INTRODUCTION

By **Lisa Jane de Gara**

On January 1, 1970, the Coordinated Universal Time was launched—the backbone of our digital communications, and believed by many to be the birth of the Information Age. Over the last half-century, our reliance on digital networks and modes of communication has only increased; segueing from academic curiosity to luxury to inevitable and needed. In the last decade, we might find cause to argue that the Information Age has curdled into the Disinformation Age.

Electoral and political disinformation have been endemic in online spaces for at least the last several years, but the COVID-19 pandemic has been a generationally significant moment for disinformation. The combination of fear, disruption of social engagements, isolation, and political tumult have accelerated and embedded COVID-19 disinformation into public discourse.

The COVID-19 pandemic has been co-branded the "Infodemic." While vaccines have effectively inoculated much of the world against SARS-CoV-2, viral disinformation remains a more challenging and shifting target. For many, the pandemic presented an opportunity to calcify beliefs, deepen prejudice, and spread their message to a wider audience. With this in mind, vaccinating a public afflicted by disinformation presents a Sisyphean challenge. How can public health messaging expect to compete with slickly-produced videos, designed to hold attention? How can medical professionals present rational arguments against beliefs not based in rationality?

Fact-checking, question and answers, and active listening (protocols for assuaging anxieties early in the pandemic) effectively persuade many people—but not all. For so many, the messages of disinformation are more potent than the dryly-delivered data their health authorities dispensed from the podium. This is more than a shame, but a crisis to be resolved. Disinformation, especially vaccine-related disinformation, kills.

There are now thousands of grim epitaphs to the deaths from disinformation. On Reddit, a forum was founded September 21, 2020—"The Hermain Cain Award," named for the late pizza CEO and one-time presidential candidate who first claimed COVID-19 was a hoax, and subsequently died of the virus. Boasting more than 500,000 subscribers, the forum is a grim record of the consequences of disinformation. A typical entry features a half dozen Facebook posts, citing conspiracy theories about vaccines, mocking "liberals" for their willingness to "succumb" to vaccinations, flaunting health restrictions. Then the second act: a post from a relative, usually a son or daughter, explaining a recent hospital admission ("COVID-19 pneumonia") and asking for prayer. The final post is just as predictable: *We'll miss you, Daddy. Heaven got another angel today*.

While the consequences of disinformation are clear, the resolutions are markedly less so.

In this issue, we will cover the breadth and depth of disinformation in Canada's Infodemic. Rummens and Alkoby examine the tensions in information flows in a pandemic—when there was too much, not enough, or when information was soundly displaced by disinformation. Celestini discusses COVID-19 as a "super conspiracy," hierarchically linked

to depopulation, the United Nations, and fear of a one world government. Jedwab examines why some people are more easily swayed by disinformation—with nearly 40% of unvaccinated Canadians believing the vaccine is dangerous to their health. Asmi, Trevors, Argyropoulos, and Morin explore innovative methods of customizing public health communication to vulnerable ethno-cultural communities. Annable, Bonnell, Ge, and Palad examine outcomes from the Immunization Partnership Fund, including efforts to support evidence-based vaccination communication. In examining mythologies and enabling beliefs of the mainstream media and healthcare, Marshall explores how racist preconceptions can bias public health and prevent adequate support to Black communities. De Gara (that's me!) provides a few home truths about disinformation on the ground-level, pulled from lived experience in grassroots vaccination clinics. Finally, Holley and Shrestha examine vaccine and booster shot uptake across demographic groups and conclude that waning uptake may be related to the associated public discourse and conflicting messaging on the topic.

Ultimately, even as the COVID-19 pandemic is squarely in the rear-view mirror for most, the impacts of disinformation linger in communities and digital spaces. Our ability to manage it requires robust analysis—and we hope you will enjoy what this issue can offer.