



FROM THE OFFICE OF THE
DC ATTORNEY GENERAL
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**FINDINGS REGARDING
COVID-19 VACCINE
MISINFORMATION
ON META'S SOCIAL
MEDIA PLATFORMS**

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EXECUTIVE SUMMARY

Misinformation—defined by the U.S. Surgeon General as “information that is false, inaccurate, or misleading according to the best available evidence at the time”¹—is a chronic problem on social media platforms. A salient and particularly dangerous example of this problem was the misinformation about COVID-19 vaccines that proliferated on the Facebook social media platform following the roll-out of the vaccines in early 2021.

Although misinformation about COVID-19 generally began spreading on social media platforms at the start of the pandemic, as many people turned to social media during lockdowns to keep up to date with the news and stay in touch with family and friends, this issue became even more pressing as COVID-19 vaccines became available in late 2020 and early 2021. At a time when quick uptake of the vaccines was critical to slowing the spread of the virus and protecting the health of the public at large, there was a deluge of misinformation about the vaccines on Facebook and other social media sites. Some posts on Facebook exaggerated the harms of the vaccines. Other posts claimed that the vaccines caused side effects that never actually occurred. This misinformation discouraged many people from getting the COVID-19 vaccines, with potentially devastating public-health consequences.

To encourage the public to continue to trust and use its services, Meta—the company that owns and operates the Facebook social media platform—announced in early 2020 that it would work to stop the spread of COVID-19 misinformation on its platforms.² Meta announced policies that explained how it would respond to content that contained false or misleading information about COVID-19. As COVID-19 vaccines became available, Meta announced that it was bolstering its policies to address false and misleading information about the vaccines. Meta also regularly posted updates on the amount of COVID-19 and vaccine content it had removed from its platforms.

Notwithstanding these announcements, news reports in the summer of 2021 underscored that COVID-19 vaccine misinformation was still rampant on Facebook and other social media sites.³ In the midst of these reports, Meta continued to highlight its anti-misinformation efforts and continued to tout the large amounts of COVID-19 misinformation, including COVID-19 vaccine misinformation, it had removed from its platforms. These announcements had the effect of assuring users that they could trust the information on Meta’s platforms. But as discussed in this report, Meta did not live up to these assurances.

In June 2021, the Office of the Attorney General for the District of Columbia (“OAG”) initiated an investigation into whether Meta accurately represented to consumers its efforts to remove and

¹ Office of the U.S. Surgeon General, “Confronting Health Misinformation: The U.S. Surgeon General’s Advisory on Building a Healthy Information Environment,” at 4 (July 14, 2021), <https://www.hhs.gov/sites/default/files/surgeon-general-misinformation-advisory.pdf>.

² Facebook, Inc. changed its name to Meta Platforms, Inc. in October 2021. See “Introducing Meta: A Social Technology Company,” Meta Newsroom (Oct. 28, 2021), <https://about.fb.com/news/2021/10/facebook-company-is-now-meta/>. In this report, we will be referring to the company as “Meta” and the social media platform as “Facebook,” even when referring to events occurring prior to the October 2021 name change.

³ See Gerrit De Vynck and Rachel Lerman, “Facebook and YouTube spent a year fighting covid misinformation. It’s still spreading,” *The Washington Post* (July 22, 2021), <https://www.washingtonpost.com/technology/2021/07/22/facebook-youtube-vaccine-misinformation/>.

reduce COVID-19 vaccine misinformation on Facebook and other platforms. This report summarizes the findings of that investigation. The report starts with an overview of OAG’s efforts to subpoena information from Meta as part of its investigation. It then discusses the information gleaned from the documents that Meta ultimately produced—including information about Meta’s failure to remove COVID-19 vaccine misinformation in accordance with its content-moderation policies, and Meta’s failure to warn users about the harms of engaging with the COVID-19 vaccine misinformation that remained on its platforms. Finally, the report offers consumers tips about how to better protect themselves from the harms of engaging with misinformation on social media platforms.

Summary of OAG’s Investigation

In June 2021, OAG issued a subpoena to Meta to gather information about how the company actually enforced its policies on COVID-19 vaccine misinformation. Meta responded to some of OAG’s subpoena requests. But Meta refused to provide information about the accounts that may have violated its vaccine misinformation policies, and any enforcement actions Meta may have taken against those accounts.

In November 2021, OAG filed a petition with the Superior Court for the District of Columbia to enforce its subpoena and to obtain this information. In September 2023, after almost two years of litigation, the District of Columbia’s highest court ruled that Meta had to provide OAG with the requested information. The court decision confirmed OAG’s investigative authority, but the litigation had delayed OAG’s inquiry into Meta’s public representations at a crucial time. Consumers deserved to know whether Meta was adhering to the content-moderation policies that it was publicly touting when they were deciding whether and how to engage with COVID-19-vaccine-related information on Meta’s platforms and when they were making crucial decisions about whether to obtain COVID-19 vaccines.

Summary of OAG’s Findings

OAG reviewed approximately twenty internal studies that Meta produced in response to OAG’s subpoena. Redacted versions of these studies are attached in an Appendix to this report. News reports have previously referenced some of these studies, but most have not been disclosed publicly before. Based on these studies, OAG has made several findings about Meta’s lack of transparency about its enforcement of its COVID-19 vaccine misinformation policies, namely:

- **Meta did not clarify to consumers the scope of its misinformation policies and how it would apply those policies to COVID-19 vaccine misinformation.** At the start of the pandemic, Meta announced that it would take one of two actions against false COVID-19 content. Meta would either (1) remove false content that posed imminent harm, or (2) label and reduce the distribution of false content that did *not* pose imminent harm. Meta later issued more specific guidance regarding how its misinformation policies would apply to content about COVID-19 vaccines. After issuing these policies, Meta was aware that consumers had a broader understanding of the types of information that would be subject to removal or demotion under the policies—including information that, although not technically “false,” was nonetheless misleading. Meta, however, never clarified its policies

to correct consumers' misunderstanding of what was covered by its policies, nor did it ever explain how it distinguished between "false" and "misleading" content.

- **Meta failed to disclose to consumers that they were still likely to encounter vaccine misinformation on its platforms, despite its ongoing vaccine misinformation enforcement.** Meta was aware that, notwithstanding its policies, vaccine misinformation was particularly prevalent in content posted by accounts engaged in promoting false and misleading anti-vaccine messaging and in Facebook Groups.
- **Meta failed to warn users of the harms of interacting with false and misleading COVID-19 vaccine information.** Meta was aware that consumers could be harmed by interacting with false and misleading COVID-19 content. Meta's own studies found that these harms included an increased likelihood of rejecting the COVID-19 vaccines and an increased mistrust in public health organizations. Despite this knowledge, Meta did not inform consumers of these harms and even downplayed them.

Recommendations for Consumers

Misinformation can pose significant harm to consumers. For example, vaccine misinformation can prompt individuals to refuse vaccines that offer vital protection against illnesses not only for the individuals themselves, but also for their broader communities. We therefore urge consumers to consider the following recommendations when engaging with social media content, especially content related to decisions about their health:

- Be cautious about making medical or other health-related decisions based on information on social media; instead, check with a licensed medical professional or public health authority.
- Be cautious when reviewing comments on posts from public health authorities; they may be intended to discourage users from following trusted health advice.
- Stop the spread of misinformation by checking trusted sources before sharing posts.
- Report suspected misinformation to social media companies.
- Limit the time spent on social media.

