

## Report on the analysis of the case studies on the social impact of “fake news”

### 1. The case study of Chiang Rai lockdown

**Nature of content:** This is a case of a false claim according to the responsible agency.

**Note:** Based on original posts publicised by the Anti-Fake News Centre (ANFC).



Fabricated content

(Source: Anti-Fake News Center,  
December 9, 2020)

<https://www.antifakenewscenter.com/ข่าวปลอม-อย่าแชร์-ปิดเมืองเชียงราย-เชียงใหม่-พะเยา-ก่อนปีใหม่/>



False context

(Source: Anti-Fake News Center,  
December 21, 2020)

<https://www.antifakenewscenter.com/ข่าวปลอม-อย่าแชร์-ประกาศปิดเมืองทางภาคเหนือ-11-จังหวัด/>

### 1) Factors that could influence the dissemination of the false information and corrective attempt

The research team looked into the situation at the time of the false claims about Chiang Rai going into a lockdown spread, including social media posts and conversations. The team found two factors which could contribute to public confusion and set up an expectation that the province could go into a lockdown even though relevant agencies had not made official announcements nor was there any supporting evidence.

#### 1.1 Updates on an increase in new infections and reactions of people in society

The Centre for the Covid-19 Situation Administration (CCSA) and mass media started to report on new Covid-19 cases among people who illegally crossed the border from Myanmar [via Tachilek pass in Chiang Rai] and avoided the quarantine on November 30, 2020.

The reports stated that the illegal immigrants also showed up in public places and tourist destinations. After that, more confirmed cases were reported in association with the first two positive cases, even though the provincial authorities insisted that they had managed to track down the risk group and control the situation.

As more confirmed cases were reported, including among people who travelled out of the province to Payao and Sing Buri, Chiang Rai public health office told people who attended the Farm Fest to monitor themselves and get tested because some confirmed cases attended the event.

At the same time, passengers on the same flight as the confirmed case in Sing Buri were told to get screening as well. As the events unfolded, there were reports that some private companies barred their employees from going to Chiang Rai and Chiang Mai, or to go into a 14-day quarantine if they did. There were also reports about hotel cancellations and event postponements in Chiang Rai along with announcements that airlines allowed passengers to reschedule their flights without fees.

**These developments could prompt people to perceive that the Covid-19 cluster in Chiang Rai was expanding, which could lead them to assume that a lockdown or ban on travelling in and out of the province, which had been enforced during the first wave and when the Egyptian soldier broke the quarantine rule in Rayong, could be implemented.**

The same false content was recirculated during December 20-22, 2020 even though the cluster in Chiang Rai had subsided by that time. It is assumed that the resurgence was due to reports about a new cluster originating from the Central Shrimp Market in Samut Sakhon which spread to many other provinces, including Chiang Rai. The research team did not find content about new infections in the province at that time.

### *1.2 Public perception of measures to control the outbreak*

An announcement by Chiang Rai Communicable Disease Committee dated November 30, 2020 and the fact that at least four schools in Chiang Rai and Chiang Mai ordered a six-day school closure — some of them to allow the students to attend the Farm Fest event — could contribute to the spread of the false lockdown claims.

The preventive measures coupled with the fact that the outbreak had not been brought under control could prompt **people to presume that the new infections could increase** through the illegal border crossing even though the authorities had enforced more stringent controls. It is also possible that the public was concerned about the infections spreading to other provinces. The situation could lead people to presume that **the next step in controlling the disease would be to limit travelling in and out of the province and close down public facilities or lockdown as seen during the first wave.**

It is noteworthy that official communiques on measures to control the spread of Covid-19 could contribute to public misunderstanding.

The case in point involves news reports on announcements by the Chiang Rai Communicable Disease Control Committee on measures to curb the outbreak. The research team found that some reports only featured a copy of the official announcements and brief summary of its content, with no digestion of the key points or relevant details. Besides, the announcement referred to an order by the CCSA but provided no details about it. Such a straightforward presentation of the official document complete with jargon without clear explanation could cause people to misinterpret the content. This harkens back to an earlier incident in March 2020, when some members of the public misunderstood that Thailand had entered the “third phase” of the outbreak, because of an announcement by the Department of Provincial Administration, Ministry of Interior, which stated that it had “upgraded the warning to the third level”, now that the Covid-19 situation had entered the second phase (ANFC, March 11, 2020).



Chiang Rai issued three announcements imposing strict Covid-19 controls.  
(Source: ThaiPBS, November 30, 2020)

<https://news.thaipbs.or.th/content/2987>

88

นอกจากนี้ นายประจักษ์ ชัยลงนามในประกาศคณะกรรมการโรคติดต่อจังหวัดเชียงราย ฉบับที่ 38 เรื่อง ให้ปฏิบัติตามมาตรการป้องกัน ควบคุมโรคติดต่อไวรัสโคโรนา 2019 (COVID-19) จังหวัดเชียงราย มีรายละเอียดดังนี้



Chiang Rai Governor issued three announcements in a row to speed up Covid-19 control.  
(Source: Post Today, November 30, 2020)

ที่มา:  
<https://www.posttoday.com/social/local/6392>

24



Content flagged by the ANFC as false by referring to a document issued by the Department of Provincial Administration, Interior Ministry.

