



# Dear Pandemic

Authentic dialogue between scientists  
and the public as a strategy to address  
the COVID-19 infodemic

Presented to the  
**WHO Global Conference on Communicating Science  
During Health Emergencies  
June 25, 2021**

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# How it started

What I think about COVID-19 this morning 📧



**Malia Jones** <maliajones@gmail.com>

Thu, Mar 5, 2020, 9:40 AM



to me, bcc: Noah, bcc: Jenna, bcc: Jack, bcc: Paul, bcc: Helen, bcc: Amani, bcc: Amy, bcc: Abbey, bcc: Kate, bcc: JennaW, bcc: ...

Hi all!

Maybe I'm the closest thing you personally know to an infectious disease epidemiologist. Maybe not--I'm not an expert on this virus by any stretch, but I have general knowledge and training that is applicable, so here are my thoughts.

First and foremost: we are going to see a tremendous increase in the number of US cases of COVID-19 in the next week. This is not because of some new pattern in the spread of the disease, but rather due to a major change in the requirements to be tested. Until yesterday, if you had flulike illness but had *not* recently traveled to China, Italy, South Korea, or Iran, you could not be tested. This is just the way healthcare works, you get tested if you meet the case definition and the case definition included travel.

As of yesterday, you can be tested if you are sick and have a doctor's order to be tested. So expect things to feel a lot more panicky all of a sudden. We will see hundreds or thousands of new cases as a result of testing increases.

Second: is that panic legitimate? Sort of. This is not the zombie apocalypse. The 3% death rate is probably a wild overestimate. (The denominator is almost certainly wrong because it is confirmed cases--and we only confirm cases when we test for them). That said, even at .03% this would be a big deal. A very big deal. By way of comparison, the death rate for influenza is about 0.01%. So, yeah. Something like 30x worse than a huge global flu pandemic? That's a problem.



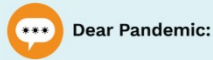
Dear Pandemic:



**Our mission** is to educate and empower people to navigate the overwhelming amount of information circulating during the COVID-19 pandemic.

# Dear Pandemic Aims

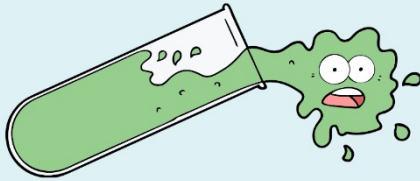
1. To disseminate trustworthy, comprehensive, and timely scientific content about the pandemic to lay audiences on social media.
2. To promote media and science literacy, equipping our readers to better manage the COVID-19 infodemic within their own networks.



Dear Pandemic:

## Did a "lab leak" cause the COVID-19 outbreak?

GET THE FACTS IN THE POST 

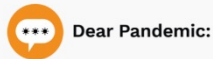


Dear Pandemic:

## WHERE TO GO FOR GOOD SCIENCE NEWS



GET THE LIST IN THE POST 



Dear Pandemic:

## Can I get the COVID-19 vaccine at the same time as another vaccine?

GET THE FACTS IN THE POST 



Dear Pandemic:

## Is being optimistic a recipe for disappointment?

IT CAN BE HARD,  
BUT IT IS HEALTHY!

