



COURSE OVERVIEW: BUILDING VACCINE CONFIDENCE AND DEMAND IN A DIGITAL AGE

with Immunization Providers,
Educators and
Program Planners
(IPEPP)

eLEARNING SERIES



CANADIAN
PUBLIC HEALTH
ASSOCIATION

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Be the Change. Be Adaptable.

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Active poll

0



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slido.com
#7855 054

Welcome to our audience: tell us about your role?



Special Thanks!

The CANVax/CPHA eLearning series content has been adapted from the [Vaccination Demand Hub: Comprehensive Training, 2022](#). This training was a collaborative effort made possible by GAVI, WHO, UNICEF and US CDC.



Special thanks to Tina D. Purnat, team lead Infodemic Management and Tim Nguyen, Head of Unit, and their dedicated team at the Department for Epidemic and Pandemic Preparedness and Prevention, WHO Health Emergencies Programme for building capacity, sharing their evidence-based wisdom and resources to build a community of infodemic unicorns. Lastly, WHO/Sam Bradd for sharing their visual materials.



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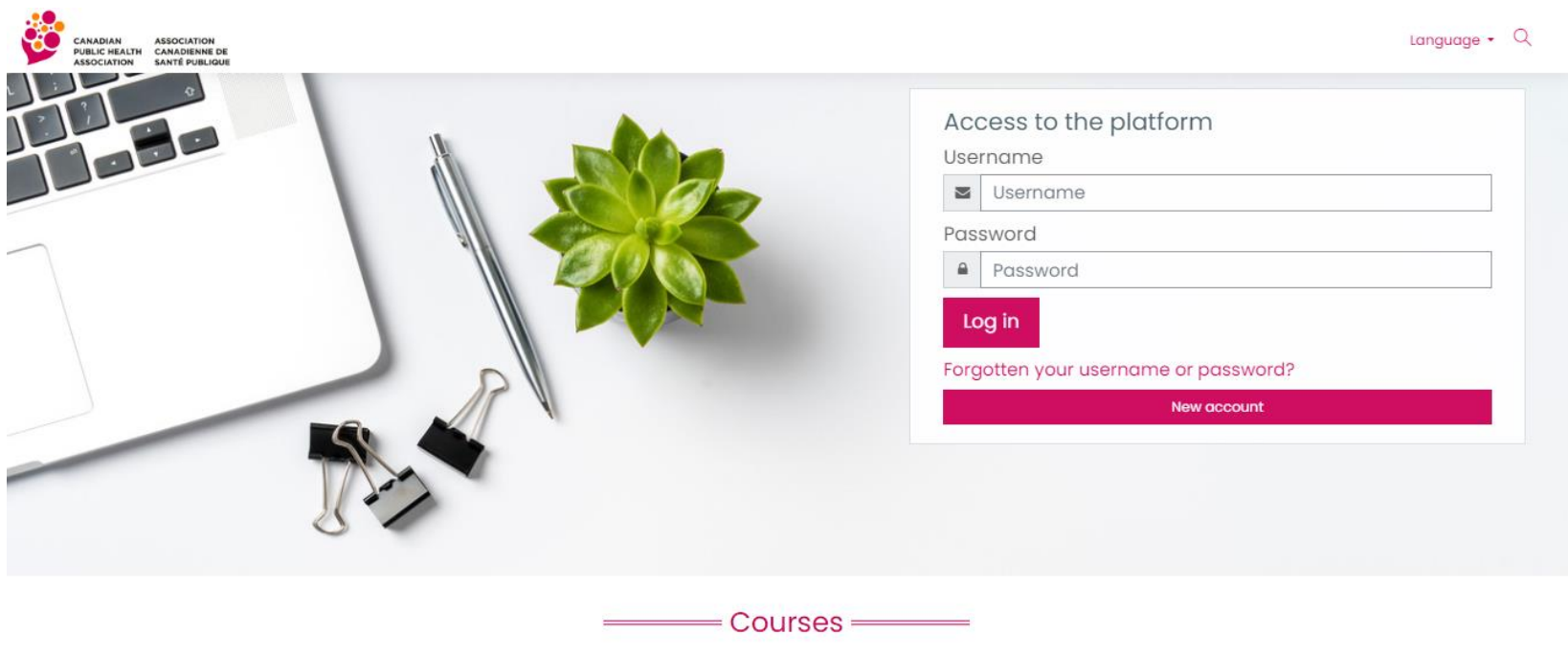
Tina D Purnat
Health Informatician &
infodemic manager, FAIDH,
PMP



Tim Nguyen
Head Of Unit High Impact
Events Preparedness at
World Health Organization



Sylvie Briand
Director, Epidemic and
Pandemic Preparedness and
Prevention Department at
World Health Organization



- ▶ STBBIs and Related Stigma
- ▶ A Public Health Approach to Cannabis
- ▼ Immunization
 - ▶ Building Vaccine Confidence and Demand in a Digital Age
 - ▶ The CARD System

CANVAX

INTRODUCTION

Building Vaccine Confidence and Demand with Immunization Providers, Educators, and Program Planners (IPEPP)

LEARNING SERIES

Building Vaccine Confidence and Demand in a Digital Age

Building vaccine confidence and demand is an introductory series of self-directed learning modules that explores the basics of WHO infodemic management competencies and vaccine programming. This eLearning series is targeted at **immunization providers, educators, and program planners (IPEPP)** to help advance and adapt vaccine programming post-pandemic and utilize infodemic management skills in order to deliver safe, trusted, and effective programming. All public health professionals are welcome to complete this course.

A large orange arrow points from the 'Building Vaccine Confidence and Demand in a Digital Age' course title in the list to the detailed description box on the right.

OVERVIEW

Pre-course questionnaire

Introduction

Module 1

Module 2

Module 3: a-b-c

Module 4

Post-course questionnaire

= Certificate of completion!!

Pre-course questionnaire

You must complete the pre-course questionnaire before reviewing the course content.

Introduction Module

Not available unless: The activity **Pre-course questionnaire** is marked complete

Module 1: Social listening to understand questions and narratives of misinformation

Not available unless: The activity **Pre-course questionnaire** is marked complete

Module 2: Inform by delivering high quality information

Not available unless: The activity **Pre-course questionnaire** is marked complete

Module 3a: Intervene through design implementation and evaluation

Not available unless: The activity **Pre-course questionnaire** is marked complete

Module 3b: Counter misinformation and disinformation using evidence

Not available unless: The activity **Pre-course questionnaire** is marked complete

Module 3c: Monitor information environment and response

Not available unless: The activity **Pre-course questionnaire** is marked complete

Module 4: Promoting and supporting resilience, healthy behaviours and community engagement

Not available unless: The activity **Pre-course questionnaire** is marked complete

Post-course Questionnaire

You must complete the post-course questionnaire before receiving your certificate of completion.

Certificate of Completion

Participants can vote at [Slido.com](https://slido.com) with #7855054



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#7855 054

☁ Active poll

0 👤

Building vax confidence and demand in a digital information age: What drew you to this webinar?





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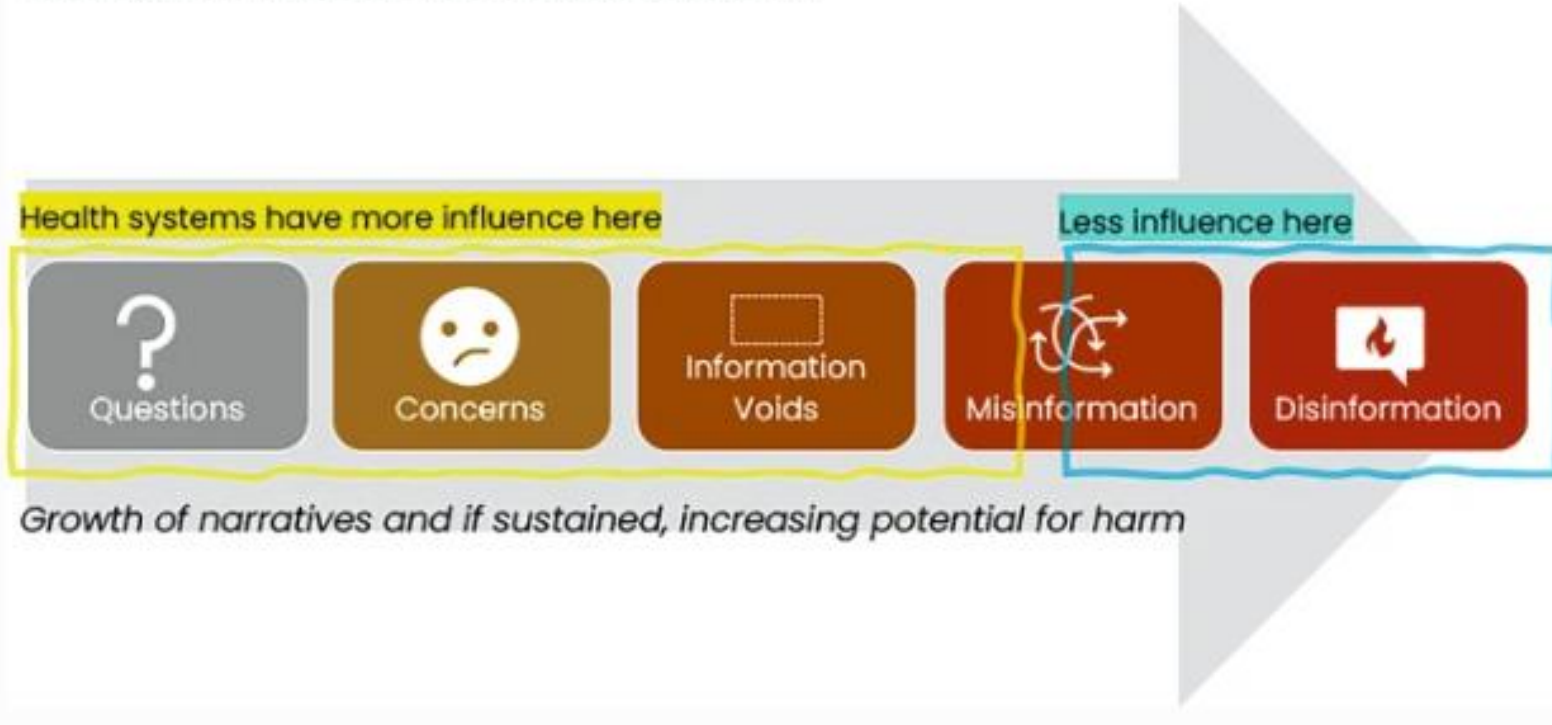