(Source: ANFC, March 11, 2020)

<https://www.facebook.com/AntiFakeNewsCenter/photos/a.113638500070332/195501985217316/?type=3&theater>

Sensational terms used by the mass media to describe the situation in Chiang Rai included “danger zone”, “terrifying” or “chaos in Chiang Rai” could shape people’s perception that the situation was chaotic, severe and getting out of control because of the continually rising number of new infections.

**เผย 3 โชนอันตราย งานฟาร์มเฟส-เที่ยวบิน ทกข. รับไปตรวจโควิดฯ**

ข่าว ทัวไทย

ไทยรัฐออนไลน์ 4 ธ.ค. 2563 19:22 น.

Advertisement

กรณีพบผู้ป่วยติดเชื้อโควิด-19 รายใหม่ 1 ราย เป็นชายไทย อายุ 32 ปี ชาวเชียงใหม่ ทำงานในสถานบันเทิงเดียวกันกับที่พบการระบาดของโควิด-19 จ.พำนัก เชียงใหม่ (โรงแรม 1G1)

น่าสะพรึง! พบอีก 9 สาวแหล่งบันเทิงกำขี้เหล็กกักตัวที่แม่สายติดโควิด-19  
เผยแพร่: 6 ธ.ค. 2563 12:24 โดย ผู้จัดการออนไลน์



เชียงราย - น่าสะพรึง...พบสาวแหล่งบันเทิง 1G1 ชำม่นานา จากพำนักเข้ากักตัวใน LQ แม่สายติดเชื้อโควิด-19 เพิ่มรวมเคสถึง 9 ราย ทำยอดรวมผู้ป่วยติดเชื้อเชียงรายรอบนี้พุ่งเป็น 20 รายแล้ว

“Three ‘Danger Zones’ at Farm Fest Revealed, Those on Bangkok Flight Should Get Covid-19 Test.”

(Source: Thai Rath Online, December 4, 2020)

<https://www.thairath.co.th/news/local/north/1989159>

“Terrifying! 9 Women from Tachilek Entertainment Venue Quarantined at Mae Sai Found to be Covid-19 Positive”

(Source: Manager Online, December 6, 2020)

<https://mgronline.com/local/detail/9630000125038>

### *1.3 State communications and mass media reports in correcting the falsehood*

Factors contributing to the diminishing of the false claims, part of which were replaced by corrective messages, included a series of fact-based briefings by government agencies and updates by the mass media which effectively addressed issues of public concern.

The Covid-19 outbreaks have been marked by changes almost daily. Under the situation, it’s crucial to communicate facts about the changing situation comprehensively and timely so that the public will not have to guess or jump to a conclusion based on previous experience. When the fact-based corrections appeared online continually, online influencers and netizens could forward the correct messages effectively.

A trace on the dataset revealed that during the initial phase when more new infections were detected, public health agencies at both the provincial and national levels often emphasised that no lockdown measures were implemented yet. They sought to explain that the possibility for community transmission was not that high to lessen the panic among people who attended the same events as the positive cases. Also, the agencies explained how the track-and-trace measure worked and publicised safety guidelines for gatherings and events as a way to ascertain that the outbreak remained under control and business closures or restrictions on people’s mobility were not necessary, while stating that the lockdown rumour was false.

For example, on December 2, 2020, the Chiang Rai public health office held a press briefing on new infections, which at that time totalled three cases, plus control measures by relevant educational institutes and members of the private sector. During the briefing, the authorities **refuted the lockdown rumour by clearly identifying it as a false claim.** The mass media also sent out reports that Chiang Rai had no lockdown measures, both in headline news and by publicising audio clips of the authorities as they explained the issue. The authorities also clarified that the public and tourists could come in and out of Chiang Rai freely. There were no orders to close down public places or businesses. The New Year events could still be held. Some examples are: “Chiang Rai Vowed No Lockdown: Covid Pushed Hotel Booking Down 40%” (Prachachat Thurakit, December 2,

2020) and “Public Health Ministry Stemmed Rumour about Chiang Rai Lockdown” (New Day, ThaiPBS, December 3, 2020).



Source: Prachachat Thurakit, December 2, 2020

<https://www.prachachat.net/local-economy/news-566977>



Source: New Day, ThaiPBS, December 3, 2020

<https://program.thaipbs.or.th/watch/gEh2aE>

From December 5-8, high-ranking officials from the public health ministry gave interviews to the press along the same lines that no lockdown measures were in the plan, neither for Chiang Rai nor the whole country. The public and tourists were free to travel to Chiang Rai and hold New Year activities. Still, the deputy prime minister and public health minister left room by saying that if the outbreak situation went out of control, stricter measures could be rolled out to curb it.



“Anutin Insisted no Lockdown, Said Covid-19 is Nothing.”

(Source: PPTV Online, December 5, 2020)

<https://www.pptvhd36.com/news/สุขภาพ/137819>



“Dr Opas Vowed Covid-19 in the North under Control, No Lockdown of Chiang Mai and Chiang Rai.”

(Source: Ruang Lao Chao Nee, December 7, 2020)

<https://www.youtube.com/watch?v=6lwm11qcLHQ>

“Anutin said Covid-19 under Control, no plan lockdown.”

