

MATERIALI

# On the definition of infodemic and the role of librarians: a conversation with Tina Purnat of WHO

di Matilde Fontanin

## Introduction

Tina Purnat is Team Lead for Infodemic Management, Epidemic and Pandemic Preparedness and Prevention at the World Health Organization (WHO). During the webinar *Fighting back the infodemic*<sup>1</sup>, organised by IFLA CPDWL in October 2022, she had declared that she felt at home among librarians, since her background is in «medical informatics», in short, between health and LIS (library and information science). On that occasion, she had described the tasks and challenges her team was facing and reflected on the role libraries and librarians can play against the infodemic. She was factual, clear, effective; she spoke about a novel perspective that opened some questions for the professions of library and information professionals.

Looking for an answer to those questions, I asked her for a one-to-one interview, which took place on the 27<sup>th</sup> of January 2023. It should have lasted 30 minutes but the passion she puts in these matters caused us to overtalk: after almost an hour we had to interrupt because she had another meeting, but we did not waste her precious time, the answers she gave offer food for thought. The interview, or, better to say, the conversation, is at the basis of the ensuing article. The questions (in italics) and answers have been synthesised and reported in indirect speech. Moreover, they are integrated both with the information Tina had shared during the webinar and with some further references to literature retrieved independently<sup>2</sup>.

The article is divided in three parts, the first two build an introduction to the topic, in order to better understand the third, based on the conversation with Tina. Firstly,

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1 *Fighting back the infodemic: CPD opportunities and initiatives for LIS professionals*, CPDWL webinar, 2022, <[https://youtu.be/YN2D\\_deWEPs](https://youtu.be/YN2D_deWEPs)>.

2 See also the author's PhD research, a glossary on the information disorder, for terms like 'infodemic', 'infodemiology' and 'infoveillance'. Matilde Fontanin, *Informazione, disinformazione e altre parole: uno strumento bibliografico per un dibattito internazionale* [tesi di dottorato]. Roma: Università La Sapienza, 2022, <<https://iris.uniroma1.it/handle/11573/1617501>>.

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a short definition of the word ‘infodemic’ is offered, from its onset to its publication on WHO website. Next, a synthesis of WHO activity during Covid-19 follows, largely based on the presentation Tina had given at the IFLA-CPDWL Webinar and combined with some notes on IFLA activity. Eventually, the largest part of the article is the report of the conversation, integrated with more references to further reading, with details on some of the issues mentioned and with some reflections by the author.

### Defining ‘infodemic’

According to the Oxford English Dictionary (OED), an ‘infodemic’ is:

A proliferation of diverse, often unsubstantiated information relating to a crisis, controversy, or event, which disseminates rapidly and uncontrollably through news, online, and social media, and is regarded as intensifying public speculation or anxiety<sup>3</sup>.

The word entered the dictionary only in 2020<sup>4</sup>, but it had been coined in 2003 by David J. Rothkopf with reference to the SARS epidemic. The point Rothkopf made was that, though SARS had registered «more than 7,100 reported victims worldwide [...] the information epidemic—or ‘infodemic’—has made the public health crisis harder to control and contain»<sup>5</sup>.

It comes from the crasis of ‘information’ + ‘epidemic’, but it does not refer to health only; ‘infodemic’ is related to the management of information and communication in any kind of emergency<sup>6</sup> and the way it influences the perception of events. For example, the perception of the danger posed by terrorism or by «relatively minor occurrences such as shark sightings»<sup>7</sup> can be deeply affected by the way it is communicated. Like in the case of shark sightings, real figures are overlooked and a panic could be created for an event which has a negligible number of occurrences.

In other words, infodemics consist in «a few facts, mixed with fear, speculation and rumor, amplified and relayed swiftly worldwide by modern information technologies»<sup>8</sup>; they affect «national and international economies, politics and even security in ways that are utterly disproportionate with the root realities».

An infodemic is not the rapid spread of simple news via the media, nor is it simply the rumor mill on steroids. Rather [...] it is a complex phenomenon caused by the interaction of mainstream media, specialist media and internet sites;

**3** *Infodemic, n.*, «Oxford English Dictionary online», April 2020, <<http://www.oed.com/view/Entry/88407009?>>.

**4** With Covid-19 pandemic. See also OED report on the many words originated by the pandemic. Oxford-Languages, 2020: *words of an unprecedented year, 2020*, <<https://languages.oup.com/word-of-the-year/2020/>>.

**5** David J. Rothkopf, *When the buzz bites back*, «Washington Post», 11 May 2003, <<http://www1.udel.edu/globalagenda/2004/student/readings/infodemic.html>>.

**6** Giancarlo Manfredi, *Infodemia: i meccanismi complessi della comunicazione nelle emergenze*. Rimini: Guaraldi, 2015.

