

The impacts of the spread of fake news in times of pandemic

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ABSTRACT

From March 2020 to July 2021, 19,688,663 cases of infection and more than 549,924 deaths were confirmed in Brazil alone. In the health sector, specialists have been fighting for around 500 days, without a break, to ease the suffering and pain of the population. In addition to the fight for life, many still face the great battle against the lack of information and the spread of fake news.

Keywords: Fake News, Pandemic, Public health.

INTRODUCTION

At the end of 2019, the SARS-CoV-2 virus hit the world. According to the Minas Gerais State Health Department, discovered in China, the virus had its first cases identified in Brazil in March of the following year.

The symptoms of COVID-19 can range from a cold, to a flu-like syndrome (presence of an acute respiratory condition characterized by at least two of the following symptoms: feverish sensation or fever associated with sore throat, headache, cough, runny nose) to severe pneumonia (MINAS GERAIS, 2021, What is COVID-19?).

From March 2020 to July 2021, 19,688,663 cases of infection and more than 549,924 deaths were confirmed in Brazil alone (MINISTÉRIO DA SAÚDE, 2021).

In the health sector, specialists have been fighting for around 500 days, without a break, to alleviate the suffering and pain of the population. In addition to the fight for life, many still face the great battle against the lack of information and the spread of fake news.

From the Brazilian *online* dictionary, *Fake News* means "False news; any false or untrue news and information that is shared as if it were real and true, disseminated in virtual contexts, especially on social networks or in applications for sharing messages" (<https://www.dicio.com.br/fake-news/>).

The spread of fake news and the excess of information make the fight against Covid-19 even more challenging for communication and health teams in general. On the one hand, researchers and scientists are working to create vaccines and ways to immunize the population, and on the other, society is consuming more and more news without any scientific basis and opting out of immunization.

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OBJECTIVE

Faced with this emergency scenario in public health, associated with the spread of fake news, this report is based on the experience of the Communications team of a 100% SUS philanthropic hospital located in Belo Horizonte/MG, which sought to answer the following research question: how to reduce the impact of fake news in the hospital environment of a philanthropic hospital?

In order to answer this question, this report aims to present the strategies adopted by the communications team of a philanthropic hospital in an effort to avoid panic and the spread of fake news internally and externally in the hospital environment.

METHOD

The experience report presented here can be conceptualized as social research (GIL, 1999). According to the author, social research can be understood as a process which, by using scientific methodology, makes it possible to add new knowledge in the field of social reality.

This is a descriptive and qualitative study in the form of an experience report, developed in a large, highly complex philanthropic hospital, located in the city of Belo Horizonte, Minas Gerais, whose data was collected between March 2020 and March 2021, through a retrospective analysis of the strategic decisions made by the communication team.

The setting for the study is a philanthropic, non-profit health institution with administrative and financial autonomy, governed by its own statutes, which provides free hospital care to the population through the SUS, receiving patients referred from various regions for treatment and follow-up. It has approximately 1,300 employees, 560 doctors on its clinical staff, 317 ward beds and 52 intensive care unit beds. The institution consists of two units, in the Concórdia and Santa Lúcia neighborhoods of Belo Horizonte, which offer tertiary care to SUS users. It performs the largest number of orthopaedic surgeries in the country and is a national benchmark for its complexity and relevance in participating in the health system, offering specialized medical care to SUS users.

The data selected was documentary, public via the Ministry of Health and Brazilian newspapers, and private from the institution itself, with a direct impact on the institution's follow-up during this period - the private materials used were jointly prepared by the institution's team studied here. Factors external to COVID-19 and others of no relevance to the study were excluded.

DEVELOPMENT

The expression *Fake News* has become better known since the 2018 presidential election, where, according to a survey carried out by Avaaz and made available by Folha, 98.21% of the voters of President-elect Jair Bolsonaro were exposed to fake news and around 89.77% believed the facts to be true

(FOLHA DE SÃO PAULO, 2018).