OAG’S INVESTIGATION

OAG’s Office of Consumer Protection is tasked with enforcing the Consumer Protection Procedures Act (“CPPA”), D.C. Code §§ 28-3901 *et seq.*, which prohibits merchants from engaging in deceptive or unfair trade practices, including through making misleading misrepresentations or omissions about their business practices.⁴ The CPPA grants OAG broad authority to investigate whether a merchant has violated the CPPA,⁵ and authority to file civil lawsuits to seek injunctive relief, restitution, and civil penalties for violations.⁶ Beyond this enforcement authority, the statute grants OAG authority to engage in consumer education to inform the public about potential deceptive and unfair trade practices,⁷ and authority to publicize actions taken on behalf of District consumers.⁸

As nationwide efforts to vaccinate as many Americans as possible against COVID-19 were underway in the spring and summer of 2021, reports surfaced that social media platforms, especially Facebook, were struggling to control rampant misinformation about the vaccines, which was directly undermining efforts to promote vaccination. The reported extent of COVID-19 vaccine misinformation on Facebook indicated that Meta may not have been enforcing its misinformation policies as rigorously as it was representing to the public. To ensure that District consumers were receiving accurate information about Meta’s enforcement of its COVID-19 vaccine misinformation policies, OAG initiated an investigation into whether Meta misrepresented its content-moderation policies, in violation of the CPPA.

As part of this investigation, OAG issued a subpoena to Meta in June 2021, seeking information about Meta’s enforcement of its COVID-19 misinformation policies as applied to content referring to the COVID-19 vaccines. Specifically, OAG sought further information about Meta’s internal research regarding COVID-19 vaccine misinformation and vaccine hesitancy, the total volume of content that Meta had removed or demoted for violating its COVID-19 vaccine misinformation policies, and the amount of vaccine-related content that Meta had reviewed as part of its efforts to enforce its COVID-19 misinformation policies. Additionally, OAG sought information about the groups, pages, and accounts that had violated Meta’s COVID-19 vaccine misinformation policy and about the steps Meta had taken to address the violations.

Meta objected to producing certain of the requested information.⁹ OAG subsequently initiated judicial proceedings to enforce its investigative subpoena.¹⁰ On September 14, 2023, the District of Columbia Court of Appeals ruled that Meta was required to comply.¹¹ In doing so, the Court of Appeals recognized that consumers and the public have a “strong interest in complete and accurate

⁴ D.C. Code § 28-3904.

⁵ D.C. Code § 28-3910.

⁶ D.C. Code § 28-3909(a), (b).

⁷ D.C. Code § 28-3909(c)(3).

⁸ D.C. Code § 28-3909(c)(7).

⁹ See Meta Opp’n to District’s Pet. for Enforcement of Subpoena, *District of Columbia v. Meta Platforms, Inc.*, 2021 CA 004450 2 (D.C. Super. Ct. Jan. 31, 2022).

¹⁰ Pet. for Enforcement of the Attorney General’s Investigative Subpoena to Meta Platforms, Inc., *District of Columbia v. Meta Platforms, Inc.*, 2021 CA 004450 2 (D.C. Super. Ct. Nov. 30, 2021).

¹¹ *Meta Platforms, Inc. v. District of Columbia*, 301 A.3d 740 (D.C. 2023).

information about Meta’s efforts to limit vaccine misinformation” and in Meta’s adherence to its content-moderation policies.

In the spring of 2024, OAG negotiated a resolution of the investigation that would permit publication of the studies Meta had produced to OAG. OAG believes that publication of these studies is an important step in educating consumers about the risks of misinformation on social media platforms. Moving forward, OAG will continue to monitor social media companies’ adherence to their content-moderation policies, in order to ensure that the companies are transparent and do not deceive their consumers.

OAG'S FINDINGS

In the course of OAG's investigation, Meta produced a number of studies that examined COVID-19 and COVID-19 vaccine misinformation on its platforms. OAG secured the public release of many of these studies as part of a resolution of its investigation. Redacted versions are included in an Appendix to this Report. These studies, many of which have not previously been shared with the public, examined (i) the most common topics of COVID-19 misinformation; (ii) the prevalence of vaccine misinformation and vaccine-hesitant content, or content that expresses doubt about or discourages vaccination; (iii) ways Meta could counteract misleading anti-vaccine messaging; and (iv) the impact of misinformation on users' trust in COVID-19 vaccines and public health authorities.

The studies may provide helpful guidance for developing future strategies to combat health misinformation.¹² But they also highlight that, at a critical time, Meta failed to disclose crucial information regarding its COVID-19 vaccine misinformation policies to consumers. Though Meta represented that it had removed more than 20 million pieces of COVID-19 and vaccine misinformation from its platforms and that it had added warning labels to and reduced distribution of hundreds of millions of pieces of content,¹³ its internal studies show that these representations did not paint the full picture. Rather, the studies show that (i) Meta did not clearly convey the scope of its vaccine misinformation policies to consumers, even though it was aware that consumers had different expectations about the type of content that was covered; (ii) Meta did not adequately disclose to consumers that vaccine misinformation remained rampant in various areas of its platforms, including in content posted by particular accounts and in Facebook Groups; and (iii) Meta did not disclose to consumers the harms of interacting with the false and misleading COVID-19 vaccine information that remained on its platforms.

OAG's investigation did not address the propriety of Meta's decisions regarding which content Meta decided to include within the scope of its misinformation policies. Rather, consistent with the CPPA's goal of ensuring "truthful information from merchants about consumer goods and services," D.C. Code § 28-3901(c), OAG's investigation focused on whether Meta was appropriately transparent with its consumers about its social media platforms, including its content-moderation policies and its ability to enforce them. OAG's findings are intended to highlight that Meta failed to disclose to consumers critical information about the COVID-19 vaccine misinformation environment on its platforms, preventing consumers from making informed decisions about whether and how to engage with its platforms.

¹² For example, internal researchers provided recommendations on how Meta could counteract the specific types of misinformation most prevalent on the platform. The recommendations covered the types of scientific information that Meta could promote to counteract false and misleading information, ways that Meta could make its messaging more effective (such as with banners, interactive graphics, or short videos), and ways Meta could promote accurate health information to individuals who did not trust public health authorities. *See, e.g.*, Ex. 10, "Vaccine Insights Report: Global Report (July 2021) at FB_DCAG-0000745, 747; Ex. 12, "Vaccine Insights Report: U.S. Report (August 2021) at FB_DCAG-0000818-819; Ex. 14, "COVID-19 Research Synthesis: Top Takeaways to Guide H2 2021 Roadmapping," at FB_DCAG-0000980, 992-1017.

¹³ Guy Rosen, "Community Standards Enforcement Report, Second Quarter 2021," Meta Newsroom (Aug. 18, 2021), <https://about.fb.com/news/2021/08/community-standards-enforcement-report-q2-2021/>.

Finding 1: Meta Did Not Clearly Disclose How It Would Apply Its Misinformation Policies to COVID-19 Vaccine Content.

Soon after the start of the COVID-19 pandemic, Meta announced that it would use various existing policies, including its Community Standards, to restrain the spread of COVID-19 misinformation. Meta confirmed that under these policies, it would either remove or reduce the distribution of false COVID-19 content that violated its policies. Meta also regularly provided updates as to how it intended to apply these policies to new COVID-19 claims and content, including those concerning the COVID-19 vaccines. But while Meta issued increasingly specific guidance on how it would apply its COVID-19 misinformation policies to vaccine content, Meta did not clarify for consumers how it would apply the policies to content that was not outright false but was nonetheless misleading—content that many consumers still considered to be misinformation. As a result, consumers who reasonably expected to find minimal to no vaccine misinformation on Facebook still regularly encountered false and misleading COVID-19 vaccine content—much of which was intended to discourage vaccination. Despite Meta’s awareness that its policies did not fully encapsulate consumers’ understanding of what constituted misinformation, Meta did not adequately disclose to consumers which types of COVID-19 vaccine misinformation would be removed from the platforms and which types would be permitted to remain on the platform, even if subject to reduced distribution.

Meta’s COVID-19 Policies Emphasized Removal of Vaccine Misinformation.