(Source: WorkpointTODAY, December 8, 2020)

<https://www.youtube.com/watch?v=0yn9Xdyc>

สร.ยันโควิด-19 ยังไม่ระบาดระลอก 2



สร.ยันโควิด-19 ยังไม่ระบาดระลอก 2 เจอติดจากในประเทศเพียง 3 ราย สามารถระบุต้นตอได้ทั้งหมด ไม่พบการแพร่เชื้อไปยังบุคคลอื่น - ติดเชื้อแบบจำกัด จังหวัดต่างๆไปเที่ยวได้ พ่อกลุ่มคนไทยติดเชื้อแอบเข้าจากทำขีเหล็ก ไม่พูดความจริง ทำการสอบสวนโรคยุ่งยากขึ้น

“Covid-19 not Entering 2nd Wave yet, Public Health Ministry said”

(Source: Krungthep Thurakit Online, December 8, 2020)

<https://www.bangkokbiznews.com/news/detail/9>

## 2) Recommendations on public communication in the case of “Chiang Rai Lockdown” false claims

2.1 Since the Covid-19 outbreaks were not limited to any particular area and saw constant changes, any information that the public received would generate wide-ranging ripple effects. For this reason, it is recommended that the public be informed that **the Covid-19 information is subject to change** so that they are prepared to cope with the situation effectively. This covers empirical data and documents such as the number of new infections, policies or measures as well as viewpoints of relevant authorities or agencies.

It is important that any public communications whether by government agencies or mass media must **emphasise the limitation and make clear the timing of the reports or**

**announcements** such as embedding a clearly visible date/timestamp to prevent people from using the information out of context.

In the same vein, it is recommended that **a clarification or backgrounder be included to explain why the information has changed from what was given before.** For example, the agencies or press should explain how the situation has changed from what happened during the previous announcement and why it was necessary for the policy to be updated or why the information dispatched earlier will no longer be applicable when the situation has changed.

**2.2 Online communications by government agencies especially those placed on social media should be clear and comprehensive.** Infographics should feature easy-to-understand texts and graphics. Key messages should be clearly explained especially if they are digested from announcements written in official language which could cause the general public to misunderstand the content.

One example is the graphic on a rise in new infections published by the Facebook page of the Covid-19 Information Centre shown below. **The use of a breaking-news format featuring only headlines but no details that the public should know is not recommended.** Government agencies should serve as reliable sources of information that the press and public should be able to refer to. They do not need to engage in a speed contest like members of the mass media. Their mission is to provide as much information the public needs to know as possible. This includes timelines of confirmed cases and disease control guidance. The information should be included in a graphic that is designed to be easy to read with a precise, to-the-point message, complete with a date and time stamp to prevent it being used in a false context.

เชียงราย พบผู้ติดเชื้อโควิด-19 ในประเทศ ล่าสุด เพศชาย 1 ราย

เชียงรายพบผู้ป่วยโควิด-19 ในประเทศรายล่าสุด 1 ราย เป็นเพศชายมีประวัติสัมผัสกับผู้ป่วยหญิง จ.พะเยา ที่กลับจาก จ.ท่าขี้เหล็ก ประเทศเมียนมา ก่อนหน้านี้ ขณะนี้ผู้ป่วยเข้ารับการรักษาตัวที่โรงพยาบาลเชียงรายประชานุเคราะห์

#ศูนย์บริหารสถานการณ์โควิด19  
#ศูนย์ข้อมูลCOVID19  
#หยุดโควิดแต่ไม่หยุดเศรษฐกิจไทย  
#NewNormalชีวิตวิถีใหม่  
#สมตลชีวิตวิถีใหม่  
#รวมไทยสร้างชาติ

หนุ่มน้อย คอยรักบุรีรัมย์, วิว สโน, ที่เกี่ยวข้องกับสิ่งที่ Thitikorn Chuajedton และคนอื่นๆ อีก 1,841 คนถูกใจสิ่งนี้

แชร์ 1,048 ครั้ง 122 ความคิดเห็น

จริงใจ แต่ไม่จริงใจอยากให้เห็นแสดงออก กับเหตุการณ์แบบนี้ ว่าบทลงโทษคืออะไร และควรรวมแรงที่สุด ขยายไปถึงต้นตอพวก พาเข้ามาให้ได้ ประชาชนจะสนใจใน มาตรการและหมดห่วงต่อพวกโจรจริยธรรม มั๊ง่ายเห็นแก่ตัว



(Source: Covid-19 Information Center, December 4, 2020)

<https://www.facebook.com/informationcovid19/photos/a.106142991004034/220477856237213/?type=3&theater>

**2.3 Clarity is needed when reporting about a crisis or situations that are fast changing.** Under the situation, the press must report not just facts of the events but they need to put them into perspective by providing relevant context and background. They have to clarify issues that would have impacts on the public to prevent misunderstanding or misuse of the information by people who might want to advance an agenda that could be harmful to people. They should also have an understanding of how online media work in spreading information to prevent the sharing of false claims.

In the case of official announcements, as discussed earlier, the gist and key messages that will affect people’s livelihood should be clearly highlighted and communicated. The clarity will prevent misinterpretation and panic. If necessary, background information about related events should be incorporated.

