

EXAMPLE RUMOR/MISINFORMATION TRACKING APPROACH

1. Key informants receive training in detecting and recording rumors/misinformation
2. Key informants hear and recognize a reportable rumor/misinformation
3. Key informants send a WhatsUp message summarizing the message
4. Staff records the message in a database using a structured questionnaire
5. Staff codes messages according to a code book
6. Staff summarize the results using a structured template
7. Reports are reviewed frequently by focal points and forwarded to medical or surveillance experts and communication leads (standard algorithm)
8. Questions and disinformation synthesized by the focal points, who examine the coded raw data, the visuals with digital summaries of the codes, and extract the themes.
9. The focal points will also listen to a selection of original messages or read the original text and coding to validate.
10. A summary of the themes will be communicated to the coordination body for inclusion in the message guides and other community engagement activities.

EXAMPLE RUMOR/MISINFORMATION EVENT CAPTURE

Event Date _____

SECTION 1. SOURCE

Source of the rumor/misinformation received

Name: _____ WhatsApp: _____

Nearest health facility (if received): _____

SECTION 2. MESSAGE

Message received:

What type of message:

- Rumor/misinformation/belief
- Concern
- Other _____

READY: GLOBAL READINESS FOR MAJOR DISEASE OUTBREAK RESPONSE

Does this message relate to specific diseases?

- COVID-19
- Other _____

Does this message relate to any of the following themes?

- Clinical signs and symptoms
- Affected ethnic or other affected groups (stigma)
- Hand hygiene (hand washing)
- Respiratory hygiene (e.g., related to coughing and sneezing)
- Masks
- Vaccines (humans or animals)
- Other prevention actions
- Health care (humans or animals)
- Treatment (humans or animals)
- Cooking or eating sick of dead animals
- Handling live animals
- Other _____

In your opinion, this message (required):

Does it contain misinformation or myths?

- Yes
- No

Does it create a public health risk?

- Yes
- No

Would it reduce trust in key stakeholders?

- Yes
- No

Does it stigmatize people at risk or affected by COVID-19?

- Yes
- No

Does it create obstacles to positive practices?

- Yes
- No

Should it be shared with other response teams or other medical, legal, or other experts?

- Yes
- No

Should it be addressed immediately?

- Yes
- No

Comments