In March 2020, nine months before COVID-19 vaccines became available, Meta announced that it was implementing a two-tier enforcement system to address problematic COVID-19 content on its platforms.¹⁴ This enforcement system considered two primary factors: (1) falsity of the content and (2) potential contribution to imminent physical harm. False COVID-19 content could be subject to one of two penalties:

- 1) Removal from the platform: False information related to COVID-19 “that could contribute to imminent physical harm” would be removed.¹⁵ Examples of content subject to removal included “posts that make false claims about cures, treatments, the availability of essential services or the location and severity of the outbreak.” Meta also noted that it would continue to update its list of claims subject to removal based on guidance from public health authorities.¹⁶
- 2) Demotion and labeling: Content that did not present risks of “imminent harm,” such as conspiracy theories about the origins of the virus, would be sent to fact-checking partners for review. If a post was rated false by one of the fact-checkers, Meta said it would “reduce its distribution so fewer people see it” (in other words, demote the content) and “show strong warning labels and notifications to people who still come across it, try to share it or already have.”¹⁷

¹⁴ Nick Clegg, “Combating COVID-19 Misinformation Across Our Apps,” Meta Newsroom (March 25, 2020), <https://about.fb.com/news/2020/03/combating-covid-19-misinformation/>.

¹⁵ *Id.*

¹⁶ *Id.*

¹⁷ *Id.*

In short, Meta indicated that it would take action against any false COVID-19 content on Facebook and that the severity of such action would turn on whether the content could result in imminent physical harm.

As COVID-19 vaccines became available to the public, thus raising unique misinformation concerns, Meta did not issue a separate policy specific to vaccine misinformation. Rather, Meta chose to provide guidance as to how its two tiers of penalties would apply to COVID-19 vaccine misinformation. Meta’s “COVID-19 and Vaccine Policy Updates & Protections” page—the central repository for Meta’s COVID-19 misinformation policies—primarily focused on the types of COVID-19 and vaccine content that could be *removed* under Facebook’s Community Standards.¹⁸ In addition to reiterating the two-factor test for removal (falsity and likelihood to contribute to imminent harm), Meta provided further guidance on how this test would apply to COVID-19 vaccine misinformation. This guidance emphasized removal of vaccine misinformation, making the following statements:

“[W]e do not allow false claims about the vaccines or vaccination programs which public health experts have advised us could lead to COVID-19 vaccine rejection. This includes false claims about the safety, efficacy, ingredients, development, existence, or conspiracies related to the vaccine or vaccination program.”

“[F]or the duration of the COVID-19 public health emergency, we **remove** content that repeats other false health information, primarily about vaccines, that are widely debunked by leading health organizations such as the World Health Organization (WHO) and the Centers for Disease Control and Prevention (CDC). The goal of this policy is to combat misinformation about vaccinations and diseases, which if believed could result in reduced vaccinations and harm public health and safety.”¹⁹

Meta’s COVID-19 policy page also provided a series of examples of false claims that would fall under this misinformation removal policy—including examples that suggested that Meta would remove COVID-19 content that was not technically false, including:

- Claims about COVID-19 vaccines that contribute to vaccine rejection,
- Claims about the safety or serious side effects of COVID-19 vaccines,
- Claims about the efficacy of COVID-19 vaccines,
- Claims about how the COVID-19 vaccine was developed or its ingredients, and
- Claims involving conspiracy theories about a COVID-19 vaccine or vaccination program.²⁰

Meta also stated that accounts that repeatedly posted violative content could be subject to penalties, including removal from Meta’s platforms.²¹ For vaccine content that fell short of meeting the

¹⁸ See Facebook Help Center, “COVID-19 and Vaccine Policy Updates & Protections,” <https://www.facebook.com/help/230764881494641/>. This page no longer appears to be accessible. A December 2021 screen capture of this webpage has been included with this report as Exhibit 22.

¹⁹ *Id.* (emphasis added).

²⁰ *Id.*

²¹ *Id.*

standards for removal but still posed harm to users, Meta promised to “tak[e] additional steps amid the pandemic to reduce the distribution of content that does not violate our policies but may present misleading or sensationalized information about vaccines in a way that would be likely to discourage vaccinations.”²²

Meta Did Not Adequately Disclose the True Scope of Its Vaccine Misinformation Policies.

Despite having a seemingly detailed vaccine misinformation policy, Meta was aware that consumers’ understanding of its policies—including what types of content consumers understood to be vaccine misinformation subject to those policies—was not fully accurate. Nevertheless, Meta did not disclose this discrepancy to consumers or provide clarification about how it intended to apply its policies to COVID-19 vaccine content. Although Meta’s COVID-19 policy page included a lengthy list of the types of vaccine content that would be subject to removal, the policy page failed to disclose to consumers several key pieces of information that would shed light on how Meta actually intended to enforce its policies. For example, Meta stated that it would prohibit “misinformation that contributes to the risk of imminent violence or physical harm,” but it did not define “misinformation” on its COVID-19 policy page.²³ Nor did Meta draw a clear distinction between “false” and “misleading” content, even though such a distinction affected whether content would be removed, demoted, or even left alone.²⁴ Without these key pieces of information, consumers did not have a clear picture of how Meta’s policies would actually apply to COVID-19 vaccine content.

Meta was aware that consumers did not understand the true scope of its COVID-19 misinformation policies. For example, Meta knew that its definition of removable vaccine content—that which Meta considered to be false and likely to result in imminent harm—did not cover the broader range of content that the public understood to constitute vaccine misinformation. According to Meta’s internal research, users believed that misinformation would include not just false, but misleading, content. A study conducted by Meta researchers in mid-February 2021 found that participants considered misinformation to fall into two “buckets”:²⁵

²² *Id.*

²³ *See id.*

²⁴ *See id.*

²⁵ Ex. 6, “COVID-19 Vaccination in the United States,” at FB_DCAG-000490, 499.

- In one bucket they would refer to information that they had seen that they felt was almost ridiculous in how it unbelievable it sounded
 - *"My cousin shared a picture of something where it said a person got a COVID-19 vaccine and then the next day it showed that he had fingernails coming out of his forearms. That's just some of the riff raff you see online." -- P3*
- In the other bucket, participants typically described content that could be considered "gray area content," in which a fact is offered but is missing key context to distort the truth or to intentionally confuse people

This “gray area” content—content “in which a fact is offered but is missing key context to distort the truth or to intentionally confuse people”—appears to fall within a broader category of content that Meta referred to as “vaccine-hesitant” content, or content that expresses or contributes to vaccine hesitancy. Meta’s studies defined “vaccine hesitancy” as a “delay in acceptance or refusal of vaccines despite availability of vaccine services.”²⁶ In its internal studies, Meta alternatively refers to this broader category of “vaccine-hesitant” content as “vaccine-discouraging” and “B2V” (“barriers to vaccination”) content.²⁷

Meta’s studies on vaccine hesitancy and B2V content shed some light on the types of content that Meta considered to fall into this “gray area” of vaccine content. Meta developed a separate internal policy to “identify and tier categories of non-violating content”—content that fell outside the scope of Meta’s more narrowly defined misinformation policies—“that could contribute to vaccine hesitancy or refusal.”²⁸ Under this policy, vaccine-hesitant content fell into four categories or “tiers,” with the highest tier indicating strongest potential of discouraging vaccination, including sensational and alarmist content that discussed concerns about the vaccines in “exaggerated, conspiratorial, or sensational terms”—content that could be considered misleading.²⁹ A more detailed overview of the type of content that fell within these tiers is included in the below excerpt.³⁰

²⁶ See Ex. 4 at FB_DCAG-0000316.

²⁷ See Ex. 1 at FB_DCAG-0000001 (“‘VH’ refers to an early version of the ‘Vaccine Hesitancy’ classifier. Teams have since made progress on language, now referring to this content as ‘B2V’...”); see generally, Ex. 3 at FB_DCAG-0000125-164; Ex. 20 at FB_DCAG-0001263-64.

²⁸ Ex. 3 at FB_DCAG-0000134.