When it comes to “leaks” or widely circulated claims, the media must verify the content with trustworthy sources according to journalistic standards before publishing them. Unverified information or false claims not only cause public confusion but ends up amplifying the false content. This is especially harmful if a link to the original story is embedded as it will allow the false claims to be accessible and receive public engagement even though they may have been verified as false.

## II: The case study on the report about more than 900 workers were infected with Covid-19 in a canned tuna factory in Samut Sakhon.



PAIIPan ปายแปน III ธิ  
@paiipan



มีคนแชร์ในไลน์กลุ่มว่าผลตรวจโควิด โรงงานแห่งหนึ่งที่  
สมุทรสาครเพิ่งออกยืนยันว่า ตรวจไปเกือบ 4,000 คน เจอผล  
บวกแล้ว 900 กว่าคน พุ่งนี้เลขผู้ป่วยรายใหม่ 1,000+  
แน่นอน

9:13 PM · Jan 4, 2021 · Twitter for iPhone

27.5K Retweets 91 Quote Tweets 2,612 Likes

According to a social media analysis, twitter account: PAIIPan @paiipan, is presumably the origin of the misinformation.

Source: <https://twitter.com/paiipan/status/1346097528341610499>

Account: paii—pan ||| 羅 (@paiipan)

Message: Somebody shared in a Line group the result of Covid-19 tests at a factory in Samut Sakhon which just came out this evening. The test was done on almost 4,000 people, over 900 found to be positive. Tomorrow, the number of new infections would certainly shoot up to 1,000+

Zocial Eye: Retweet: 27,836 Comment: 2,644 (the tweet received the highest engagement on January 4, 2021 according to keyword search).

### 1) *Analysis of the original post*

**Method: The content can be considered misleading (when checked with confirmed information) but the original poster did not have an intention to cause misunderstanding or to harm.**

The original tweet refers to **an unconfirmed report** with several unclear elements which made it impossible to identify if they are true or false by reading the message alone. When placed in the context of related information that became available later, the message may qualify as misleading content but the original poster apparently did not have an intention to cause misunderstanding or to harm which will be explained further.

Unclear elements which made it impossible to assess the authenticity of the message include:

1.1) The account owner appears to be a general user, not public figure (the account was activated in 2009 with 3,853 followers on July 18, 2021). The user’s profile does not specify profession or affiliate. The account’s name does not appear like a genuine name which made it impossible to identify who the user is and in which capacity he sent the post (as a member of the general public or a specific community, medical professional, government official or expert, for example). Since it is not possible to clearly identify who the user is, it is **difficult for other users who do not know him personally to assess how trustworthy the message was.**

Still, considering the profile picture and the fact that the account was linked to an Instagram account, it can be assumed that the account owner is a real person because the profile picture both on Twitter and Instagram features the same person (with similar

looks at least). The account owner has thousands-strong followers. The posting pattern and frequency appear more consistent with those of ordinary users than **bots**. Also, the account owner updated information related to the original post and engaged in a conversation with other users who commented on the post.

1.2) The poster claimed that “somebody shared in a Line group” without specifying what kind of group chat it was, whether it was for medical personnel, business people/operators, government officials or Samut Sakhon residents. The user did not say either who the “somebody” who shared the information on Line was or how he/she was involved with the incident in question.

1.3) The tweet mentioned “a factory” without identifying it. However, the account owner provided an update the next day (January 5, 2021) saying that the information was true and occurred at “a canned tuna factory” based on a news report by Channel 3, but failed to include a link to the report.

1.4) The element that could make the post qualify as misleading content is the claim that “the Covid-19 result....just came out this evening” which should mean the evening of January 4. The reason is that clarifications from responsible agencies and press reports on January 6, 2021 indicated that the case findings on January 4 found only 470 new infections not “over 900” as claimed in the post.

However, if we include results from the case findings on January 3, which found 541 new infections, then it would be correct to say that on January 4, more than 900 new infections were found at the factory.

The account owner clarified details about the number of infected people on January 7 by quoting a tweet from MThai which classified the number of new infections by date.



## The tweet by MThai which the account owner quoted to clarify about the new infections<sup>1</sup>

Source: <https://twitter.com/mthai/status/1346738267534675970>

Although the initial investigation was inconclusive whether the claim was true or false, the message was retweeted and received so many comments. In fact, it received the highest engagement of the day, showing that **the public was interested in the information and wanted to know more details since the issue could have direct impacts on their livelihoods**. An examination of comments posted in association with the tweet revealed that many users expressed their concern and wanted to know which factory it was that was mentioned so that they could be careful or see if they needed to get themselves tested as they lived or worked in Samut Sakhon.

The manner in which the account owner communicated indicated that he or she is a real person (whose identity was not clearly revealed). The manner in which he or she conducted a conversation with people who came in to make inquiries and updated more information to clarify the issue by referring to confirmed press reports indicated that **the account owner might wish to sound the alarm for people to raise their guard more than to stir up panic, to attack the government or relevant business or to gain commercially by selling products or services**.