**7** D. J. Rothkopf, *When the buzz bites back* cit.

**8** *Ibidem*.

and 'informal' media [...], all transmitting some combination of fact, rumor, interpretation and propaganda<sup>9</sup>.

Infodemics can be considered viruses, since «they behave just like any other disease, with an epidemiology all their own, identifiable symptoms, well-known carriers, even straightforward cures»<sup>10</sup>. If not recognised and treated, they can have heavy consequences, in fact they can «create global panics, trigger irrational behavior, blur our vision of important underlying problems, strain our infrastructure, buffet markets and undermine governments»<sup>11</sup>. The definition recalls the law referring to the prevention and safeguard on the workplace, which in Italy distinguishes between 'risk' and 'danger'<sup>12</sup>. There is risk when it is likely that a potential damage might ensue, but 'danger' is the intrinsic quality of a factor that will certainly cause damage. The infodemic can transform a risk, no matter how small, into a danger; in order to prevent scaling up, precautions must be taken.

Although WHO published its definition<sup>13</sup> in 2020, during Covid-19, thus associating 'infodemic' with this particular epidemic, its origin lies elsewhere and simply means information management in emergencies. WHO underlines its relation to digital environments as well as that it is not just about the circulation of mis- or disinformation, but it comprises a combination of information overload, outdated information and is fostered by information voids.

In emergencies, brains change their attitude to information, especially in digital environments, and this causes the spread of the infodemic. People tend to simplify, to search for, take in, process and act on information differently. They rely on their previous experiences and are ready to believe the first thing they hear, provided it appeases their doubts and confirms their prior beliefs<sup>14</sup>. To put it in layman's terms, when people are panicking, they have other priorities than striving to understand deeply, especially if the process is time-consuming.

The infodemic can harm in many ways<sup>15</sup>: physically (mining accurate knowledge of available treatments); socially (because people can be victimized and stigmatized, as it happened to the Chinese minorities at the beginning of Covid-19 in many countries)<sup>16</sup>; economically (because people are more likely to fall for scams and buy out

**9** *Ibidem*.

**10** *Ibidem*.

**11** *Ibidem*.

**12** D.lgs. 9/4/2008, n. 81, *Attuazione dell' articolo 1 della legge 3 agosto 2007, n. 123, in materia di tutela della salute e della sicurezza nei luoghi di lavoro*. art. 2 comma 1 r] e s].

**13** World Health Organisation, *Infodemic*, 22 December 2020, <<https://www.who.int/health-topics/infodemic>>.

**14** Tina Purnat, *Key terms for infodemic managers: information environment, ecosystem, and the infodemic*, «LinkedIn», 21 September 2022, <<https://www.linkedin.com/pulse/key-terms-infodemic-managers-information-environment-tina-d-purnat/>>.

**15** Ruth Stewart [et al.], *The importance of social media users' responses in tackling digital Covid-19 misinformation in Africa*, «Digital Health», 8 (2022), DOI: 10.1177/20552076221085070.

**16** Carmen Lee, *#HateIsAVirus: talking about Covid-19 'Hate'*, «Viral Discourse», 19 May 2020, <<https://viraldiscourse.com/2020/05/19/hateisavirus-talking-about-covid-19-hate/>>.

of panic); politically (as it undermines public trust, leading to disregarding government-led responses); psychologically (it may lead to depression and extreme anxiety). The infodemic is a fertile soil for conspiracies, because of the need for quick answers and the reduced trust in official sources. It can «intensify or lengthen outbreaks when people are unsure about what they need to do to protect their health and the health of people around them»<sup>17</sup>.

### **An outline of WHO and IFLA actions**

The page dedicated to defining the infodemic also defines ‘infodemic management’ as «the systematic use of risk- and evidence-based analysis and approaches to manage the infodemic and reduce its impact on health behaviours during health emergencies»<sup>18</sup>.

Moving in that direction, since the beginning of Covid-19, WHO, in an effort to involve the global community in infodemic management, established the Information Network for Epidemics (EPI-WIN) to unite technical and social media teams within WHO. EPI-WIN disseminates and amplifies evidence-based information about Covid-19, tracks and responds to misinformation, myths and rumours. Details on the activities can be found in a 2021 report<sup>19</sup>.

Among the results of WHO global management work are also a framework<sup>20</sup>, a joint statement<sup>21</sup> and a public health research agenda<sup>22</sup>, prepared with the aim to foster a coordinated and evidence-based approach to ensure universal access to reliable health information. The agenda is transdisciplinary, it was discussed by 110 experts from 20 disciplines across over 30 countries, who convened online from June through October 2020. Tina Purnat also posted a set of key terms for infodemic managers<sup>23</sup>.