²⁹ *Id.*

³⁰ *Id.*

Tier	Includes
Tier 1: Alarmism and Criticism <i>Enforcement Principle: This content could present a barrier to vaccination in many contexts.</i>	Sensational or Alarmist Vaccine Content: Suggesting that vaccines are unsafe, ineffective, sacrilegious or irrelevant, in exaggerated, conspiratorial, or sensational terms Criticizing Choice to Receive/Provide Vaccines: Disparaging others on the basis of their choice to vaccinate, or on their choice to vaccinate others
Tier 2: Indirect Vaccine Discouragement <i>Enforcement Principle: This content could present a barrier to vaccination in certain contexts, particularly in entities sharing high rates of it.</i>	Promoting Vaccine Refusals & Alternatives: Implicitly discouraging vaccination by advocating for alternatives or celebrating those who refuse vaccination Shocking Stories: Potentially or actually true events or facts that raise safety concerns, indicated by sharing personal anecdotes or news events of severe adverse events
Tier 3: Objections & Skepticism <i>Enforcement Principle: This content could present a barrier to vaccination in certain contexts, but is also frequently part of standard personal expression. Policy is not yet prepared to take most integrity enforcement actions (such as demote or non-rec) on this content directly.</i>	Objections & Skepticism: Personal choice & beliefs: Discussing the choice to vaccinate or personally objecting to vaccination, whether in terms of concerns about personal and civil liberties, religious choices, or individual hesitancy Objections & Skepticism: Institutions & development: Objections or concerns about vaccination due to mistrust or skepticism about the institutions or individuals involved in developing, approving, or disseminating available vaccines
Tier 4: Neutral	Other Vaccine Discussion & Debate: Debates, guidance, and discussion about scientific results, government vaccine policy, vaccine approval (or not), expected side effects and efficacy rate, and medical advisories about who is eligible or advised for vaccination

Meta eventually included some of the categories of content identified in the top two B2V tiers on its “COVID-19 and Vaccine Policy Updates & Protections” page, but it primarily referred to these categories as “certain other vaccine content” that fell outside the scope of its misinformation policies, rather than as “misleading” content.³¹ Indeed, Meta did not clarify (i) whether Meta considered this content to be “misleading” content, to correct consumers’ understanding of what would constitute misinformation on Meta’s platforms; (ii) whether these categories captured the full scope of what Meta considered to be misleading content; and (iii) how Meta would treat misleading vaccine content that did not fall within these categories.

However, there were several indicators in Meta’s study that these categories *did* include misleading content. As noted above, content within the top tier—alarmism and criticism—includes content that could be considered misleading.³² Meta researchers were also aware that there was a strong correlation between vaccine-hesitant content and vaccine misinformation.³³ One internal report flagged findings from other studies showing that individuals who were hesitant about the COVID-19 vaccines were often vulnerable to efforts made by anti-vaccine groups to spread misinformation about the vaccines.³⁴ External groups, like the Center for Countering Digital Hate (“CCDH”), confirmed that a small group of actors on Facebook and other social media platforms promoted misinformation and misleading, oftentimes sensationalist vaccine-hesitant content in an effort to discourage other users from getting vaccinated.³⁵ In fact, one of the examples of B2V content that Meta researchers identified included content “from certain anti-vax activist groups, such as the Children’s Health Defense, [which] exaggerates vaccine risks.”³⁶ And as explained in more detail

³¹ See Ex. 22.

³² See Ex. 3 at FB_DCAG-0000134.

³³ See Ex. 4, “COVID-19 Vaccine Hesitancy: What we know,” at FB_DCAG-0000354-356.

³⁴ *Id.* at FB_DCAG-0000355-356.

³⁵ See Center for Countering Digital Hate, “The Disinformation Dozen: Why Platforms Must Act on Twelve Leading Online Anti-Vaxxers” (March 24, 2021), <https://counterhate.com/wp-content/uploads/2022/05/210324-The-Disinformation-Dozen.pdf>.

³⁶ Ex. 3 at FB_DCAG-0000133.

below, Children’s Health Defense was one of twelve groups identified by the CCDH as one of the leading proliferators of misinformation and vaccine-hesitant content on social media, including Meta’s platforms. Finally, Meta researchers indicated that a driving factor for identifying and tiering content into these categories was driven in part by external criticism that Facebook had been “allowing *misleading* content about COVID-19 vaccines to circulate.”³⁷

To be sure, not all vaccine-hesitant content necessarily included misleading information; it could include comments expressing concern about the newness of the vaccines or religious objections to vaccination. But Meta did not disclose to consumers the scope of vaccine-hesitant content that it was allowing on its platforms that *did* include misleading information, and it did not clarify that such misleading content fell outside the scope of its misinformation removal policies. Moreover, as will be explained in further detail below, Meta did not disclose the harms of interacting with vaccine-hesitant content, which was especially prevalent in comments on posts made by public health authorities.

The need for additional clarity on vaccine misinformation policies was underscored in an advisory issued by the U.S. Surgeon General in July 2021, months after consumers alerted Meta researchers to the “gray area content.” The advisory—which defined misinformation as “information that is false, inaccurate, or misleading according to the best available evidence at the time”³⁸—urged social media platforms to be more transparent about how they were addressing misinformation. The advisory asked these companies to increase transparency by “[p]ublish[ing] standardized measures of how often users are exposed to misinformation and through what channels, what kinds of misinformation are most prevalent, and what share of misinformation is addressed in a timely manner,” and to “[c]ommunicate why certain content is flagged, removed, downranked, or left alone.”³⁹ Meta’s public response to the Surgeon General’s advisory provided no further clarification of its misinformation policies.⁴⁰

Despite knowing that Facebook users had a broader understanding of “misinformation” than what Meta included in its Community Standards, Meta did not clearly disclose to users that its misinformation enforcement efforts were targeted at a more limited subset of COVID-19 vaccine content. Although Meta provided examples of *false* content that could be removed under its misinformation policies, it provided minimal insight into what type of content could be considered *misleading* rather than *false* and thus able to remain on the platform. Additional clarity on which COVID-19 content would be removed *and* which content would fall into the “gray area” would have allowed users to make better informed decisions regarding their risk of exposure to either type of content, especially in light of the harms that misleading, though not outright false, COVID-19 vaccine content still posed to users.

³⁷ *Id.* at FB_DCAG-0000131.

³⁸ Office of the U.S. Surgeon General, “Confronting Health Misinformation: The U.S. Surgeon General’s Advisory on Building a Healthy Information Environment,” at 4 (July 14, 2021), <https://www.hhs.gov/sites/default/files/surgeon-general-misinformation-advisory.pdf>.

³⁹ *Id.*

⁴⁰ See Guy Rosen, “Moving Past the Finger Pointing,” Meta Newsroom (July 17, 2021), <https://about.fb.com/news/2021/07/support-for-covid-19-vaccines-is-high-on-facebook-and-growing/>.

Finding 2: Meta Was Not Transparent with Consumers about COVID-19 Vaccine Misinformation that Remained on Its Platforms.

Throughout the rollout of the COVID-19 vaccines and into the summer of 2021, as pro-vaccination efforts faced increasing resistance, Meta portrayed its vaccine misinformation enforcement efforts as robust, providing users regular updates about its COVID-19 misinformation policies and the amount of COVID-19 and vaccine content that had been removed or demoted under these policies.⁴¹ However, both internal and external studies revealed that Meta experienced substantial setbacks in attempting to halt the spread of COVID-19 vaccine misinformation on its platforms. These setbacks included (i) uncertainty about whether Meta was devoting resources to targeting the primary accounts affiliated with false and misleading anti-vaccine misinformation, and (ii) obstacles in enforcement against misinformation in Facebook Groups. Despite Meta’s awareness that vaccine misinformation was proliferating as a result of these enforcement setbacks, Meta did not disclose to consumers that they might be more likely to encounter vaccine misinformation from these sources.

Meta Was Not Forthcoming About Addressing the Primary Sources of Misinformation on Its Platforms.

