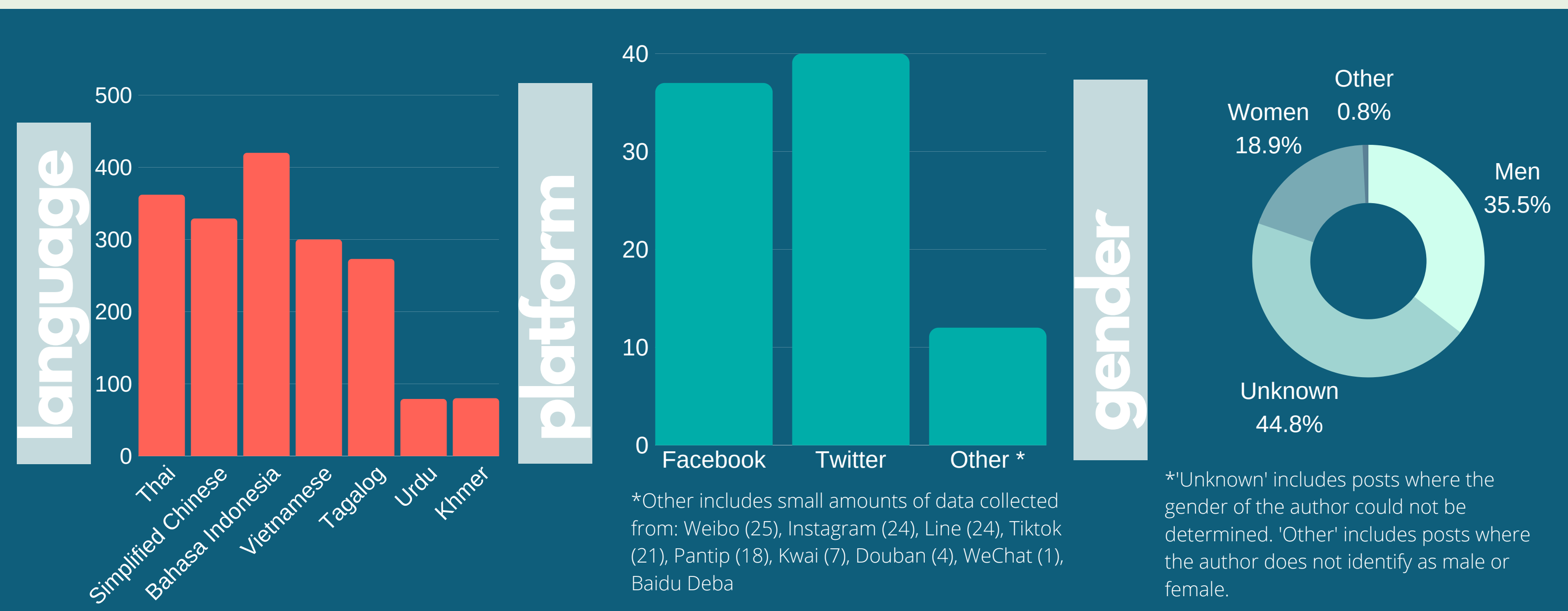


# COVID-19 RUMOUR BULLETIN #3



Internews is working with Translators without Borders, Standby Task Force and BBC Media Action to collect and analyse rumours and misinformation related to the SARS-CoV-2 virus and COVID-19 disease. Data is being collected in seven languages across Asia. This analysis is based on 2,163 rumours collected between January 23, 2020, and May 8, 2020, in Thai, Khmer, Urdu, Indonesian, Simplified Chinese, Tagalog, and Vietnamese.



## Vaccines: hope fuels rumours

We have recorded close to 100 rumours that mention vaccines, with a significant increase in frequency throughout April as well as so far in May.

One of the most common rumours is that a **vaccine for coronavirus has already been developed**. One rumour in Thai said that Australia had already produced a workable vaccine that would be ready for mass use by September. Another claimed that the “war with coronavirus” will end by August due a development of a vaccine, and thanked British doctors. A rumour in Urdu, claimed that Israel and the United States already developed a vaccine, but it was no longer effective as the ‘virus had mutated’.