On 30 September 2020 WHO opened a call<sup>24</sup> for the first training for infodemic managers. The eligibility criteria focused on people working in health and risk man-

17 World Health Organisation, *Infodemic* cit.

18 *Ibidem*.

19 World Health Organisation, *WHO's response to Covid-19: 2021 annual report*. Geneva: World Health Organisation, 2021, <<https://www.who.int/publications/m/item/who-s-response-to-covid-19-2021-annual-report>>.

20 Viroj Tangcharoensathien [et al.], *Framework for managing the Covid-19 infodemic: methods and results of an online, crowdsourced WHO technical consultation*, «Journal of Medical Internet Research», 22 (2020), n. 6, e19659.

21 World Health Organisation, *Managing the Covid-19 infodemic: promoting healthy behaviours and mitigating the harm from misinformation and disinformation: joint statement by WHO, UN, UNICEF, UNDP, UNESCO, UNAIDS, ITU, UN Global Pulse, and IFRC*, «WHO News», 22 September 2020, <<https://www.who.int/news/item/23-09-2020-managing-the-covid-19-infodemic-promoting-healthy-behaviours-and-mitigating-the-harm-from-misinformation-and-disinformation>>.

22 World Health Organisation, *WHO public health research agenda for managing infodemics*. Geneva: World Health Organisation, 2021, <<https://www.who.int/publications-detail-redirect/9789240019508>>.

23 T. Purnat, *Key terms for infodemic managers* cit.

24 World Health Organisation, *Call for applicants for 1<sup>st</sup> WHO training in infodemic management*, 30 September 2020, <<https://www.who.int/news-room/articles-detail/call-for-applicants-for-1st-who-training-in-infodemic-management>>.

agement or on policy-makers (the latter both in health or intersectoral). It did not seem to include librarians, apart from those working in health libraries.

On the other hand, IFLA was quite active on the front of information management. It published a new edition of the *How to spot fake news* infographic<sup>25</sup>, and edited a web page collecting library initiatives all over the world<sup>26</sup>. Moreover, the topic was widely treated in various Standing committees and special interest groups and was at the basis of many of the conference tracks at all annual IFLA WLICs (World Library Information Congress) since 2020. Tina Purnat related there have been various contacts with her team, as it will be detailed in the next section.

### Conversation with Tina Purnat

*We started the conversation on a question on how (and if) the work of Tina's team changed after 2020. WHO published its definition of 'infodemic' in 2020: did the topic enter the agenda only at that time?*

Covid-19 actually did change the way routine work is organised at WHO, in fact Tina's team was officially created at the very beginning of the pandemic to face that particular emergency, putting together people from different areas of the department. The work pivots around different pillars: communication, community engagement and infodemic management.

Technically, the infodemic pre-dated that time, only it was not so widespread. At WHO they have literally been fighting misinformation for hundreds of years, on topics like routine immunization, anti-tobacco initiatives, cancer. Even on those, misinformation circulates abundantly and can be extremely harmful, but, at least, WHO is recognized as a reliable prevention agent and their intervention is well accepted.

«What made this pandemic different was that it was a novel virus, whose knowledge was poor; this caused an information void»<sup>27</sup>, Tina underlined. As usual, misinformation travels faster in uncertain times, on the wings of fear and emergency. People needed certain and quick answers, but there were just not enough certainties for science to offer any, so non-science stepped in. The dimension of the problem affected practically every country on the planet: WHO, at the beginning of the outbreak, collected evidence that 95% of the countries they were working with were actually tackling Covid-19 disinformation. Governments were extremely concerned and were trying to set up systems to track the issue and face it. It was completely unanticipated, it was a novel challenge. At that point, WHO had to look for professionals around the world to help countries shape their responses, so the new figure of the infodemic manager emerged.

Moreover, soon the challenge of Covid-19 collided with other outbreaks (Ebola, monkeypox and seasonal flu). These interacting infodemics affect the way people react to diseases and the measures they take to protect themselves. According to Tina, «because of this novel experience we had both socially and collectively, our society has changed. Infodemic's here to stay. More people and more of the world are going

<sup>25</sup> International Federation of Library Associations and Institutions, *How to spot fake news: Covid-19 edition*, 27 July 2020, <<https://www.ifla.org/skills-for-a-digital-world/how-to-spot-fake-news-covid-19-edition/>>.

<sup>26</sup> International Federation of Library Associations and Institutions, *Covid-19 and the global library field*, <<https://www.ifla.org/covid-19-and-the-global-library-field/>>.

<sup>27</sup> Where no reference is specified, the quote is directly drawn from the interview.

online, this is happening rapidly». The situation has a potential to become worse, especially «because in the digital age infodemic spreads more easily across borders and can undermine health systems in many countries at the same time». The scale of the problem is unprecedented. WHO expects that «in the future it will become even more of a challenge, from the perspective of the health system».

