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Office of the Surgeon General  
U.S. Department of Health and Human Services  
200 Independence Avenue SW  
Humphrey Bldg., Suite 701H  
Washington, DC 20201

Submitted electronically via <http://www.regulations.gov>

**RE: Impact of Health Misinformation in the Digital Information Environment in the United States Throughout the COVID-19 Pandemic Request for Information**

The Infectious Diseases Society of America (IDSA) appreciates the opportunity to provide written comments to the Office of the Surgeon General (OSG) in response to its Request for Information regarding the impact of health misinformation in the United States throughout the COVID-19 pandemic response.

IDSA represents a community of more than 12,000 physicians, scientists, public health experts and other health professionals who specialize in infectious diseases and HIV medicine. Our members work across a variety of health care settings and have been on the front lines in the COVID-19 response. Their experiences with health misinformation demonstrate the urgent need to identify and address how health misinformation has affected public health and patient care.

*Information about how COVID-19 misinformation has affected quality of patient care during the pandemic*

Patients' decisions to vaccinate against COVID-19 have been severely negatively impacted by the spread of health misinformation. Many physicians have received questions relating to the long-term safety of vaccines because of misinformation circulated on social media related to unsubstantiated health impacts. Concerns stemming from health misinformation include fertility issues, increased rates of cancer and potential autoimmune diseases. Misinformation related to these unsubstantiated claims of long-term issues caused by vaccines leads to increased vaccine hesitancy. Specific misinformation claiming COVID-19 vaccines cause fertility issues has likely contributed to low vaccination rates among pregnant people. The [CDC reported](#) in February that nearly a third of pregnant people remained unvaccinated. Other claims surrounding the COVID-19 vaccine that contributed to hesitancy included concerns that the vaccines were untested, developed too quickly and contained unknown ingredients that could cause health issues. Lack of health literacy, in particular unfamiliarity with the vaccine development and evaluation process, contributed significantly to many individuals' inability to discern health misinformation from fact. Additional health concerns caused by misinformation related to reported side effects, including blood clots and myocarditis, which are actually more likely to occur in persons infected with SARS-CoV-2 than those who have just been vaccinated. Health misinformation also fueled patient demand for ineffective COVID-19 treatments like ivermectin and hydroxychloroquine. Simple explanations given by providers are important tools to educate patients and combat misinformation.

Despite having education in public health and health care practices, health care personnel may also be susceptible to misinformation. A [Nov. 2021 study from CDC](#) found that nearly 30% of health care personnel were not fully vaccinated, with misinformation likely contributing to decisions not to vaccinate. Health misinformation has particularly influenced nurses, paramedics and other health care personnel not to vaccinate based on lack of knowledge on safety. This can put health care personnel and patients' safety at risk. Addressing these concerns in the medical and health care community should be done in noncombative, collaborative ways across fields, and messages should be delivered by other trusted health care personnel. Training focused on identifying health misinformation on social media may be helpful for health care personnel.

### *Information about how COVID-19 misinformation has impacted health care systems and infrastructure*

Misinformation has had a widespread collateral impact on health care personnel. Physicians reported spending excess time and energy dispelling health misinformation related to COVID-19. This excess time strains physicians already struggling to balance significant additional responsibilities associated with COVID-19. By fueling vaccine hesitancy, misinformation also contributed to surges in hospitalizations, further stretching already heavily strained health care resources. These surges exacerbated health care personnel frustrations because so many of these hospitalizations and deaths were preventable. Health misinformation also made some patients more combative with clinicians. Health care personnel in many parts of the country reported facing verbal threats from patients, worsening work environments that are already emotionally tense and contributing to increasing levels of burnout.

### *Information about technology platforms*

Misinformation comes from almost everywhere online and is accessible on many websites and social media platforms such as Facebook, Instagram and TikTok. Often, when individuals try to research or disprove the misinformation, they are directed to other sites that also include misinformation, thus reinforcing false ideas. Social media algorithms curated to each individual's content preferences also reinforce misinformation, as they will likely be exposed to similar posts instead of content that provides factual, evidence-based information. This makes it difficult for accurate health information to reach many of those who need it most.

Parents can also perpetuate health misinformation. Repeating misinformation to children primes children to mistrust health care personnel and instills false ideas related to public health and medicine. Supporting initiatives in public health literacy and social media literacy for parents and students through schools can help stem the transmission of health misinformation from parents to children.

### *Information about impacted communities*

Underserved communities, including Black, Hispanic and Indigenous populations, initially had lower uptake of the COVID-19 vaccine. While this was in large part due to limited access, misinformation may have also played a role. Marginalized communities have ample reasons to mistrust the health care systems, which may make individuals in these communities more

susceptible to misinformation. Combating misinformation in underrepresented communities should begin with initiatives to address long-standing concerns and build trust through community engagement in clinical trials and public health.

Rural communities were also highly susceptible to health misinformation. [Studies](#) showed mistrust caused by health misinformation contributed to lower rates of vaccination and higher COVID-19 mortality rates in rural areas. This trend is exacerbated by the lack of infectious disease physicians in most of these communities. Physicians can more effectively dispel health misinformation when they already have an established history with the patient. However, [studies](#) show nearly 80% of U.S. counties do not have any infectious disease specialists. Without infectious disease specialists able to act as trusted sources for information in rural communities, health misinformation can spread unchecked.

IDSa thanks the OSG for its work combating health misinformation. We look forward to the OSG's findings and are happy to serve as a resource for efforts targeting health misinformation. For further collaboration or questions, please contact Amanda Jezek, IDSA senior vice president for public policy and government relations, at [ajezek@idsociety.org](mailto:ajezek@idsociety.org).