Many of these rumours appear to be based on misinformation about the vaccine development process. There are **at least 115 vaccine projects** currently in development around the world. And although some are beginning to enter human trials, none have been proven to be safe and effective in preventing infection of COVID-19.

Microsoft founder, **philanthropist and world’s third-richest man Bill Gates** has been the subject of an overwhelming volume of coronavirus-related misinformation. Conspiracies around Bill Gates and the coronavirus started circulating as early as January in English language social media. In April, a **New York Times study** pointed to 16,000 rumours about Mr Gates on Facebook alone. In line with this trend, we recorded a number of these rumours in April, with the vast majority of these (81%) in either Indonesian and Vietnamese.

A particularly prevalent rumour in Indonesian was the idea that Bill Gates is using development of a vaccine as a cover to ‘plant microchips’ in people across the world and monitor them. **Many of these posts contained identical language**, but were repeated by a variety of different accounts. This rumour was common on Facebook, but we also documented its spread across Indonesian WhatsApp message groups.

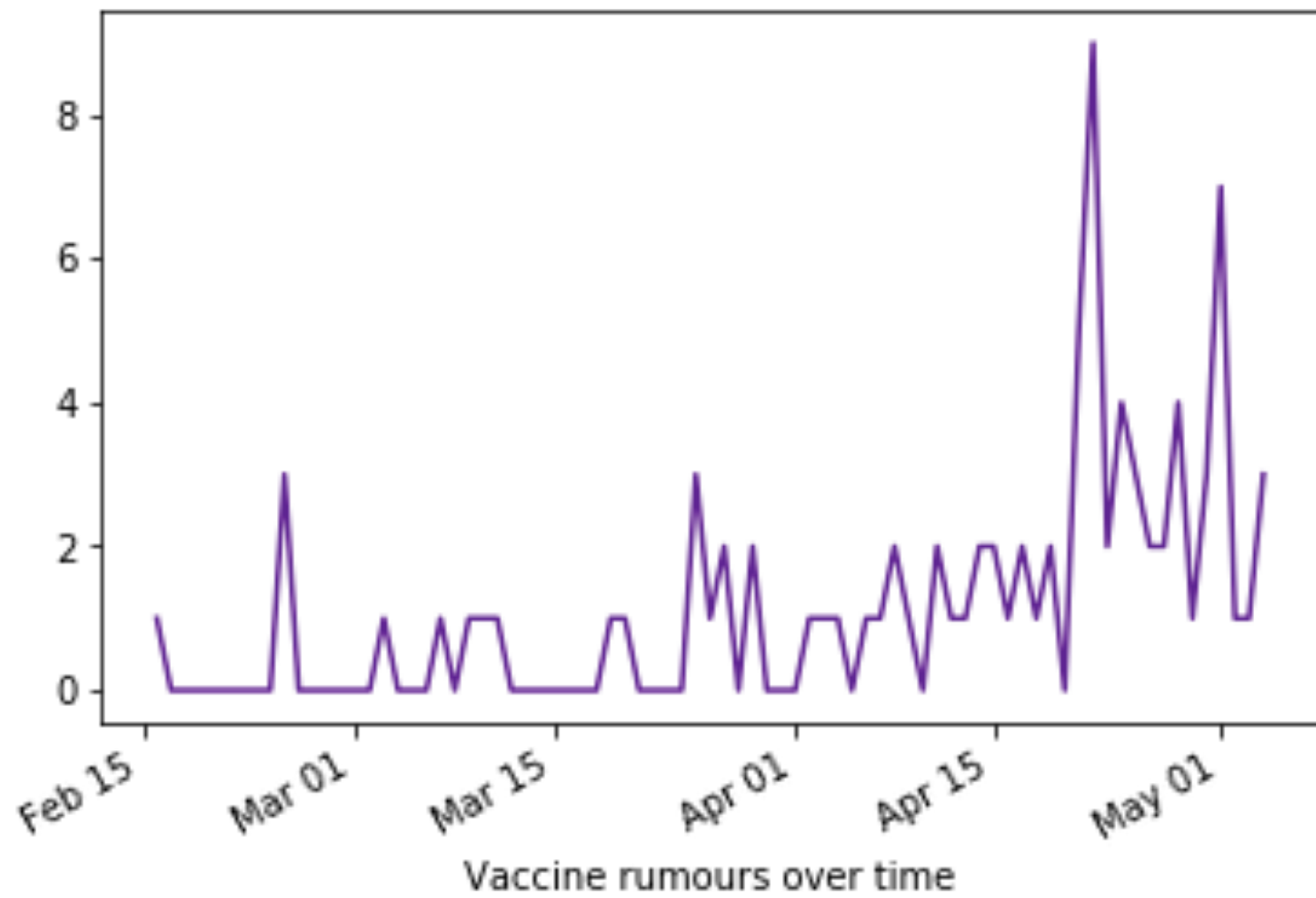
### Examples:

“Breaking news! Australia produces "Covid-19 vaccine" and will be ready for use this September! Australian Prime Minister announces production of Covid-19 vaccine that will be ready to use this September. Hope to return to normal life as the world’s first nation rather than China.” - Thai, Line

“Will the honey be included in Covid-19 vaccine?” Vietnamese, Facebook



## Vaccines: hope fuels rumours (Continued...)



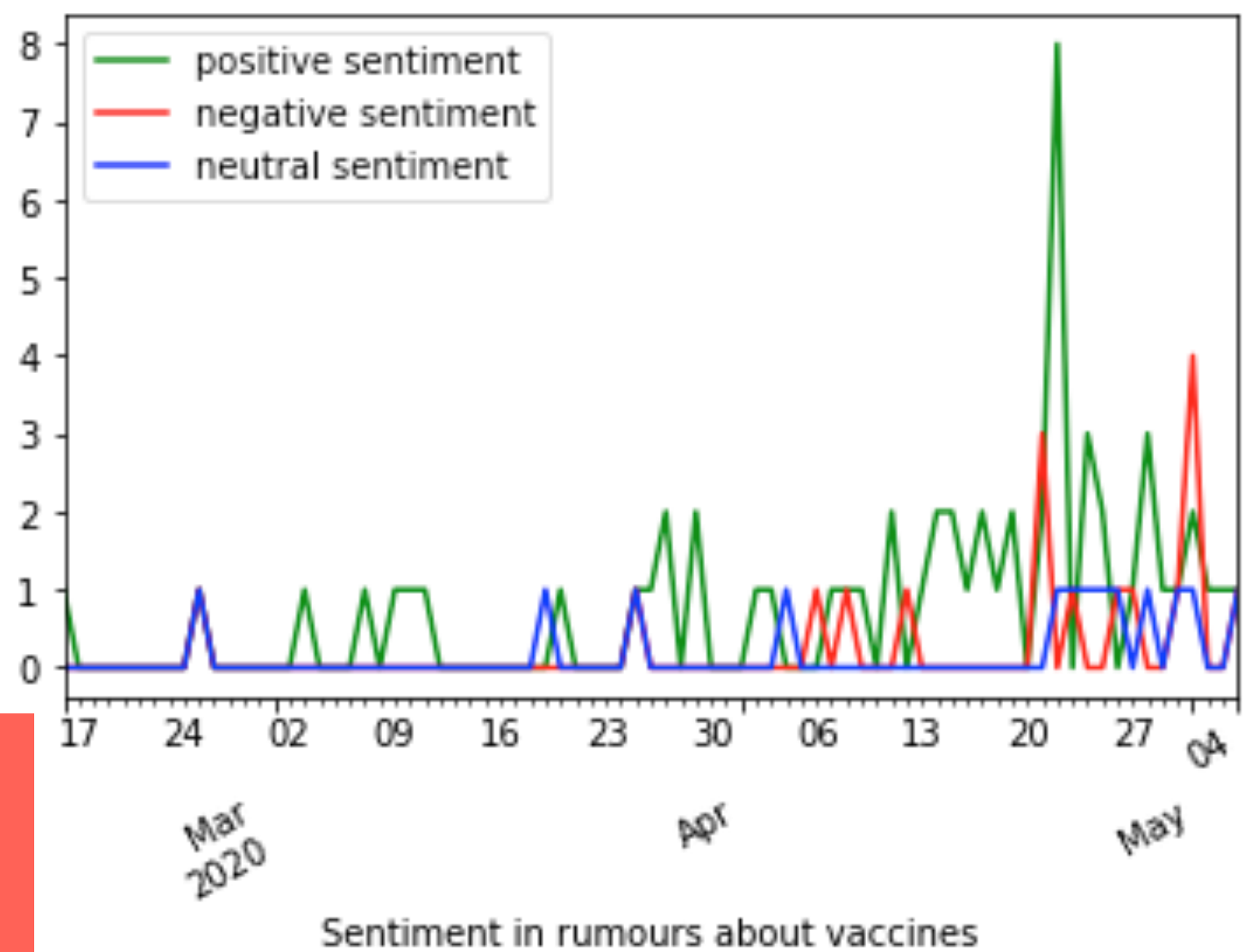
Bill Gates has committed US\$300 million so far to address coronavirus, and has pledged money towards the construction of factories for seven separate vaccine trials (since most vaccine trials fail). However, there is no evidence that he is directly involved in developing a vaccine.