Munich Security Conference MSC

**“We’re not just
fighting an epidemic;
we’re fighting and
infodemic.”**

Tedros Adhanom Ghebreyesus
Director General, World Health Organization
15 February 2020

The infodemic is made up of more than misinformation



- *Infodemic is an overabundance of information, including mis- and disinformation, that surges during an acute health event.*
- It is beyond circulating mis- and disinformation
- It is also about overload of information, outdated information and info voids
- **Isolated and vulnerable populations** are particularly susceptible

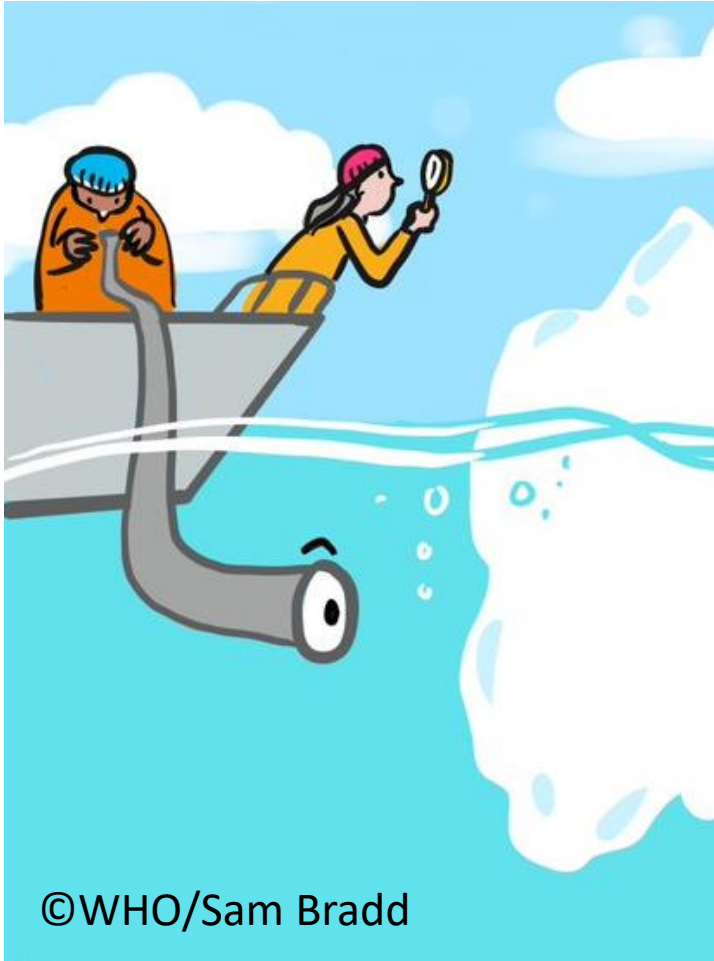
Infodemic Management in the Twenty-First Century, May 2023

Editors: Tina D. Purnat, Tim Nguyen, Sylvie Briand

<https://link.springer.com/book/10.1007/978-3-031-27789-4>



Size of the infodemic



©2023 Public Good News

- Over **70 percent** of vaccine opposition **originates** from the **U.S.** (Mar 2022-Mar 2023)
 - Canada, UK, Australia and India (make up the top 5 vax opposition sources, account for 90% opposition content)
- Vaccine misinformation trends are getting worse
- Of the top 20 key social media accounts driving online vaccine opposition, **authors are disproportionately are healthcare professionals and journalist**
 - 11 US links
 - 6 Canada links

COST of the infodemic



- During the pandemic, COVID-19 vaccine misinformation and disinformation cost an estimated \$50-\$300 million USD each day
 - <https://www.centerforhealthsecurity.org/sites/default/files/2023-02/20211020-misinformation-disinformation-cost.pdf>
- 87% of Facebook (Meta) budget related to identifying and addressing misinformation was dedicated to the US compared to 13% for the rest of the world
 - <https://time.com/6110234/facebook-papers-testimony-explained/>
- Fault line report: ~2.3 million VH Canadians
 - 300\$ mill additional hospital and ICU expenses
 - Larger societal impact
 - <https://cca-reports.ca/reports/the-socioeconomic-impacts-of-health-and-science-misinformation/>
- And now AI is adding to the mix

Developing infodemic management in 2023

Mandate

WHA74.7
Strengthening WHO
preparedness for
and response to
health
emergencies

132 signatories of
“cross-regional
statement on
infodemic in context
of COVID-19” to UN
Secretary General

Programmatic response

1 Framework, strategy and action



- Impact of COVID-19 infodemic on responders

2 The science



- Evidence and gap map on IM interventions
- Ethics guidance on social listening and IM

3 Country tools and partnerships



- 6 steps to generate infodemic insights report + training
- 7 OpenWHO courses
- Respiratory pathogens: EARS and social listening taxonomy
- Better social media analysis tools for health

4 Professionalization



- Global network for teaching infodemic management
- Mainstreaming of IM into learning and teaching programmes



Background:



© WHO/Sam Bradd

WHO policy brief: COVID-19 infodemic management

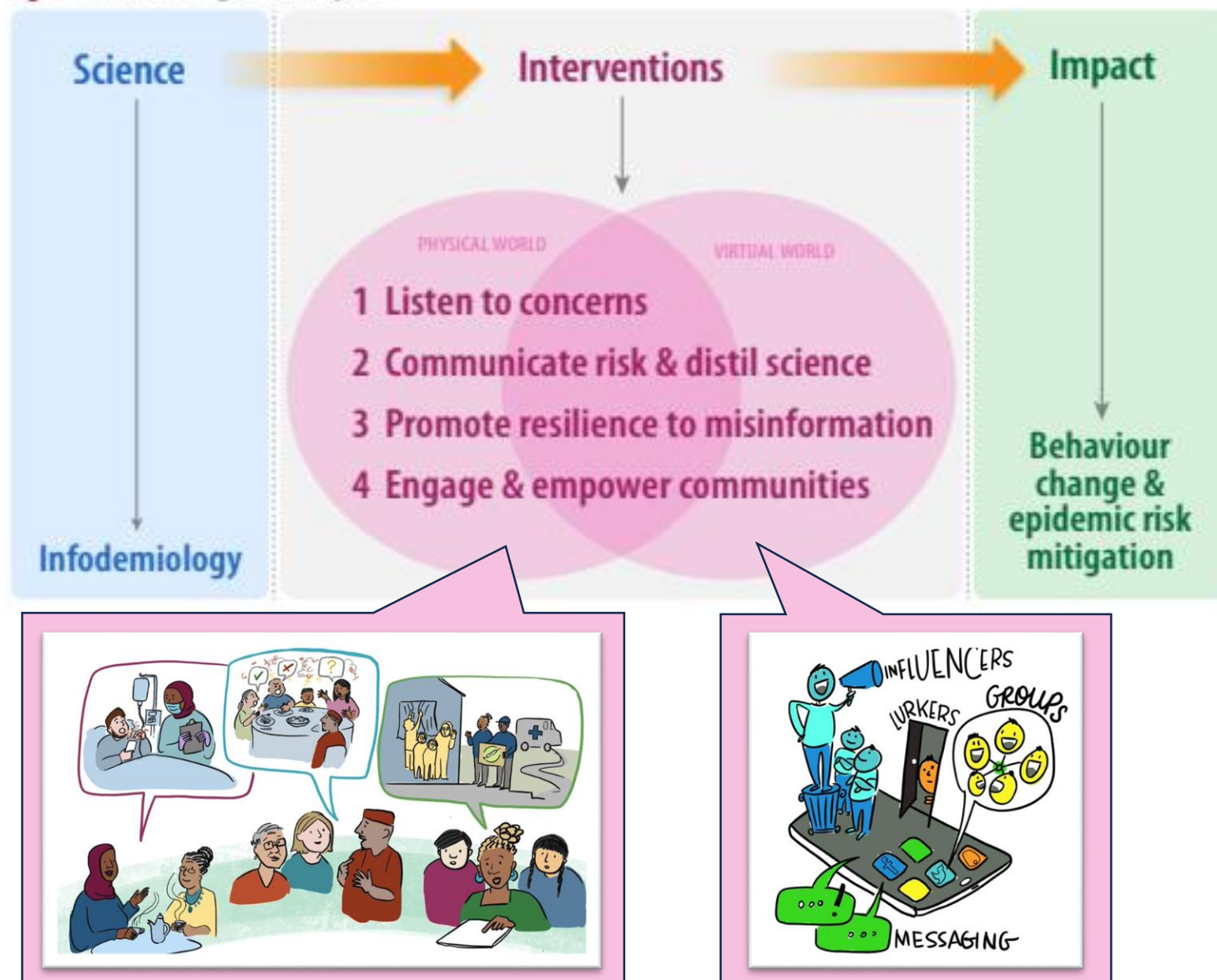
14 September 2022



- **Train healthcare workers, who are the most trusted source of health information**, to better identify and address health misinformation
- **Tailor health information and digital literacy initiatives** to specific population needs
- **Strive to develop high-quality accessible information**
- **Establish an infodemic workforce for rapid info insight generation** = the physical and virtual worlds

Infodemic management is driven by the use of evidence-based information and anchored in the principles of community involvement.