GET THE FACTS IN THE  
POST 



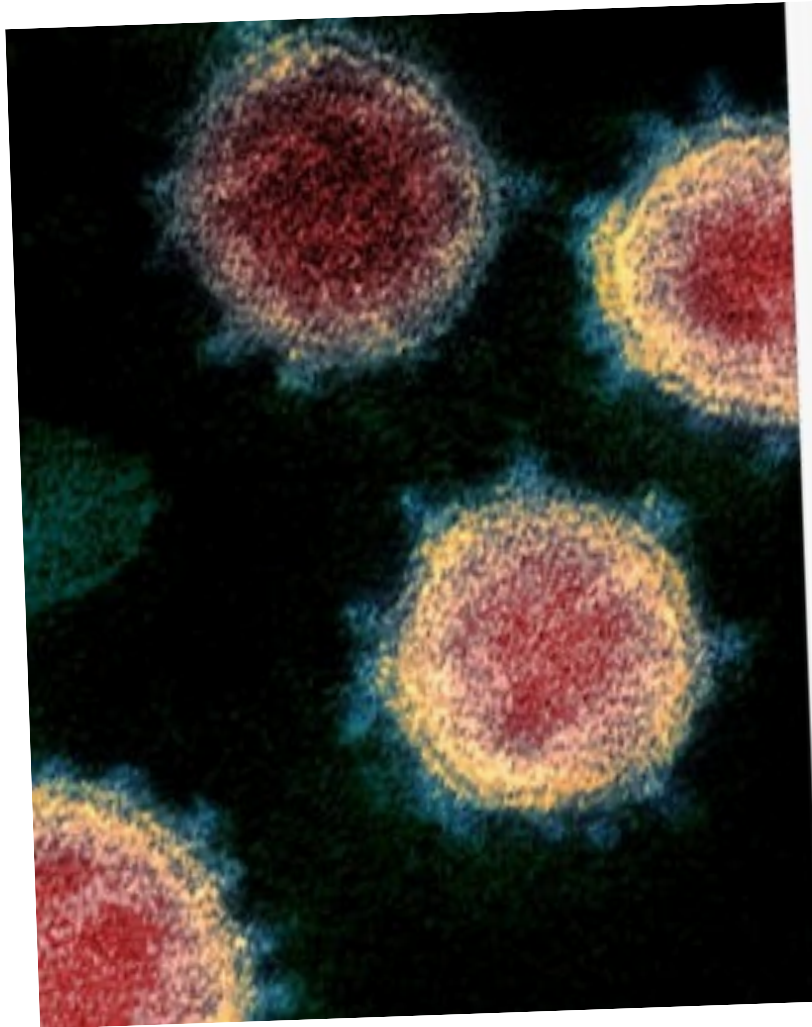
**What we've learned:**

**Notes from the Nerdy Girl  
playbook**

# LET'S LEARN Framework

- L Listen and connect. Key: Authenticity.
- E Map and engage the relevant information ecosystem. Key: Partners.
- T Transparency first. Non-negotiable.
- 'S Source and vet data from the best. Be an open, humble, voracious learner.
- LEARN**(ing) science helps guide content.





**My uncle says  
scientists never  
isolated the virus  
and that therefore  
the vaccine is a  
hoax. What do I say  
to this?**

**GET THE FACTS IN THE POST**







Dear Pandemic:

[Those Nerdy Girls](#) [Posts](#) [Videos](#) [In the News](#) [Trusted Resources](#)



## It's a Pandemic. You need answers.

Welcome to Dear Pandemic, a website where bona fide nerdy girls post real info on COVID-19. We are committed to facts. [Subscribe](#) to our newsletter, [submit a question](#), or search more than 700 posts.

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*How can I help my child understand "NO" in a kind way?*

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FEBRUARY 7, 2021

# Meet Those Nerdy Girls – Dr. Shoshana Aronowitz

UNCATEGORIZED



Malia Jones, PhD MPH

**Time to meet another Nerdy Girl! Introducing Dr. Shoshana Aronowitz, PhD, FNP-BC, MSN, RN.**

JULY 2, 2020

# VACCINE NEWS ALERT

VACCINES



Lindsey Leiningner, PhD MA

**TL;DR: Pfizer's first-round draft pick is doing well at vaccine candidate training camp. Next up: Game time**

More information:

A (long). The stock market and news media are brimming with optimism around the release of clinical trial data indicating that the anti-viral Remdesivir has demonstrated efficacy and safety in an important NIH-funded trial.

How should we think about these results? When I teach students how to diligence the results of clinical trials, I talk about the 3 C's Framework: control; chance; context. Let's think about each in turn.

**CONTROL:** How credible is the comparison between those who get the treatment and those who don't? Best protection: randomization. The NIH study is indeed randomized, perhaps the most important marker for we data peeps tracking the various studies.

**CHANCE:** How likely were the results to have arisen from the play of chance? Best protection: large sample size. "Randomness doesn't look random" is a common maxim among researchers, and the small samples are particularly vulnerable to data flukes that represent statistical noise as opposed to meaningful signal. The NIH study has a relatively large sample size, around 1,000. Dr. Fauci indicated that this number of observations is sufficient to make statistically precise statements.

**CONTEXT:** How well do the results translate beyond the research setting? Best protection: Replication across multiple geographies, time periods, and health care settings. Here's one big reason that scientists are urging caution in interpreting these result: It is unwise to put too much faith in one individual study, even one that is well-controlled with adequate sample sizes. Replication is the very best protection we have against overgeneralizing - of note, it is also an important protector against the vagaries of chance.



# Trust is Everything in Communications



...and right now it's highly fractured

# Trust is greater than reason



- We tend to trust personal stories, people we know, and relatable strangers
- We weight information from trusted sources heavily
- Even if those sources are not *trustworthy*



## A.1. **Trust**

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**To build trust, risk communication interventions should link to functioning and accessible services, be transparent, timely, easy-to-understand, acknowledge uncertainty, address and engage affected populations, link to self-efficacy, and be disseminated using multiple platforms, methods and channels.**

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A WHO guideline for emergency risk  
communication (ERC) policy and practice

# Our real service

The power of the share button!



# Lessons Learned

1. Trust is our currency
2. Fight the infodemic on its own turf
3. Be specific and practical

# ***Thank you***

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**To learn ■  
more scan ■**



**Stay safe, stay sane.**

**Dear Pandemic:**