Even with the flow of new fake news being created, fake news gains strength as the number of shares grows. News that is published and not shared dissipates over time, while news that is shared creates followers and multiplies. For this reason, the use of social networks is a fundamental factor in its discrimination. According to Grupo Globo's Gente project, more than half of Brazil's population is on social networks, around 140 million Brazilians. And this number has been increasing during the pandemic, as shown in Figure 1.

Figure 1 - Consumption of social networks above



Source: GENTE - Grupo Globo, 2021

With the popularization of and easier access to the media, the concept of fake news has gained visibility and strength, both in its combat and in the propagation of new versions.

In 2018, the World Research Institute (IPSO) released a study entitled: "*Fake news, filter bubbles, post-truth and trust*", which revealed that 62% of those interviewed in Brazil admitted to having believed fake news, a figure higher than the world average of 48%.

In addition to believing in fake news, studies carried out by Grupo Globo provided a graph showing that Brazilians are the population most concerned about what is true or false, as shown in Figure 2.

Figure 2 - Proportion of those concerned about true/false



Source: GENTE - Grupo Globo (2021)

With the rampant spread of COVID-19 around the world, health professionals have gained a new spotlight. Not only in the tireless fight for the health of the population, professionals now have a new enemy: Fake News. In contrast to the rapid spread of fake news, communication campaigns with truthful news and proven studies on Covid-19 are slowly moving forward. This is because the vast majority of truthful communication is based on proven results, and these results take time to complete.

The race, injustice, between fake news and communication based on proven facts, was highlighted at the meeting of the Temporary Committee on Covid-19 (CTCOVID) that took place on April 5 this year (2021). The committee's rapporteur, Senator Wellington Fagundes, stressed that the issue is of great concern to everyone and pointed out that 132 member countries of the World Health Organization (WHO) (SENADO NOTÍCIAS, 2021). have ratified, with the exception of Brazil, a declaration to combat this infodemic spread. Infodemic is the term that defines the excess of information and this has also gained visibility along with fakes news (NOSSA SAÚDE, 2021).

Technological advances and the increasing use of social networks have already been the subject of much research by communication professionals. According to the research cited above, social isolation, a measure imposed by the WHO to combat Covid-19, has further amplified this exacerbated number of people living in the online world. With an ever-growing audience and this excess of news reaching users uncontrollably, social networks and search engines have become a stage for fake news.

But what is the purpose of broadcasting news that has no basis in fact? By studying and



contextualizing the moment of isolation, the excess of information and the search for "likes" on social networks, one might think that the answer is simple. In the midst of a whirlwind of news that easily reaches us, visibility becomes an attractive prize. The more extravagant and contrary to the authorities' reports, the greater the public interest (REVISTA PUC MINAS, 2018).

THE PANDEMIC FROM THE PERSPECTIVE OF THE HOSPITAL COMMUNICATION TEAM

At the beginning of 2020, with the identification of SARS-CoV-2 in Brazil, numerous specialists began a tireless study to identify the virus, its causes, symptoms and, above all, means of protection. In March 2020, around the second week of the month, the communications team arrived for another action at the reference hospital for this study.

Before 7 a.m., we already noticed a different kind of movement, mainly coming from the management and patient escorts. In the middle of an ordinary morning, the news that a new and 'powerful' virus had arrived in Brazil spread like an unimportant rumor among the corridors. People talked about the virus more as a piece of gossip they wanted to spread than because they were worried about the disease.

The routine continued as normal for the next few days, with the exception of some professionals in strategic positions such as management, middle management and the communications sector, who, overnight, completely changed their work planning and focus to something, as yet, unknown.

The communications team spent the first few days focused on finding out any and all information that could help in drawing up an official statement that could be disseminated, and on preventive measures that could be taken.