Meta was not forthcoming with users about whether and how it would take action against the primary drivers of vaccine misinformation on its platforms. Meta was aware that most COVID-19 vaccine misinformation and vaccine-hesitant content could be traced to a small percentage of accounts, and public reports by external stakeholders identified the individuals responsible for spreading false and misleading anti-vaccine content on Meta’s platforms. However, despite knowing that there was a small concentration of accounts responsible for much of the vaccine misinformation on its platforms, Meta did not disclose this information to consumers. Nor was Meta forthcoming about its failure to take prompt action against the identified accounts, despite having policies in place to remove accounts that repeatedly violated its misinformation policies.

External research on the sources of COVID-19 and vaccine misinformation found that only a small number of accounts were responsible for the majority of misinformation on social media platforms like Facebook, and that many of these accounts were still active on Facebook even though they repeatedly posted content that violated Meta’s misinformation policies. On March 24, 2021, the Center for Countering Digital Hate (“CCDH”) issued a report titled “The Disinformation Dozen.”⁴² In this report, CCDH identified twelve individuals who “play leading roles in spreading digital misinformation about Covid vaccines.”⁴³ These individuals were purportedly responsible, whether directly or through affiliated groups, for the majority of false and misleading anti-vaccine

⁴¹ Meta did not specify how much vaccine-related content was removed or demoted; Meta apparently aggregated these figures with other COVID-19 content that had been subject to misinformation enforcement. *See, e.g.*, Guy Rosen, “How We’re Tackling Misinformation Across Our Apps,” Meta Newsroom (March 22, 2021), <https://about.fb.com/news/2021/03/how-were-tackling-misinformation-across-our-apps/>, Guy Rosen, “Moving Past the Finger Pointing,” Meta Newsroom (July 17, 2021), <https://about.fb.com/news/2021/07/support-for-covid-19-vaccines-is-high-on-facebook-and-growing/>.

⁴² Center for Countering Digital Hate, “The Disinformation Dozen: Why Platforms Must Act on Twelve Leading Online Anti-Vaxxers” (March 24, 2021), <https://counterhate.com/wp-content/uploads/2022/05/210324-The-Disinformation-Dozen.pdf>.

⁴³ *Id.* at 5.

content on Facebook and other social media platforms.⁴⁴ The report also included examples of vaccine-related content posted by these individuals that fell within the scope for removal under Meta’s misinformation policies.⁴⁵ The CCDH report highlighted the outsized impact that these accounts had on the spread of misinformation on Facebook, writing at the time: “Analysis of anti-vaccine content posted to Facebook over 689,000 times in the last two months shows that **up to 73 percent of that content** originates with the members of the Disinformation Dozen of leading online anti-vaxxers.”⁴⁶ The report also called out Meta for “fail[ing] to satisfactorily enforce” its policies intended to prevent the spread of COVID-19 vaccine misinformation.⁴⁷ At the time the report was released, all twelve individuals named were still active on at least one of Meta’s platforms.⁴⁸

CCDH’s findings that a small number of individuals were responsible for content discouraging vaccination—including content that was misleading, sensationalist, and even outright false—aligned with Meta’s internal research that found that most vaccine-hesitant content on its platform stemmed from a small subset of accounts. In an analysis of U.S. data, Meta researchers found that certain segments of the Facebook population had high concentrations of anti-vaccine content that led to vaccine hesitancy.⁴⁹ Meta’s research also showed that within these segments, only a small fraction of users contributed to the vast majority of vaccine content: in one segment, as few as 0.016% of the authors (111 accounts) of vaccine-hesitant posts contributed to 50% of the viewed vaccine-hesitant content.⁵⁰

⁴⁴ *Id.* at 4-5.

⁴⁵ *See, e.g., id.* at 13-17, 24, 28-29.

⁴⁶ *Id.* at 5.

⁴⁷ *Id.* at 4.

⁴⁸ *See id.* at 12-39.

⁴⁹ *See* Ex. 1, at FB_DCAG-0000001.

⁵⁰ *Id.* at FB_DCAG-0000004.

Vaccine Hesitancy content in top segments appears to be driven by a very small number of Users serially posting such content to feed

Additional detail: (Quip)

- In the top VH Segment, 0.016% of authors (111 accounts) earn 50% of VH-classified vpbs ([query](#))
- The majority of these accounts are users (73%) earning significant distribution from feed posts (81%) rather than group posts (19%). ([query](#))
- Five users with 50+ VH feed posts each over the 2 week sample people account for 10% of all VH in this segment (of ~3M people, ~700k of which posted into this segment over the 2 week period)
 - See users here: [centra](#)
 - Three of these users had 40k, 28k, and 7k users respectively (in addition to 5k friends each). This is a known gap: Users with many followers achieve page-like feed distribution without comparable integrity scrutiny.
- Similar patterns appear in other sampled high-VH-prevalence Segments ([query](#))

Meta was also aware that vaccine hesitancy in certain population segments was rooted in belief in misinformation (“It may be the case that VH [vaccine-hesitancy] belief in these segments often orients around distrust of elites and institutions or *other conspiracy beliefs*.”).⁵¹ And Meta was aware that much of the anti-vaccine content was intended to “undermine the legitimacy of the new COVID-19 vaccines.”⁵²

Meta’s misinformation policies allow it to “remove certain Pages, Groups, and Instagram accounts that have shared content that violates our COVID-19 and vaccine policies and are dedicated to spreading vaccine discouraging information on the platform.”⁵³ However, Meta left consumers in the dark for months regarding any action it would take against the individuals and affiliate organizations identified in CCDH’s report. By the time the Disinformation Dozen report was released, the identified individuals and their affiliated organizations had been posting violative content for months.⁵⁴ Consumers had to wait nearly two more months for Meta to provide any indication about how it was enforcing its policies against the identified accounts, when Meta informed journalists that it had started removing accounts associated with the individuals identified in the CCDH report.⁵⁵ Consumers had to wait another three months before Meta shed further light on its enforcement: Meta publicly acknowledged in a Newsroom post that it had “removed over three dozen Pages, groups and Facebook or Instagram accounts linked to these 12 people,

⁵¹ *Id.* (emphasis added).

⁵² Ex. 4 at FB_DCAG-0000320.

⁵³ Ex. 22.

⁵⁴ See Center for Countering Digital Hate, “The Disinformation Dozen: Why Platforms Must Act on Twelve Leading Online Anti-Vaxxers” (March 24, 2021), at 9, 12-37, <https://counterhate.com/wp-content/uploads/2022/05/210324-The-Disinformation-Dozen.pdf>.

⁵⁵ Shannon Bond, “Just 12 People Are Behind Most Vaccine Hoaxes on Social Media, Research Shows,” NPR (updated May 14, 2021) <https://www.npr.org/2021/05/13/996570855/disinformation-dozen-test-facebooks-twiters-ability-to-curb-vaccine-hoaxes>.

including at least one linked to each of the 12 people, for violating our policies.”⁵⁶ Meta also demoted content from accounts linked to the twelve people.⁵⁷ However, Meta provided no explanation for allowing these accounts to remain on the Facebook platform despite months of posting violative content. Nor did Meta provide any clarification of a threshold that such accounts would need to meet before being removed from Meta’s platforms. Meta thus left consumers to wonder about the scope of its misinformation policies and whether it was enforcing its misinformation policies as robustly as proclaimed.

Meta Did Not Disclose to Users That It Struggled to Contain the Spread of Vaccine Misinformation in Facebook Groups.

Meta also did not warn users about the prevalence of vaccine misinformation in Facebook “Groups.”⁵⁸ Internal studies indicated that Meta faced difficulties in managing the spread of COVID-19 and vaccine misinformation in Facebook Groups, despite Meta’s public assurances that it was taking increasing action against false claims regarding COVID-19 vaccines. For example, on February 8, 2021, Meta announced more stringent measures against the spread of COVID-19 misinformation, including in Facebook Groups:⁵⁹

We will begin enforcing this policy immediately, with a particular focus on Pages, groups and accounts that violate these rules, and we’ll continue to expand our enforcement over the coming weeks. Groups, Pages and accounts on Facebook and Instagram that repeatedly share these debunked claims may be removed altogether. We are also requiring some admins for groups with admins or members who have violated our COVID-19 policies to temporarily approve all posts within their group. Claims about COVID-19 or vaccines that do not violate these policies will still be eligible for review by our third-party fact-checkers, and if they are rated false, they will be labeled and demoted.