---

<sup>1</sup> อย่างไรก็ตาม การเรียงเรียงของ MThai ก็อาจทำให้เข้าใจคลาดเคลื่อนได้เช่นกันหากผู้อ่านไม่พิจารณาให้ถี่ถ้วน เพราะหากอ้างอิงการแถลงสถานการณ์ประจำวันของ ศบค. ตัวเลข 541 รายของวันที่ 3 ม.ค. และ 470 รายของวันที่ 4 ม.ค. เป็นยอดรวมผู้ติดเชื้อทั้งจากการติดเชื้อภายในประเทศ (คนไทย) กับการคัดกรองเชิงรุกในชุมชน ซึ่งมีทั้งคนไทยและแรงงานข้ามชาติ และยังไม่ได้รับรู้ว่ามาจากโรงงานปลากระป๋อง



Examples of conversations between the account owner and other netizens

Source: <https://twitter.com/paiipan/status/1346097528341610499>

## 2) Factors contributing to the spread of the misleading content

The research team identified three factors which could contribute to the spreading of the misinformation and its high engagement based on its content and communication thread as well as surrounding events.

### 2.1) The severity of the Covid-19 outbreak in Samut Sakhon

The day the account owner posted the message coincided with the widening of the outbreak in Samut Sakhon from the epicentre, the Central Shrimp Market, where the first case was detected in mid-December 2020.

The cluster mostly involved migrant workers who lived in close proximity in small rooms. The number of new infections continuously grew and, following active case findings among factories, reached more than a hundred cases per day.

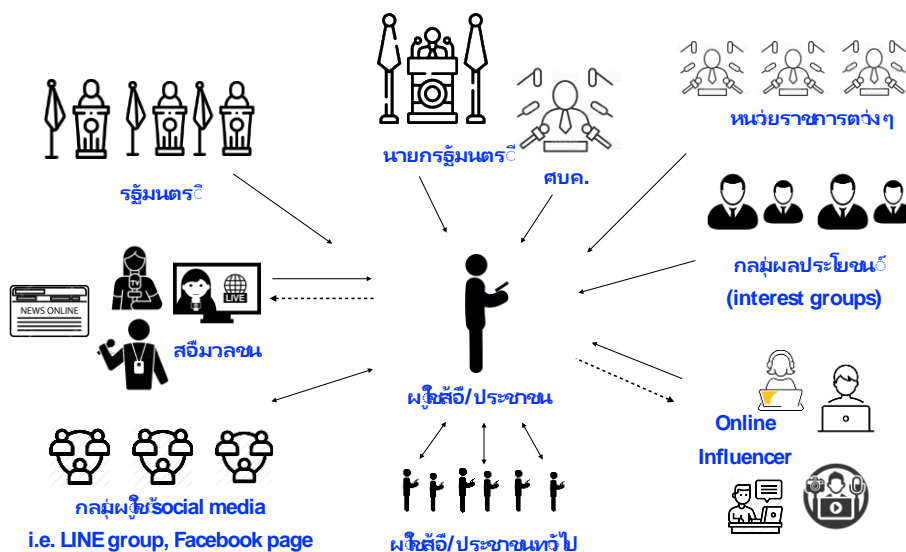
Before long, the governor of the province and members of his family were reported to have contracted the virus. Meanwhile, the government ramped up control measures, upgrading Samut Sakhon to the highest control area and restricted people's mobility while shortening opening hours for businesses.

As the outbreak progressed, information about the case findings and measures to control the virus were constantly updated. The public, meanwhile, was hungry for new information. People needed the latest updates as soon as possible so that they could plan how they would go about their daily lives while protecting themselves and their families. Many people checked the news from multiple sources, including government agencies,

mass media, public figures and social media users whether they were acquainted with them personally or not.

The growing worries about the widening and intensifying outbreak coupled with the fast flow of information and ease of sharing on social media could make people respond quickly to information that could have direct effect on their livelihood such as where new infections were found even though it may appear suspicious and should be verified first.

Social media users often forward warnings to other netizens when they felt there was a possibility for danger, even though the information had not been verified. **This characteristic corresponds to the result of an analysis of content that the Anti-Fake News Centre (AFNC) labelled as false which seems to be more of a warning in nature, an attempt to sound the alarm so that others could be prepared more than an intent to harm.**



Covid-19 pandemic information ecology

Source: Research team

## 2.2) Public perception towards delayed communications of confirmed reports

For the purpose of this research, confirmed information refers to information that has been clarified which does not necessarily guarantee whether it is true or false.

Unlike the messages flagged by the ANFC, many of which were marked with the term “cover up”, the original post and comments of people who joined the conversation did not indicate an attempt to keep the new infections at the factory under wrap. It can be

assumed that the account owner and other users did not have ostensible distrust of official information, whether from the government, relevant public agencies or press reports.

However, the fact that the account owner felt the need to make public a message that had been “shared in a Line group”, allowing other users to know about it, and the fact that netizens came in to ask for more information from the account owner who was essentially a stranger to them, indicated that the official or confirmed information was too delayed, not up-to-date or communicated among too limited circles to the point the people felt they could not prepare themselves in time. That could explain why they opted to believe in still-unverified information with unknown sources.