*During the IFLA webinar<sup>28</sup>, Tina had clarified that infodemic is the result of various components, including information void, which challenges the health system itself. I asked her if they registered uncertainty among health workers, who rely on science but had to wait for its answers. Did WHO have any evidence about how this affected health professionals?*

She clarified that WHO perspective is more on health systems than on individual workers, though of course the health system is made of people who take care of patients. WHO acts through the system, for example pointing out questions of overwork and other issues which need to be solved to help the workforce focus on patients' care.

Anyway, health workers had questions as well. The challenge was coping with information on a virus little was known about: science evolved filling in rapidly the gaps in knowledge, producing research, but there were higher- and lower-quality studies, since everyone wanted to offer answers. It was difficult to choose who to trust, every opinion-maker was theoretically able to point out to a peer-reviewed published article or a to a pre-print to validate their claim. The challenge was that experts in their specific medical field interpreted science differently, this lowered people's trust in established authorities, whether it was governmental authorities or scientists from the academia.

WHO strived to develop guidelines as quickly as possible and help authorities to balance between acting on emerging scientific conclusions and communicating to the population who wanted truly definitive answers. The challenge for WHO was to identify and address information voids to chase misinformation.

An example of information void is that there were concerns about Covid-19 vaccines in combination with pregnancy and fertility, as Google search trends<sup>29</sup> showed. The search results did not offer links to credible websites. On the other hand, the emerging science could not have enough information to fill in the void: there were just not enough data on pregnant, vaccinated women: after all, that segment of the population is not that large. While science waits to check facts before it issues answers, misinformation just pushes emotional buttons and pregnant women, fertility, babies are very emotional buttons. What WHO did was looking for a way to communicate with pregnant women, by reaching out to the midwives and the nurses, so that they could have quality conversations with patients.

At the same time, health workers need that accurate information reaches them through their health systems, to be able to protect themselves and work safely. This is what Tina defines «the human challenge», the double role for anyone working in the field of care delivering response in any risk emergency. On the one hand, they have to respond to the epidemic as public officers; on the other, they are real people, concerned about their own families and themselves.

*The debate on the role of Artificial Intelligence (AI) in information production and management is widespread. I asked Tina if she envisaged any use for the AI in delivering infor-*

**28** *Fighting back the infodemic cit.*

**29** This statement recalls the concepts of infodemiology and infoveillance: Gunther Eysenbach, *Infodemiology and infoveillance: tracking online health information and cyberbehavior for public health*, «American Journal of Preventive Medicine», 40 (2011), n. 5, suppl. n. 2, p. S154-S158.

*mation to fight the infodemic. Would she recommend, for example, the use of deepfake videos, maybe with the faces of celebrities or historical characters, to spread health literacy? Has her team discussed any use for it?*

Naturally, Tina is aware that AI is a wide field with many possible applications. It has been used, for example, to support moderation on internet platforms and is also supporting some useful large-scale analysis on social media. Yet, she would not recommend using deepfakes. They are just one of AI applications, but they are meant to deliver content through fake characters, therefore they are deceptive by nature. It is a question of trust, education, context: health communication and campaigns are based on trust and aim at increasing it; using a manipulative tool might be confusing and, in the end, counterproductive. Though they could be launched on trusted websites, deepfakes can be later shared out of context, via social media. If the original source is not visible, it is not possible to trace the content back to where it started, which is one of the key lessons that information literacy is trying to teach: be suspicious of sources that do not declare who they are and what are their purposes. Instead, the goal should be to educate people to check that information is trustworthy.

As infodemic manager, Tina would see with more favour campaigning through recognisable, trusted spokespeople. Probably in other fields the solution could be feasible and useful, but from her viewpoint she is too used at observing how misinformation takes hold in real life. This is why she fears that this strategy would undermine trust.

*I objected that, if we already trust youtubers or anyone expressing their opinions on the web, maybe we could also trust a deepfake video. I asked Tina where is the conceptual difference.*

Tina acknowledges that AI is not good or bad in itself, it depends on what it is used for, but getting people used at drawing information from informers who are not who they seem to be is unlikely to grow awareness. The context is extremely important: WHO 'does' use chatbots to interact with people, like Florence<sup>30</sup>, the nurse who answers questions on vaccination, smoking, nutrition and so on. Yet, Florence is designed by WHO, which is there to vouch for the information she offers; her creators and trainers are both traceable and accountable. She cannot appear out of context, and it is clear how the chatbot is trained and how far it can answer. The issue is really about how responsibly tools are designed.

