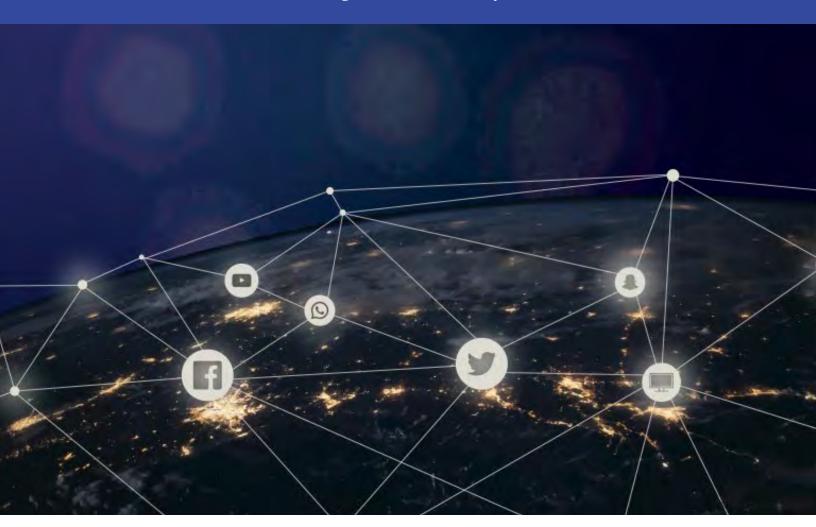# INFORMATION SHARING DURING AN EPIDEMIC

Policies and Best Practices

Brian W. Langloss and Sarah Rispin Sedlak

Executive Summary

As the world struggles to contain the economic, political, social, and health impacts of the COVID-19 virus, it is also wrestling with how both online censorship and the open internet have helped the spread of the virus.

International health authorities have developed policies and best practices for tracking and sharing information about novel viruses as they emerge, meant to contain their spread and limit the impact on human populations. However, government efforts to control information caused China to depart from existing international policy mandating information sharing during an emerging pandemic, making it more difficult to contain the virus early.

Social media and other digital platforms provide critical opportunities outside of official channels to share accurate information about emerging diseases. Through digital epidemiology, public health researchers can identify and track outbreaks as they occur. Social media has also enabled public health experts to connect with each other and the general public to a remarkable degree during this crisis. However, these online platforms have also facilitated the spread of misleading information about the coronavirus. While international health authorities, governments and social media companies are engaged in efforts to combat it, they are struggling to keep up.

The current coronavirus outbreak has taught us important lessons about the negative impact of closed information regimes on efforts to contain and combat emerging pandemics, the importance of an open internet, and the dangers of mis- and disinformation.

We make the following policy recommendations for acting now and later to facilitate information sharing and fully leverage the power of the internet during emerging pandemics. A full list of recommendations can be found on Page 14.

Summary of Recommendations

For Governments

1. Congress, the State Department, and the World Health Organization (WHO) should investigate and highlight the role of government censorship in allowing the COVID-19 virus to spread.

2. Governments and international organizations should increase efforts to promote a free and open internet.

3. The global public health community should join with open internet advocates to promote the free exchange of information online required to safeguard public health.

4. The US government and international authorities should provide direct support for digital epidemiology projects that actively monitor the internet and social media for emerging health threats.

5. Congress, in consultation with social media companies and epidemiologists, should develop a legal framework that allows the sharing of information between tech platforms and digital epidemiology projects.

6. The Federal Trade Commission (FTC) and Food and Drug Administration (FDA) should continue work to identify false claims regarding coronavirus treatments and more actively promote their findings on social media.

7. The FDA and FTC should pursue enforcement actions against companies who advertise false coronavirus treatments.

8. Public health agencies, such as the Centers for Disease Control and Prevention (CDC), should not only continue current efforts to combat misinformation on the coronavirus, but also evaluate their impact to develop best practices to do so during the next health emergency.

9. Public health agencies should establish permanent public-private partnerships between the global health community, government agencies, and social media and other tech companies to facilitate the rapid and effective sharing of accurate, verified information and public service announcements.

Summary of Recommendations

For Companies

1. Tech companies should continue to promote and share accurate, verified information and public service announcements about the coronavirus.

2. Tech companies should continue to identify, label, and warn users about inaccurate information about the COVID-19 virus that has been hosted on their platforms.

3. Tech companies should develop standards for identifying the subset of false information that is so harmful that it should be removed during a public health crisis.