In this case, however, **the concerned factory, relevant government agencies and mass media managed to send out confirmed reports before public concern turned into panic.** The factory issued a statement the next day (January 5, 2021). Even though it was not a public communication (people who did not follow the factory’s channel of communication or presume that this particular factory was involved in the misleading claim would not be aware of the statement) and did not clarify about the number of new infections (stating that “a number” of staff became infected) but it was picked up by many media at both regional and national levels. Indeed, the issue became most popular the next day (January 6, 2021).

On January 6, there were also news reports about briefings by the Samut Sakhon deputy governor, the public health officer and the Department of Disease Control about active case findings from more than 3,000 factory workers where new infections were also reported. The authorities gave a clarification as well that the reported number of infected people were old news from “2-3 days ago.”

After the issue about over 900 workers at a factory were found to be infected was clarified, public conversations about the matter died down.

### *2.3) Unclear communication*

It is noteworthy that one factor that could contribute to the spread of the original tweet is attempts by the mass media to clarify the issue, saying that the content was a misunderstanding, that the number of infections was not new and that it had already been taken into account by the authorities. However, it seems the unclear clarifications ended up causing more confusion.

The format that easily caused a misunderstanding features **social media banners with short text.** These banners mostly stated only that the Public Health Ministry confirmed more than 900 workers at the canned tuna factory were infected without elaborating that the number included those detected from January 3 to 4, 2021 which the CCSA already reported during January 4-5. Nor did the banners say that the Covid-19 cases were detected by active case findings among factories.

This form of presentation could easily lead people to assume that the number represented those who were found to be infected on that day which would seem to confirm the suspicions of cover-up attempts.

Another noteworthy point is the fact that some media did not embed the date/time of the report on the graphic. The lack of contextual information could lend people to misunderstand the information and make it possible for the graphic to be used in a false context. In a way, the seemingly incomplete format of news reports at a time when clarity was needed qualified as poor journalism.

In this particular case, however, the mass media could be the tail end of the confusion. **If the information was not clear from the start, there was not much the media could do to enlighten the public.**

The research team found that the information provided by government agencies involved in the case was not always consistent.

### 2.3.1) CCSA’s daily update

According to the table “Covid-19 Infections Situation” which was used to illustrate the CCSA’s daily update and published on the Thai government’s website, the number of Covid-19 cases in Samut Sakhon during January 3-6, 2021 was as follows:

Report Date	Domestic infections	Active Case Finding		Total
		Thai workers	Migrant workers	
3 ม.ค. 64	38	-	17	55*
4 ม.ค. 64	36	57	448	541*
5 ม.ค. 64	31**	49*	390*	470
6 ม.ค. 64	20**	6*	41*	67

\*Pending confirmation \*\*Admitted for treatment in hospital



Source: Document accompanying the update on Covid-19 situation, CCSA,  
January 3-6, 2021<sup>2</sup>

According to the table, if we combine the number of confirmed cases from community case findings reported on January 4 (505) and that on January 5 (439), the total would be 944 cases. **However, the document did not specify where case findings were conducted.**

ผู้ป่วยรายใหม่ประเทศไทย วันที่ 4 มกราคม 2564 : 745 ราย (ยอดสะสม 8,439)			
2. การคัดกรองเชิงรุกในชุมชน (มากกว่าร้อยละ 90 คัดเชื้อไม่มีอาการ) 577 ราย			
	ลักษณะผู้ติดเชื้อ	อาการ	รพ.ที่เข้ารับรักษา
ชียนาถ (1 ราย)	- เพศชาย 1 ราย อายุ 47 ปี - สัญชาติไทย 1 ราย	- ไม่มีอาการป่วย 1 ราย	- รพ.ชียนาถเรนทร (1)
สมุทรสาคร (505 ราย)	- ไทย จำนวน 57 ราย - ต่างชาติ จำนวน 448 ราย		รพ.ผลการสอบสวนโรค
ระยอง (25 ราย)	ไทย 25 ราย		รพ.ผลการสอบสวนโรค
ชลบุรี (22 ราย)	- ไทย จำนวน 20 ราย - ต่างชาติ จำนวน 2 ราย		รพ.ผลการสอบสวนโรค
จันทบุรี (22 ราย)	ไทย 22 ราย		รพ.ผลการสอบสวนโรค
ตราด (2 ราย)	ไทย 2 ราย		รพ.ผลการสอบสวนโรค

แหล่งข้อมูลและจัดทำโดย : กรมควบคุมโรค กระทรวงสาธารณสุข

Source: [https://media.thaigov.go.th/uploads/public\\_img/source/040164.pdf](https://media.thaigov.go.th/uploads/public_img/source/040164.pdf)

<sup>2</sup> [https://media.thaigov.go.th/uploads/public\\_img/source/030164.pdf](https://media.thaigov.go.th/uploads/public_img/source/030164.pdf);  
[https://media.thaigov.go.th/uploads/public\\_img/source/040164.pdf](https://media.thaigov.go.th/uploads/public_img/source/040164.pdf);  
[https://media.thaigov.go.th/uploads/public\\_img/source/050164.pdf](https://media.thaigov.go.th/uploads/public_img/source/050164.pdf);  
[https://media.thaigov.go.th/uploads/public\\_img/source/060164.pdf](https://media.thaigov.go.th/uploads/public_img/source/060164.pdf)