*Since at the IFLA CPDWL webinar Tina had shared that she feels at home with librarians because her background is in medical informatics, the focus of our conversation from here moved to libraries and the infodemic. At the Webinar she had also mentioned that librarians were at the table when WHO was preparing its framework<sup>31</sup> to fight infodemic. I asked her who these librarians were and what was their role.*

She explained that the Framework<sup>32</sup> was crowdsourced, it followed an online consultation involving 1483 individuals from 111 countries on 7-8 April 2020<sup>33</sup>. It involved various stakeholders from civil society, other than health authorities, and IFLA was there as well, among the other colleagues.

**30** World Health Organisation, *Using AI to lead a healthier lifestyle: Florence, the nurse*, 1 July 2023, <<https://www.who.int/campaigns/Florence>>.

**31** V. Tangcharoensathien [et al.], *Framework for managing the Covid-19 infodemic* cit.

**32** *Ibidem*.

**33** *Ibidem*.

In her opinion, professionals from information and library science can contribute in shaping recommendations about evidence and the communication of evidence, this is a key role they can play while conversations with IFLA and the library communities continue.

*Speaking about how libraries can help infodemic, at the webinar Tina had mentioned trust (trusted places and the process of building trust in the public); buffering (between health information and communities); building literacies (media, health, information), but also influence literacy. I asked her to define this last concept.*

Behind the definition of «influence literacy» there is the work of Theresa (Terry) Senft, of McQuarie University<sup>34</sup>, a new media and communication specialist, expert in media culture. People who are «influence literate» are fluent in how the internet works, know exactly how to get to as many people as possible and can use this knowledge to their advantage. They have a sense of how to frame and use a picture, they can use hashtags to best effect, they are aware of whom they will affect and how their content will be interpreted, they know that Facebook works differently from TikTok and that every platform has its language. In other words, influence literacy is about understanding how to use and manipulate digital spaces effectively to promote oneself or to use platforms more effectively. This knowledge is especially spread among young people.

WHO needs these people and their expertise, according to Tina, because health authorities keep on posting text-only reminders about Covid-19 prevention, and they think that is enough. Instead, social media posts with images almost always perform better.

A case is what happened in Indonesia. At a certain point, an anti-vax meme started circulating. It showed a coin sticking on the vaccination arm and supposedly offered proof for the theory that through vaccine people were being inoculated a microchip or magnets. Actually, coins were put in the freezer first or just glued to the arm. One Indonesian social-media influencer started circulating the same video with paper money instead, claiming that his Covid-19 vaccination worked with paper money too and that everyone should try because 'it's cool'. Thanks to his humour, others started imitating him and posting hundreds and hundreds of videos doing the same. The influencer understood how digital culture worked in his country and used it to great advantage.

The approach can be really powerful and used to promote public health. Authorities, according to Tina, need to learn much more on this.

*In the webinar, Tina had mentioned empathic engagement in library interactions and seemed to hint at the idea that using the same psychological flaws that make information disorder powerful is a good way to fight back. But librarians<sup>35</sup> code of ethics underline the value of neutrality, and emotional weapons may mean taking sides, verging on censorship. I asked her if she could clarify the concept of empathic engagement and if she thinks we need to draw a line with it somewhere, as she had said about AI earlier.*

**34** Theresa Senft, *Policy brief: young people and the infodemic*. World Health Organization, 2021, <<https://researchers.mq.edu.au/en/publications/policy-brief-young-people-and-the-infodemic>>.

**35** International Federation of Library Associations and Institutions. Advisory Committee on Freedom of Access to Information and Freedom of Expression, *IFLA code of ethics for librarians and other information workers*, 2012, <<https://repository.ifla.org/handle/123456789/1850>>; Associazione italiana biblioteche, *Codice deontologico dei bibliotecari: principi fondamentali*, 2014, <<http://www.aib.it/chisiamo/statuto-e-regolamenti/codice-deontologico/>>.



She replied that when she talks about engagement and why libraries are important partners to work with, also in infodemic management, it is because they are safe spaces where people can ask questions. The job of a librarian is providing information, but this is not only the delivery of a cold fact. Libraries are actually full of stories, which can be used to spread disinformation, but they can also be a very powerful way to explain and examine and reflect on different scientific and health concepts. Librarians can help people reflect on the role of storytelling and also on how important it is to understand scientific concepts and data. It is important to spread awareness of how anecdotes can trigger emotions and be used to manipulate people. It would be crucial that scientists and health workers learn to tell better stories, because their audiences are not necessarily educated enough to be convinced by scientific arguments.

