TM6

Risks, regulations and reality:

the three Rs of travel health – sorting fact from fiction to make informed decisions

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BACKGROUND

The internet and the World Wide Web have enabled unprecedented access to data and information. The vast amount of information available continues to grow exponentially and news can cross the planet instantly. Travellers research their destinations and associated health information using sources of variable quality. The advent of artificial intelligence adds to the complexity. Synthetic multimedia is increasingly easy to produce. Identifying manipulated images and video is increasingly more difficult. It has been estimated that “80% of misinformation involves photos or video”[i]. Establishing fact has never been more challenging.

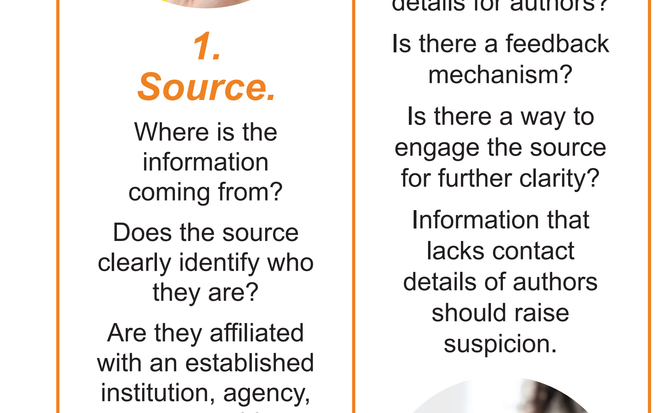
How should travellers and travel health professionals manage the infodemic? What guidelines are available to ensure the quality of information available.

The term ‘infodemic’ was coined in 2003 during the outbreak of Severe Acute Respiratory Syndrome (SARS) in reference to the ‘information epidemic’ compounding the public health crisis. Since then, the volume of information on the internet has massively ballooned and is increasing daily.

Misinformation is false or inaccurate information without the intention to deceive.

Disinformation, on the other hand, is deliberate false information, intended to mislead.

Although they differ in intent, both have damaging impacts on people, organisations, economies, governments, and society at large.



RISKS and REALITY

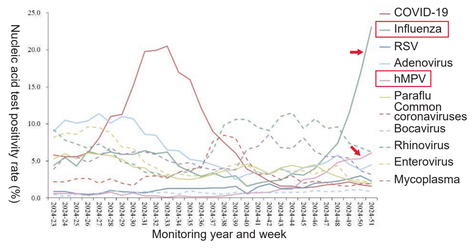
Recent examples of health information relevant for travellers reported in the media are “fact-checked” against reliable.

HMPV in China (Jan 2025)

What was reported:



Reality:



Hepatitis A in Europe (Jun 2025)

What was reported:

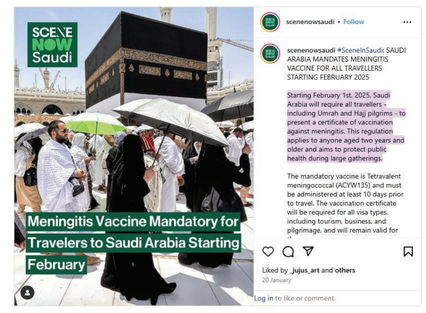


Reality:



Health Requirements for Travel (Feb 2025)

What was reported:



Reality:

Verification from Nurse in Dubai

I wanted to update you on my recent communication with the Ministry of Health in Saudi Arabia. I spoke with Mr. [redacted], and as per our discussion, there have been no changes to vaccination requirements for tourism and business travel. The only modifications apply to Umrah and Hajj pilgrims' health requirements.

RULES

There is no global agreement or mechanism to protect against dis (and mis) information[ii]. In general, the safeguards (rules, regulations, guidelines) to ensure accurate health and medical information are highly variable and differ from country to country. They tend to overlap with the safeguards for privacy, illegal activities and harmful content, and are structured around:

1. The profession / industry – including health professionals, journalists, public figures.
2. The platform

Many of the codes of practice are voluntary, enforcement is variable, and the landscape is shifting. The European Union has a Code of Practice on **Dis**information, however a 2025 report found “efforts undertaken so far remain very limited, lacking consistency, and meaningful engagement”[iii]. Singapore has legislated Protection from Online Falsehoods and Manipulation Act (POMFA), which is administered by the POMFA office[iv]. Australia’s proposed Combatting Misinformation and Disinformation Bill 2024 was withdrawn as the government concluded there was “no pathway to legislate this proposal” due to disagreement[v].

