Cogitare Enfermagem

FREE COMMUNICATION

FAKE NEWS IN THE CONTEXT OF THE COVID-19 PANDEMIC

Mercedes Neto[1], Tatiana de Oliveira Gomes[2], Fernando Rocha Porto[3], Ricardo de Mattos Russo Rafael[4], Mary Hellem Silva Fonseca[5], Julia Nascimento[6]

ABSTRACT

Objective: This release aims to address Fake News in the Brazilian context of COVID-19.

Development: In the period between January 29th and March 31st, 2020, a search was carried out in the Brazilian Ministry of Health's database, and 70 Fake News on COVID-19 were identified, namely: 40 pieces of information related to the statements of health authorities, 17 about therapy, nine with preventive measures, two regarding the prognosis of the disease and two regarding vaccination.

Conclusion: The literature on the topic may be scarce; however, it is observed that the speed of Fake News production is relevant, especially when assuming their social impact and spread capacity.

DESCRIPTORS: Coronavirus; Infections by Coronavirus; Pandemics; News; Social Media.

[1]Nurse. PhD in Sciences. Nursing Professor of the Rio de Janeiro State University. Rio de Janeiro, RJ, Brazil.
[2]Nurse. PhD in Sciences. Neonatal Nurse working in the Fernandes Figueira Institute. Rio de Janeiro, RJ, Brazil.
[3]Nurse. PhD in Nursing. Nursing Professor of the Rio de Janeiro State University. Rio de Janeiro, RJ, Brazil.
[4]Nurse. PhD in Sciences. Nursing Professor of the Rio de Janeiro State University. Rio de Janeiro, RJ, Brazil.
[5]Nurse. Master student in Nursing. Rio de Janeiro State University. Rio de Janeiro, RJ, Brazil.
[6]Nursing student. Rio de Janeiro State University. Rio de Janeiro, RJ, Brazil.

COMUNICAÇÃO LIVRE / COMUNICACIÓN LIBRE

FAKE NEWS NO CENÁRIO DA PANDEMIA DE COVID-19

RESUMO

Objetivo: esta comunicação tem como objetivo discutir as Fake News no cenário brasileiro de COVID-19.

Desenvolvimento: no período entre 29 de janeiro e 31 de março de 2020, foi realizada uma busca no banco do Ministério da Saúde brasileiro e foram identificadas 70 Fake News sobre o COVID-19, sendo: 40 informações relacionadas aos discursos de autoridades na saúde, 17 sobre terapêutica, nove com medidas de prevenção, duas referentes aos prognósticos da doença e duas de vacinação.

Conclusão: a literatura sobre o tema pode ser escassa, no entanto, observa-se que a velocidade de produção de Fake News é relevante, especialmente ao pressupor o impacto social e a capacidade de circulação destas notícias.

DESCRITORES: Coronavírus; Infecções por Coronavírus; Pandemias; Notícias; Mídias Sociais.

FAKE NEWS EN EL CONTEXTO DE LA PANDEMIA DEL COVID-19

RESUMEN:

Objetivo: el objetivo de este comunicado es debatir sobre las Fake News en el contexto brasileño del COVID-19.

Desarrollo: entre el 29 de enero y el 31 de marzo de 2020 se realizó una búsqueda en la base de datos del Ministerio de Salud de Brasil y se identificaron 70 Fake News sobre COVID-19, a saber: 40 noticias relacionadas con los discursos de autoridades sanitarias, 17 sobre terapias, nueve con medidas de prevención, dos referidas a los pronósticos de la enfermedad y dos relacionadas con la vacunación.

Conclusión: la literatura sobre el tema tal vez sea escasa; sin embargo, se observa que la velocidad de producción de Fake News es relevante, especialmente al suponer el impacto social y la capacidad de circulación de dichas noticias.

DESCRIPTORES: Coronavirus; Infecciones por Coronavirus; Pandemias; Noticias; Medios sociales.

Mercedes Neto | Tatiana de Oliveira Gomes | Fernando Rocha Porto | Ricardo de Mattos Russo Rafael | Mary Hellem Silva Fonseca | Julia Nascimento

INTRODUCTION

In Brazil, the suspected index case of Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-Cov2), better known by the acronym COVID-19, was notified on January 22nd, 2020. Four days later, it was confirmed and considered the first case of the disease in the country and throughout Latin America.[1] Since then, cases have multiplied in a geometric progression, leading Brazil to take preventive measures like other countries, mainly European, especially social isolation.