The most common rumours about Gates in Vietnamese claimed that Gates created coronavirus for his own benefit (this rumour was also seen in our Indonesian data). A rumour in Vietnamese posted by a Facebook page that posts about the Communist Party and has approximately 80,000 followers claimed that Gates was collaborating with China to create the virus and to destroy humanity. Another questioned whether Gates intended to use coronavirus to expand control over the global health system.

We also documented speculation about the **ingredients needed for a successful and effective vaccine**. A post in Vietnamese on Facebook, for example, questioned whether honey would be included in the coronavirus vaccine. **We have documented frequent rumours** about the effectiveness of household foods and drinks like honey, garlic, and lemon in preventing or curing coronavirus. While they may boost overall health, **The World Health Organisation says** there is no evidence that they are effective against coronavirus or that they would be an effective component of a vaccine. While we did find **old research** about a vaccine which contained honey, it was designed for use on animals, rather than humans.

Rumours in Tagalog about vaccines were primarily reactions to the **Philippine President Rodrigo Duterte's** promised cash reward to any citizen who develops a vaccine against coronavirus. Numerous people posted on social media claiming that they should be paid this reward since a 'cure was already known' – **including Vicks VapoRub, lemon and ginger, and illegal drugs like methamphetamine**. The Fabunan Antiviral Injection was another claimed cure that was frequently posted about on social media, although the drug has not been approved by the Philippine Food and Drug Administration and its effectiveness is unproven.

**We plotted the sentiment behind rumours about vaccines over time.** Sentiment refers to the 'feeling' behind the post. A positive sentiment might include a 'happy' or 'joyful' post, whereas posts with a negative sentiment may indicate, for example, sadness, hate, violence, discrimination etc. We found that while most rumours held generally favourable perspectives about vaccines, negative posts increased in May.



### Example:

"When did he (Bill Gates) start to develop a vaccine? Vaccine development requires a long time. If Bill Gates has the vaccine for corona, when did he obtain the virus seed? Was it before the pandemic started? In 2015, he announced that there will be a pandemic in 2020. From which country does the coronavirus seed that Bill Gates and his associates use to create a vaccine?"

According to experts around the world, coronavirus still continues to mutate until now... Then, which virus seed that he used for the vaccine? It is still unclear. Bill Gates's vaccine will be planted with microchips. It is rumoured to be used to monitor people who received the vaccine."