ผู้ป่วยรายใหม่ประเทศไทย วันที่ 5 มกราคม 2564 : 527 ราย (ยอดสะสม 8,966 ราย)		
1. ติดเชื้อในประเทศ (ผู้ป่วยรายใหม่จากระบบเฝ้าระวัง และระบบบริการ) 82 ราย (ต่อ)		
1.2 ติดเชื้อในประเทศ (รวมผลการสอบสวนโรค) 26 ราย		
นครปฐม (1 ราย)		รวมผลการสอบสวนโรค
น่าน (1 ราย)		รวมผลการสอบสวนโรค
สุราษฎร์ธานี (6 ราย)		รวมผลการสอบสวนโรค
นนทบุรี (18 ราย)		รวมผลการสอบสวนโรค
2. จากการทำงานเชิงรุกในชุมชน (มากกว่าร้อยละ 90 ติดเชื้อไม่มีอาการ) 439 ราย		
สมุทรสาคร (439 ราย)	- ไทย จำนวน 49 ราย - ต่างด้าว จำนวน 390 ราย	รวมผลการสอบสวนโรค

แหล่งข้อมูลและจัดทำโดย : กรมควบคุมโรค กระทรวงสาธารณสุข

Source: [https://media.thaigov.go.th/uploads/public\\_img/source/050164.pdf](https://media.thaigov.go.th/uploads/public_img/source/050164.pdf)

During the daily update on January 4, the **CCSA spokesperson did not mention that the 505 new infections detected from active case findings were workers at the canned tuna factory.** The spokesperson only said that the active case findings resulted in **the usual** increase in the number of confirmed cases (compared to previous reports — noted by the researchers).

For the update on January 5, the CCSA spokesperson mentioned that 439 new infections were found among migrant workers from active case findings but failed to specify in which province. However, when discussing the Covid-19 cases in Samut Sakhon, the CCSA used the number 439, divided into 49 Thai workers and 390 migrant ones, but did not associate them with the canned tuna factory.

Meanwhile, in the report on new infections prepared by the Department of Disease Control, the number of new infections on January 5 that were migrant workers was put at 439. This could cause confusion because the CCSA’s report mentioned earlier which stated that the number of new infections among migrant workers was 390. In other areas, the number of new infections among migrant workers included 14 cases in Bangkok only. The reports left it unclear as to which group of Covid-19 cases the number 439 represented and from what areas.

ผู้ป่วย รายใหม่ ประเทศไทย วันที่ 5 มกราคม 2564	
ประวัติเสี่ยง	จำนวน (ราย)
1) ผู้ป่วยรายใหม่ จากระบบเฝ้าระวังและระบบบริการฯ	82
1. ประวัติไปสถานที่เสี่ยงอื่น มีอาชีพเสี่ยง หรือสัมผัสผู้ป่วยก่อนหน้านี้	56
2. อยู่ระหว่างการสอบสวนโรค	26
2) การค้นหาผู้ติดเชื้อเชิงรุกในชุมชน (แรงงานประเทศเพื่อนบ้าน)	439
3) ผู้ป่วยที่เดินทางมาจากต่างประเทศ และเข้าสถานกักกันทุกประเภท (Quarantine Facilities)	6
<b>รวม</b>	<b>527</b>

แหล่งข้อมูลและจัดทำโดย : กรมควบคุมโรค กระทรวงสาธารณสุข

Source: Department of Disease Control, Ministry of Public Health

ผู้ป่วยรายใหม่ประเทศไทย วันที่ 5 มกราคม 2564 : 527 ราย (ยอดสะสม 8,966 ราย)			
1. ติดเชื้อในประเทศ (ผู้ป่วยรายใหม่ จากระบบเฝ้าระวัง และระบบบริการฯ) 82 ราย (ต่อ)			
1.1 ติดเชื้อในประเทศ (สถานที่เสี่ยงอื่น มีอาชีพเสี่ยง หรือสัมผัสผู้ป่วยก่อนหน้านี้) 56 ราย (ต่อ)			
	ลักษณะผู้ติดเชื้อ	อาการ	รพ.ที่เข้ารับรักษา
สิงห์บุรี (3 ราย)	- เพศชาย 3 ราย อายุ 34, 47, 65 ปี - สัญชาติไทย 3 ราย	- ไม่มีอาการป่วย 3 ราย	- รพ.สิงห์บุรี (2) - รพ.พรหมบุรี (1)
พระนครศรีอยุธยา (2 ราย)	- เพศชาย 2 ราย อายุ 34, 54 ปี - สัญชาติไทย 2 ราย	- มีอาการป่วย 2 ราย	- รพ.มหาราช (1) - รพ.สมเด็จพระสังฆราชฯ (1)
สุพรรณบุรี (1 ราย)	- เพศชาย อายุ 66 ปี สัญชาติไทย	- มีอาการป่วย	- รพ.บางปลาม้า (1)
กรุงเทพมหานคร (14 ราย)	- เพศชาย 7 ราย อายุ 27, 27, 35, 41, 41, 48, 54 ปี - เพศหญิง 7 ราย อายุ 18, 20, 23, 31, 32, 54, 57 ปี - สัญชาติไทย 12, ลาว 1, เมียนมา 1 ราย	- ไม่มีอาการป่วย 10 ราย - มีอาการป่วย 4 ราย	- รพ.ศิริราช (2), รพ.รามธิบดี (3) - รพ.ตากสิน (1) - รพ.สมเด็จพระปิยะเกล้า (1) - รพ.เอกชน กรุงเทพมหานคร (7)
นนทบุรี (1 ราย)	- เพศหญิง อายุ 28 ปี สัญชาติไทย	- มีอาการป่วย	- รพ.เอกชน นนทบุรี (1)

