

Health in the age of disinformation

Health misinformation (false or misleading data shared unintentionally) and disinformation (deliberately deceptive information) are not new, but the COVID-19 pandemic marked a turning point. The sense of anxiety and urgency, coupled with the rise in the use of social media and politically charged interpretations of the pandemic, fostered the spread of a series of misleading claims about the virus and medical countermeasures. Health misinformation was weaponised as propaganda, exploiting fear, undermining public trust, and hindering collective action in critical moments. Today, misleading social media content pervades information on cancer prevention and treatment; can lead patients to abandon evidence-based treatments in favour of influencer-backed alternatives; downplays the seriousness of mental health conditions; and promotes unregulated supplements claiming to work for everything from weight loss to reversal of ageing. Disinformation has become a deliberate instrument to attack and discredit scientists and health professionals for political gains. The effects are destructive and damaging to public health.

The sense that this threat is not being taken seriously enough by technology companies is exemplified by Meta's recent decision to end fact-checking. Facebook (like other social networks) was already a major source of health misinformation, but although fact-checking cannot fully eliminate inaccurate material, it makes a difference, and its removal opens the floodgates for harmful content. Because misinformation often spreads faster than facts, it is essential that facts are conveyed in a manner that leaves no space for misinterpretation. Mark Zuckerberg's announcement is part of a trend of rolling back oversight that can leave the impression that the battle over the facts is being lost. Xavier Becerra, who led the US Department of Health and Human Services, says federal agencies are outmatched by "instantaneous information and disinformation".

However, there have been positive efforts too. Australia intends to introduce hefty fines for platforms that do not prevent the spread of misinformation. The European Commission has published recommendations on addressing COVID-19 misinformation through targeted behavioural interventions. WHO has been taking steps to encourage responsible communication of health information and to flag misleading content. Social media

can be a force for good, and there are individuals who work to educate the public creatively and effectively.

Fighting misinformation is not as simple as only correcting facts; it also involves addressing purposeful manipulation and the way algorithms direct people's attention, leaving individuals to navigate a complex mix of science and fiction alone. Artificial intelligence (AI)-generated content presents growing challenges, but AI can also help to flag content with no scientific basis—although it cannot replace teaching people how to fact-check and identify credible sources. Combating misinformation takes a systematic approach akin to curbing the spread of infectious agents: finding and containing the source; proactively identifying the most vulnerable to its effects; and immunising the population against false claims by providing clear educational resources. It cannot be left to voluntary, individual efforts.

The UK COVID-19 Inquiry has this week published its Every Story Matters record on the public's experiences with the development and roll-out of COVID-19 vaccines and therapeutics. Together, the testimonies underscore not only the value of accurate information, but also the central importance of trust and emotional responses—from hope and relief to scepticism and anxiety—during public health crises. Understanding and changing the narratives that negatively influence health decisions as emotional determinants of health is essential. Rather than just simplifying complex facts, governments and science communicators must strive to ensure that public health messaging is relevant to the individual; to not only provide accurate information but also foster an environment of trust and understanding, and to acknowledge areas of uncertainty and unknowns. The medical community has a key role too, through commentary, research, and advocacy. *The Lancet* is committed to supporting these efforts by proactively addressing and, if possible, preventing misinformation and disinformation stemming from our publications.

Misinformation and disinformation can no longer be viewed simply as an academic nuisance, but rather they are a societal threat. Only if we recognise that threat and act proportionately can we respond to the danger and combat the tide of misinformation and disinformation that has the potential to seriously undermine public health. ■ *The Lancet*



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For more on the **UK COVID-19 Inquiry's Every Story Matters** see [World Report](#) page 185

For more on **politicisation of COVID-19** see

Science Communication 2020; **42**: 679–97

For more on the **effectiveness of fact-checking** see

Political Communication 2019; **37**: 350–75

For more on the **fast spread of misinformation** see *Science* 2018; **359**: 1146–51

For **Becerra's comments** see <https://www.washingtonpost.com/health/2025/01/12/xavier-becerra-hhs-secretary/>

For more on **recommendations of the European Union** see <https://op.europa.eu/en/publication-detail/-/publication/6cb2cc15-2e58-11ed-975d-01aa75ed71a1/language-en>

For more on **WHO's strategy to combat misinformation** see

<https://www.who.int/teams/digital-health-and-innovation/digital-channels/combating-misinformation-online>

For more on the **role of algorithms in disinformation** see

<https://crestresearch.ac.uk/comment/addressing-algorithms-in-disinformation/>

For more on the **emotional determinants of health** see

Comment *Lancet* 2020; **395**: 768–69

For more on **The Lancet's efforts** see **Comment** *Lancet* 2024; **404**: 1792–94