

## The *Lancet* Commission on rethinking misinformation, health, and human security



The UN and the World Economic Forum have identified misinformation and disinformation as top global risks—ranking them as higher short-term threats than extreme weather, state-based armed conflict, and cyber insecurity.<sup>1,2</sup> Although many people might associate this phenomenon with the COVID-19 crisis, the pandemic only exacerbated a growing trend, which preceded COVID-19 and has evolved since. The already uncontrolled spread of misinformation through social media alongside rapidly changing artificial intelligence with the ability to create convincing mimics of real people and events, further complicates a high-risk misinformation landscape with implications for health outcomes and a protracted impact on trust in science.

In 2021, then US Surgeon General Vivek H Murthy issued a report that warned “Health misinformation is a serious threat to public health. It can cause confusion, sow mistrust, harm people’s health, and undermine public health efforts.”<sup>3</sup> Sadly, the USA has since become one of the biggest sources of misinformation, with global repercussions.<sup>4</sup> Specific misinformation and disinformation around vaccines, fluoridation, or the health impacts of climate change are harmful in themselves.<sup>5,6</sup> Yet misinformation also undermines trust in the scientific process and, over time, may result in a populace that rejects scientific evidence more broadly.<sup>7</sup>

A growing number of initiatives to counter misinformation—from fact checking to debunking—have been tried and tested, but the scope and scale of misinformation and disinformation and their risks to health and human security continue to grow.<sup>8</sup> The effects are felt across health and climate science, disrupting clinical trials, public health programmes, and adherence to pandemic and outbreak control measures.

New approaches are needed, with new thinking. This is not simply a matter of information versus misinformation or disinformation; it is far more complex than that. A large portion of the narratives undermining health and human security are not explicitly spreading misinformation, but manipulating emotions, leveraging underlying anxieties, instilling fear, and polarising society.<sup>9</sup> A 2024 NATO report pointed to tactics that aim to “create confusion” and “alter perceptions in subtle

but significant ways”; the NATO report called for an approach encompassing multiple dimensions of influence to “create an integrated picture of hybrid threats”.<sup>10</sup> The World Economic Forum’s *Global Risks Report 2026*, too, highlighted an “interconnections map”, which featured a decline in health and wellbeing in a web of influences including misinformation and disinformation, in addition to societal polarisation, inequality, and the erosion of human rights and civic freedoms.<sup>2</sup>

Another relevant model is the Social Amplification of Risk framework which recognises the gulf between individual and expert perceptions of risk, with publics amplifying the perceptions of risk through their social networks.<sup>11</sup> The nature and pathways of this social amplification are highly context-specific, varying in different cultural, social, and political contexts. Sometimes what is termed misinformation is actually a real, albeit small, risk; however, the severity of that risk is distorted.<sup>8</sup>

It is time to systematically address misinformation and disinformation in a health context. A new *Lancet* Commission on rethinking misinformation, health, and human security will convene experts from risk science, security, the social and political sciences, mathematics and computer science, and health to rethink a systems approach to misinformation and disinformation threats to human health and security.



This Commission will analyse the ways in which misinformation and disinformation affect health. It will investigate the mechanisms and pathways through which misinformation interacts with factors such as trust and distrust, and how they disrupt research, undermine trust in science and health, and impact on health outcomes. We envision a more dynamic, responsive, and systemic response to protect health and health systems from the consequences of these new influences on health and human security, while leveraging the positive opportunities of new technologies. Health is a key aspect of the so-called information crisis; this Commission will provide clear information for decision makers, funders, and others who are engaged with one of the greatest challenges of the 21st century.

HJL has received grants to her institution from the Gates Foundation and UNICEF related to research on vaccine confidence and public trust, is an adviser to the Gates Medical Research Institute, and has received travel support for meetings and talks from the National University of Singapore and travel support from the Global Virus Network and PATH to attend Board meetings. AD and Y-YT declare no competing interests. NB is a Senior Executive Editor for *The Lancet*.