4. Tech companies should work with the government to develop and implement a legal framework for sharing and protecting user information with digital epidemiology projects that detect and track emerging health threats.

Emergence of the COVID-19 Virus and the Need for New Policies

Three months since it first emerged, the novel coronavirus that causes COVID-19 has been declared a pandemic by the WHO. Initially confined to Asia, the virus has infected hundreds of thousands of people around the world, and infections are growing exponentially. With a death rate of approximately 1-3%, projections are that millions will die. Into February, international health authorities had hoped the COVID-19 virus could be largely contained. But once sizable clusters of the virus emerged outside China, the rapid spread of the virus meant hopes of containment had to be abandoned. Instead, to slow the spread and buy time to prepare health care facilities for waves of patients that threaten to overwhelm them, public health authorities and governments around the world are asking their populations to engage in social distancing. Public gatherings are being restricted or cancelled, schools have closed, universities have switched to online classes, and borders shut down. First Italy, then Spain, and soon others have restricted movement across the entire country—something that was unthinkable in a Western democracy just last month. The impact on the world economy will be devastating.

Government restriction of information has played a role in the spread of the COVID-19 virus. Based on prior experience, international health authorities have developed guidelines and best practices for tracking and sharing information about novel viruses as they emerge, meant to contain their spread and limit the impact on human populations. But in China, where the government monitors and restricts information more than in most other countries, these practices broke down during the crucial early days of the virus. The virus spread relatively uncontrolled for nearly a month before Chinese authorities officially admitted that a new virus had emerged in Wuhan, notified the WHO, and began to take precautions.

To augment information shared through official channels, the international public health community looks to unofficial information about the emergence of novel viruses, including information available online and in social media. The international public health community has been able to spot emerging diseases by monitoring online sources, including social media. Advances in AI and machine learning are making this digital epidemiology easier and more promising. However, the availability of data is limited by the extent to which governments control access to the internet.

At the same time, international health authorities are concerned about the role that inaccurate information spread over the internet is playing in this pandemic. As can only be expected in the internet age, people have turned to social media platforms to understand the epidemic, especially where information is unreliable or scarce. However, because of their size and reach, internet platforms also have the ability to speed

the flow of inaccurate information around the world. On February 13, WHO [declared](#) a coronavirus "infodemic," an epidemic of false information that rapidly spreads online, and [deployed](#) social media staff and a [new online platform](#) to combat it. National governments have [followed suit](#). Major social media and internet companies are working with the global health community to combat the spread of inaccurate information.

The impact of information sharing on the path of the COVID-19 pandemic has implications for future information policy. A free and open internet is needed to bolster the global health community's ability to detect and prepare for new epidemic. At the same time, multiple players must join forces to combat misinformation spread on the internet and social media to ensure an appropriate public response and protect public health as much as possible.

Existing Policies for Governmental Information Sharing During an Epidemic

The WHO's 2005 International Health Regulations (IHR) provide a cooperative framework for preventing and minimizing the spread of dangerous infectious diseases around the world. Under the treaty, the signatories, including China, have agreed to develop the capacity to detect and report in a timely fashion on events that might become public health emergencies of international concern (PHEICs).

Under the IHR, when a new virus capable of becoming a PHEIC is first detected, the country of origin should "verify sustained human-to-human transmission" and promptly notify the WHO. The timing of this notification is critical. First, health authorities in other countries need to know about the virus and its symptoms in order to look for and isolate people who may have it. Second, genetic material from the virus is required to create a test for the virus, which is necessary to verify new patients. As Jeremy Konyndyk, who spearheaded Ebola containment efforts at the US Agency for International Development (USAID) under President Obama, recently explained, "Containment hinges upon being able to rapidly identify people who have the disease, to put them in isolation, to rapidly identify and monitor their contacts, put those people under monitoring, and isolate them if they develop symptoms before they can pass it to others." None of that work is possible unless and until the country of origin notifies international health authorities about the virus.

These obligations, likewise, extend to all the countries subsequently affected by the virus. Once the virus begins to spread beyond the country of origin, WHO asks that "[e]arly confirmed cases of pandemic virus infection detected in each country … be immediately reported … to the IHR contact point at … WHO." This, again, should "allow countries to rapidly implement measures to control the outbreak at its source or to mitigate the impacts by slowing the spread of the virus."

