
Mutant at large

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The coronavirus has mutated. Norway alarmed by spread of mutant. How many Norwegians know that mutation is simply another word for change?



Photo: Private

'The coronavirus puts us all to the test,' said Prime Minister Erna Solberg in a press conference on 10 March 2020 (1). Since then, the ministries have held 161 press conferences about COVID-19, and the infection control regulations have been amended more than 70 times (2, 3). For infection control measures to be effective, we depend on a high degree of compliance. Thus, it is necessary that everybody understands, has confidence in the decision-makers and trusts the knowledge being communicated.

The World Health Organization issued an early warning against an *infodemic* – the overabundance of information that occurs during an epidemic (4). Infodemics can give rise to mistrust in governments and the public health response: 'The right message at the right time from the right messenger through the right medium can *save* lives – misinformation or mixed messages can *cost* lives' (4).

A survey of approximately 700 people in Switzerland at the end of March 2020 investigated whether the choice of messenger influenced compliance with social distancing measures (5), comparing a government official spokesperson with a celebrity. The participants were asked about their support for the measures, how closely they complied with the measures at the time in question, and how they considered their own compliance would be in the period ahead. The government spokesperson was associated with higher compliance at the time, but had little effect on assumed future compliance. This may indicate that not only the messenger, but also the right message at the right time is important, and that repeated communication could be necessary to avoid pandemic fatigue.

When designing communication strategies during crises, three main challenges need to be taken into account: information overload, information uncertainty and disinformation. After the first wave of the pandemic, Vraga and Jacobsen wrote that these challenges can be countered by a number of measures (6).

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One such measure is to target information to specific groups. In Norway, there was an early awareness of this, and recommendations have been made on how to communicate with groups that can be hard to reach, whether by reason of insufficient language skills, health literacy or situational awareness, or other factors that cause someone to be marginalised from society at large in terms of their outlook or way of life (7). According to the Norwegian Institute of Public Health, building trust and dialogue is defined as a main strategy. Information in different languages is easy to find if you understand Norwegian, but how to reach out with this information to the groups concerned is not obvious. Local health services are encouraged to use various organisations, interpreting services and local resource persons in the communities concerned. In addition, a number of NGOs have received support for information campaigns in the

immigrant population (8). Nevertheless, the status after almost one year of pandemic is that approximately one-half of the confirmed infections in Norway are among immigrants and their children (9).

Downright misinformation clouds the message (6), but sensationalist journalism and clickbaits can also be misleading. Striking a balance between communicating (clear and definitive knowledge) and alarming people can be difficult, especially in large groups whose capacity to understand and seek information varies significantly.

The Media Diversity Accounts 2020 shows that the coronavirus pandemic has affected where we seek information (10). After the lockdown in March 2020, the use of editorial media increased immediately. Total news consumption increased, and the proportion that reported to have social media as their main source of news fell from 26 % in 2019 to 18 % in 2020. Young people, women, and people with little education and low income have a lower tendency to obtain their information from editorial media. This may result in large information gaps.

Spreading a lot of information about a specialised topic to an entire population is a demanding task that requires technical terms to be translated into a language that is accessible for most people. Thus, descriptions such as 'British horror variant' (11) and 'mutant virus rages: a horror movie' (12) are obviously not appropriate. When there is a flood of information, the message must be clear and accessible. It seems, though, as if most Norwegians *have* understood the seriousness of the situation: nine out of ten Norwegians now report using a face mask and maintaining social distancing (13).

The coronavirus mutates constantly and new variants are appearing. The authorities, scientists, clinicians and the press all have a responsibility for ensuring that we do not create a knowledge mutation as well, leaving the recipient with a more dangerous variant.

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