\*Heidi J Larson, Alexander Dodoo, Niall Boyce, Yik-Ying Teo  
 heidi.larson@lshtm.ac.uk

Institute of Health Metrics and Evaluation, University of Washington, Seattle, USA (HJL); London School of Hygiene & Tropical Medicine, London WC1E 7HT,

UK (HJL); African Medicines Agency, Kigali, Rwanda (AD); The Lancet, London, UK (NB); Saw Swee Hock School of Public Health, National University of Singapore, Singapore (Y-YT)

- 1 UN. United Nations risk report 2024. 2025. <https://unglobalriskreport.org/UNHQ-GlobalRiskReport-WEB-FIN.pdf> (accessed May 7, 2026).
- 2 World Economic Forum. The global risks report 2026, 21st edition. Jan 14, 2026. <https://www.weforum.org/publications/global-risks-report-2026/> (accessed June 3, 2026).
- 3 Murthy VH. Confronting health misinformation: the U.S. Surgeon General's Advisory on building a healthy information environment. US Department of Health and Human Services. 2021. <https://www.hhs.gov/sites/default/files/surgeon-general-misinformation-advisory.pdf> (accessed May 7, 2026).
- 4 Larson HJ, Piatek SJ. A crisis of credibility: the global cost of US vaccine misinformation. *Lancet* 2025; **406**: 668–70.
- 5 Cockcroft B. Water fluoridation, myths, politics and evidence. *Br Dent J* 2025; **238**: 245.
- 6 Pulles T. Climate denialism. *Am J Econ Sociol* 2025; **84**: 7–19.
- 7 Santirocchi A, Spataro P, Alessi F, Rossi-Arnaud C, Cestari V. Trust in science and belief in misinformation mediate the effects of political orientation on vaccine hesitancy and intention to be vaccinated. *Acta Psychologica* 2023; **237**: 103945.
- 8 CSIS-LSHTM High Level Panel on Vaccine Confidence and Misinformation. Why vaccine confidence matters to national security. Center for Strategic and International Studies. 2021. <https://www.csis.org/programs/global-health-policy-center/csis-lshtm-high-level-panel-vaccine-confidence-and-misinformation> (accessed May 7, 2026).
- 9 Brady WJ, Wills JA, Jost JT, Tucker JA, Van Bavel JJ. Emotion shapes the diffusion of moralized content in social networks. *Proc Natl Acad Sci USA* 2017; **114**: 7313–18.
- 10 NATO. NATO's approach to counter information threats. 2024. <https://www.nato.int/en/about-us/official-texts-and-resources/official-texts/2024/10/18/natos-approach-to-counter-information-threats> (accessed May 7, 2026).
- 11 Pidgeon N, Kasperson RE, Slovic P, eds. *The social amplification of risk*. Cambridge University Press, 2003.



## Expression of Concern: Exenatide once a week versus placebo as a potential disease-modifying treatment for people with Parkinson's disease in the UK: a phase 3, multicentre, double-blind, parallel-group, randomised, placebo-controlled trial

Published Online  
 June 22, 2026  
[https://doi.org/10.1016/S0140-6736\(26\)01241-9](https://doi.org/10.1016/S0140-6736(26)01241-9)

On Feb 4, 2025, *The Lancet* published an Article by Nirosen Vijjaratnam and colleagues,<sup>1</sup> which reported the efficacy and safety of exenatide once weekly as a potential disease-modifying treatment for people with Parkinson's disease in the UK.<sup>1</sup> On May 18, 2026, *The Lancet* was made aware of the findings from a regulatory inspection at King's College Hospital NHS Foundation Trust, one of the clinical trial sites involved in this study, by the corresponding author of the trial. The inspection formed part of a broader review and identified department-wide concerns relating to trial conduct, oversight, and governance, including findings classified by regulators as critical and major.

We have asked the institution of the corresponding author for an investigation into the trial. While we are awaiting the outcome of this investigation and assessments regarding the potential impact of these inspection findings on the study data and reported conclusions, we are issuing this Expression of Concern. We will update this notice as soon as we have further information.

### The Editors of The Lancet

The Lancet, London EC2Y 5AS, UK

- 1 Vijjaratnam N, Girges C, Auld G, et al. Exenatide once a week versus placebo as a potential disease-modifying treatment for people with Parkinson's disease in the UK: a phase 3, multicentre, double-blind, parallel-group, randomised, placebo-controlled trial. *Lancet* 2025; **405**: 627–36.