmful message – whether it was intended to cause harm to someone, or meant as a benevolent piece of advice or a joke. To spot and mitigate possible [information-related vulnerabilities](#) during a health crisis, it is important to look beyond mis- and disinformation – because harmful information may not always be false. For instance, people may not see the doctor or go to hospital for urgent reasons because, based on factually accurate messages sent out by hospitals, they are afraid of contracting coronavirus or think there is not enough capacity to deal with other diseases.

Not all of the harmful information that makes people more vulnerable during a health crisis is health-related. Some types of harmful information seem to be specific to the particular pandemic, and their content deals with medical issues (e.g., discouraging protective actions and promoting false remedies), while others – such as scams and incitement to hatred – rely more generally on the uncertainty created by a new crisis to take advantage of people's fears. So only responding to [medical misinformation](#) would be inadequate.

We also need to look beyond social media: harmful information may be spread in person, through conversations, and via traditional news media. In several instances in our study, harmful information was originally published in local newspapers, non-mainstream news websites, or some social media profiles, but then shared more widely via social media. Several stories appeared in multiple countries and spread internationally. Further large-scale studies covering more countries are needed to explore how these messages spread.

This post represents the views of the author and not those of the COVID-19 blog, nor LSE.