In order not to create panic and especially not to spread false news, the communications team immersed itself in local and foreign news, as well as attending meetings with the medical team and local researchers such as scientists, infectologists and the like. At the time, there was already a great deal of fear about the disease, and the concern to disseminate truthful news was increasingly urgent. Less than four days after the start of the media movement, the virus was officially announced by our communications team, together with the clinical staff and managers of the reference hospital in this study, to the staff.

The first official announcements were only made between management and employees, and included an order to immediately remove pregnant workers, people over 60 and any employee with flu symptoms. The communiqué, which was first passed on orally by management and those in leadership positions, did not give many details about the characteristics of the virus, which was only covered later.

At the same time, chaos was brewing due to a lack of supplies. The team in charge was racing against time to strategically analyze the level of replenishment needed for items such as masks, gloves and basic medicines for the hospital environment. Still without many official statements from the institution or the government, the buzz was spreading among the population and a big rush was on to buy these items,

which could be urgent and essential for the hospital environment.

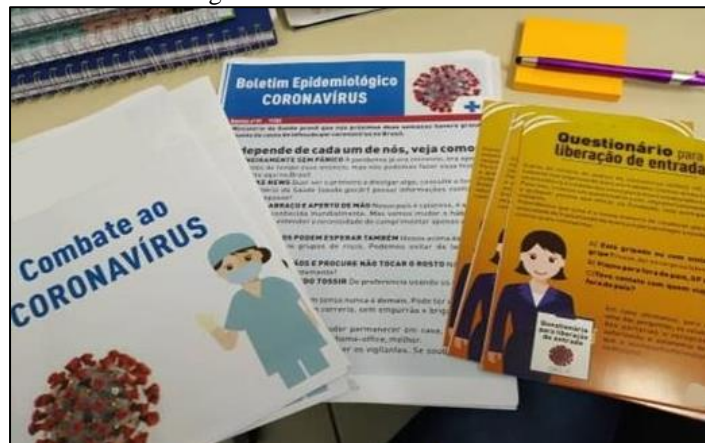
Employees who did not fit in with the priorities of returning to their homes began to request masks and personal protective equipment without at least being sure of their effectiveness against the new virus. Regardless of the position held, this was used to justify and allow the reckless ordering of items that until then had been essential in operating rooms and Intensive Care Centers (ICUs).

After an alignment meeting, the communications team decided, together with management, to create an Epidemiological Bulletin where relevant information about the virus would be released at a frequency that had not yet been defined. Rather than seeking to disseminate correct and truthful information, the bulletin would be the means of communication that could possibly assuage employees' fears.

In addition to worrying about the quality and speed of the dissemination of reliable information, the search for answers to various questions meant that communication and management met on a daily basis: How would elective appointments be handled? What should be canceled? What regulations had been defined by the Ministry of Health and the State Health Department? Who could enter the hospital? What risk were our employees running?

On March 17, the Communications team launched the first two official materials, as shown in Figure 3. The first, the epidemiological bulletin, with basic tips on preventing Covid-19 launched by the WHO, was made available in print on bulletin boards and online on the hospital's internal communication app. The second official material was based on the protocols launched by the Ministry of Health, defining protective measures to avoid contaminated people circulating inside hospitals. Called the 'Questionnaire for Releasing Entry at the Gate', it was to be answered by all people intending to circulate internally in the hospital, and was applied by the gate and parking staff, containing basic questions about the symptoms of Covid-19.

Figure 3 - First official materials



Source: Archive of the reference hospital for this study (2020).

A few days later, the newspapers and newscasts were already revealing the uncontrolled and chaotic reality of what was known as SARS-CoV-2, with official figures, foreign articles and studies on the virus and the diseases it caused, which were still in their early stages. With a better basis, new measures were introduced for employees and the entire administrative team was allowed to work from home (home office).

Members of the communications team gathered up all the office equipment, computers and printed materials and took them to their homes for remote work, with no deadline yet. At the same time, volunteers worked tirelessly to manufacture and make available hundreds of cloth masks, which began arriving at our hospital from all over and were distributed to staff, patients and carers.