WHO guidance also envisions a formal role for non-official reports, which could include concerns expressed by healthcare workers, media reports, or data gleaned from monitoring social media or other internet sources. According to the WHO, more than 60% of initial outbreak reports come from unofficial sources. Under WHO's guidelines, if it receives reports from non-official sources, it will then request that member states verify those reports within 24 hours. This creates space for the use of information gathered online when official reporting channels fail or lag.

Consequences of the Emergence of the COVID-19 Virus in a Closed Information Regime

In China, the ruling party tightly controls what doctors and scientists, as government employees, may share with foreign media and NGOs. China is more stringent in restricting online information than almost any country in the world, according to Freedom House, which has been monitoring internet freedom for over a decade. Access to major Western platforms is blocked, meaning the vast majority of Chinese people only have access to Chinese search engines (such as Baidu) and social media apps (such as Weibo and WeChat), which allow Chinese censors to have control over their platforms. Chinese people who engage in forbidden speech online are forced to recant their speech by national internet police who work with local law enforcement. This censorship may have had a direct effect on the course of this pandemic.

Chinese officials waited until December 31—about a month after a group of patients connected to the same Wuhan seafood market sought treatment in the hospital—to report the virus to the WHO and official media. Chinese authorities determined that it was caused by a novel coronavirus on January 7, but waited until January 11 to give further detailed information to the WHO. Still, they told the WHO "there [wa]s no clear evidence that the virus passe[d] easily from person to person." On January 12, Chinese authorities shared the virus's genetic sequence, which allowed other countries to develop tests. Within a week, Thailand, Japan, and Korea had verified cases of the virus in their countries, associated with travelers from Wuhan. On January 20, Chinese authorities acknowledged that the novel coronavirus was capable of spreading from human to human and imposed a ban on travel into and out of Wuhan starting January 23.

At the same time, Chinese authorities actively censored discussion of the virus online. In late December, medical workers in Wuhan tried to speak out in an online group chat about taking measures to avoid human-to-human transmission in caring for the affected patients. But those doctors were detained by local police and warned to take down the content, which implies that the internet police were watching for discussions of this new illness. One of those doctors, Li Wenliang, who has since died of the virus, was further ordered in early January "not to disclose any information to the public or the media." With little information getting out of China through official or unofficial channels, by the time China notified the world on January 20, thousands of people had already been exposed in China and beyond, and a large outbreak was underway. Indications are now that the virus had already reached Washington state by January 19.

Opportunities for Alternative Information Gathering from Online Data

Where official notification channels fail, as they did in China from late December to mid-January, social media and digital platforms may present an opportunity to identify emerging pandemics in their earliest stages, when they can still be controlled and contained. Public health groups have been experimenting with monitoring online media to track and study the spread of diseases for almost two decades. At first, their primary source was local media reports. In 2002, for instance, the Global Public Health Intelligence Network, developed by Health Canada with help from WHO, picked up on early news reports of the respiratory illness that would become the SARS epidemic months before China acknowledged the outbreak.

As the internet evolved and created more user-generated content and data, such as social media posts and search queries, epidemiologists began to create web-based early detection systems to scrape that data for indicators of emerging diseases. HealthMap, a project out of Boston Children's Hospital launched in 2006, uses AI to monitor social media, chat rooms, and other online data to track disease outbreaks and provide real-time surveillance of emerging public health threats. It says that it identified the 2014 Ebola outbreak in Africa before it was an official epidemic. BlueDot, a startup based in Toronto, uses AI and data analytics to analyze data from sources such as digital media, airlines, and livestock health reports to monitor the outbreak and spread of infectious diseases. The Epidemic Intelligence from Open Sources initiative, under WHO leadership, was created in 2017 as a sort of super system, scraping and making sense of open source information, as well as bringing together information from other digital epidemiology projects to provide early detection, verification, and assessment of emergent public health situations. All three systems picked up an article about a cluster of pneumonia in Wuhan on December 31. HealthMap and BlueDot have since been using AI to process online data in order to model the spread and progression of the disease.

Even in countries where the internet and social media are censored, a certain amount of online data is available to digital epidemiology projects. Although it did not surface early enough to make a difference in this epidemic, in China a certain number of patients, families and medical workers were able to later evade censors and post pleas for help on Weibo. Just days after Chinese officials admitted the virus was capable of spreading from human to human, Western media outlets were noting social media posts by Wuhan hospitals to request medical supplies, which indicated a severe outbreak. Indirect data that censors might not care about can also be used to combat the spread of a virus. For example, HealthMap was able to consult Baidu and WeChat to monitor people's travel plans and thereby predict the spread of the virus outside of Wuhan.