It is noteworthy that the transmission of the virus happens from a sick person to another through close contact. The touch of the handshake is the main form of transmission, but it can also occur through droplets of saliva, sneezing, coughing, and phlegm. So far, the incubation period is from 2 to 14 days, and the most common symptoms are fever, cough, and difficulty breathing[2].

Prior to the SARS-Cov2 pandemic, known as Coronavirus, the topic was already emerging on the social and political stages in debates guided by public health concerns. This is due to the events between 2002 and 2004, when a viral subtype of SARS-CoV, different from the current one, reached more than 20 countries. Years later, in 2012, the MERS-Cov (another type of Coronavirus) caused an outbreak in Saudi Arabia, spreading the disease through droplets of saliva and poor hygiene (especially hand hygiene), among other current habits of hygiene, going beyond the gaps in public policy and reaching 27 countries[3,4].

In 2019, a new viral subtype of SARS-Cov was identified in China and classified as SARS-Cov2, causing the Covid-19 pandemic, declared by the World Health Organization (WHO) on March 11th, 2020. It is noteworthy that, around the world, until the first week of April 2020, 1,210,956 cases of COVID-19 and 67,594 deaths were confirmed, with a fatality rate of 5.6%. In Brazil, 12,056 cases of COVID-19 and 553 deaths were confirmed, with a fatality rate of 4.6%.[5]

By understanding the current Brazilian context during the pandemic and by identifying the population's vulnerability, it is possible to say that the disease does not choose targets or social groups; it is indiscriminately transmitted. The COVID-19 virus comes together with the dissemination of diverse news, causing harms for the population due to misinformation.

An overload of information and news was posted on the social networks, which led to several shares, creating a network with content and pseudo-information, known as Fake News. In times of technological advances, this false news are quickly disclosed on the social networks and disseminated among the population; thus, they can be understood, in metaphorical language, as a virus that contaminates communication and promotes actions and behaviors contrary to the guidelines of technical health authorities.

Therefore, this release is intended to discuss the Fake News in the Brazilian context of COVID-19. It is understood that this is one of the strategies to combat Fake News and to warn about them from the perspective of the harm they can cause, especially during the pandemic.

DEVELOPMENT

In the midst of events, several news items were published in the mass media and consumed by the population but, in general, many of them were false. With this, the Brazilian Ministry of Health captured the false news and classified them as Fake News.

Fake News are information/news/posts created poorly, without due investigation, which lead the reader to pseudo-information. This phenomenon has been recorded in the

writing of history since the Roman Empire but, at the present time, with the Internet, there is an overwhelming acceleration.[6]

In 2018, the Brazilian Ministry of Health established a section on an electronic website and on the social networks aimed at combating Fake News, and set out to clarify the facts based on scientific evidence and its sources. This was necessary due to an opinion indicating that messaging applications made it difficult for the population to protect itself from diseases, such as yellow fever, flu, and measles.[7]

The search for Fake News took place in the Ministry of Health's database, in the context of the COVID-19 pandemic, from January 29th to March 31st, 2020, 70 records being identified. After data collection, they were included in a table prepared by the authors to organize information, such as the date of publication, title of the news, information vehicle, and synthesis of the records.

Five categories were created, namely: information related to the statements of health authorities (40), therapy (17), preventive measures (nine), prognosis of the disease (two), and vaccination (two). As an example, a news item from each category was randomly selected in Chart 1.

Chart 1 – Examples of Fake News, according to the Brazilian Ministry of Health's Database. Brazil, 2020

Category	News Title	Information vehicle	Counter-argument
Information related to the statements of health authorities	The Brazilian government's Coronavírus-SUS app is unsafe	WhatsApp	The Coronavírus-SUS-COVID-19 app was developed by the Brazilian Ministry of Health, and its creation and the disclosure of information follow the pertinent safety precautions.
Therapy	Having hot drinks to kill Coronavirus	WhatsApp	The message has characteristics of Fake News: the data and information are vague, misspelled, and ask people to share the message. In addition, the scientific community and the WHO do not acknowledge any substance or medication for curing COVID-19.
Prevention measure	Drinking lots of water and gargling with warm water, salt, and vinegar prevents Coronavirus	WhatsApp	So far, there is no evidence of any medication, substance, vitamin, food, let alone drinking a lot of water and gargling with these substances, to prevent Coronavirus infection (COVID-19).
Disease prognosis	A research study published by Chinese scientists says that Coronavirus will make most male patients infertile	Internet	The quoted article is in the pre-publication phase and has not been peer-reviewed; therefore, it has little scientific value at the moment. This article provides preliminary data on the possibility of infection of testicular cells by Coronavirus (COVID-19), but it mentions that there are not enough data to establish a risk of male sterility.
Vaccination	China announces vaccine for Coronavirus	Internet	There is no vaccine against Coronavirus so far, although research is ongoing.