In the days that followed, the first internal problem began to be recorded: employees in the care area began to submit psychological certificates for fear of going to work. With this, the first wave of employee absence began. And on March 30, the first death in Minas Gerais was recorded, which further aggravated the situation of fear and uncertainty among employees. With these two new occurrences, the communications team found itself with the responsibility of launching a new agenda: mental health.

According to Figure 4, newsletters with tips on mental health care were launched on the internal app and distributed to employees, patients and companions. The tips were researched on various reference sites in the field of psychology, as well as official WHO sites.

It didn't take many days for us to understand that, at that moment, these would be our team's daily themes. All our efforts would be dedicated to the virus, which was becoming ever closer and more powerful. Over the next few days, new actions were drawn up, including the creation of Code Red, which would work as follows:

1. Medical and/or care staff check that the patient needs to be moved and call the concierge team to let them know where the patient is and where they are going;
2. Ordinance informs the red code via radio: "Attention, red code from sector X to sector Y";

Figure 4 - Mental health care material



Source: Archive of the reference hospital for this study (2020).

3. As soon as the code is triggered, the sector is authorized to move the patient;
4. On hearing the code, any employee must completely clear the way between the sectors where the patient would be moving. They must also give directions to companions and other patients in the area;
5. On arrival at the final location, the medical team contacts the concierge again and informs him of the end of the code red and the reception informs him by radio;
6. Only after the "Attention, code red has been completed" message is displayed are other people allowed back on the road.

In addition, new tips and information were posted internally at the hospital, posted on the app and distributed in print (Figure 5).

Figure 5 - Information materials



Source: Archive of the reference hospital for this study (2020).

At the beginning of April, another urgent step was identified. Many high-ranking members of the clinical staff, management and management group were receiving divergent information about the causes, symptoms and ways in which Covid-19 can spread. This mismatch of information and, above all, the overload led to even more problems with absenteeism among employees, who were increasingly afraid to go to work and so took sick leave of all kinds.

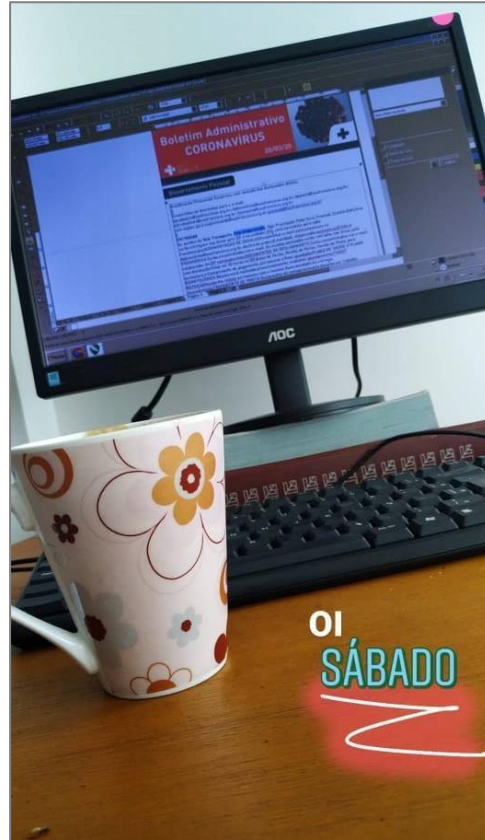
Due to this new moment, the management elected members to make up the Covid Crisis Committee. This committee, made up of the care superintendent, heads of clinical staff and heads of the care area, began meeting daily to discuss all the new information coming from the most varied media, as well as what was plausible and necessary for official disclosure.

Epidemiological bulletins began to be sent out daily via e-mail and an internal app, and all information had to be approved by the communications team and then by the committee, as shown in Figure 6.