The capabilities of digital epidemiology should increase, as improvements in AI, machine learning, and deep learning give digital epidemiologists better tools to make sense of more online data and content. But there are limitations, as shown by the challenges experienced by Google Flu Trends (GFT). Google launched GFT in 2008 to help researchers detect emerging flu outbreaks earlier by giving them access to Google's aggregated, anonymized search queries. But after initial success, GFT began to fail to accurately predict the flu season. Epidemiologists complained that Google was not sharing sufficient data with them, and they could not reach a shared understanding of the best methodology for the tracker. At the same time, privacy advocates expressed concerns about whether users' identities were truly shielded by aggregation and anonymization. Amidst the controversy, GFT was shut down in 2015.

Some cooperation between social media companies and public health researchers continues: Facebook is providing aggregated, anonymized data to researchers at Harvard and in Taiwan in order to help them forecast the spread of the COVID-19 virus. But a large-scale relaunch of GFT or something like it would require addressing individual users' privacy concerns and balancing epidemiologists' requests for insights into the underlying data and input into methodology against tech companies' need to maintain competitive consumer products.

Social Media as a Crucial Communication Tool During Health Emergencies

The internet and social media are also proving indispensable to communication during this pandemic. The WHO, European Centre for Disease Prevention and Control, and others host multiple online platforms through which public health officials, scientists, doctors and bioethicists from different countries are sharing important information in real time. This type of information-sharing flourishes in non-official platforms as well: WHO and CDC officials are among the regular readers of FluTrackers, a hobbyist blog that was the first Western source to start publicly raising the alarm about this coronavirus.

Popular social media platforms give public health experts direct access to the public, and vice versa, which in turn provides an important tool for fostering behavior modifications needed to curb the spread of the coronavirus. The WHO, CDC, and other health authorities are making active use of social media to spread accurate information about the disease and methods to combat it. Social media is also providing public platforms for health experts to share information about the outbreak directly with the general public, including Facebook Live events, coronavirus-related content on Twitter, and "ask me anything" sessions on Reddit. Social media also expands the distribution of high-quality journalism, amplifying the reach of salient articles and op-eds.

At the interpersonal level, in the face of quarantines and social distancing, the internet and social media allow people critical means for carrying on communication and communal life. People around the world are using online platforms to keep up with friends and family and engage in telemedicine, virtual teaching and learning, virtual meetings and seminars, and even virtual religious services.

The internet plays these roles even in relatively undeveloped countries with fragile public health systems, where controlling coronavirus may prove even more challenging. In the ongoing Ebola outbreak in the Democratic Republic of Congo (DRC), for example, officials have said that the use of digital platforms and social media has been important in handling the outbreak: It has allowed them to save time and disseminate information key to protecting healthcare providers from exposure, and get information directly to the Congolese people through platforms such as WhatsApp, which they use to keep informed and share concerns.

As mentioned above, even in China, patients and medical workers have been able to get a certain amount of information past the censors and use social media to help each other. As China cracks down on social media, users have developed new forms of communication to circumvent censors and share information. Despite attempts to limit information on social platforms, Chinese citizens still view social media as a more effective source of help and information than local authorities.

False Information on the Internet and Social Media Platforms

At the same time, this pandemic is showing once again how social media and other online tools can enable inaccurate information to spread. Social media platforms have been used to spread conspiracy theories about the origins of the virus, like the notion that it was created in a US government lab. Posts on these platforms have been circulating numerous false statements about appropriate health measures for the coronavirus, including theories that it can be diagnosed by holding your breath or cured with marijuana. Some of this inaccurate information may be spread by well-meaning but mistaken individuals, but people are also using false information to make money from opportunistic fake treatments, actively create confusion, or sow discord.

At the beginning of February, WHO warned, "The 2019-nCoV outbreak and response has been accompanied by a massive 'infodemic.'" In response, WHO tasked communication and social media teams with tracking and responding to "myths and rumours" that could "potentially harm the public's health, such as false prevention measures or cures," and refute them with "evidence-based information."

