

Communicating COVID-19: Interdisciplinary perspectives. By Monique Lewis, Eliza Govender, and Kate Holland (Eds.), Switzerland: Palgrave Macmillan Cham. pp. 395. £109 (hardcover) £87.50 (ebk). ISBN: 978-3-030-79734-8

Covid-19 has been dominant for the past 2 years. Many will have felt the impact of the pandemic in every area of their lives. Communication shaped, and continues to shape, our experience. Individuals were reportedly glued to the news in initial stages of Covid-19 to keep track of changing local and national guidance. Lewis et al.'s volume has begun the task of compiling some of the initial academic work on communication around Covid-19, examining the social and political structures of the communication we received. Clear from the title, this book compiles work in 18 chapters from a variety of disciplinary perspectives, and looks at communication about Covid-19 from a range of global positions.

Fake news and misinformation are serious issues in a pandemic. The authors comment that the initial uncertainty about Covid-19 gave a communication space, which was rapidly filled with misinformation and disinformation. As the pandemic progressed, these added communication 'noise', leading to issues of trust and scepticism of public health communication. The first chapters examine some quite starkly different approaches to communicating news, both exploring solutions for keeping people engaged. The first provides an analysis of how local community journalism can be mobilised to provide information that is clear, accurate and trustworthy. In contrast, the second chapter examines how major news broadcasters utilised the epicentre of a pandemic (hospital intensive care units) to broadcast news updates and how people engaged (or switched off) with this approach. As the book progresses a number of authors bring different theories to explain the models of Covid-19 health communication, and how that was different country to country. It is useful to see explorations of what voices were missing and the inequalities that health communication can perpetuate. Authors' styles vary throughout the book, some providing more reflective comment on how they overcame challenges of advocating for accurate communication from policy makers, some providing a more classical write up of communication research they initiated early in the pandemic.

As an academic that works in the science of communication, but examines conversations between people (such as healthcare practitioners and patients), it was interesting to learn about the structures and systems of communication that local conversations about COVID-19 sit within. For example, Holland and Lewis provide an overview of the bio-communicability of news reports and how it contributes to what is known in a pandemic. They found that in Australia the public sphere model was mostly used; where health issues were given as up for debate and down to political judgements, making people active decision makers, rather than passive consumers of information. A nice addition to the book could have been a consideration of how the macro level of communication about Covid-19 was reflected in the micro level, on the ground conversations about Covid-19 risk mitigation.

This book provides a wide overview of pandemic communication, which is likely to be relevant to those interested in communication, public health and pandemics (policy makers, academics and students alike). However, it has wider appeal. Covid-19 is something that has affected us all. Providing an analysis of how we found out about Covid-19 allows reflection on how it might have been done differently. Equally, one of the benefits of this collection is the provision of information on what was happening globally, with different chapters focussing on South Africa, Israel, India, Scandinavia, and a much needed consideration for communication for people with disabilities (and the impacts of those that use Sign Language). A common global thread was the use of social media

to spread fake news, but a lack of government engagement with social media channels. The main solutions provided by the authors to overcome misinformation and build trust centre on the need to create community partnerships and get trusted local sources to amplify messages. It would be interesting to consider how this would interact with the global nature of social media communication. Further, it would be additionally interesting to consider if and how communications were shaped by the post-truth political context.

Covid-19 has not ended, and despite the breadth of content in the book, it can only scratch the surface. As such it may be most useful to entry level readers about pandemic communication. Further, as the pandemic continues, the collection becomes a historical snapshot of pandemic communication. As a reader, I was eager to know more about the development of Covid-19 communication since the authors submitted their manuscripts. I anticipate further editions which may analyse how changes in public health policy were communicated. I also hope to see more analysis of how health communication was received, interpreted and spread between global citizens.