

Effective Public Health Communication in the COVID-19 Era

Although coronavirus disease 2019 (COVID-19) was declared a pandemic on March 11th, 2020, COVID-19-related misinformation and fear achieved a “pandemic” status much sooner than the disease itself, and the World Health Organization (WHO) launched an important platform to fight the “COVID-19 infodemic”.^[1] Myths and false information about COVID-19 have been abundant (e.g., conspiracy theories about the origin of SARS-CoV-2, perceptions against Asian populations, inhale/exhale tests for detecting patients, disinfecting the body by excessive alcohol consumption or spraying chlorine over the body, and SARS-CoV-2 transmission by mosquito bites).^[2] The underlying reasons for an epidemic of COVID-19-related fear and misinformation are complex but are often related to the public’s health literacy and how information is communicated to them through news, government channels, and public health officials. Unfortunately, the public has received numerous mixed messages about COVID-19 from government officials and politicians in the past few weeks that not only feed to the public’s confusion and frustration, but are indeed dangerous and hinder the collective efforts aimed at “flattening the curve” and controlling the pandemic. For example, mixed and puzzling messages have been communicated about access to testing, wearing mask among healthy people, potential for airborne transmission of the virus, and its comparison with the flu, short-term availability of vaccines, timeline for restarting economic activities, effectiveness of quarantine policies, and more recently about the potential for consuming or injecting disinfectants or inserting ultraviolet light into the body as a remedy for COVID-19.^[3] While most false statements and flawed perceptions are immediately rejected by healthcare professionals, the damage could already be done. For example, after President Trump’s so-called “sarcastic” statement on disinfectants as a potential treatment for COVID-19, emergency hotlines across several states in the USA received hundreds of calls inquiring about consuming disinfectant to tackle SARS-CoV-2.^[4]

Public health communication about COVID-19 should be led by public health experts and not ill-informed politicians with potential motives, agendas, or biases. The public has a right to be provided with simplified, clear, consistent, culturally appropriate, and actionable health messages that are sensitive to language barriers and health literacy-related issues across different communities. Although effective public health communication cannot

compensate for insufficient resources, underdeveloped and unprepared health infrastructures, and overwhelmed healthcare systems during the COVID-19 pandemic, delivering precise, reliable, and coherent messages to the public could calm them and rebuild their trust in the healthcare systems and governments; qualities that are essential for improving their participation in practicing physical distancing and personal hygiene. All in all, there are many unknowns about COVID-19 pathology, vaccine development, and potential treatments, and our understanding of the disease continues to evolve. What we do know from observing the experiences of Taiwan, Singapore, China, Georgia, Iceland, and South Korea is that there is a strong element of controllability to this disease by applying the fundamentals of public health and prevention science^[5]; practices that would be much more effective if the public is presented with clear and practical strategies for health promotion and disease prevention in the midst of this pandemic.

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Conflicts of interest

There are no conflicts of interest.

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