During an epidemic, inaccurate online information is of particular concern to public health officials insofar as it leads the public to engage in behavior counterproductive to controlling the spread of disease. Sylvie Briand, an executive with WHO's Health Emergencies Program, explains that "[w]hat is at stake during an outbreak is making sure people will do the right thing to control the disease or to mitigate its impact." As a United Nations Children's Fund official responding to a scam message in early March noted, "Misinformation during times of a health crisis" can "result in people being left unprotected or more vulnerable to the virus." Most worrisome in this respect is content promoting false cures, which people will mistakenly believe leaves them protected, or content minimizing the harm of the virus, discouraging people from taking appropriate measures such as social distancing.

Early on, Facebook announced measures to counter the spread of disinformation relating to COVID-19. Facebook, which has received heavy criticism in the past for allowing false information to spread on its platform, stated it was supporting the work of the global public health community by promoting the spread of accurate, helpful information about COVID-19 online. Specific measures included helping place relevant and up-to-date information, deployed based on WHO guidance, at the top of users' news feeds, surfacing educational pop-ups with credible information when users search for information related to the coronavirus on Instagram, and providing free ad credits to global and governmental health organizations so that they can use Facebook and Instagram to conduct coronavirus education campaigns in affected regions.

Tech companies are increasingly working to ensure users are seeing accurate information. Both [Facebook](#) and [Google](#) announced that they would be taking direct action against false information, even working with third-party fact checkers, such as PolitiFact, to review content posted on their platforms and debunk false claims about the coronavirus, limiting that information's spread. Facebook has also committed to sending notifications to users that have already shared or are currently trying to share that content, letting them know that it has been determined to be false. In addition to removing false information, both organizations are working to promote accurate information provided by WHO, CDC, and other health agencies. Not only is Google promoting information about the coronavirus but they are also working to provide users with easy access to information on sectors impacted by the virus, such as school and business closures and cancellation policies for airlines. Tech companies are also helping to mitigate the impact of social distancing measures. Zoom, for instance, has a [page](#) dedicated to providing training resources and tips for online teaching and working from home; they have also begun providing [free videoconferencing services](#) to K-12 schools in Japan, Italy and the United States.

Major social media and internet companies, including Facebook, Amazon, Twitter, and Google, [met](#) with WHO officials in mid-February to develop a strategy to address false information. Google has since deployed algorithms that prominently display in bright red lettering links to accurate information from the WHO, CDC, and other public health authorities whenever users search for information on the coronavirus. It has also ensured that similar searches on YouTube result in the display of [reliable news clips](#). Twitter and Amazon have implemented similar measures.

Social media and tech companies have been refining their approach as the virus outbreak, and accompanying epidemic of misinformation, has evolved. In late February, Facebook [announced](#) that it "put a new policy into effect to protect people from those trying to exploit this emergency for financial gain, and that it was "now prohibiting ads for products that refer to the coronavirus in ways intended to create a panic or imply that their products guarantee a cure or prevent people from contracting it." And in early March, Facebook CEO Mark Zuckerberg [elaborated](#) that its actions to flag and prevent the spread of specific instances of mis- and disinformation were consonant with its "community standards," under which "it's not okay to share something that puts people in danger."

Despite these efforts, tech companies have struggled to keep pace with the flood of false information. The New York Times, in early March, [found](#) "dozens of videos, photographs and written posts" on Facebook, Google, and Twitter that "appeared to have slipped through the cracks."

Government actors have begun to work on the problem, as well. The FTC and FDA have been [working together](#) to identify false claims about products or treatments purported to treat COVID-19. They have [issued warning letters](#) to seven sellers of such products, warning them that they are violating provisions of the Federal Food,

Drug, and Cosmetic Act, barring the sale of unapproved or misbranded drugs, and that their claims are unsubstantiated, in violation of the Federal Trade Commission Act. The FTC site also provides advice to consumers for how to spot and avoid health scams. However, the FTC has made only limited attempts to share this information with consumers. Its Twitter account has posted warnings about scams roughly once every other day; its Facebook account is even less active. Given the rapid pace of so-cial media, frequent social media outreach is necessary to counter the spread of false information.

Policy Recommendations for Improving Information Sharing During a Public Health Crisis

For Governments

1. **Congress, the State Department, and WHO should investigate and highlight the role of government censorship in allowing the COVID-19 virus to spread.** After we move beyond the emergency stage of combatting the coronavirus, Congress should hold hearings to better understand the ways in which attempts by China and other countries to limit and censor information thwarted attempts to contain and control the virus. Similarly, the State Department should investigate and report on how censorship in this instance negatively affected human health. Global health organizations and disease surveillance experts should contribute to these investigations to shine a light on how failure to promptly share information violated norms for international cooperation in an emerging pandemic in a way that proved harmful.

