

# Negative impact of social media panic during the COVID-19 outbreak in India

## Social media panic and COVID-19 in India

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**Abstract:** Social media has played a crucial role in spreading awareness and knowledge about public health; however, it has also been misused for spreading fake news, hatred and creating racism during epidemics and civil unrest. We discuss how social media and societal response to COVID-19 negatively affected its control measures in India and what should be possible corrective measures.

**Manuscript Text:**

Dear Editor, we read with interest the article titled “The pandemic of social media panic travels faster than the COVID-19 outbreak”<sup>1</sup>. We agree with the authors and here we aim to provide an account of social media and societal response to COVID-19 that affected its control measures in India - a country which has over 350 million social media users and a large proportion of which are unaware about fact checking sources.<sup>2</sup>

Over the last decade, social media has played a crucial role in spreading awareness and knowledge about public health; however, it has also been misused for spreading fake news, hatred and creating racism during epidemics and civil unrest.<sup>1-4</sup> Even before the detection of first case of COVID-19 in India, the epidemic of social media panic hit India, which led to stock out of masks and sanitizers from the market. Further, fake claims about transmission of virus through air and its survival on different surfaces<sup>5</sup> created a panic. Though people started wearing different types of masks such as N95, surgical and simple cloth masks, many had lack of knowledge about their appropriate use and disposal which was evident from actions such as frequent touching to mask, use of same mask for more than a day, reuse of disposable masks and throwing the masks on the roads or in regular dust bins. Besides, an unwarranted use of N95 masks by common people during travelling and daily activities resulted in the

shortage for frontline healthcare workers who actually needed those. Such behaviors continue to pose challenges for COVID-19 control efforts. Due to existing medicopleuralism in India, messages containing fake claims about use of herbal and immunity-booster medicines, religious and spiritual ways for prevention and treatment were widely circulated which added to the confusion.<sup>5</sup> The confusion was also due to lack of knowledge about non-pharmaceutical interventions like social distancing, quarantine and isolation because of which travelers from abroad and their contacts faced social stigma in the localities they stayed. The panic was escalated by fake news such as mass killing of patients in China and possibility of extending the lockdown<sup>5</sup>, which resulted in individuals fleeing from quarantine or isolation facilities and unnecessary travel prior to lockdown or even during lockdown for returning hometown. Unfortunately logos and website links of national and international health agencies, news channels and leading newspapers are being misused in such fake news.<sup>5</sup> There were a few incidences where health care providers involved in providing care to COVID-19 cases also faced discrimination. Individuals from North-Eastern part of India who may resemble Chinese natives experienced racism.

The above observations underscore an urgent need for India's Government to effectively control the social media seeking a careful balance of its use and misuse. Policies such as complete banning of social media or suppressing messages related to COVID-19 can have serious implications as it may suppress life-saving information related to COVID-19 or may cause distrust in the motives of governing power.<sup>4</sup> Researchers who successfully mitigated the negative impact of social media and effectively used social media for Ebola control, Ebola vaccine acceptance and other vaccines acceptance suggested measures such as, creating real-time information sharing system, creating a multidisciplinary team of experts to draw data and analyze from range of social media platforms across the global diaspora to understand peoples' perceptions and attitudes as well as to detect early signals of

misinformation to address them before they snowball. They also suggested to emphasize the importance of addressing existing perceptions of people in messages aimed toward creating awareness and education so as that the social media can be harnessed in a positive way to build public trust, cooperation and better adherence to epidemic control measures.<sup>1,3</sup>

Apart from these measures legal provisions are also essential but experts who criticized the limitations and demanded amendments in 123 years old 'The Epidemic Diseases Act 1897' overlooked social media.<sup>6</sup> We strongly argue for legal provisions in this Act to enforce regulations for social media with a robust plan for executing above mentioned measures during COVID-19 and similar future epidemics.

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Both the authors equally contributed to the manuscript.

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Authors are affiliated to Johns Hopkins University (JHU), Center for Clinical Global Health Education (CCGHE), Pune, India. However, the subject area of this manuscript is not linked to current focus work areas of this research consortium. Hence, the corresponding author is submitting this manuscript as "Independent Researcher." The second author divides his time partly between the JHU and Dr. D.Y. Patil Medical College, Hospital and Research Centre. His second affiliation is provided here. The views expressed in this letter are solely those of the authors and did not represent any institute.

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