- Indonesian, Facebook

### Reporting Tip:

Journalists have an important role to play in helping their audience to better understand the vaccine development process. Having a clear understanding of the potential timeline of the development and distribution of a vaccine combined with practical suggestions of what your audience can do to protect themselves in the meantime, will help to manage expectations, and work to reduce anxiety in the community.

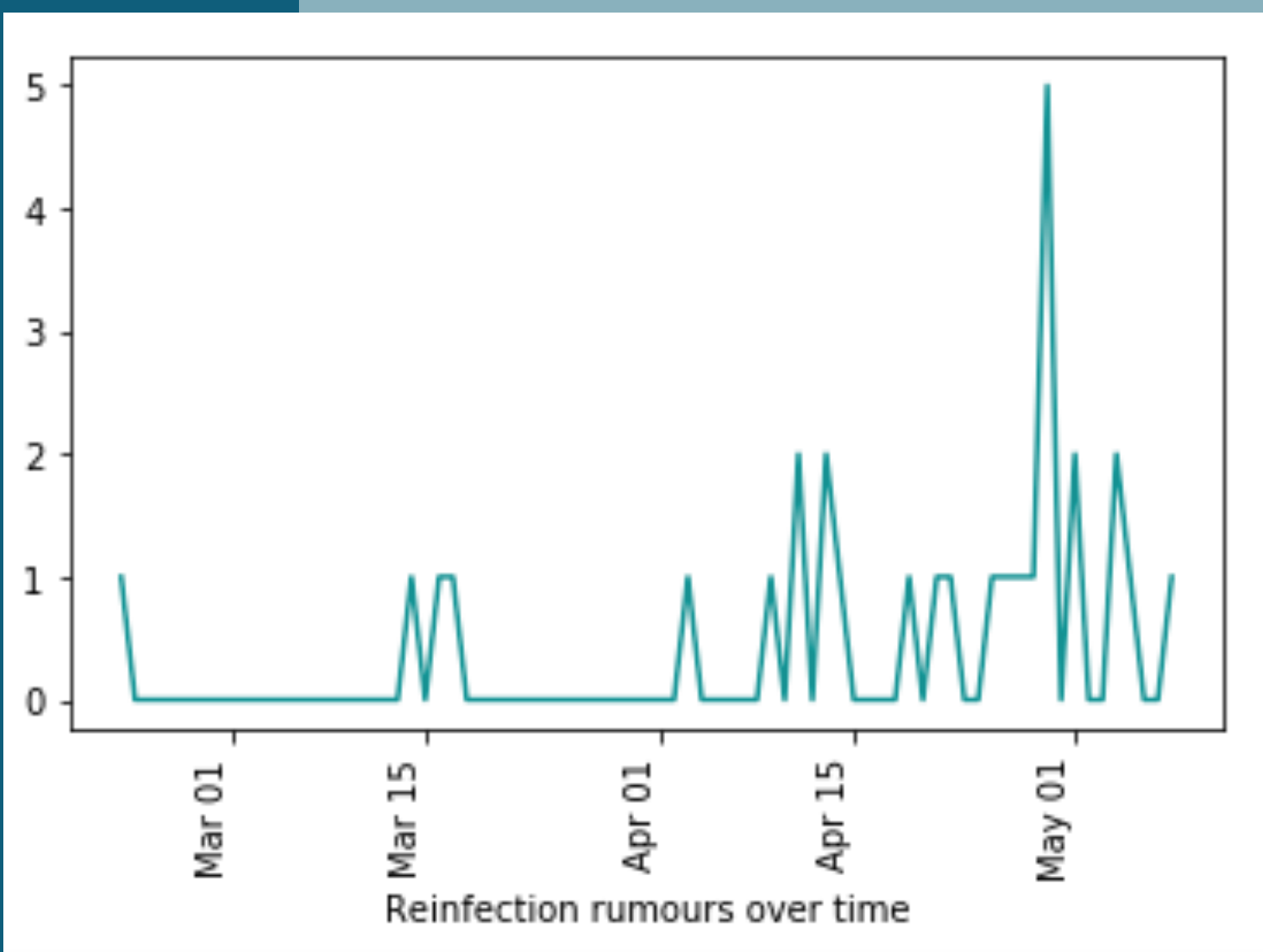
As with many elements of this crisis, there are many questions that are still unanswered. For example, if and when a vaccine is created, who will get it first? What are the side effects? How much will it cost? How will it be distributed to hard to reach locations, or areas with few medical professionals? Helping your audience to understand that the development of the vaccine is just one piece of a very complicated global health puzzle may help them to think twice before sharing news of a 'new vaccine' from unverified sources.