2. **Governments and international organizations should increase efforts to promote a free and open internet.** Now that the risks posed by restrictive information regimes to international efforts to combat epidemics have become clear, the international community should renew efforts to support an open internet. Polarization between countries that support an open internet and those that favor more sovereign control may render new international treaties on the subject impossible for now. But the global health community should join with members of the international community that embrace the open internet model, to protest and condemn acts of censorship that prevent people from connecting to the internet or online platforms to share information that would be helpful in controlling

this or future epidemics. They can also commit to strengthen the current multi-stakeholder model of internet governance, as recommended by the [Freedom Online Coalition](#) (FOC), a group of 31 countries committed to protecting and promoting online freedoms.

3. **The global public health community should join with open internet advocates to promote the free exchange of information online required to safeguard public health.** The WHO and other members of the global health community should partner with the FOC and thought leaders from [non-governmental organizations dedicated to internet freedom](#) to create open internet principles that call on the international community to support unrestricted access to the internet required to help the world manage public health emergencies. This should also involve working to fund and otherwise improve internet and cellular networks in developing countries, where more widespread access will enhance disease surveillance and management efforts.

4. **The US government and international authorities should provide direct support for digital epidemiology projects that actively monitor the internet and social media for emerging health threats.** Governments, including international organizations like WHO, should coordinate increased funding for organizations and projects that use AI and machine learning to monitor data generated by the internet and social media for emergent epidemics.

5. **Congress, in consultation with social media companies and epidemiologists, should develop a legal framework that allows the sharing of information between tech platforms and digital epidemiology projects.** Privacy laws currently bar tech companies from sharing certain types of data with public health organizations, and [privacy advocates have complained](#) in the past that digital epidemiology collaborations were not sufficiently

protective of individual information. To enable the continued development of digital epidemiology tools capable of catching emerging pandemics, a legal framework should be established that allows public health data sharing, bolstered by rigorous oversight and transparency standards. This could be modeled on the legal frameworks that govern data sharing by companies and data requests from governments in other contexts, such as law enforcement and national security. While those frameworks have been criticized for not providing enough authority to governments, on the one hand, and not providing sufficient privacy protections, on the other, they nonetheless provide helpful models for shaping data sharing regulations and protections that would foster digital epidemiology.

6. **The Federal Trade Commission (FTC) and Food and Drug Administration (FDA) should continue work to identify false claims regarding coronavirus treatments and more actively promote their findings on social media.** These agencies have identified and sent warning letters to companies making false coronavirus-related claims about their products, and this work should continue. However, they should be more active in sharing these findings on social media via public service announcements, infographics and summaries of the agencies' recent findings and actions. These agencies should also begin to partner with online marketplaces, like Google and Amazon, to provide appropriate information to customers who are trying to buy products that have been falsely promoted as coronavirus treatments; these partnerships should be maintained to support future health emergency responses. Additionally, the FTC's tips for identifying and avoiding health scams should be prepared as infographics that can be distributed on social media at the start of and throughout future health emergencies.

7. **The FDA and FTC should pursue enforcement actions against companies who advertise false coronavirus treatments.** The FTC should not

hesitate to follow up its warning letters to individuals and actors peddling false treatments with civil lawsuits. The FDA should also use its authority to seize misbranded products and remove them from the marketplace. Such action would send a clear and powerful signal that might serve as a deterrent to other actors.

8. **Public health agencies, such as the CDC, should not only continue current efforts to combat misinformation on the coronavirus, but also evaluate their impact to develop best practices to do so during the next health emergency.** Even as global health organizations and social media companies continue working to push accurate, actionable information to the public throughout this crisis, they should begin consulting with data analysts and researchers to ensure the capture of appropriate data for reviewing their efforts. When the crisis has passed, these organizations should undertake formal evaluations of what did and did not work, and what forms and avenues of communication had the most impact, so that they can be prepared to deploy the most effective tools in subsequent crises. As they develop future information sharing strategies, these organizations should also look to other fields in which false information is an issue, such as natural disaster management, and adopt applicable best practices for countering false information online.