Fig. 1 Infodemic management ecosystem

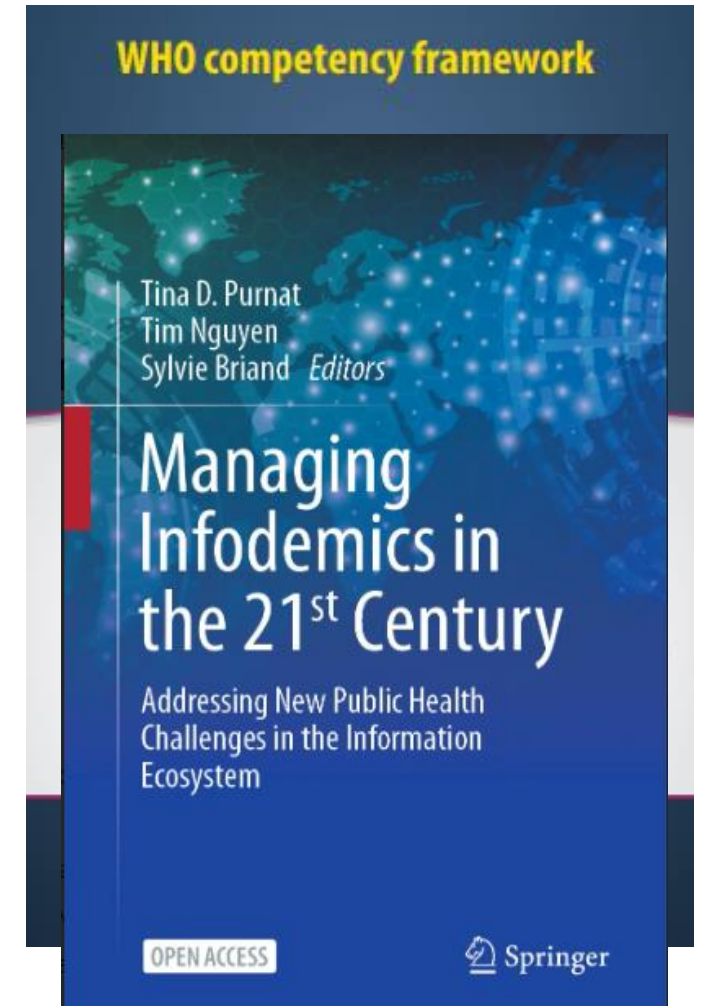
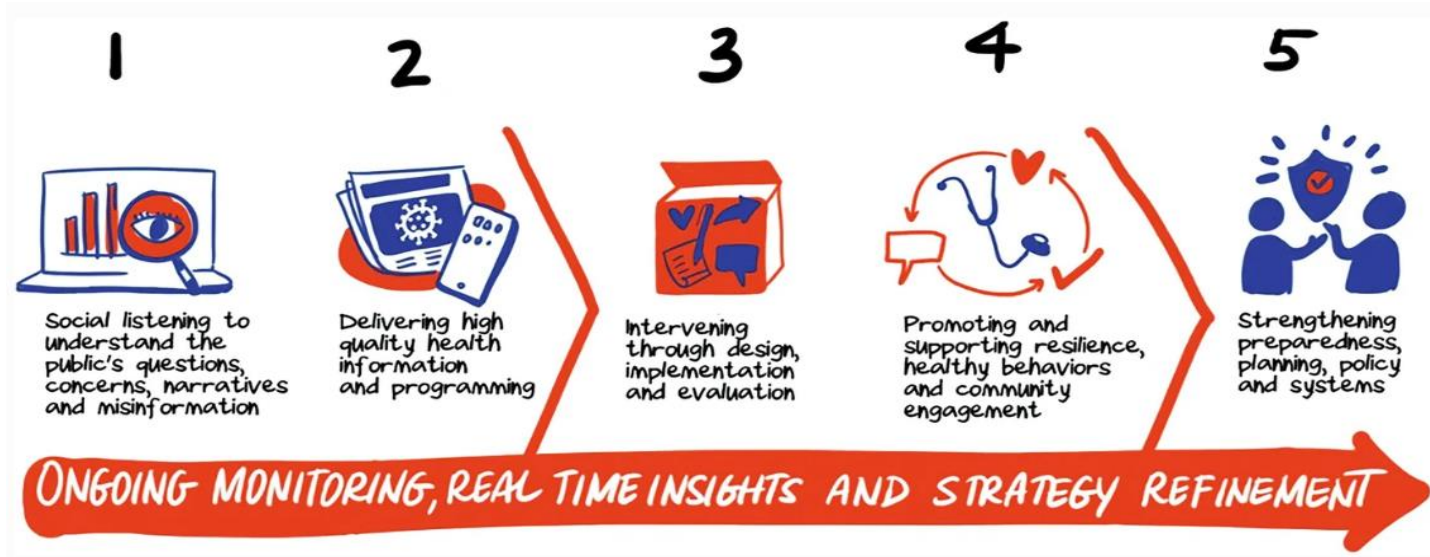


Source: An overview of infodemic management during COVID-19 pandemic, January 2020–July 2022

https://apps.who.int/iris/handle/10665/370860?search-result=true&query=Overview+of+infodemic+management&scope=%2F&rpp=10&sort_by=score&order=desc

WHO Infodemic Management Competency Framework

INFODEMIC MANAGEMENT



Infodemic management is a public health practice which must be embedded into the health system structures



Vaccine programming (physical and virtual worlds) objectives:

1. Listen to concerns
2. Communicate risk and distil science
3. Promote resilience to misinformation
4. Engage and empower communities

Introduction Module

- Self-reflection on vaccine programming post-pandemic
- Terminology
- A vision to transform Canada's public health system
- Tools and competencies in vaccine programming
- Addressing TRUST and vaccine INEQUITY
- Building resiliency post-COVID-19 in vaccine programming ...and beyond, across public health efforts!



If the goal:
Vaccines in Arms

Then we need:
Vaccine **demand**
from a **confident**
public/society and
staff delivered by a
trusted
healthcare system



Click on slide before
moving to next next



Hyperlinked
Image to full
report



Vaccination and trust

How concerns arise and the role of communication in mitigating crises



Individual
concerns



Risk
perception



Culture and
social norms



Effect of
building trust



Image credit: CCO on Pixabay.

DIRECT IMPACT OF INFODEMIC



Emma Hecker (@emhecker) | @emhecker

Impact health (morbidity and mortality)

Misunderstanding of health recommendations and behaviours to adapt

Mistrust (i.e. government, science, experts, public health authorities)

Hinder accomplishments

Stigma

Undermines social cohesion



MODULE 1:



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SOCIAL LISTENING AND INFODEMIC INSIGHTS TO UNDERSTAND THE PUBLIC'S (AND PEERS) QUESTIONS, CONCERNS, NARRATIVES AND MISINFORMATION



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Module 1

Learning Objectives:



©WHO/Sam Bradd

- ✓ **Listen and understand** target population's information voids, information needs, concerns and challenges to develop more responsive health programs
- ✓ Utilize **social listening tools** and **methods** to collect data (**online and offline**) with a focus on vulnerable populations
- ✓ **Classify and analyze data** to identify information voids and provide input into "Inform" (M2) activities
- ✓ Learn the process for **gathering community insights**
- ✓ Know how to choose **data collection methods**
- ✓ Learn where to **find guidance and resources** for diagnosing vaccine demand challenges

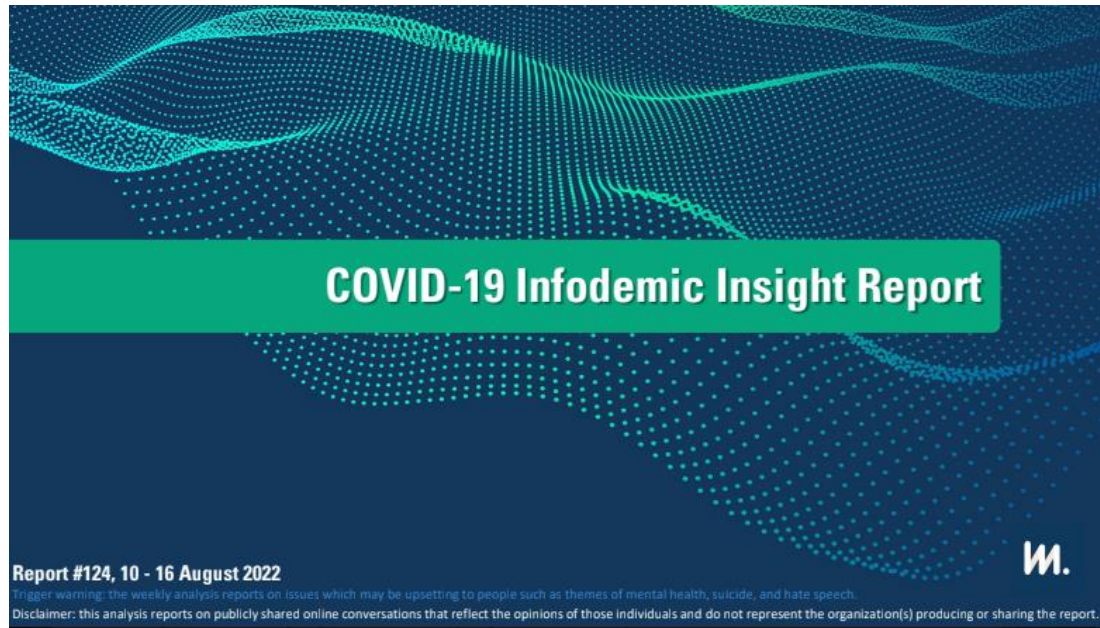
Social Listening and Integrated analysis (Cont'd)

Practice Tips:

- Filling info voids is more useful than chasing rumours
- Data collection – on and offline
- Dashboards (no perfect system)
- Integrated analysis (SOP for integration process)
- Threat matrix (trending up/down)
- Pain point for community members and dialogues



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COVID-19 Infodemic Insight: Key findings

10 - 16 August 2022



INTERVENTION – ALLEGATIONS THAT COVID-19 REINFECTION RATES RISE WITH THE NUMBER OF VACCINE DOSES

Results from a recently published study conducted in Iceland which allegedly found that SARS-CoV-2 reinfection increased in participants who received two or more vaccination doses, when compared to those who had only received one or no vaccination doses, fuelled significant COVID-19 vaccine questioning globally. Such sentiment was further re-enforced by perceptions that “natural immunity” is the “gold standard” in protecting individuals from COVID-19.