To help you in reporting on this topic, we have created **this guide** which summarises the key scientific developments so far and provides tips on how to explain this complex issue to your audience.

You also find our guidance on **how to report on clinical trials** and many other tools and resources for journalists on **our website**.

# Reinfection returns: rumours about reinfection continue to appear

We continue to see spikes in the number of rumours about people who have had COVID19 becoming reinfected after their recovery. In **Edition 1** of this bulletin, we also looked at online discussions on this issue and the resulting stigma that recovered patients were experiencing in the region. Several posts advocated for violence against infected persons to limit the spread of the virus, including burning them and detaining them.



A recent rumour in Vietnamese cited “experts” in stating that it is impossible for someone that recovered to catch the virus again. A rumour in Tagalog cited anecdotes of people being infected again or that the virus lies dormant in a person after recovery.

A rumour in Vietnamese, posted in a coronavirus discussion Facebook group with tens of thousands of members, stated that coronavirus is still spreading in Wuhan, China, and said that patients in China have been **confirmed to be infected again after recovering**.

Unfortunately, there is so much about the coronavirus that we **still don't know**. There indeed have **been reports** of people who appear to have been infected with coronavirus. However in many cases, it is possible that false test results also contribute to these reports.

Recovering from some other coronaviruses, such as those that produce the common cold, only provides people with short term immunity. However, antibodies have also been detected in people that have recovered from Severe Acute Respiratory Syndrome (SARS) and Middle East Respiratory Syndrome (MERS).

## Example:

“A well-known doctor confirmed. An Covid-19 ex-patient had fever again and was taken back for treatment. We are still waiting for a test result tomorrow morning to confirm if he is reinfected. Chiang Rai Public Health officer confirms an ex-patient has fever again and was taken back to hospital with mild symptoms.” -Thai, Facebook

“Wuhan has not got rid of Covid-19. Many patients in China have been confirmed to be infected with SARS-CoV-2 virus again after recovering, which causes a negative atmosphere. If this is true, whether the recovered patients are totally safe for society is a new concern.” - Vietnamese, Facebook

## Reporting Tip:

This crisis brings many levels of uncertainty for your audience. The fear that the ‘worst may not be over’ or that we will not be able to safely resume our lives until a vaccine is found can be felt across the globe. As a journalist and communicator, you have a responsibility to work to address those fears with up to date, trustworthy information that addresses your audience's questions and concerns.

If you are reporting on the issue, there are key questions that need to be asked:

- Is this account based on an anecdote, or hospital testing?
- How many times was the patient tested?
- Were they tested in compliance with WHO standards?
- Are there pockets, or perhaps particular hospitals that are recording higher levels of ‘reinfection’ than others?
- Does this account contribute to prejudice against a marginalised or vulnerable group?
- What is the latest information from WHO on this issue?

We have produced [this guide](#) to help you to understand, and explain, the science behind testing and reinfection for your audience.

# Changing times: rumours about strains & mutations of the virus

**Sixty percent of rumours about multiple strains and mutations of SARS-CoV-2 virus recorded were in Thai**, followed by 20% in Bahasa Indonesia, 18% in Chinese, and 2% in Tagalog.