The Health On the Net (HON) Foundation, established in 1996, was a non-profit organisation that promoted a code of conduct and certification system for providers of online medical and health information, however it was discontinued on 2022[vi]. Hundreds of fact-checking organisations exist[vii] which verify the accuracy of claims. In January 2025, Meta announced it was ending the use of third-party fact-checking of the content on their platforms, “moving to a Community Notes model”, which has resulted in a “roughly 50% reduction in enforcement mistakes”[viii].

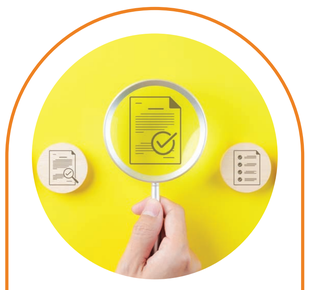
The Coalition for Content Provenance and Authenticity (C2PA) is a non-profit organisation that fosters global technical standards to ensure traceability of media[ix].

Unfortunately, we cannot simply look for a blue tick or a stamp of compliance to ascertain whether a website or provider of health content is reliable.



TIPS FOR EVALUATING THE QUALITY OF INFORMATION

SCARAB[x]



1. Source.

Where is the information coming from?

Does the source clearly identify who they are?

Are they affiliated with an established institution, agency, or reputable organisation?

Be sceptical of sources that have no track record.

2. Contact.

Are there contact details for authors?

Is there a feedback mechanism?

Is there a way to engage the source for further clarity?

Information that lacks contact details of authors should raise suspicion.





3. Age.

What is the date of the publication?

In crisis situations, information that is even a day old may be inaccurate. Reliable information sources will monitor crises around-the-clock and update information rapidly. Realise that more reputable sources may change their message as data are updated and evolve.

4. Reference.

Does the information point to robust reference sources?

Providing references indicates the authors are better informed and makes independent verification easier.





5. Authenticate.

If the subject is out of your own area of expertise, consider discussing the information with a trusted independent expert. This will enable an interpretation specific to your situation.

6. Bolster.

How does it compare to the opinions of established subject matter experts, academic, governmental and industry bodies?

Does the information align with and build logically on what is already known, or does it provide credible evidence to challenge the status quo?



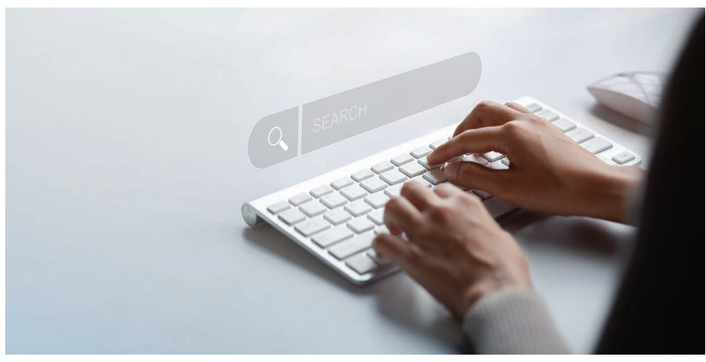
SIFT[xi]

STOP.
INVESTIGATE the source.
FIND better coverage.
TRACE claims, quotes and media to the original context.



USEFUL TOOLS

- **Google Fact Check Explorer**
  https://toolbox.google.com/factcheck/explorer/
- **RAND Fighting Disinformation: Tools That Fight Disinformation Online**
  https://www.rand.org/research/projects/truth-decay/fighting-disinformation/search.html
- **DISCERN**
  https://www.ndph.ox.ac.uk/research/research-groups/applied-health-research-unit-ahru/discern
- **International Fact-Checking Network**
  https://www.poynter.org/ifcn/



CONCLUSION

Poor quality travel health information is readily available. In comparison, guidelines and regulations to address the abundance of information and to counter misinformation are limited. Generally, the misinformation related to travel health falls into three areas 1. The illness. 2. The level of risk 3. Prevention. Travellers and travel health professionals must remain informed about evolving health risks, changes to threats and requirements for travel. It is essential to know how to verify information and have trusted sources to turn to. Generative artificial intelligence is adding to the complexity of distinguishing fact from misinformation. Resources endorsed by travel health experts which withstand scrutiny through evaluation tools such as SCARAB and SIFT should be prioritised for consultation.

References

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