แหล่งข้อมูลและจัดทำโดย : กรมควบคุมโรค กระทรวงสาธารณสุข

Source: [https://media.thaigov.go.th/uploads/public\\_img/source/050164.pdf](https://media.thaigov.go.th/uploads/public_img/source/050164.pdf)

### 2.3.2) Inconsistent information from different agencies

An analysis of mass media coverage on this topic revealed that journalists referred to different sources who provided inconsistent information. For example, the news reports entitled “Samut Sakhon Clarified 900 Covid-19 Cases Already Reported to Public Health” by *Thai Rath Online* (January 6, 2021) and “Samut Sakhon Insisted 900 Cases at Canned Tuna Factory Already Reported, Thai Union Argued Only 69 Cases Found” by *Manager*

*Online* (January 6, 2021) referred to the same source — Dr Naresrit Khatthasima, who was Samut Sakhon public health doctor. The explanation was that, “The number [in the news] represented the number of new infections in Samut Sakhon both from active case findings and those reported by hospitals which amounted to 541 and 470 cases” which had been reported to the CCSA.

The reports quoted the provincial public health doctor as saying that **the over 900 Covid-19 cases were found among workers at several factories belonging to a company in Muang District, Samut Sakhon. The cases did not come from a single factory. They were reported from several places but they belong to the same company.** When the numbers [of new Covid-19 cases] were combined, it gave an impression that the rate was high. However, the workers confirmed to be positive were quarantined according to the public health guideline. (Emphasis added by the research team).

According to the reports, the number of confirmed cases corresponded to the number given by the CCSA. However, the “news source” (according to *Thai Rath Online* and *Manager Online*) did not say by how many exactly the figures were “over 900”. Also, his mentioning that the case findings were made at several places did not allow the audience, especially people who might live in the area, to know whether they were at risk. Nor did the reports identify the company in question.

News reports referring to Director-General of the Disease Control Department Dr Opas Karnkawinpong, who held a press conference on this topic at 3pm, shed more light. The press briefing stated that it was true that more than 900 people were found to be infected at a canned tuna factory.

The company and factory involved were identified. According to the briefing, the number of workers at the company stood at about 3,000 while the number of those found to be infected was 914. The briefing went into details about symptoms (asymptomatic or mild symptoms), what had been done to control the virus (quarantine the factories, send the patients to a field hospital and continue to track and trace), and the safety of food produced by the factories, which should ease the concerns of people who live in the area and the general public about the risk of transmission.

Still, it should be noted that the headlines and graphics used in these news stories could still provoke misinterpretation as they only stated that the public health ministry confirmed there were more than 900 people infected with Covid-19 at the canned tuna factory, without explaining that some of the cases had been tallied.

As for the number of new infections as reported by the CCSA during January 4-5, 2021 and explained by the provincial public health doctor, the director-general simply said that “the number had been reported to the CCSA during January 4-5 — 500 cases a day or 400 cases a day. These were cases found at this single factory.” Apparently, the information was not consistent with what the provincial public health doctor said.

In summary, **the case study shows a communication of incomplete and inconsistent information by several parties in the information system — both government agencies, private companies, the press and general media users. This caused the content that is vulnerable to misunderstanding to circulate in the information ecosystem for a certain period of time.**

However, since confirmed reports about the case were released in time, a conclusion could be drawn that the incident did occur but was not severe and had been brought under control by concerned agencies. At the same time, an upgrade of Covid-19 control measures was announced which diverted public interest (and that of the mass media) from the issue.

### ***3) Recommendation on public communication from the case of “More than 900 Found Infected at Samut Sakhon Factory”***

The same set of recommendations for the Chiang Rai case can be applied to this case, with the following additions:

**3.1 The mass media must check with multiple sources before publication and rely on more than a single source in their coverage.** Even though it was evident in this case that the relevant government agencies and private parties gave inconsistent information, it was not an excuse for the mass media to send out their reports without verification.

**3.2 In a crisis when the situation changes fast, the public sector must provide information clearly, consistently and uniformly** (it’s not necessary to have a single unit responsible for public communication but each concerned agency must be on the same page). When giving an update, a recap of what other organisations had said before is advised. Also, emphasis should be placed on how the latest information is similar to or different from what was given before, in which respects and how.

**3.3 The government should set up a public data infrastructure that is easily accessible to the public both online and off-line.** It should also provide a daily report that is easy to understand and provides all the information necessary for people to continue their daily lives and meaningfully participate in civic activities. The report should not comprise only statistics or brief texts devoid of context necessary for people to have a full grasp of the situation. The update should also be machine-readable so that users can download the information for further use and reference.