Many rumours in Thai speculated that the strain of coronavirus present in Thailand is wildly different from other strains spreading around the world and/or that the strain in Thailand is especially dangerous. Another post claimed that renowned Chinese epidemiologist Li Lanjuan had discovered a dangerous strain in Europe which originated in Zhejiang, China.

Other common rumours about strains were claims that coronavirus mutates much faster than other viruses, and that coronavirus has evolved to become much stronger over time. Some speculated that differences in strains is what causes differing mortality rates by region.

One rumour posted in Thai that received over 200,000 views claimed that there are seven strains of coronavirus, and some cause only mild symptoms while others cause pneumonia and respiratory failure. Although there are probably countless mutations of coronavirus, it's currently not known why some people test positive for coronavirus and are infectious yet show no symptoms, while others develop respiratory problems and pneumonia.

We also observed a lot of discussion about **"two strains" of coronavirus, called the L and S strains**. Specifically, people speculated that recovering from one strain of coronavirus does not immunise you from the other. This rumour has likely come from the March release of research from Peking University in Beijing which **analysed 103 COVID-19 cases**. The team identified two types of the virus: 72 were considered to be the "L-type" and 29 were classed "S-type". The first strain is likely to have emerged around the time the virus jumped from animals to humans. The second emerged soon after that, says the team. Because the "L-type" was more prevalent, the team concluded that it was more 'aggressive' than the "S-type". It is important to keep in mind the very small sample size of this research.

**The World Health Organization does not agree with the findings of this study** and says there is no evidence a more aggressive strain has emerged.

In reality, viruses are constantly mutating. Coronavirus is a RNA virus, like influenza, and many RNA viruses have particularly high mutation rates compared to DNA viruses like smallpox. It is possible that coronavirus could mutate to become more lethal or more infectious, but it could also mutate to become less dangerous. In the last coronavirus pandemic, the H1N1 outbreak in 2009, **the WHO also recorded instances** of virus mutation.

In a **non-peer reviewed study released in April**, Professor Li Lanjuan found that different strains of the virus may account for different impacts of the disease in various parts of the world. There are a number of other studies also investigating whether mutations in the virus may have different impacts on patients. You can search a WHO database of the current COVID-19 studies and their conclusions **here**.

## Examples:

"There are 7 strains of coronavirus recorded now, 4 of them cause only mild symptoms such as cough, runny nose and sneeze, another 3 are SARS/MERS/COVID-19 cause pneumonia and respiratory failure with higher fatality rate." - Thai, Facebook

"The current strains of Covid-19 is originated from S (serine) strain and genetically altered to L (Leucine). L expands faster and later spread to Europe and America. Then the L species were further divided into 2 species, G (glycine) and V (Valine). Therefore, Covid-19 is currently divided into 3 species which are S, G and V and there are also other species that have not been named.

We study in Thailand and found that the strain in Thailand is specific and we would like to name it T, not from Thailand but T is from genetically changing to Threonine in the protruding spike gene. If we have studied enough, strain G entered America on the east side, strain S entered America on the west side. Therefore, there are both G and S strains in America. V and G are in Europe." - Thai, Facebook

## Reporting Tip:

Viruses commonly mutate. Influenza, for example, regularly mutates and that is why the flu vaccine is regularly updated to try and match the virus. Mutations can also cause more dangerous versions of a disease as we have seen in HIV, hepatitis C, and measles.

Help your audience understand this issue by keeping up to date with the latest information on this issue and ensuring you don't add to fear or anxiety by reporting on clinical trials with small sample sizes and no peer review. Your audience becomes stronger and safer when they access good quality information. To learn more about virus mutations and COVID-19, **check out our reporters guide here**.

This bulletin is produced with generous support from the H2H Network. The network and its fund are supported by UK aid from the UK government. This project focuses on equipping journalists and communicators across Asia with the tools they need, in the languages they prefer, to combat rumours and misinformation in the COVID-19 crisis.

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