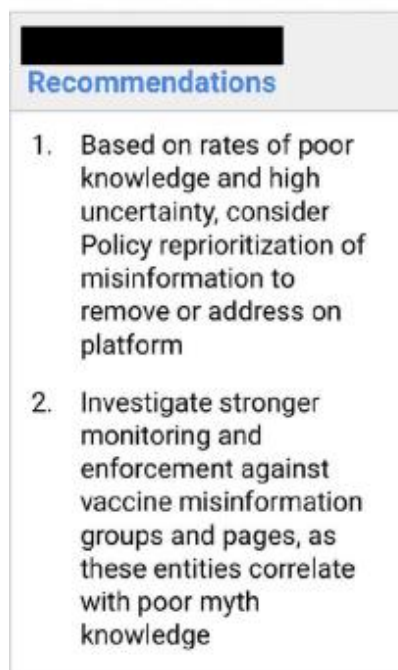
⁵⁶ Monika Bickert, “How We’re Taking Action Against Vaccine Misinformation Superspreaders,” Meta Newsroom (Aug. 18, 2021), <https://about.fb.com/news/2021/08/taking-action-against-vaccine-misinformation-superspreaders/>.

⁵⁷ *Id.*

⁵⁸ As explained in the Facebook Help Center, “Groups are a place to communicate about shared interests with certain people. You can create a group for anything – your family reunion, your after-work sports team, your book club – and customize the group’s privacy settings depending on who you want to be able to join and see the group.” Facebook Help Center, “Differences between Profiles, Pages and Groups on Facebook,” <https://www.facebook.com/help/337881706729661> (last accessed Aug. 2, 2024). Depending on the privacy settings of the Group, its members can communicate by writing posts and comments to the Group’s page. Facebook Help Center, “Post, Participate and Privacy,” https://www.facebook.com/help/530628541788770/?helpref=hc_fnav. (last accessed Aug. 2, 2024).

⁵⁹ Guy Rosen, “An Update on Our Work to Keep People Informed and Limit Misinformation About COVID-19,” Meta Newsroom (April 16, 2020) (Feb. 8, 2021 update), <https://about.fb.com/news/2020/04/covid-19-misinfo-update/>.

However, internal research found that despite these increased measures, Group administrators (“admins”)—the individuals in charge of moderating membership and content in Groups⁶⁰—were struggling to contain the spread of COVID-19 and vaccine misinformation in their Groups. In a May 2021 study, issued more than three months after the above announcement, several admins and members of Groups reported seeing COVID-19 and vaccine misinformation within their Groups, such as “false numbers about mortality rates, comparisons of COVID-19 to the flu, claims about vaccines changing DNA, conspiracy theories about Bill Gates and microchips, and misleading conclusions about isolated vaccine safety events”⁶¹—claims that fell within Meta’s categories for removal under its misinformation policies.⁶² The admins of these Groups “cited challenges running their Groups, including lacking sufficient admin experience to handle day-to-day issues, managing membership and growth, managing Group violations, responding to harassment, encountering political polarization/extremism, and spam.”⁶³ This admission underscored that Meta’s reliance on admins was not effective in combating the spread of COVID-19 misinformation. Researchers also recommended strengthening enforcement against misinformation in Groups:⁶⁴



Despite being aware of the prevalence of COVID-19 vaccine misinformation in Facebook Groups and admins’ struggles to contain the spread of this misinformation, Meta did not disclose to consumers that Facebook Groups were a prominent source of vaccine misinformation.

⁶⁰ See generally Facebook Help Center, “Manage People and Content,” <https://www.facebook.com/help/1686671141596230> (last accessed Aug. 2, 2024).

⁶¹ Ex. 8, “Top Takeaways: Admins & Members of US Groups Discussing COVID-19 Vaccines,” at FB_DCAG-0000532.

⁶² See *supra*, at 13.

⁶³ Ex. 8, at FB_DCAG-0000532.

⁶⁴ Ex. 5, “Global Vaccine & COVID Myths: An International Study of Vaccine Myth Knowledge and Uncertainty in 34 Countries on Facebook,” at FB_DCAG-0000460.

Finding 3: Meta Did Not Disclose to Consumers the Harms of Interacting with Misinformation and Vaccine-Hesitant Content on Its Platforms.

Meta’s failure to provide its users with clear content-moderation policies governing vaccine misinformation and its failure to disclose the extent of the vaccine misinformation that remained on its platforms left users vulnerable to the harms of interacting with vaccine misinformation. Meta was aware of these harms, especially that exposure to vaccine misinformation tended to lead to an increased likelihood of vaccine rejection. Moreover, Meta was aware of the harms of interacting with “vaccine-hesitant” content—or content that expresses concerns about vaccination or discourages vaccination. Vaccine-hesitant content was prevalent on the Facebook platform, and especially in comments to posts made by public health authorities, and Meta knew that repeated exposure to such content increased the likelihood of vaccine rejection. Despite being aware of these harms, Meta did not disclose to users the harms of interacting with the vaccine misinformation and vaccine-hesitant content that remained on its platform.

Exposure to Vaccine Misinformation Resulted in Increased Rejection of Vaccination and Delegitimizing Authoritative Health Information.

Meta was aware of the correlation between exposure to misinformation and vaccine-hesitant content and an increased likelihood of vaccine rejection. In one internal report from April 2021 “to understand whether and how exposure to Facebook content about COVID-19 vaccines influences vaccination attitudes and intent,”⁶⁵ researchers flagged two findings from a review of academic literature:

- 1) One study found that “[s]elf-reported exposure to vaccine-discouraging Facebook content is associated with less interest in COVID-19 vaccines.”⁶⁶
- 2) Another academic study found that exposure “to a piece of COVID-19 vaccine-related misinformation [on Facebook’s platforms] was associated with a 6.2% decline in intent to vaccinate, relative to participants exposed to a piece of factual information.”⁶⁷

Another internal study similarly flagged that there was a strong correlation between users who interacted with misinformation on Meta’s platforms and those who expressed that they were unlikely to get vaccinated: more than twice as many users who interacted with misinformation expressed “vaccine disinterest” than those who did not.⁶⁸ Other studies confirmed that the more time a user spent on social media, the more likely that user was to express hesitancy or disinterest in the COVID-19 vaccines⁶⁹—likely because there was a higher chance of encountering false or misleading vaccine content.

Meta researchers also found that vaccine misinformation could also delegitimize authoritative health information posted by public health organizations like the World Health Organization

⁶⁵ Ex. 3, “Does vaccine-discouraging content act as a barrier to COVID-19 vaccination?,” at FB_DCAG-0000131.

⁶⁶ *Id.* at FB_DCAG-0000132.

⁶⁷ *Id.*

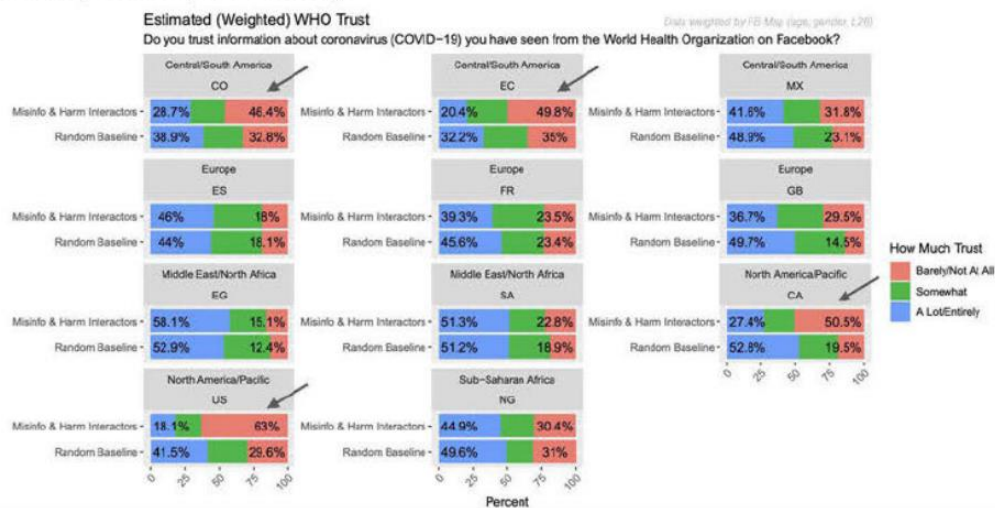
⁶⁸ Ex. 2, at FB_DCAG-0000109.