This is not about the delivery of facts, it is about engaging people in a conversation: exposing a wall of numbers and facts is not real communication, empathy is necessary and it comes from finding the human behind that wall. Talking about large numbers and population-level statistics might make us forget the human behind. Empathy is the key. It is about engaging in a conversation where the two sides understand each other and the audience is made to reflect deeply on the information conveyed. Presently, in scientific communication there are efforts to train scientists and health workers to tell better stories (Tina's team has currently a project running on this). In order to promote more analytical-critical thinking, we should take apart how information is conveyed and the reasons why it is conveyed that way.

Yet, if empathy is based on stories, librarians can be critical in the process of collecting them. Actually, Kate McDowell<sup>36</sup>, of the Graduate School of Library and Information Science at the University of Illinois Urbana-Champaign, is developing a data storytelling toolkit for librarians (DSTL). It basically focuses on storytelling and empathy as part of the context of libraries. The approach recalls the lesson of Chiara Faggiolani<sup>37</sup>, that listening to the words citizens use to describe the library is a good way to understand its impact. McDowell's focus is practical advice on how to build stories using library data to advocate for and promote the effects libraries have on the individuals in the communities they serve.

The database is under construction, a demo has recently been made available<sup>38</sup>.

*Medical/health libraries are naturally involved in infodemic, but public and academic libraries do not necessarily have health experts in their staff. I asked Tina if she had any suggestions for strategies (staff development, skills needed, a.s.o.), and if there were any WHO resources to that end.*

She answered that what librarians do is helping people to understand what is an authoritative, high-quality source, in any field. Their job is answering questions, but they are not just providing the facts, they also convey how information is organised. «I was taught by my community librarian when I was very young about how information is organised and I distinctly got to know different types of sources (this is encyclopedia, this is fiction etc.) and this at a very young age», she said, adding that also later on, in college, it was not just about learning how to search Medline, it was really much deeper, it was about understanding how it worked, understanding copyright and so on.

**36** Kate McDowell, *Storytelling wisdom: story, information, and DIKW*, «Journal of the Association for Information Science and Technology», 72 (2021), n. 10, p. 1223-1233, DOI: 10.1002/asi.24466.

**37** Chiara Faggiolani, *Conoscere gli utenti per comunicare la biblioteca: il potere delle parole per misurare l'impatto*. Milano: Editrice bibliografica, 2019.

**38** <<https://uiucdstl.wixsite.com/uiucdstl>>.

No matter the context, then, and, though she can speak much more fluently about medical health librarians, actually Tina considers community libraries important for all ages. People go to libraries for many reasons, and, when it comes to information literacy, health and science literacy, the profession (and the space) can really increase how individuals and communities understand health information and foster science and health literacy for all<sup>39</sup>.

*I said I would use this argument with local politicians who think community librarians can be replaced by temporary workers. I asked Tina if she agrees that we actually do need someone who is in charge of the library.*

She replied that from her perspective in public health, there is a whole area in health education related to community outreach, communication, teaching, education, etc. libraries are incorporated into. Even Covid-19 proved this point: the countries that really invested in libraries and library associations to provide information sources or even service vaccination sites for Covid-19 did better. Tina does hope that type of investment continue long after their work with Covid-19 is «more fulfilled»<sup>40</sup>, in a joint effort to educate people to scientific topics.

*I inquired next about the WHO training initiative for infodemic managers. The eligibility criteria in the call<sup>41</sup> announcing the WHO training initiative for infodemic managers in 2020 were pointing at health and communication experts. The only librarians who could apply were those employed in health libraries or working at the UN. I asked her if there were other initiatives involving also, for example, public and academic librarians.*

Tina underlined that the WHO training for infodemic managers was fulfilling the mandate to help the countries respond to the emergency: they needed more people with the specific skills to work in epidemic response. There was a great need for people who would be able to join a workforce that could be deployed specifically on the field to work with the health system and developing the necessary skills was the main goal of the global infodemic management training initiative. The background of the people eligible for that profile comprised a very broad area, broader than that of the central responders who usually work during an emergency. Since the training was specifically for public health response, it aimed at people working with health systems and the librarians who attended the training mostly came from the medical or health library field.

Tina did not mention specific initiatives for librarians, but she recalled that the above-mentioned crowdsource consultation, in April 2020, was open to the whole of civil society, so libraries were involved too. The process included aspects of science communication, of science translation, of relationship to evidence. It implied information literacy, evidence appraisal, the ability to organise and translate scientific development very quickly, to translate new discoveries into recom-

**39** Though some doubts that information literacy in a field can be transferred to another are expressed in Anthony Anderson; Bill Johnston, *From information literacy to social epistemology: insights from psychology*. Amsterdam: Chandos Publishing, 2016, p. 59.

**40** Tina's words are quoted literally, because she did not say «is over». As she said in the opening, Covid-19 is here to stay.

