

COVID-19 VACCINE MISINFORMATION AND HOW TO ADDRESS IT

Researchers working on addressing a scientific hypothesis or theory continually refine, refute, or redefine scientific questions related to their work as new evidence comes to light. Misinformation arises as we seek to better understand and fill in the information gaps that exist because of the lack of scientific evidence. It is important to distinguish misinformation from disinformation, the latter of which is false information deliberately created and disseminated with malicious intent.

Patients with medical conditions, including cancer, frequently seek information and support related to their disease on easily accessible digital publishing platforms, including social media. Unfortunately, there is also a large body of misinformation and disinformation surrounding the COVID-19 pandemic on these platforms, causing a lack of confidence in the available scientific evidence among some patients and their caregivers. The extent of COVID-19 misinformation prompted the U.S. Surgeon General to declare health misinformation an urgent threat to public health in an advisory issued in July 2021.



COVID-19 Misinformation Among Patients with Cancer

Misinformation about COVID-19 vaccines has affected patients with cancer and their caregivers in several ways, as listed below:

- **Parents of children with cancer** were more likely to endorse misinformation about COVID-19, as well as more likely to believe myths associated with COVID-19 prevention, compared to parents of children without any history of cancer.
- **Cancer survivors, especially those on active anticancer treatment**, were more vulnerable to COVID-19-related misinformation, while adults without a history of cancer or cancer survivors no longer in treatment were less vulnerable.
- **Black patients with COVID-19** are three times as likely to be hospitalized and twice as likely to die as individuals who are white, yet only 50 percent of Black individuals have received at least one dose of COVID-19 vaccine (compared to 58 percent of individuals who are white). One possible reason for low vaccination rates in this population is the disinformation among the Black community that high levels of melanin in their skin protect them from SARS-CoV-2 infection.
- More than seven percent of 208 **surveyed patients with cancer** indicated intention to delay or abstain from vaccination because of fear of adverse reactions (57 percent of the unvaccinated respondents), fear that vaccine development was rushed (43 percent of the unvaccinated respondents), and insufficient knowledge (64 percent of the unvaccinated respondents).

How to Address COVID-19 Vaccine Misinformation*

Examples above highlight the need to develop effective strategies for addressing COVID-19 vaccine misinformation, which can be life-threatening for vulnerable individuals, such as patients with cancer. Some of the approaches to minimize the spread of misinformation and disinformation in the community include:

- **Lead with the fact and make it clear, relevant, and memorable.**

Example: *The COVID-19 vaccine will not make you sick with COVID-19.*

- **If someone is sharing misinformation unintentionally, explain reasons why facts could have been misinterpreted.**
- **If someone is spreading disinformation, identify and highlight misleading tactics and motives and provide alternative, evidence-based information in an easy-to-understand and memorable manner.**

Example: *COVID-19 vaccines teach your immune system to recognize and fight the virus that causes COVID-19 and cannot make you sick with COVID-19. Sometimes this process can cause symptoms, such as fever; these symptoms are normal and are signs that the body is building protection against the virus that causes COVID-19.*