The months from March to May were intense for the communications team, which was working

hard to provide accurate information at the right time

Figure 6 - Weekend Epidemiological Bulletin



Source: Researcher's archive (2020).

In the months that followed, the number of deaths and infections jumped, frightening employees and society. At the same time, the hospital was chosen by the MG State Health Department as one of the reference hospitals for treating the virus, and its staff was already beginning to feel the weight of emotional exhaustion.

Strategic actions such as prayers via internal radio, psychological and religious support groups and musical performances were held sporadically in the hospital's main courtyard, and projects such as "Smile with your eyes" took over the hospital's communication and humanization team. The project was devised by the communications team together with the multidisciplinary team with the aim of cheering up the staff and showing that by wearing masks, smiles were hidden, and thus encouraging them to smile with their eyes in the corridors, towards their colleagues and family members.

Every day, new information reached the communications team, which filtered it, analyzed it and, if it proved to be true, disseminated it in the form of bulletins and newsletters. After the initial months of intense work, the news that everyone feared came to light, our first contaminated employees, leading to the first outbreaks of internal contamination and the rampant increase in *fake news* - what were the fakes? Give examples. Among the teams, which spread even more uncertainty and fear among employees.

HARM AND RESULTS OF THE SPREAD OF FAKE NEWS IN HEALTH

It didn't take long after the virus arrived in Brazil for endless lies to start circulating on the internet. One of them, strongly combated by communicologists, was the need to stock up on products and food at home, which caused rampant consumption and was subsequently denied and informed that there would be no problem with the supply of these items.

While the health authorities began their press conferences calling for social isolation, the population began a rush to the supermarkets to stock up on basic foodstuffs and, above all, to the pharmacies to stock up on hand sanitizer and paracetamol (which, according to the Tylenol website, is an analgesic and antipyretic), as shown in Figure 7.

Figure 7 - Examples of news about increased consumption



Source: G1 | Amapá (2020).

Source: UOL-ECONOMIA (2020).

At the same time, in the hospital under study, the rampant and incorrect use of N95 and surgical masks was generating a worrying drop in stock, and the supply team was already identifying the first difficulties with the high prices of the products and, above all, the lack of stock to replace them.