**41** World Health Organisation, *Call for applicants for 1<sup>st</sup> WHO training in infodemic management* cit.

mentations for countries, and so on. Many librarians during the pandemic volunteered to do this in their own scale. Some librarians who had attended the training were quite active and presented some of the things that they had learned to their communities.

WHO was invited to several webinars organised by different IFLA sections and Tina and her team members were always very happy to comply. There absolutely is support and interest from IFLA and interest from WHO to work with libraries, only they still have not found a way to collaborate more regularly and in a more systematic way, especially from a public library angle. Tina hopes the discussion on how LIS can contribute to improving information and media literacy continues, because there is great need for help in tackling aspects of the infodemic. Action is needed both with communities in civil society and with medical students or doctors who need assistance to learn how to appraise evidence for their own work. So, there is much that can be done by librarians, not just from health libraries, but from other types of libraries as well.

*From Tina's reply, I understand there is great openness to the contribution of libraries, yet I hope the next call for infodemic managers will add to the eligibility criteria a description such as 'librarians from any kind of library'.*

*I then asked if, after the infodemic manager training initiative, they actually did manage to widen the 'army' of infodemic managers in all continents, where the infodemic managers are busy now and what they do.*

WHO currently has over 1300 infodemic managers from 140 countries. The managers have started up their own infodemic unit of function at ministries or institutes of public health; they work at civil society organisations; some have been hired by organisations such as WHO. They were busy with Covid-19 but some are now transitioning to other emergencies (monkeypox, Ebola and more).

They are also starting to offer support to routine health programs like nutrition, routine immunization, child protection. The thing is that there are many different profiles of an infodemic manager, the only thing they all probably have in common is that not two of them are the same. Probably, this is why they call themselves 'unicorns': each has a unique professional background and education and skills. Some infodemic managers are developing regular insight reports to track current outbreaks, like polio, at country level; others are working at city level, with community organisations, presenting to various groups and making sure that health information is available in different languages and formats; elsewhere, the 'unicorns' are managing humanitarian response, they're working to help their colleagues and the people they serve to stay safe and healthy in the contexts of civil conflict or disinformation campaigns.

Some of them are teaching at universities and embedding infodemic management principles into curricula for nurses, paediatricians, and so on. They all do very different jobs, yet the community they built during the training is still vibrant, in the sense that there is still very active discussion among them. They help each other, contributing with their different skills and backgrounds. It is very reassuring that, whenever one of them has a question, there is someone far across the world who knows the context of the problem they are posing, understands exactly what they are trying to solve and can provide advice very quickly.

The infodemic managers have definitely built a community where everyone is supportive of each other and each and every person in their own way is making huge differences in their own local communities.

*In 2021 I had interviewed a participant to the training, Patricia Lacey, Knowledge & Evidence Specialist at Public Health England<sup>42</sup>. She had told me that they used tools such as WhatsApp to create small working groups, and that, since participants were from all over the world, sometimes it was like being caught in a hailstorm, where messages kept on arriving at every hour. I asked Tina if this vibrant community was created through that strategy.*

Actually, the «hailstorm effect» was deliberate. Part of the training was actually an immersive, real-time simulation exercise where they intentionally feigned information overload. It was actually really a big part of learning, experiencing how, in health emergencies, people are called to answer while trying to do their job, so as to learn how to deal with that pressure.

«It is important, especially during an emergency, to acknowledge that we are humans working with other humans», adds Tina, to develop an empathic way of facing the tasks, to be aware of the pressure on the job and the effect infodemic has, «to speak even when we feel uncomfortable, because what is happening is affecting us personally as well».

This helps coping with the uncertainty, with the demands of the job. «When you have emergency workers converging on an emergency, how do you quickly organise yourself?» What people have learned during the training is how to overcome information overload, «something that is actually not new to information and library colleagues, but it is very much new and sometimes even shameful for someone from other professions to admit they're experiencing it». The feeling of shame is even harder to keep at bay «while working with people we have never met, who do not know who we are». So, to intentionally simulate the information overload is crucial to the infodemic training: «participants do not just learn technical skills, they learn how to cope with the environment».

*Tina Purnat has a long experience in these matters, her background is between computer and library science, she works with experts in communication studies and journalists. I asked her if she noticed any difference in viewpoints between these different figures when dealing with information disorder.*

She answered that everyone is bringing their perspective to the table with different skillsets and understanding of the problem. Tina compares experts from different backgrounds approaching the infodemic to a group of blindfolded people touching an elephant from different angles, to decide what it is. It is an old Indian story, actually. The result of the attempts is that

One holds the tail and thinks the elephant must resemble a pole. Another touches the ear and thinks it must be like a palm leaf. Another holds a leg and imagines a beast like a tree trunk. If they don't speak with one another, none of these men can perceive the whole picture<sup>43</sup>.