ILLNESS – POLARISED CONVERSATION REGARDING CHILDREN AND MONKEYPOX

In the context of children returning to school following the summer holidays, polarised attitudes towards the impact of monkeypox on children were witnessed. On the one hand, a cohort of netizens maintained that children could not get infected with monkeypox and therefore expressed content about the notion of sending their children to school, while on the other hand, users advocated greater mask-wearing and other PHSM in educational settings to inhibit potential spread. Elsewhere, allegations emerged that prior COVID-19 infection can protect children from monkeypox.



INTERVENTION – CALLS FOR GREATER RESPIRATOR ACCESS FOR HEALTHCARE WORKERS

Calls for healthcare workers to be better equipped with high-quality respirators, including N95 and KN95 masks, emerged as a prominent theme over the reporting week. This came in light of multiple high-engagement posts by medical professionals arguing that respirators significantly reduce SARS-CoV-2 infections when compared to surgical masks. Some netizens branded such findings as “old news”, with many questioning why healthcare workers still don’t have access to FFP2/3 masks. A cohort of users expressed more profound sentiment and requested that employers be responsible for “worker injury” in the event of lack of high-quality respirator provision.

KEY FINDING CLASSIFICATION

Key findings are assigned to a rating based on the potential risk to public health and the likelihood of impacting beliefs and attitudes via a reach and dissemination matrix. Risk levels are depicted by colour:

- **Red** – high risk
- **Orange** – moderate risk
- **Yellow** – low risk
- **Green** – positive sentiment

Narratives are also classified as:
Emerging: A new narrative not previously identified, may require further analysis or development of new information materials.

Persistent: A narrative that continuously drives online conversations without any significant changes in volume or velocity.

Re-emerging: A previously identified narrative that resurfaces after being absent (or low in volume) for multiple weeks.

Opportunities for Action: Filling info voids

Emerging
issues

Persistent
issues

Re-
emerging
issues

Top
Questions

Weekly
overview

Social
Listening
Data

Global
data

Rising
topics

Spotlight
focus:
mPox

NEW Release (July 13, 2023)

1. Choose the question that infodemic management insights could help to answer
2. Identify and select the data sources and develop an analysis plan for each data source
3. Conduct an integrated analysis across those data sources
4. Develop strategies and recommendations
5. Develop an infodemic insights report
6. Disseminate the infodemic insights report and track the actions taken.



<https://www.who.int/publications/i/item/9789240075658>



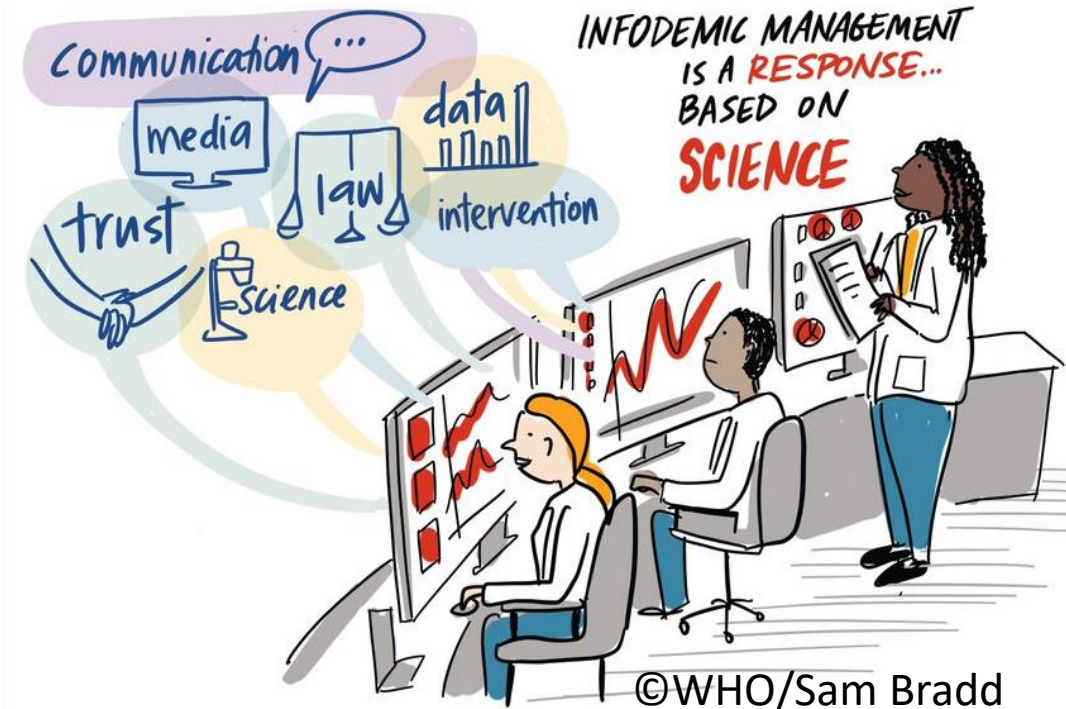
MODULE 2:

**DELIVERING HIGH-QUALITY HEALTH
INFORMATION AND PROGRAMMING**



Module 2

Learning Objectives:



- ✓ How to generate **vaccine demand** beyond offering communication resources
- ✓ **Describe** the Canadian Immunization System and available resources
- ✓ Best practice for providing fast, accurate and **TRUSTED** vaccine information to the public and healthcare staff
- ✓ Learn about TRUSTED organizations that offer accurate vaccine communication resources and immunization competency training



©WHO/Sam Bradd

When you only have a hammer, everything seems like a nail ...

- Deficit model = flawed
- Learning new info:
 - People need to **want** to learn (invest energy)
 - Finding ways to **encourage** people to **engage** with new material
 - Trusted communication is tailored to individual, and community needs and is the **more attractive** choice

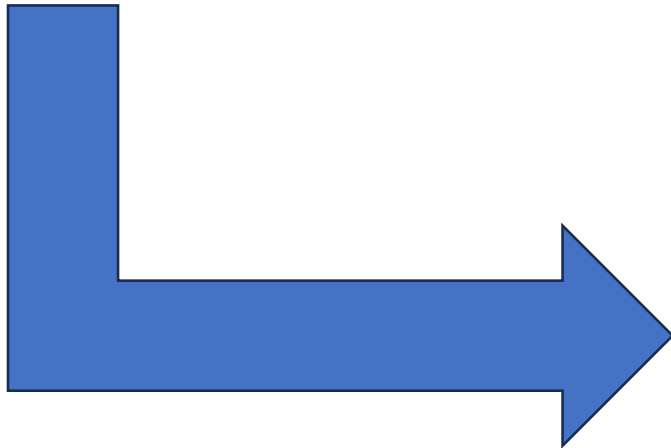
Deficit model for communicating science:

Sender

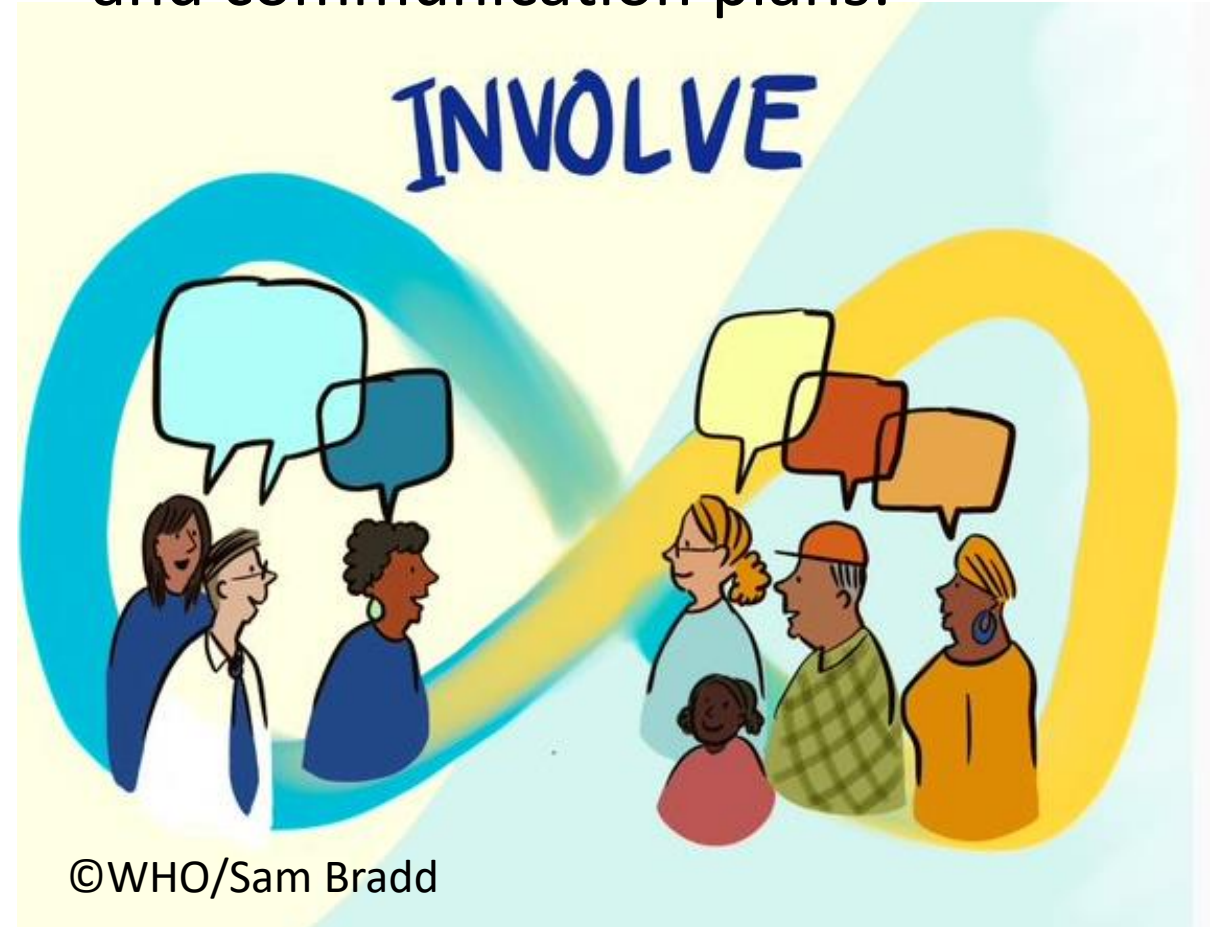


Receiver

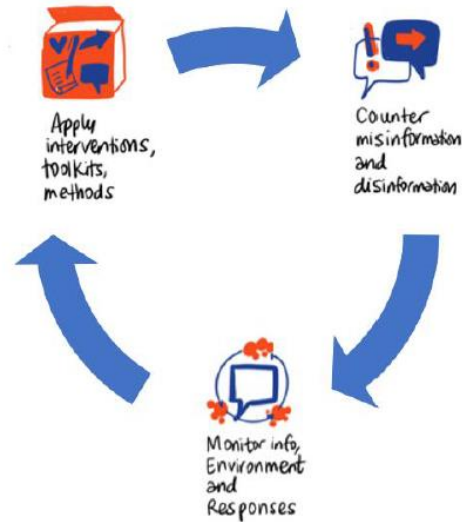
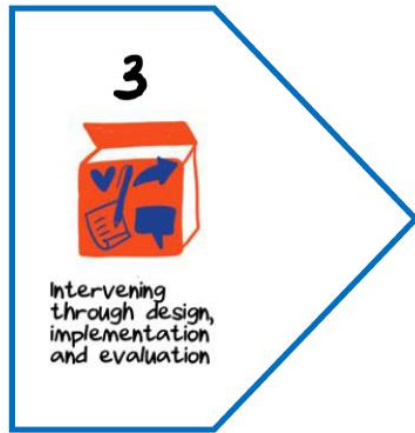
"I know something that you don't know. If you knew it, you be able to improve your behavior"



Collaboration in developing resources and communication plans:



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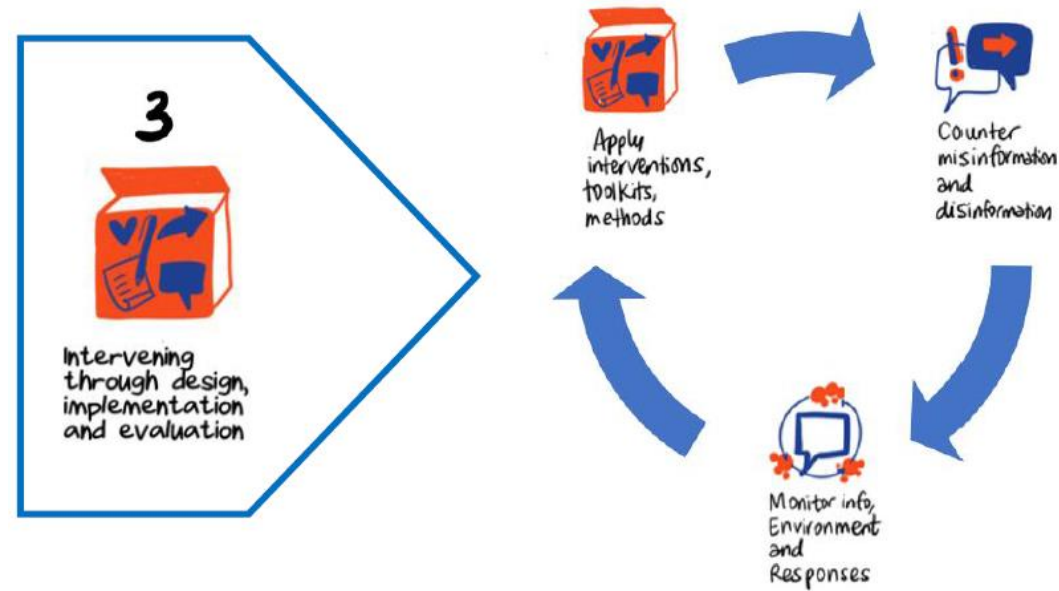
MODULE 3 A-B-C:

DELIVERING HIGH-QUALITY HEALTH INFORMATION AND PROGRAMMING



Module 3

Learning Objectives



A) Apply interventions, tools and methods



B) Counter misinformation and disinformation



C) Monitor info environment and responses

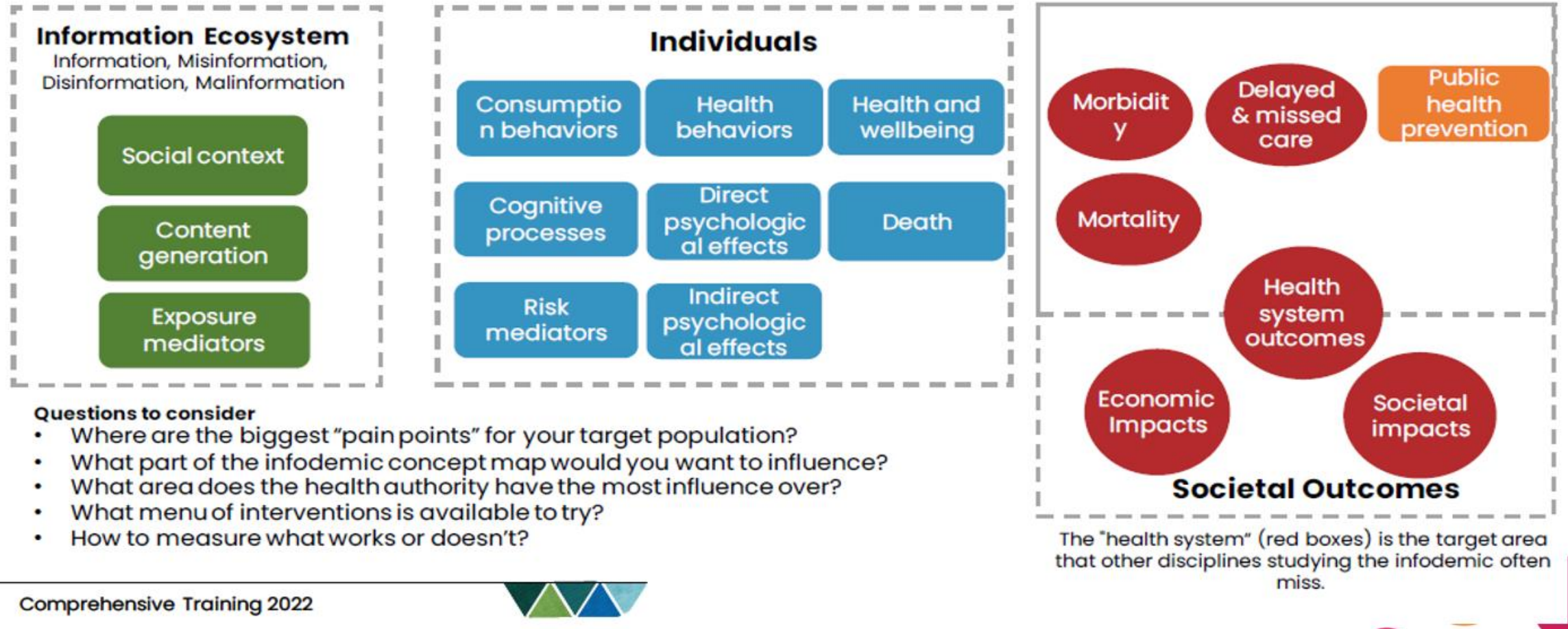
Module 3a: Apply tools and methods



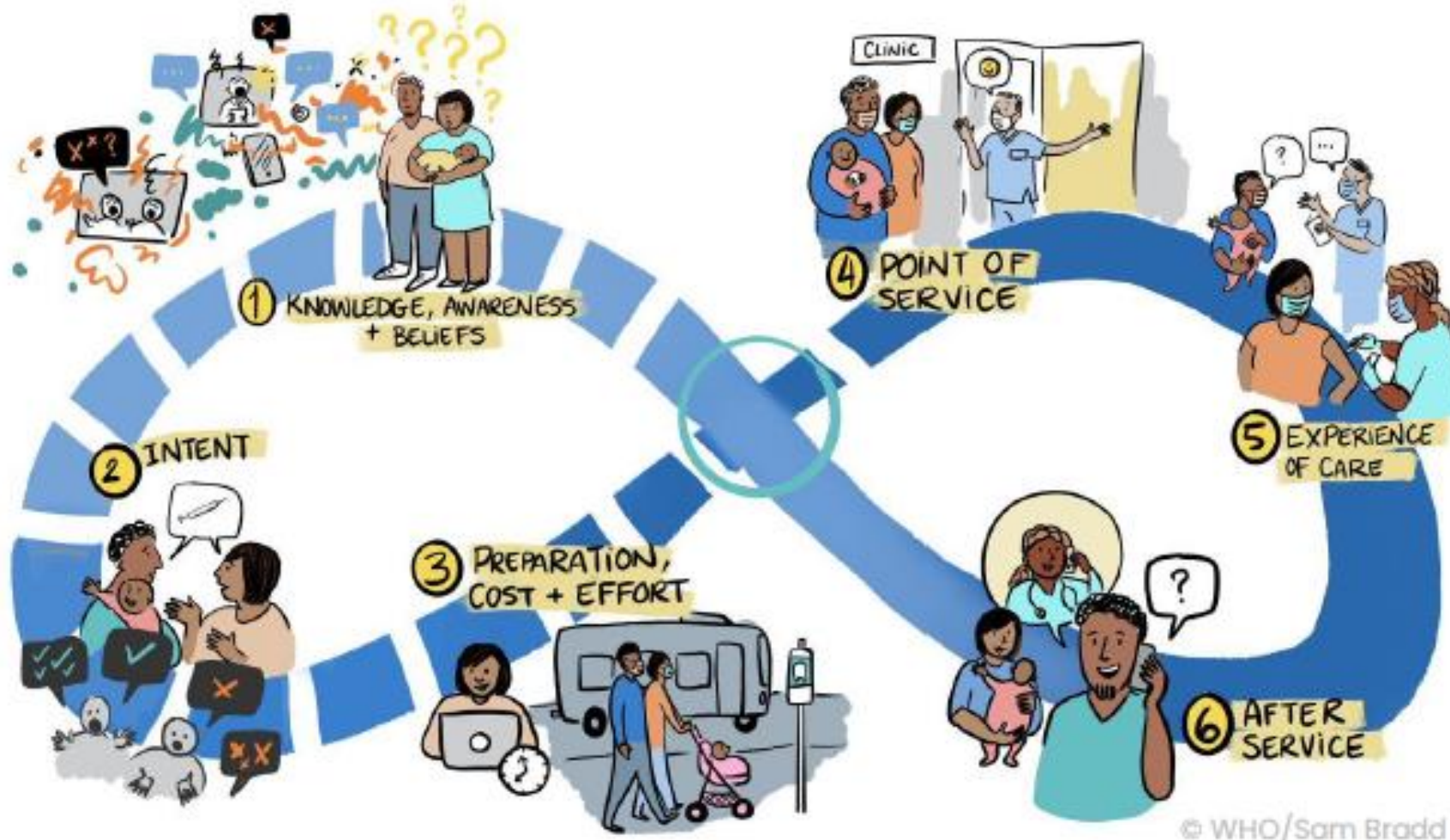
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- Socioecological model to support building **vaccine** demand and uptake
 - Public policy, community, organizational, interpersonal, individual (evidence-based solutions)
- Intervention categories
- Policy categories
- ◆ **Human and system-centered** design approaches
- Foresight

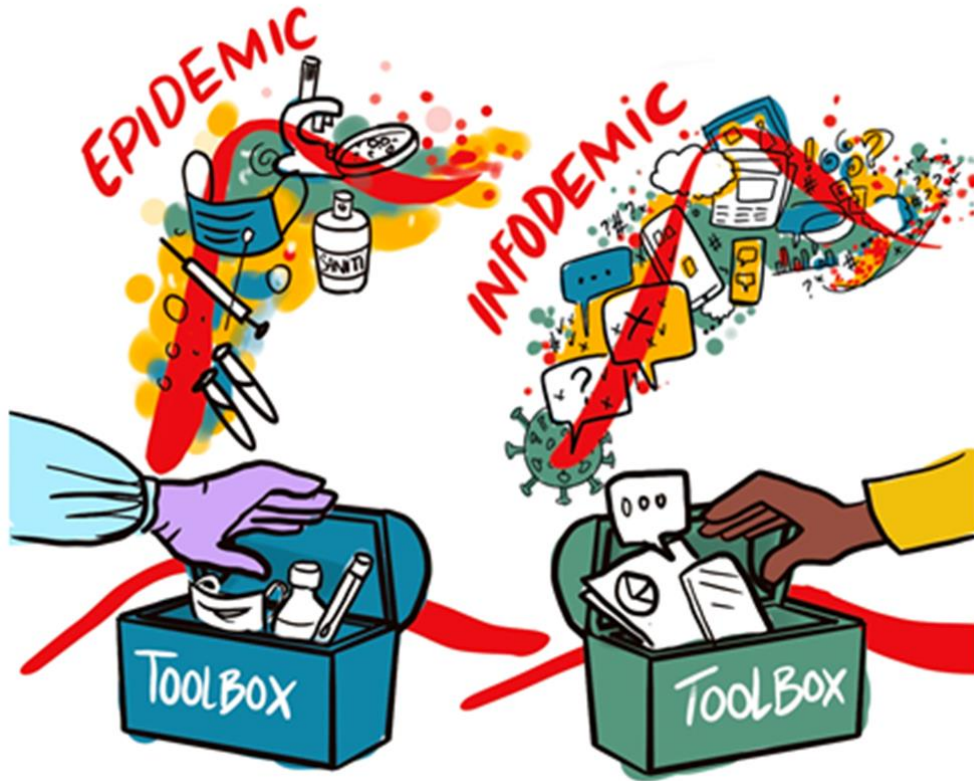
Intervening on the infodemic is complicated because the phenomenon is complex



Trust needs to be built, reviewed, and maintained at **every stage** of the journey to health and immunization.



Module 3b: Counter Misinfo



©WHO/Sam Bradd

- Offer corrections in a timely way in formats and through channels that match how the misinformation is spread and promote **credibility and trust** in health authorities and service delivery.
- Build network of stakeholders to share information and improve reporting processes
- Develop and utilize SOPs for collecting, analyzing, and correcting misinformation at multiple levels, including clear roles and responsibilities
- Track misinformation and fact checks and trends over time


Module 3b:

Learnings include:

- What is the infodemic wave
- The impacts of misinformation
- Types of misinformation
- What motivates the spread of Misinfo
- Tools countering Misinfo
- Practical actions for countering mis/disinfo

Countering Misinformation in the Information Age

Jordan Collver Aditi Subramaniam



Countering Misinformation

In this course, learn about why misinformation spreads so rapidly in today's age and how to arm yourself with the knowledge to counteract it.

44 CARDS

Navigation icons: back, forward, search, etc.

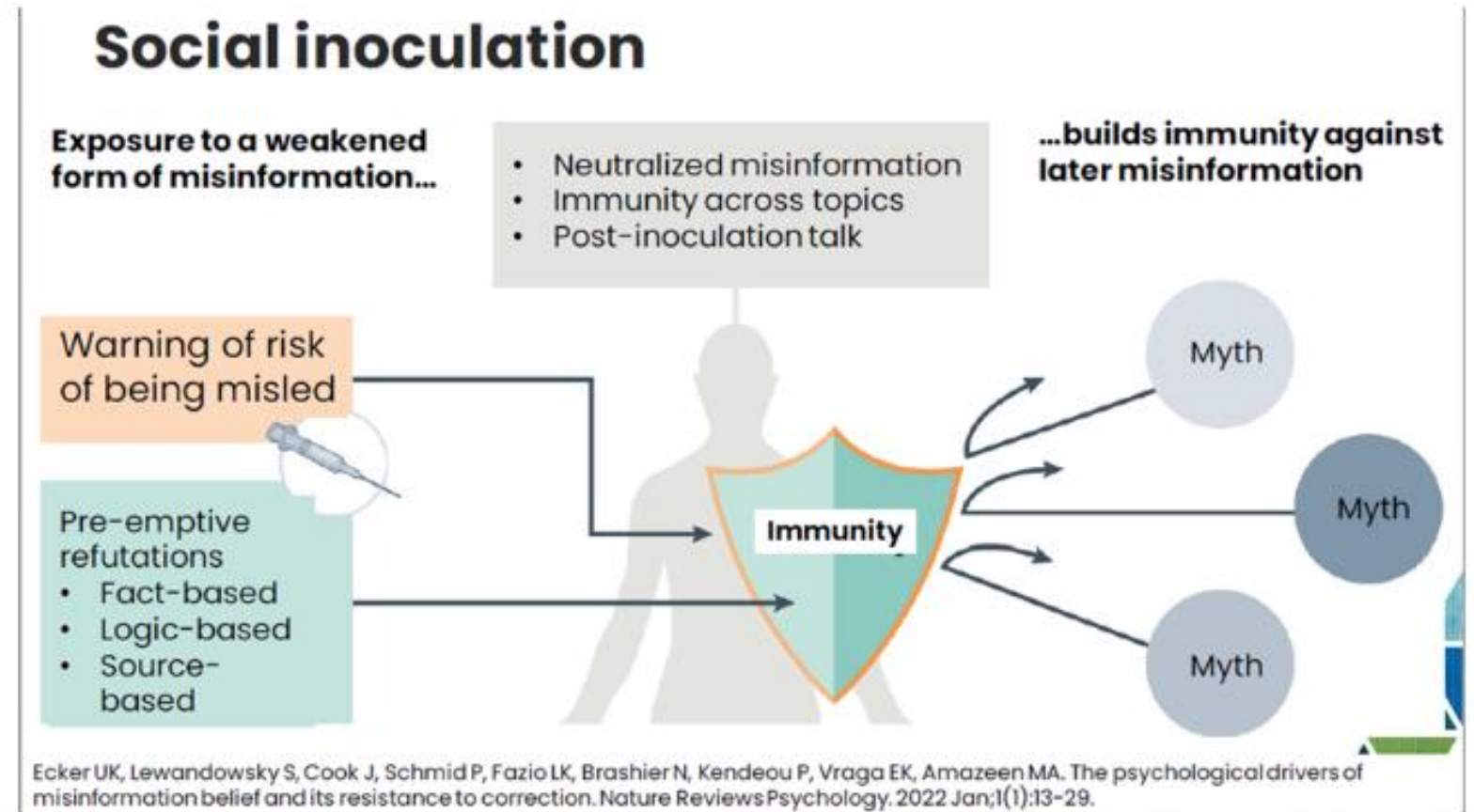
<https://app.us.lifeology.io/viewer/lifeology/scicomm/countering-misinformation-in-the-information-age#6eb2be082bcf>

Module 3b

Learnings include:



Inoculation Theory – social psychology, exposing people to a ‘weakened’ dose of a persuasive argument or technique and pre-emptive refuting it, they develop psychological resistance against future manipulative persuasion attempts. <https://inoculation.science/>



Module 3b

Practical Actions for Countering Misinfo :

Infodemic landscape analysis

- SWOT analysis of vaccine programming and policies

National-level actions

- Identify info voids
- High quality and tailored content
- Link online efforts to offline behaviour
- Connect networks for implementing strategies

Health facility-level actions

- High quality and tailored info access
- Connect with patients
- Train healthcare workforce to address questions

Community-level actions

- Trusted messengers
- Online and offline presenters and accessible groups
- Create a rapid-response plan with immunization stakeholders (train staff)



Prescribing truth: strategies for clinicians to combat health misinformation

Jul 3, 2023

Christine Medeiros



The social media 'infodemic' is going from bad to worse. Here's how primary care physicians can be part of the cure.