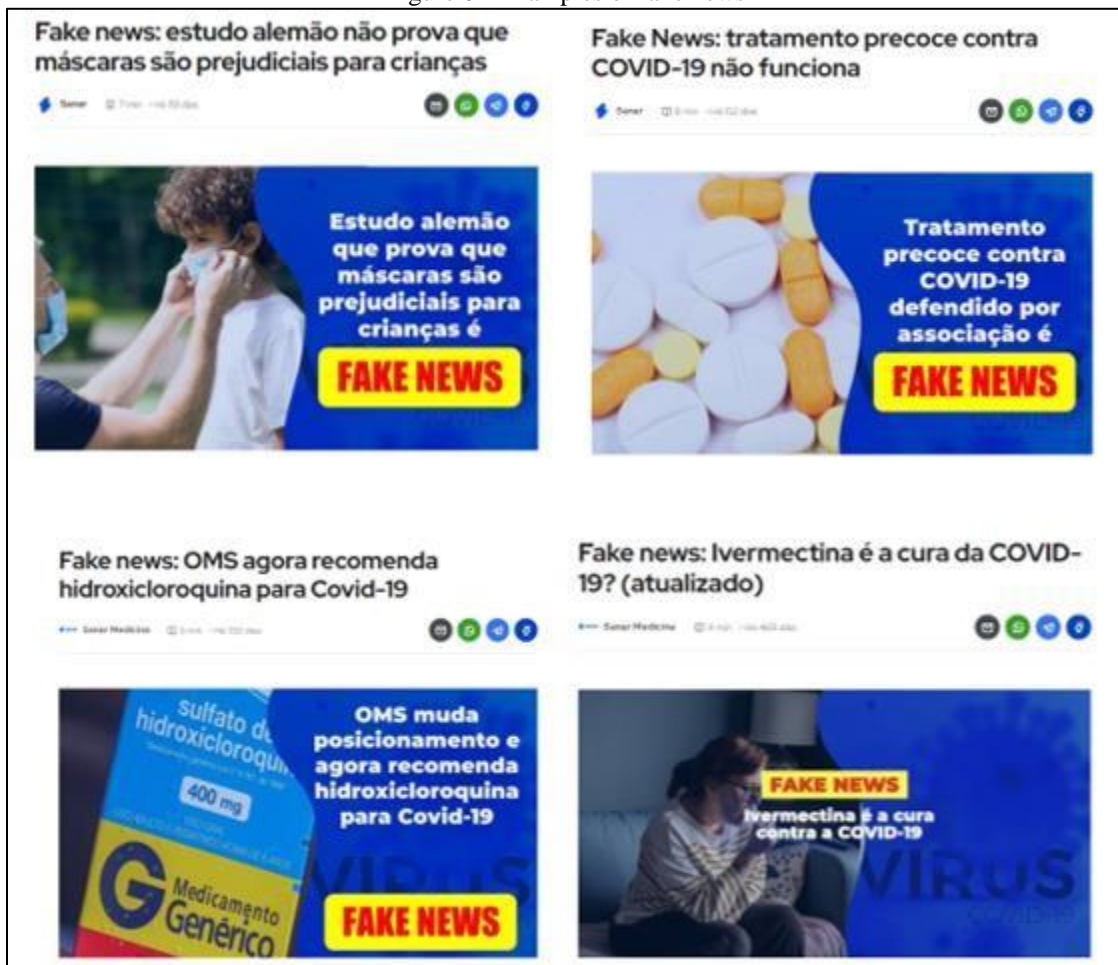
At this point, the communications team began a new content dissemination project, bringing to light proven research and relevant information regarding the use of N95 masks for employees, patients and companions. Such as: who should really wear them? Can they be reused? Does everyone, everywhere, need to wear one?

Once the rule that masks must be worn within the hospital area had been created and disseminated and the masks and PPE needed for work had been distributed, with rampant consumption internally, management found themselves needing to stipulate a new rule which, this time, forbade PPE (including masks) to be requested for individual use by any employees who were not members of the technical committee responsible. This meant that even if you were an employee or held a management position, masks and PPE equipment for private use, even on hospital premises, could no longer be requested internally. The aim of this new rule was to avoid waste and excessive requests for these materials. Thus,

each managerial position, participating in the committee mentioned above, was responsible for requesting the quantity already established, and employees were forbidden to request more items at any time. And although this new rule was not met with approval, it was the most viable measure found by management to minimize the rampant consumption that was already taking place.

At the same time, new news was arriving and circulating in the media all the time, often damaging the health of the population even more, overloading the health system, which was already suffering the first impacts of a lack of supplies, staff shortages and overcrowded beds (Figure 8).

Figure 8 - Examples of fake news



Source: Sanarmed - Medicine and Health (2021)

In January 2021, the first vaccines arrived in Brazil to start immunizing the population. But with them, more fake news invaded social media and divided opinion. This time, it was fake news about the vaccines, generating huge doubts among the population about immunization. *"We found a clear link between believing in conspiracy theories and reluctance about a future vaccine,"* said Sander van der Linden, a researcher in social psychology at the University of Cambridge (UK), an article available on Viva Bem from the UOL group.

According to the fake news spread during this period, the coronavirus was a virus deliberately manufactured in a laboratory in the Chinese city of Wuhan, where the epidemic broke out. In addition, the unknown authors claimed that when vaccinated, an electronic chip would be implanted in the population (Figure 9).

Figure 9 - Fact or Fake?



Source: G1. Coronavirus Fact or Fake (2021).

To get around this kind of news, the teams responsible for social networks and search engines such as *Facebook*, *Google* and *Twitter* have launched a measure to ban ads that link keywords such as coronavirus.