«Everyone is using different terms», continues Tina, «different definitions, different concepts to sketch and attack the problem». The perspective of a health specialist is different from any communication, IT, or physics expert, even though they may be equally useful to solve the problem. However, the community is striving towards a common language, so that they can be more effective when they collaborate and

<sup>42</sup> Matilde Fontanin, *Dalle fake news all' infodemia: glossario della disinformazione a uso dei bibliotecari*. Milano: Editrice bibliografica, 2022, p. 150-151.

<sup>43</sup> WHO *public health research agenda for managing infodemics* cit., p. IX.

use the strengths of the different disciplines to solve the complex problems of infodemics, because they absolutely require multilayer, multidisciplinary response.

«What we really want to get away from is the idea that once you're the hammer everything looks like a nail and can be solved with a single-minded approach», says Tina. This was described in the public outreach agenda for infodemic management, «not all infodemic problems can be solved with more data for the data scientist, just like more messages will not solve the problem for a health communicator». It is necessary to be able to compare notes and build strategies together to be more effective; a diversity of perspective is enriching, but, in order to understand the infodemic and its challenges, strategies that effectively cross individual approaches are needed.

After this final remarks, I leave Tina to her meeting. The interview showed that the community has an ally in WHO convinced of the contribution librarians can offer, even though practices still need to be established.

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#### **Della definizione di infodemia e del ruolo dei bibliotecari: conversazione con Tina Purnat dell'OMS**

Se nel 2017 la parola d'ordine era 'fake news', dal 2020 si parla di 'infodemia', un fenomeno diverso, ma pur sempre collegato alla sfera del disordine informativo. L'Organizzazione mondiale della sanità (OMS) inaugura nel 2020 un training per *infodemic manager* nell'ambito della strategia di contrasto alla pandemia di Covid-19. Tina Purnat è a capo del team per la gestione dell'infodemia e, con una formazione in scienza dell'informazione applicata alla medicina, tra i bibliotecari si sente a casa.

Quanto segue è il resoconto di una conversazione con Tina a proposito delle azioni messe in campo dall'OMS e del coinvolgimento dei bibliotecari nei programmi sull'infodemia, della loro partecipazione al training per *infodemic manager* e di come potrebbero essere coinvolti dal punto di vista dell'OMS. Domande e risposte sono state sintetizzate e integrate con ulteriori riferimenti (bibliografici e non) e approfondimenti su aspetti specifici della questione, alcuni dei quali erano emersi già durante il webinar organizzato a ottobre 2022 dallo SC IFLA CPDWL, che era stato la ragione del primo contatto tra le due parti.

La conclusione è che all'OMS c'è una certa consapevolezza che i bibliotecari possono giocare un ruolo importante sia nel promuovere la competenza informativa in ambito sanitario che nel diffondere informazione affidabile all'interno delle comunità servite. L'obiettivo più grande è aiutare i cittadini ad affrontare consapevolmente le apparenti incertezze generate dalla scienza che nel suo continuo progredire, specie nelle situazioni di emergenza, restituisce risultati che possono talvolta sembrare contraddittori. Le biblioteche sanitarie sono già incluse tra i partner con i quali gestire l'infodemia, ma occorre uno sforzo congiunto tra mondo della salute e delle biblioteche perché sia possibile trovare un linguaggio comune e stabilire buone pratiche di cooperazione anche con tipologie diverse di biblioteche.

#### **On the definition of infodemic and the role of librarians: a conversation with Tina Purnat of WHO**

If in 2017 the buzzword was 'fake news', since 2020 it was replaced by 'infodemic', a different phenomenon, yet connected to information disorder. In 2020, the World Health Organization (WHO) opened a call for a training for infodemic managers, within the strategy to counter Covid-19. Tina Purnat

is Team Lead for Infodemic Management, Epidemic and Pandemic Preparedness and Prevention at WHO and, with a background in medical informatics, among librarians she feels at home.

The article is the report of a conversation with Tina on the actions undertaken by WHO and how librarians could be involved to fight infodemic, of their participation to the training for infodemic manager and how, according to WHO, they could help. Questions and answers are synthesised and integrated with references to literature and further details on specific aspects emerging either during the conversation or during the webinar organised in October 2022 by IFLA SC CPDWL. Actually, the webinar was the reason for the first contact between the conversants.

The conclusion is that at WHO there actually is awareness that librarians can play an important role both in fostering health literacy and spreading reliable information among the populations they serve. The greater goal is fostering citizens' awareness while facing the seeming uncertainties generated by science which, in its progress, especially in emergencies, offers results which might look contradictory. Health libraries are already counted among everyday partners to manage the infodemic, but an effort is needed from both sides (health and library science) to find a common language and establish good practices to foster cooperation with different sorts of libraries.