⁶⁹ *See* Ex. 4, “COVID-19 Vaccine Hesitancy: What we know,” at FB_DCAG-0000354-356.

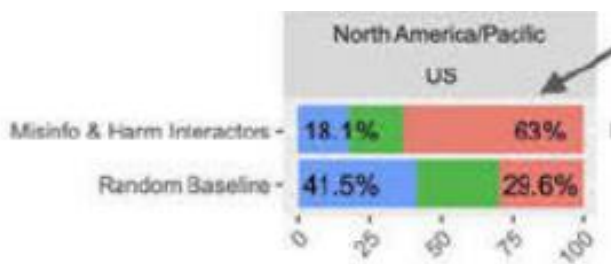
(WHO) and the Centers for Disease Control and Prevention (CDC). Surveys conducted by Meta researchers showed that users who interacted with COVID-19 misinformation were far more likely to distrust the WHO, a key public health authority.⁷⁰

Trust in the WHO: Baseline vs. M&H Interactors

- Comparing global baselines to the COVID Misinfo & Harm Interactors user group, some **Interactor users substantially distrusted the WHO more** (e.g., United States & Canada; lesser extent in Colombia, Ecuador, Great Britain).



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Despite knowing of the harms of interacting with misinformation, and knowing that misinformation still remained prevalent in several areas of its platforms, Meta did not disclose these risks to consumers.

“Rampant” Vaccine-Hesitant Content Similarly Led to Increased Vaccine Rejection and Delegitimized Authoritative Health Information.

Meta failed to disclose to consumers that the spread of vaccine-hesitant content—much of which contained misleading information about vaccines—was, in the words of its own researchers, “rampant” in comments to COVID-19 vaccine-related Facebook posts.⁷¹

⁷⁰ Ex. 2, at FB_DCAG-0000116.

⁷¹ Ex. 19, “Vaccine Hesitancy in Comments: C19D Lockdown Update,” at FB_DCAG-0001259.

Several internal studies flagged that vaccine-hesitant content was spreading widely and quickly through comments on Facebook posts discussing the COVID-19 vaccines.⁷² Meta researchers found that there was an especially high concentration of misleading COVID-19 content in comments to posts made by public health authorities.⁷³ Meta researchers also flagged that misleading vaccine-hesitant comments on posts made by public health authorities were particularly effective at delegitimizing authoritative health information: “Comments have been shown to influence viewer perception of, and trust in, the original content. The risk of delegitimizing content from authoritative health actors is much higher than delegitimizing content elsewhere.”⁷⁴

Finally, Meta researchers flagged that misleading vaccine-hesitant content could aggravate harms to already vulnerable communities. As noted in one study: “Some segments of participants were more affected by B2V [vaccine-hesitant] content, suggesting exposure may be especially harmful to our users who are most vulnerable.”⁷⁵ Indeed, another study confirmed that misinformation and vaccine-hesitant content could compound harms to communities that were already disproportionately harmed by COVID-19, including Black and Latino communities.⁷⁶ One study acknowledged that Black communities were more likely to distrust the COVID-19 vaccine for a number of reasons, including safety concerns and distrust stemming from historical abuse of Black communities by government and medical establishments.⁷⁷ Encountering false and misleading COVID-19 vaccine content was likely to further solidify this distrust.⁷⁸ Additionally, the study indicated that individuals in higher percentage Black neighborhoods tend to spend more time on Facebook, and more time spent on the platform increased the likelihood of encountering COVID-19 misinformation.⁷⁹ Researchers similarly found that Latino communities relied heavily on social media for news about the pandemic, again creating an increased risk of exposure to vaccine misinformation that Meta had not removed from its platforms.⁸⁰

Notably, despite being aware of the extent of the vaccine-hesitant content in the comments, and of the delegitimizing effects such comments had on posts made by public health authorities, Meta also chose to deflect rather than disclose this problem to consumers. For example, in response to a *Wall Street Journal* article that pointed out the delegitimizing effect of the anti-vaccine

⁷² See Ex. 11, “Identifying and Comparing Pro- and Anti-COVID-19 Vaccine Comments” (excerpts); Ex. 16, “Vaccine Hesitancy in Comments” (excerpts); Ex. 19, “Vaccine Hesitancy in Comments: C19D Lockdown Update” (excerpts); Ex. 21, “B2V in Comments Strategy: Focus on Authoritative Health Actors” (excerpts).

⁷³ See Ex. 21, at FB_DCAG-0001273-74.

⁷⁴ Ex. 21, at FB_DCAG-0001273 (emphasis added). Ex. 21, at FB_DCAG-0001273 (emphasis added); see also FB_DCAG-0001273-75. “Although there are more VPVs on comments on other surfaces than on AHP Page post comments, the huge rates of feedback and reports per VPV means that **comments on AHP Page vaccine posts generate a large fraction [of] the total negative vaccine comment interactions.**” FB_DCAG-0001275 (emphasis added).

⁷⁵ Ex. 3, at FB_DCAG-0000162.

⁷⁶ See Ex. 9, “COVID-19 & Equity: Healthcare disparity among 3 social identities in the US”; see also Ex. 3, at FB_DCAG-0000149, 152.

⁷⁷ Ex. 9, at FB_DCAG-0000677, 682-685.

⁷⁸ See *id.* at FB_DCAG-0000686-687.

⁷⁹ See *id.* at FB_DCAG-0000696.

⁸⁰ See *id.* at FB_DCAG-0000717.

comments,⁸¹ Meta downplayed the harms of these comments, contradicting the findings of its own researchers:

The [*Wall Street*] *Journal* article goes on to discuss at length how pro-vaccine posts are undermined by negative comments, once again burying a crucial point: that health organizations continue posting because their own measurements show how their posts on our platforms effectively promote vaccines, despite negative comments.⁸²

Even when presented with opportunities to disclose to consumers the prevalence of vaccine misinformation in comments, and of the harms such comments posed to efforts to provide consumers with accurate health information, Meta chose instead to portray the Facebook platform as a source of valid vaccine information. Indeed, Meta routinely provided updates to consumers on the amount of COVID-19 misinformation it had removed from or demoted on its platforms.⁸³ Though Meta never specified exactly how much of that content related to the COVID-19 vaccines, these updates—coupled with Meta’s failure to disclose gaps in its enforcement, such as in comments—created the impression that Meta was robustly enforcing its misinformation policies. Meta also undertook efforts to “amplify[] credible health information and resources from experts” and “promote[] reliable information about COVID-19 vaccines,”⁸⁴ following on efforts from early in the pandemic to provide free ad credits to public health authorities to help get the latest authoritative health information out to users about the COVID-19 virus. But these efforts belied the extent of vaccine misinformation that remained on the platform. And Meta’s failure to provide clear guidance to users about its misinformation policies, its failure to warn users about vaccine misinformation that remained on its platforms, and its failure to disclose the harms that such misinformation posed left users vulnerable and ill-equipped to make informed decisions regarding their use of Meta’s platforms and their engagement with COVID-19-vaccine-related content.

⁸¹ See Sam Schechner, Jeff Horwitz and Emily Glazer, “How Facebook Hobbled Mark Zuckerberg’s Bid to Get America Vaccinated,” *Wall Street Journal* (Sept. 17, 2021), <https://www.wsj.com/articles/facebook-mark-zuckerberg-vaccinated-11631880296>.