Social media has transformed the way we communicate, connect, and share information across a myriad of subjects, but its utility as a vehicle for disseminating health information to would-be and existing patients comes with a complex impact on health literacy.



<https://www.medicaleconomics.com/view/prescribing-truth-strategies-for-clinicians-to-combat-health-misinformation>

- Empowering patients to take control of their own health (for better or worse)
- Instant solutions (instant coffee)
- False info is more sticky
- **Coalition for Trust in Health and Science**
 - Mobilize the breath of its networks of members to facilitate rapid-cycle debunking of particular dis/ misinfo (US) (pending law enforcement)
- **Clinicians to take action:**
 - Proactively share accurate info
 - Debunk common myths / critical thinking encouraged
 - Engage directly with the public
 - Collaborate with health orgs/ community leaders
 - Report and flag misinfo





Jiu Jitsu with
misinformation
in the age of Covid



WELCOME

BROWSE
EXPLORE THE "ATTITUDE ROOTS" UNDERPINNING ANTI-VACCINATION ARGUMENTS.

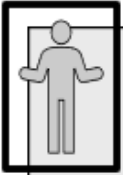
SEARCH BY KEY TERMS
SEARCH OUR DATABASE OF COMMON THEMES BY KEYWORD OR TERMS YOU'VE HEARD.

This is a learning resource designed to equip you with context that can help balance arguments and debunk vaccine disinformation.

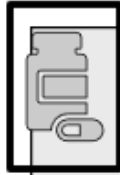
- Overview of 11 attitude roots (psychological reasons) people believe in misinformation about vaccination
- Help counter Misinfo during face-to-face conversations (in and out of healthcare)
- Necessity comes from opposition trends in the most important medical advances, such as vaccines



8 Rights of Medication Administration



1. Right patient



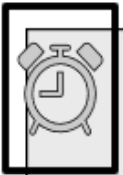
2. Right medication



3. Right dose



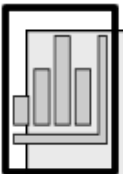
4. Right route



5. Right time



6. Right documentation



7. Right reason



8. Right response

Source: <https://www.nursingcenter.com/ncblog/may-2011/8-rights-of-medication-administration>

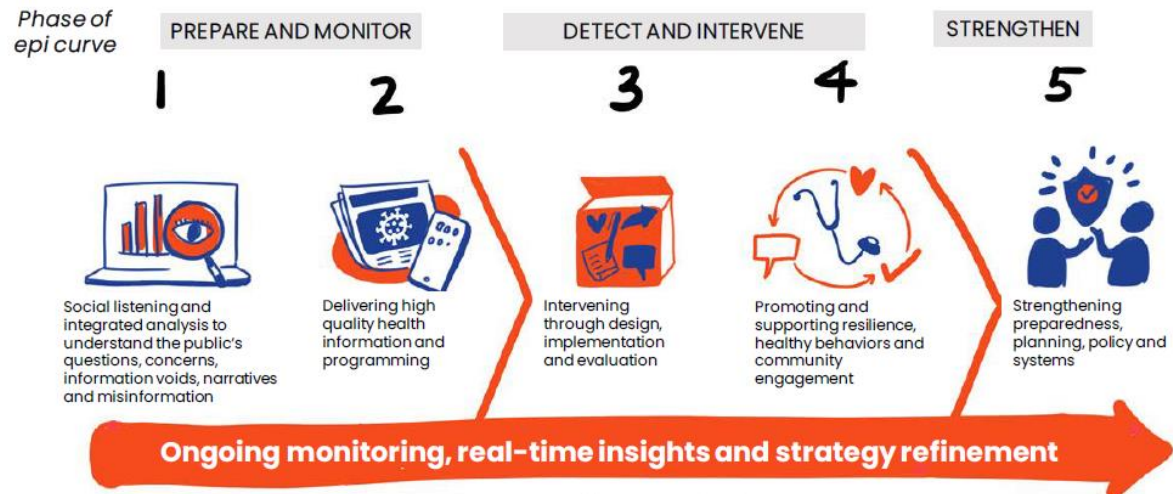
Module 3c: monitor info environment and response



- ✓ Measure the **impact of interventions** and countering strategies and course correct.
- ✓ Apply **evaluation methods** to design, implementation and improvement of interventions
- ✓ Estimate **the impact** of the interventions
- ✓ Develop **recommendations** for improvement

Module 4

Fitting transdisciplinary infodemic insights into health authority processes



Purnat, TD. Building systems for respond to infodemics and build resilience to misinformation. <https://www.linkedin.com/pulse/building-systems-respond-infodemics-build-resilience-tina-d-purnat/>
Purnat, TD. Infodemic management as a function of health emergency preparedness and community resilience. Speech at the SE European Health Network workshop. <https://www.linkedin.com/pulse/infodemic-management-function-health-emergency-tina-d-purnat/>

- ✓ Measure and **understand infodemic to behavior link (online-offline gap)** and apply learnings to supporting individuals and communities' resilience against misinformation;
 - ✓ put individual and community leadership at the core of **long-term strategies** in improving the **community-to-health-system interaction**.
- ✓ Develop measures that overcome the **digital-real world gap** in understanding how individual behavior is affected by the infodemic
- ✓ Strengthen **individual and community involvement** and leadership in infodemic management with localized strategies and tools
- ✓ Measure community empowerment
- ✓ Integrate measures into standard reporting processes into health system

WHO initiates building a global curriculum for infodemic management

28 March 2023 | Departmental news | Reading time: 2 min (516 words)

<https://www.who.int/news/item/28-03-2023-who-initiates-building-a-global-curriculum-for-infodemic-management>

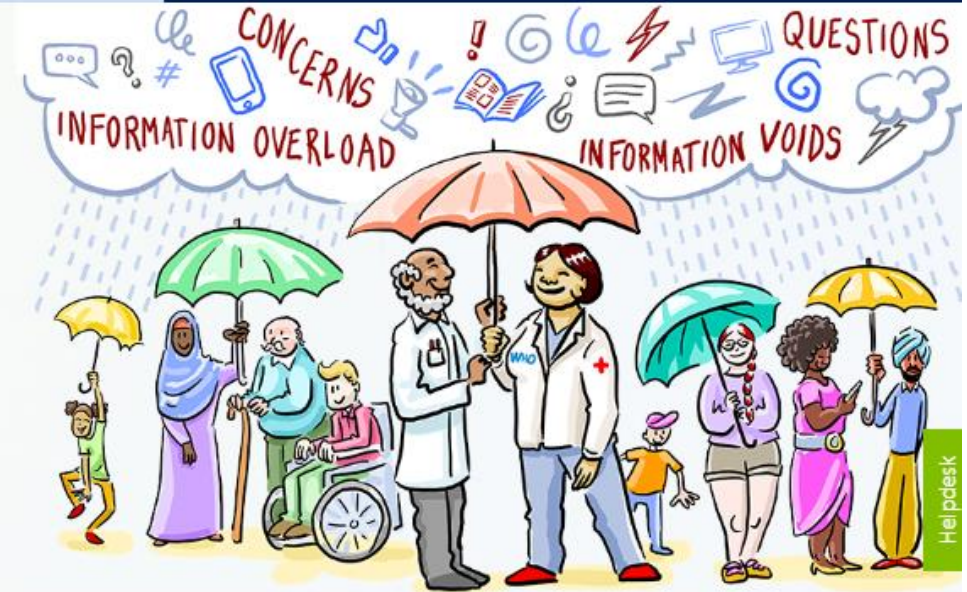


Caption: Participants of the WHO Technical Consultation in front of the Faculty of Medicine, University of Belgrade, March 21, 2023

Credit: WHO/Damir Begovic

Infodemic management

Managing the infodemic and reducing its impact



About the Infodemic Management Course Series

Addressing health misinformation



Infodemic Management: Addressing health misinformation

Developing an infodemic insights report



Infodemic management: Developing an infodemic insights report

Infodemic management 101



Infodemic management 101

Social marketing and message testing methods



Infodemic Management: Social marketing and message testing methods

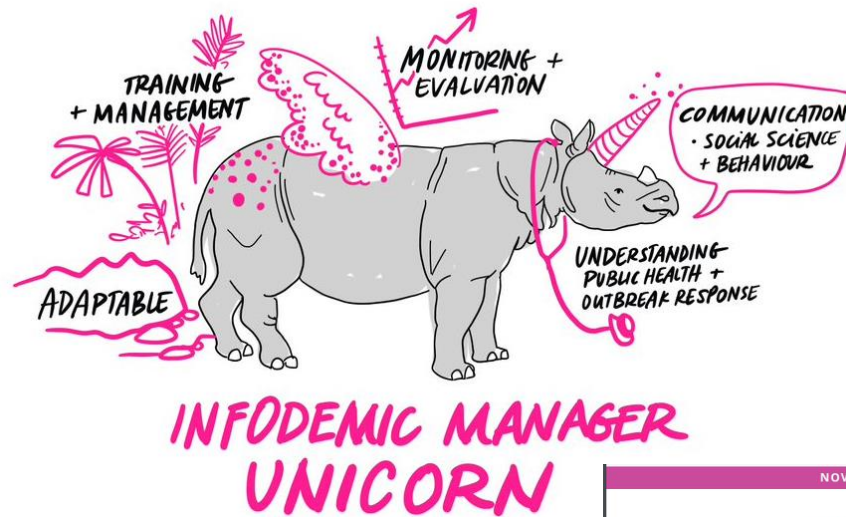
More is coming...