Mercedes Neto | Tatiana de Oliveira Gomes | Fernando Rocha Porto | Ricardo de Mattos Russo Rafael | Mary Hellem Silva Fonseca | Julia Nascimento

By means of random sampling, the examples in Chart 1 show the dissemination of information that circulated on the social networks through the sharing of Fake News, stopped by the Ministry of Health.

Given the above, the sharing of Fake News was quick to spread when scientific evidence was questioned in the field of politics by some government officials, which exposes the population to inadequate conducts. In addition, its creation connects users of several topics on the social networks, which makes one think about the formation of public opinion. So, this leads to the belief that the truth is made and built for a certain group[8].

In this sense, the public health debate about Fake News in times of the COVID-19 pandemic is put in discussion. In other words, the false information identified by the Brazilian Ministry of Health disoriented the population for producing effects that, when shared, put the correct actions at risk.

It should be noted that, although other factors contribute to inadequate conducts, it is essential to think of those who do not have access to health in an equitable and equal way, as recommended by the Unified Health System (*Sistema Único de Saúde*, SUS). That said, the sharing of Fake News is identified as one of the main reasons for the non-acceptance of the preventive measures and care established by science in favor of health around the world.[9]

Although the objective is not to conduct a thorough analysis of the topics covered in the 70 Fake News, as already mentioned, the number of pieces of information related to the statements of health authorities (40) is noteworthy, as well as the number related to the therapy (17). This implies numbers greater than the ones for prevention (nine). That is, the seriousness and danger of these pseudo-information guides treatments in inadequate ways, which will cause harms to the population that consumes this news.[10]

To reflect on Fake News in contemporary times is to think about the publications based on scientific evidence. These publications, with technical terms typical of the research centers, need to be decoded to the population for better understanding, which refers to the use of the communication technique called AIDA – Attention, Interest, Desire, and Attitude – used by journalists for the social press.[11]

The technique is old, dating from the beginning of the 20th century, but applicable until today, because it makes the readers consume the material, and captures their attention, interest and desire, in order to lead them to a certain action. This articulates with the intentionality that the information industry and its operators apply to journalistic stories, in order to have a real effect, in the sense of making people do and believe what is shown. Therefore, they direct the reader's eyes to what interests them, as a consumption strategy, known for the use of "special glasses". By them, they make the readers see certain things and not others, as well as to see the topics in a certain way.[12]

That said, it is not uncommon for Fake News to use names of authorities in the field of knowledge linked to renowned research institutions, and a simple language aimed at laypeople or at unsuspecting readers. These readers, by consuming and sharing without due verification of the information, have the same wrong conducts of those who created the Fake News, and end up proving the AIDA technique, perhaps, through the "special glasses" so that the pseudo-information appears to be real.

It is also worth considering that Fake News is temporary for certain topics, but frequent in variety. Fake News attract those who disseminate them for their own interest (despite their short life) in the same way that the communications operators do until another topic is more interesting for the information industry and/or trade, targeting readers to form the public opinion and the social networks as its consumers.

FINAL CONSIDERATIONS

The findings indicated four classifications of records with the COVID-19 theme, bringing information related to the statements of health authorities, prevention measures, prognosis of the disease, therapy, and vaccination. On the one hand, it cannot be denied that the classification was not presented for analysis, which allows for gaps in this release; on the other hand, it instigates further investigation of the classifications in future studies.

In this logic, the result of the classification of the 70 Fake News about the COVID-19 pandemic made it possible to infer that they reveal possible interferences in the behavior and health of the population. Another inference is the logic to be considered behind the privatization of the health system, considering that Fake News, directly and/or indirectly, tries to put the credibility of the SUS at risk. This is the result of economic and political interests, when some people look to the United States and want to model the Brazilian system accordingly.