⁸² Nick Clegg, “What the Wall Street Journal Got Wrong,” Meta Newsroom (Sept. 18, 2021), <https://about.fb.com/news/2021/09/what-the-wall-street-journal-got-wrong/>.

⁸³ See, e.g., Guy Rosen, “How We’re Tackling Misinformation Across Our Apps,” Meta Newsroom (March 22, 2021), <https://about.fb.com/news/2021/03/how-were-tackling-misinformation-across-our-apps/>, Guy Rosen, “Moving Past the Finger Pointing,” Meta Newsroom (July 17, 2021), <https://about.fb.com/news/2021/07/support-for-covid-19-vaccines-is-high-on-facebook-and-growing/>.

⁸⁴ See “Mark Zuckerberg Announces Facebook’s Plans to Help Get People Vaccinated Against COVID-19,” Meta Newsroom (March 15, 2021), <https://about.fb.com/news/2021/03/mark-zuckerberg-announces-facebooks-plans-to-help-get-people-vaccinated-against-covid-19/>.

RECOMMENDATIONS FOR CONSUMERS

As discussed above, although many social media companies like Meta have policies regarding misinformation and other harmful content, they may not remove all violating content, and they may not always clearly convey either what content is subject to removal or their effectiveness at actually removing such content. Consumers should keep these limitations in mind when deciding whether and how to use social media. Moreover, misinformation is not just limited to COVID-19 and vaccines. There is a significant amount of health-related misinformation on social media platforms on a vast array of topics, such as vaccines, reproductive health, nutrition, and the effects of gun violence.⁸⁵ Misinformation also is not limited to healthcare: studies have documented the spread of misinformation about climate change, natural disasters, and politics, among other topics.⁸⁶ We therefore urge consumers to do the following to protect themselves and to help create a safer information environment for other social media users:⁸⁷

- Take steps to verify information you see on a social media post before acting on that information or sharing it with others. The Office of the U.S. Surgeon General has provided a [toolkit](#) that contains guidance on how to identify health misinformation.⁸⁸ Misinformation is often intended to feed on emotion: if a piece of information seems shocking or upsetting, take time to verify that information by consulting with trusted sources.
- Be aware that comments on posts made by public health authorities could be intended to dissuade you from making informed health decisions, including by using misleading or inaccurate statements.
- Do not rely on social media as your primary source of health or other factual information. If you have questions or concerns about vaccines or other health information, you should consult with a licensed medical professional or public health authorities. For news and other factual information, check multiple generally trusted sources before accepting social media content as true.

⁸⁵ See, e.g., “Poll: Most Americans Encounter Health Misinformation, and Most Aren’t Sure Whether It’s True or False,” KFF (Aug. 22, 2023), <https://www.kff.org/coronavirus-covid-19/press-release/poll-most-americans-encounter-health-misinformation-and-most-arent-sure-whether-its-true-or-false/>; Monica L. Wang, “POV: Health Misinformation is Rampant on Social Media,” BU Today (Feb. 9, 2024), Boston Univ., <https://www.bu.edu/articles/2024/health-misinformation-rampant-on-social-media/>.

⁸⁶ See, e.g., Dimitrios Gounaridis & Joshua P. Newell, “The social anatomy of climate change denial in the United States,” 14 *Scientific Reports* 2097 (2024), <https://www.nature.com/articles/s41598-023-50591-6>; Sadiq Muhammed and Saji K. Mathew, “The disaster of misinformation: a review of research in social media,” 13(4) *Int J Data Science and Analytics* 271-85 (2022), <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8853081/>.

⁸⁷ These recommendations have been adapted from several sources, including Ilona Fridman et al., “Health Information and Misinformation: A Framework to Guide Research and Practice,” *JMIR Med. Educ.* 2023, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10285617/>; Dani Blum, “Health Information is Evolving. Here’s How to Spot It,” *New York Times* (March 16, 2024), <https://www.nytimes.com/2024/03/16/well/health-misinformation.html>.

⁸⁸ Office of the U.S. Surgeon General, “A Community Toolkit for Addressing Health Misinformation” (2021), <https://www.hhs.gov/sites/default/files/health-misinformation-toolkit-english.pdf>.

- When you identify misinformation, report it to the social media platform. The reporting function is intended to help social media companies identify problematic content and take appropriate action.
- Limit the time you spend on social media. As discussed above, the longer you spend on a social media platform, the higher the chances become that you will encounter misinformation.

APPENDIX OF STUDIES

NOTICE

These reports were created using internal Meta company data sources available between February 2020 and September 2021, and they were produced in response to the District's requests for information relevant to COVID-19 vaccine misinformation posted on Facebook. Sources and methodologies may have changed since the study period and may not be representative of current operations at Meta.

Meta's position is that these reports were intended to inform internal conversations, created for and used by people who understood the limitations of the research. The studies and excerpts released may not be representative of all research on certain topics, and may not include the applicable context necessary for their interpretation. The study of societal issues and what impacts them is nuanced and complex. Meta makes no representation or warranty, express or implied, including without limitation, any warranties of fitness for a particular purpose or warranties as to the quality, accuracy or completeness of data or information contained in the studies or excerpts.

The District reserves its right to take a different position regarding Meta's characterization of the content and import of these reports.

EXHIBIT INDEX

Exhibit No.	Study Title	Bates Range
1	COVID Vaccine Risks Appear To Be Concentrated Among A Few Subpopulation Segments	FB_DCAG-0000001-6
2	COVID-19 Mythbusting: A Global Survey on Knowledge, Trust, & Messaging for Myths/Health Prevention/Vaccines	FB_DCAG-0000071-120
3	Does vaccine-discouraging content act as a barrier to COVID-19 vaccination?	FB_DCAG-0000125-164
4	COVID-19 Vaccine Hesitancy: What we know.	FB_DCAG-0000313-361
5	Global Vaccine & COVID Myths: An International Study of Vaccine Myth Knowledge and Uncertainty in 34 Countries on Facebook (June 2021)	FB_DCAG-0000458-484
6	COVID-19 Vaccination in the United States	FB_DCAG-0000489-502
7	Further cleaning up the FB health ecosystem (excerpt)	FB_DCAG-0000525-526
8	Top Takeaways: Admins & Members of US Groups Discussing COVID-19 Vaccines	FB_DCAG-0000532
9	COVID-19 & Equity: Healthcare disparity among 3 social identities in the US (Feb 4, 2020)	FB_DCAG-0000664-735
10	Vaccine Insights Report: Global Report (July 2021)	FB_DCAG-0000739-756
11	Identifying and Comparing Pro- and Anti-COVID-19 Vaccine Comments (excerpt)	FB_DCAG-0000781, 782, 790
12	Vaccine Insights Report: U.S. Report (August 2021)	FB_DCAG-0000810-828
13	Amplifying public health messaging during COVID-19 (August 2021)	FB_DCAG-0000850-856
14	COVID-19 Research Synthesis: Top Takeaways to Guide H2 2021 Roadmapping	FB_DCAG-0000976-1019
15	Vaccine Insights Report: Global Report (July 2021)	FB_DCAG-0001214-1231
16	Vaccine Hesitancy in Comments (excerpt)	FB_DCAG-0001232-1234
17	A First Look at Covid M&H Prevalence (excerpt)	FB_DCAG-0001240-1241
18	Vaccine Hesitancy is Twice as Prevalent in English Vaccine Comments compared to English Vaccine Posts (excerpt)	FB_DCAG-0001253, 1255

19	Vaccine Hesitancy in Comments: C19D Lockdown Update (excerpt)	FB_DCAG-0001258, 1259, 1262
20	Users perceive quite a bit of discouraging CV-19 vaccine content on both IG and FB [*Preliminary findings*]	FB_DCAG-0001263-1264
21	B2V in Comments Strategy: Focus on Authoritative Health Actors	FB_DCAG-0001271, 1273-1275
22	December 2021 Screen Capture of Meta's COVID-10 and Vaccine Policy Updates & Protections" Page	N/A

