

Module 2 Video Class 1: The pandemic right now

Hello. Welcome back to our massive open online course, Journalism in a pandemic: Covering COVID-19 now and in the future.

Last week we talked about prior pandemics and the risks they posed, of the need to plan for a world-spanning epidemic that would arrive someday. This week, we'll look at the pandemic that did arrive: its rapid spread, our attempts to control it, and where in that chaos our story opportunities are.

To explore that, we'll be joined in our video segments by Dr. Sylvie Briand, a World Health Organization official, Kai Kupferschmidt, a correspondent for the journal Science based in Berlin, and as a bonus, Cristina Tardaguila of the International Fact Checking Network.

On the day that I'm recording this, the known case count worldwide is 3.73 million, and almost 263,000 people have died. By the time you watch this, those numbers will be higher. The United States, where I live, has experienced roughly one-third of the world's known cases and our curve is still climbing, even though some of our politicians, but not most of our populace - want to open the country's limited lockdown up again.

Yet in China, the city of Wuhan, where the pandemic began, has been out of lockdown for a month. Italy, currently the third-worst hit nation on the planet, loosened its strict home confinement on May 4th. France, the fifth-worst may end its déconfinement on the day that this module goes live.

Sub-Saharan Africa, on the other hand, is still waiting for the worst of the wave, with much uncertainty about how hard the pandemic will hit and about the political will of its different governments to take action to anticipate it.

In the Student Lounge and the optional Facebook group, many of you have mentioned that you were covering the experience of the pandemic where you are. That's great. Keep doing it and keep telling us about your locations or countries strategies in the Discussion Forum where we've opened up a question about that this week.

What I think we should talk about, though, is why all of your locations strategies are so different. The reason for that is simple, but easy to forget in this chaos: there is not actually a playbook or a menu or a script for fighting this. We know too little about the coronavirus. It is simply too new.

Let's remind ourselves of the timeline.

The first notice of the burgeoning epidemic that was published outside China came just before midnight U.S. time on December 30th, when the international crowdsourcing group PubMed reproduced several social media rumors that had been confirmed by an announcement by the Wuhan Municipal Health Committee.

Since then, December 31st, China told the WHO of a pneumonia cluster in Wuhan.

On January 13th, Thailand reported the first case outside China.

On January 21st, the United States identified its first case.

On January 25th, Australia recorded its first case and France identified the first case in Europe.

On January 30th, India reported its first case, and the WHO declared that COVID-19 was a public health emergency of international concern.

On February 14th, Egypt recorded the first case on the African continent

On February 26. Brazil recorded the first case in South America

On March 11, the WHO declared that COVID-19 is a pandemic

And on March 12th, the Pacific saw its first case, in French Polynesia

That's the geographic spread. This is what the numbers look like.

First cases acknowledged on the 31st of December.

On February 11th, the international death toll was already above a 1,000.

On March 7th, the case count worldwide rose above 100,000.

On March 19th that went to 200,000.

On March 22nd to three hundred thousand.

On March 24th to 400,000.

On April 2nd, to 1 million.

On April 10th, deaths surpassed 100,000.

On April 15th, global cases passed 2 million.

On April 25th, global deaths passed 200,000.

On April 27th, global cases passed 3 million.

We talked last week about the previous international epidemics of corona viruses, SARS and MERS. Let me underline the point. SARS infected slightly more than 8000 people, killing 774 of them, in less than six months. MERS has infected almost 2500 people and killed 858 of them so far.

Compared to COVID-19, those epidemics of similar viruses were short or small or both. That is significant because it means we didn't extract much information from them.

The overwhelming underlying problem of the novel coronavirus epidemic is that even with all the science that has been done in the past four months, we are existing in a zone of profound uncertainty.

We don't know, except in a gross genomic way, why this virus is so different from other coronaviruses.

We don't know why it hits some people so much harder than others so that some experienced no symptoms, and others have quick fevers and still others die. We don't know why it has such a wide range of symptoms, from pneumonia to diarrhea to kidney failure to blood clots to strokes.

We don't actually know how many people have been infected, because not every country is diligent with testing. We also don't know how many people have recovered. Because of those data gaps, we can't calculate what the actual risk of death was called the case-fatality rate maybe - and we haven't done a good job yet of articulating to the public that the case-fatality rate isn't a static number, but it is affected in different places by what your local demographics are like, or possibly what your health care system is like.

Let's face it, "case fatality rate" is at base a pretty simple fraction of the kind we learned in primary school: deaths divided by cases. But if you don't know what the case count is, because of testing failures, you can't know what the death count is, for the same reason. And it's important to acknowledge those imprecise counts. Lead to imperfect final numbers.

Meanwhile, it's also important to acknowledge that almost all of the decisions that governments are making to this point are based on mathematical models, and those are based on assumptions and are necessarily imperfect as well. In the United States, one particular set of projections from the University of Washington has been very influential, but is being doubted now as the researchers my Maimuna Majumder from the U.S. and Devi Shridhar from the United Kingdom wrote recently in the British Medical Journal:.

"Modeling is a necessary input to public policy decisions but should be taken as just one input among many... Leaders must consider the values, needs and preferences of their populations when deciding whether to follow it."

Acknowledging the zone of uncertainty we're all living in is especially important right now, because uncertainty is the door through which misinformation and disinformation enter. The director of the WHO, Dr. Tedros, has described misinformation and disinformation as a "second disease" and "infodemic" - and it's a lot, on top of our regular jobs covering this, to have to function as fact-checkers and debunkers as well.

It's especially hard because some of the misinformation and disinformation you may run into may seem like it's well-intentioned. It might be family and friends sharing things on social media that they think will help and will be protective. But we have to acknowledge that some of the misinfo and disinfo are maliciously intended, often politically inspired, and it's a burden to have to push back on that as we try to bring accurate coverage to our readers and viewers.

To that end, we hope you'll check out a special package that we've added to the optional readings for this course.

On World Press Freedom Day, which occurred one week before this module goes live, UNESCO released a comprehensive briefing package on "Journalism, press freedom and COVID-19," addressing all the ways in which bad information is complicating pandemic response.

Their statistics are unnerving.

They found one-third of social media users are aware of having seen fake or misleading information about the pandemic.

Two-fifths of public social media posts came from unreliable sources.

42% of tweets related to COVID-19 came from bots.

And just in the month of March, 40 million posts related to COVID were identified by Facebook as being problematic and needing a warning.

We've included UNESCO's full package in the supplemental readings for this module, along with other materials addressing how to detect disinformation and verify trustworthy content. We hope you'll take a look and tell us your thoughts about them in the Discussion Forum and the optional Facebook group.

How we detect and combat misinformation and disinformation are going to be especially important to what we'll talk about next week: how to assess the news of possible new vaccines and treatments and how to separate solid news from the hype cycle.