SimEx (simulation exercise) training by WHO IM team

A Simulation Exercise (SimEx) simulates an emergency situation to which a described or simulated response is made. The purpose of a simulation exercise is to validate and enhance preparedness and response plans, procedures and systems for all hazards and capabilities.

[https://www.who.int/emergencies/operations/simulation-exercises#:~:text=A%20Simulation%20Exercise%20\(SimEx\)%20simulates,for%20all%20hazards%20and%20capabilities.](https://www.who.int/emergencies/operations/simulation-exercises#:~:text=A%20Simulation%20Exercise%20(SimEx)%20simulates,for%20all%20hazards%20and%20capabilities.)

- 1500+ certified as IM folks (unicorns)
- 16 time zones per training groups
 - Using low-cost tech: Whatsapp – zoom – shared doc
- Example that **‘culture’** can be adapted with the right example and leadership :)
- Reignited my passion for public health



WHO 3rd Cohort: A MIX OF LIVE SESSIONS AND PRACTICE THANKS TO A SIMULATION EXERCISE

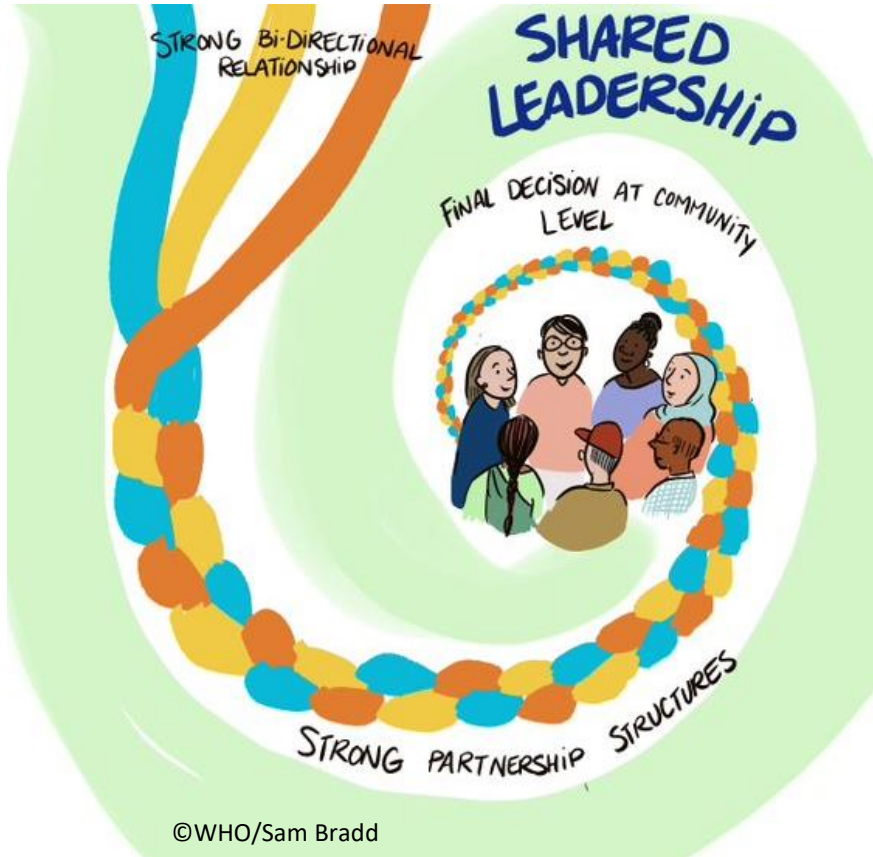


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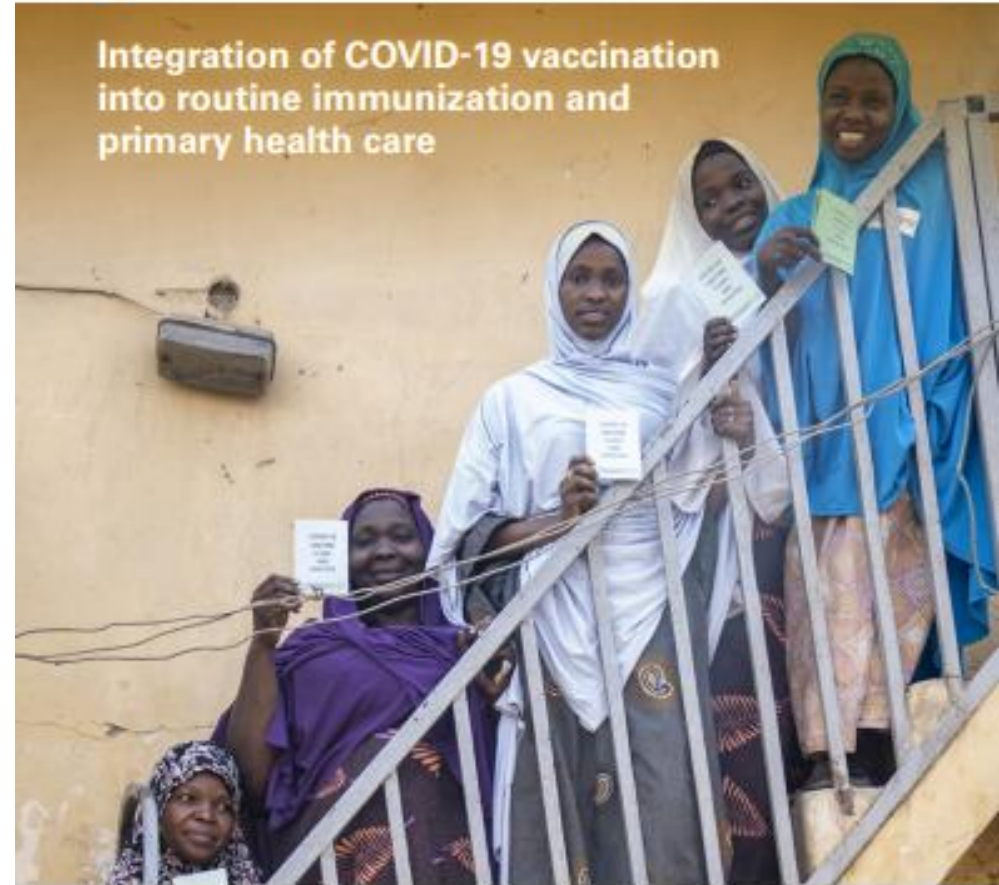
https://cdn.who.int/media/docs/default-source/epi-win/who-3rd-training-booklet_final.pdf?sfvrsn=a718d307_9

Vaccine Program Resources



OPERATIONAL FRAMEWORK FOR DEMAND PROMOTION

Integration of COVID-19 vaccination into routine immunization and primary health care



Misunderstanding Misinformation

BY CLAIRE WARDLE



Think upstream...

An obsession with gauging accuracy of individual posts is misguided. To strengthen information ecosystems, focus on narratives and why people share what they do.

<https://issues.org/misunderstanding-misinformation-wardle/>



Brown Information Futures Lab



Claire Wardle Ph.D.

Claire Wardle designed and implemented the earliest organization-wide training programs in verification and misinformation in 2009 with the BBC. She also co-founded First Draft, a non-profit that worked globally, inventing new terminology, methods and resources for mitigating misinformation.



July 18, 2023 Nelson Mandela Day

Thank you!



<https://openwho.org/channels/infodemic-management>




<https://canvax.ca>



renata@adaptablefolks.com


<https://www.linkedin.com/in/renata-e-mares/>

Participants can vote at [Slido.com](https://slido.com) with **#7855054**



Join at
slido.com
#7855 054

☁ Active poll

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What is your smallest unit of action?



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- <https://app.us.lifeology.io/viewer/lifeology/scicomm/what-is-an-infodemic-and-how-can-we-prevent-it>

Storytelling as a tool

What is an infodemic and how can we prevent it?



Jordan Collver



Paige Brown Jarreau



What is an infodemic and how can we prevent it?

In this course, learn what an infodemic is and what you can do to slow and prevent the spread of misinformation. Learn with Ronald, who has been misguided by misinformation.

43 CARDS



<https://app.us.lifeology.io/viewer/lifeology/scicomm/what-is-an-infodemic-and-how-can-we-prevent-it>

DESCRIPTION OF THE WEBINAR

This webinar will provide an overview of the 'Building vaccine confidence and demand' course.

This eLearning course is an introductory series of self-directed learning modules that explores the basics of WHO infodemic management competencies and vaccine programming. This course is targeted at immunization providers, educators, and program planners (IPEPP) to help advance and adapt vaccine programming post-pandemic and utilize infodemic management skills in order to deliver safe, trusted, and effective programming. All public health professionals are welcome to complete this course.





Renata E. Mares, MIPH, BSN, BAKin, WHO IM

Renata is an adaptation and public health consultant with 15+ years of infectious disease expertise as a public health nurse and researcher across Canada and the southern hemisphere. She is a certified infodemic manager with the WHO and has supported their work in training healthcare providers. She teaches public health and global and indigenous health policy and practice as a sessional nurse educator in Canada and a research assistant with the Jitsuvax project. She is the founder of Adaptable Folks Inc. and can be reached at renata@adaptablefolks.com.