9. **Public health agencies should establish permanent public-private partnerships between the global health community, government agencies, and social media and other tech companies to facilitate the rapid and effective sharing of accurate, verified information and public service announcements.** Prior to the next public health emergency, international public health authorities and government agencies should build on the cooperative relationships established with social media and other major tech companies during this crisis to set up formal channels for cooperation during future public health crises. They should use these relationships to develop

emergency plans for rapidly disseminating critical information across a range of platforms during subsequent crises, including strategies for promoting verified content from public health agencies.

For Companies

1. **Social media and other tech companies should continue to promote and share accurate verified information and public service announcements about the coronavirus.** During this crisis, the major social media companies have stepped up with increasingly proactive measures to promote accurate information from organizations like the WHO and CDC and provide free advertising to international organizations and federal, state, and local government bodies. These efforts should continue. Further, these companies should make a public commitment to undertake the same efforts during the next crisis, develop best practice guidelines for implementing these activities, and encourage other companies to do the same.

2. **Social media companies should continue to identify, label, and warn users about inaccurate information about the COVID-19 virus that has been hosted on their platforms.** Social media companies should continue their work with reputable third-party fact checkers and experts in the global health community to identify potentially harmful public-health related misinformation, label information as such, and warn users who seek to share that information. This would expand their ability to directly counter known instances of false information without engaging in activity that could be perceived as censorship. Tech platforms that do not currently offer these tools should develop and implement them.

3. **Social media companies should develop standards for identifying the subset of false information that is so harmful that it should be removed during a public health crisis.** Current efforts to identify and remove harmful false information, such as ads for fake coronavirus cures, on social media and other online platforms are warranted in keeping with both social media community standards to ban content that affirmatively causes harm and similar universally agreed-upon limits

on explicitly harmful expression. To ensure that such work does not force social media companies into inappropriate roles as the world's new censors, standards should be formally agreed upon ahead of the next public health crisis and should be an extension of the values embodied in First Amendment doctrine and other legal frameworks meant to safeguard free expression.

4. **Social media and other tech companies should work with the government to develop and implement a legal framework for sharing and protecting user information with digital epidemiology projects that detect and track emerging health threats.** To facilitate information sharing with digital epidemiologists in a sustainable and fair manner, tech companies should work with Congress and epidemiologists to create to a legal framework that allows anonymized, aggregated data to be used to track future epidemics in a manner that respects individual privacy. Social media and tech companies should also engage in discussions with digital epidemiologists about how to collaborate more transparently than they have in the past to produce accurate public health predictions.

About the Authors
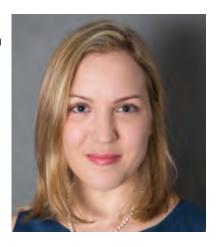
Brian W. Langloss, PhD

Brian W. Langloss, PhD, is a Lead Policy Analyst for SciPol.org. He oversees the development and publication of SciPol content related to Health and Data Security topics. In addition to working for SciPol, Brian also serves on the Citizens Advisory Committee, a City Council Appointed body that provides oversight for Durham's Federally funded low-income housing programs. A chemist by training, Brian received his PhD in Chemistry from Duke in 2018, where his research was focused on the practical application of nanomaterials to biological imaging and radiation detection. Prior to graduate school, Brian completed his BS in Chemistry at the University of California, Riverside, and worked as an R&D chemist in industry.

Sarah Rispin Sedlak, JD

Sarah Rispin Sedlak, JD, oversees the development and publication of SciPol.org content related to Energy, and is jointly supported by Duke Science & Society and the Duke Energy Initiative. She has extensive experience in administrative and environmental law. She received her JD from the University of Chicago Law School, where she was on the board of the University of Chicago Law Review, and was a member of the Chicago Journal of International Law. Prior to law school, Sarah lived in Hong Kong for four years, where she served as a writer and editor at the Economist Intelligence Unit (EIU) covering China. Sarah holds a double degree in mathematics and Chinese history from Williams College.

Center on Science Technology Policy

Advances in science and technology are transforming our lives. With this transformation come challenging policy issues that are on the front page of the news media and discussed by policymakers around the world. We're bringing together policymakers, academics, non-profits, and industry to explore these policy challenges and translate them into innovative policy solutions.

Duke University's Center on Technology Policy explores the difficult science and technology issues facing our society. The Center serves as an interdisciplinary hub for science and technology policy analysis, while also fostering deeper ties between the university and the tech community. The Center oversees the development of SciPol.org, which tracks active legislation, regulation, and court judgments. It also publishes the TBD: Technology By Design podcast. More info on the Center is available here.