Furthermore, it is highlighted that the Brazilian literature about the COVID-19 pandemic is scarce and that the speed of this production of knowledge is disproportionate to the creation of Fake News.

In the course of the intellectual production on the COVID-19 pandemic, this release aims to contribute to the discussion of other research studies in this area, because time does not stop Fake News in the context in which we are living. Nevertheless, the need is emphasized for the population to visit the website of the Brazilian Ministry of Health, which reveals the Fake News, for health education with correct and safe information.

REFERENCES

1. Ministério da Saúde (BR). Secretaria de Vigilância em Saúde. Boletim Epidemiológico. Infecção humana pelo novo coronavírus (2019-nCoV). [Internet]. Brasília: Ministério da Saúde; 2020 [access 23 mar 2020]. Available at: https://portalarquivos2.saude.gov.br/images/pdf/2020/fevereiro/07/BE-COE-Coronavirus-n020702.pdf.

2. Ministério da Saúde (BR). Secretaria de Vigilância em Saúde. Coronavírus: Covid-19. [Internet] 2020. [access 13 abr 2020]. Available at: https://coronavirus.saude.gov.br/.

3. Peeri NC, Shrestha N, Rahman S, Zaki R, Tan Z, Bibi S, et al. The SARS, MERS and novel coronavirus (COVID-19) epidemics, the newest and biggest global health threats: what lessons have we learned? Int J Epidemiol. [Internet]. 2020 [access 23 mar 2020]; Available at: https://doi.org/10.1093/ije/dyaa033.

4. World Health Organization (WHO). Middle east respiratory syndrome Coronavirus (MERS-CoV). [Internet] Geneva: WHO; 2014 [access 23 mar 2020]. Available at: https://www.who.int/emergencies/mers-cov/en/.

5. Ministério da Saúde (BR). Secretaria de Vigilância em Saúde. Boletim Epidemiológico. Especial: doença pelo coronavírus 2019. [Internet]. Brasília: Ministério da Saúde; 2020 [access 07 abr 2020]. Available at: https://www.saude.gov.br/images/pdf/2020/April/06/2020-04-06-BE7-Boletim-Especial-do-COE-Atualizacao-da-Avaliacao-de-Risco.pdf.

6. Allcott H, Gentzkow M. Social media and Fake News in the 2016 election. J. Econ. Perspect. [Internet]. 2017 [access 29 mar 2020]; 31(2). Available at: https://doi.org/10.1257/jep.31.2.211.

7. Ministério da Saúde (BR). Saúde sem Fake News. [Internet]. 2018. [access 29 mar 2020]. Available at: https://www.saude.gov.br/fakenews.

8. Kakutani, M. A morte da verdade: notas sobre a mentira na era Trump. Rio de Janeiro: Intrínseca; 2018.

9. Monari ACP, Bertolli Filho C. Saúde sem Fake News: estudo e caracterização das informações falsas divulgadas no canal de informação e checagem de Fake News do ministério da saúde. Revista Mídia e

Mercedes Neto | Tatiana de Oliveira Gomes | Fernando Rocha Porto | Ricardo de Mattos Russo Rafael | Mary Hellem Silva Fonseca | Julia Nascimento

Cotidiano [Internet]. 2019 [access 30 mar 2020]; 13(1). Available at: https://doi.org/10.22409/ppgmc. v13i1.27618.

10. Santos ESP dos, Andrade CM, Bohomol E. Self-medication among secondary school students. Cogitare enferm. [Internet] 2019 [access 31 mar 2020] 24. Available at: http://dx.doi.org/10.5380/ ce.v24i0.61324.

11. Rosa JA, Cunha TXG. Jornal de Empresa – criação, elaboração e administração. São Paulo: STS; 1999.

12. Bourdieu P. Sobre a televisão. Rio de Janeiro: Jorge Zahar; 1997.

Corresponding author:
Mercedes Neto
Universidade do Estado do Rio de Janeiro
Bv. 28 de setembro, 157 – 20551-030 – Rio de Janeiro, RJ, Brasil
E-mail: mercedesneto.uerj@gmail.com

Role of Authors:
Substantial contributions to the conception or design of the work; or the acquisition, analysis, or interpretation of data for the work - MHSF, JN
Drafting the work or revising it critically for important intellectual content - TOG, RMRR
Agreement to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved - MN, FPR