Research carried out by our communications team indicated that the ban occurred when words related to the coronavirus were inserted into any publication, be it texts, articles, *posts* or even *hashtags*. At this point, the networks generate an alert to direct you to safe and reliable sites such as WHO, Fiocruz and others (Figure 10).

In the fight against discrediting and disseminating truthful content, Fiocruz's Social Communication coordinator, Elisa Andries, points out:

Fiocruz is in the media in a big way. On social media, for example, some posts published on Facebook have reached 15 million people. The population trusts Fiocruz and at this time it's important to produce materials

information so that the population knows how to protect themselves from the disease (FIOCRUZ, 2021, news page | Covid-19: the strategic role of IFF Communication).

Figure 10 - Facebook bans misleading ads about coronavirus



Source: G1. Economy (2020).

This measure adopted by the major media groups was aimed at reducing the amount of fake news circulating in society.

In Brazil, according to the 'Coronavirus Panel' made available via the Ministry of Health (Figure 11 and 12), in July 2021, more than 555,000 deaths from coronavirus had already been proven, and only 19.2% of people were fully immunized (BRASIL, 2021).

Figure 11 - Coronavirus panel



Source: Brazil (2021)

Figure 12 - Covid-19 vaccination panel

Local	Total de doses aplicadas ↓	Novas doses aplicadas (1 dia*)	Novas doses aplicadas (60 dias)	Pessoas totalmente vacinadas	% da população totalmente vacinada
🌐 Global	4.104.897.156	35.505.604		1.129.418.539	14,5%
🇧🇷 Brasil	140.169.214	140.388		40.602.854	19,2%

Source: Google News via Our World In Data (2021).

Since the arrival of immunizers in Brazil, the population has felt more confident and secure, but the



work of scientists is still far from over, since the aftermath of Covid is still unknown. How will we get our lives back? When will we be able to stop wearing masks? Will we be completely safe after the second dose?

These questions have yet to be answered clearly and reliably. Along with scientists, communication professionals continue to have the mission of disseminating truthful and proven content. Unfortunately, part of the population still insists on believing in conspiracy theories that discredit and criticize vaccination, which delays the immunization and protection of the Brazilian people every day.

FINAL CONSIDERATIONS

Fake news has become a phenomenon and a problem in a mediatised society and, as the author Samyra Napolini points out, information plays an increasingly important role in society. "The internet as a communication mechanism has allowed news to arrive faster and in a volume never before imagined. However, because of this liquidity and ease of communication, fake news is also being spread and, if the recipient is not aware of the subject matter surrounding the news received, it is often taken as truth and this ends up having an impact on our society." Samyra Napolini.

More than 500 days have passed since the first announcement about the virus. Days of intense work, research and many doubts. In view of the study carried out, the importance of truthful and objective information is clear. This is not only practiced by communicologists at work, but also by society, which seeks to differentiate between fake news and news derived from scientific and truthful facts.

Public and private organizations are already aware of the consequences that the circulation of fake news can have on the lives of the population and with this awareness, communication is growing and gaining an increasingly important place in society and, as mentioned and raised in this study, in the area of health.

At the Referral Hospital, at the end of the study, we were able to understand that the battle has only just begun, but we clearly concluded that communication built on transparency and truthfulness helps to minimize not only the damage caused by the spread of fake news, but also the reduction of mental illness. Real and transparent news generates objective and assertive focus, consequently minimizing panic in the face of the situation. When the problem as a whole is known and understood, goals and precautions are feasible and designed to minimize the consequences and protect human beings.

The challenge has only just begun. From the path studied, it's possible to imagine that a lot of fake news is yet to come. And our health tends to be increasingly at the mercy of news spread on social networks and messaging apps. Our job, as communicologists, is to continue with our studies so that we can reach as many people as possible with truthful and proven news, not just in health, but in any other area of activity.



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