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On Residues, Echoes, Digital Afterlives, and the Slow Haunting of Health Information

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Health communication scholarship has developed models that emphasize circulation, interpretation, mediation, and context, including ecological approaches, diffusion and network theories, and research on audience reception. This piece argues health information moves beyond delivery and mutates in circulation. It develops three concepts: residues (persistent fragments detached from original context), echoes (repeated and transformed circulation across networks), and digital afterlives (platform-mediated continuation beyond authorial intent). It further introduces slow haunting to describe the temporal and affective accumulation of these informational traces. The article proposes an ecological view of health communication centered on persistence, simultaneity, and overlapping circulation patterns, where different versions of health information coexist.

KEYWORDS

Health communication ecology, digital afterlives, informational residues, echoic circulation, misinformation recirculation

Health Information in Circulation

Health communication is sometimes imagined as a linear process in which a message is transmitted, received, and produces an outcome, arriving at a point where meaning is stabilized and effects can be measured. Yet digital environments disrupt this closure, as health information no longer ends at the point of delivery but mutates and circulates beyond its intended temporal frame.

As Burke-Garcia notes, contemporary health communication is being reshaped by “how health information is created, shared, and engaged with (p. 283)” in digitally saturated environments, where AI systems and platforms intensify circulation, personalization, and real-time responsiveness (Burke-Garcia, 2025). This acceleration produces informational excess, as social media posts resurface years later, outdated guidance continues circulating, screenshots detach information from context, and algorithms reintroduce earlier

advice as if current: making health communication less a practice of transmission than a condition of persistence, where messages outlive their contexts and exceed their original intent.

Residues: What Remains After the Message Ends

If health communication is characterized by persistence, residues are among its most overlooked consequences. By residues, I mean the fragments that remain after a message has completed its communicative task: screenshots, reposted guidance, paraphrased recommendations, algorithmically extracted snippets, and partial understandings that outlive their original context and continue to shape how health is interpreted and acted upon.

The reliance on digital communication infrastructures has made such residues particularly visible. As Weber et al. (2020) note, contemporary public health communication depends upon coordinated digital systems designed to maximize reach and engagement, but the same systems that disseminate information also enable its persistence beyond intended contexts.

Correction does not erase; it stratifies. Updated guidance rarely replaces earlier guidance completely. Instead, multiple informational layers accumulate and coexist.

Public memories of changing COVID-19 recommendations, nutritional advice recirculating on social media, and vaccine information transformed into screenshots or memes all illustrate this dynamic. As Mendez et al. (2025) demonstrate, even the interpretation of short-form health content depends upon how

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digital texts are processed and reassembled. What remains after a message is a remainder that continues to shape how health is understood long after its authority has been formally withdrawn.

Echoes: The Repetition of Health Information Across Time

If residues describe what remains, echoes describe what returns.

Unlike simple repetition, echoes involve distortion, delay, and transformation as health information circulates across audiences and contexts. Misinformation is reframed, outdated guidance resurfaces without context, scientific findings are translated through influencers, and algorithms revive past controversies. Information reappears, but seldom as it was.

Echoes also destabilize traditional assumptions about authorship and temporal authority. Once a message enters digital circulation, its meaning is no longer controlled by its original source. Indeed, health communication research has shown that even technically accurate information can become problematic when repeatedly generalized and recirculated. Kaňková et al. (2025) found that overgeneralized health messages shared by social media influencers could produce effects comparable to outright misinformation, undermining belief accuracy and encouraging harmful behavioral intentions.

In this environment, correction often becomes just another echo competing for attention within the same informational space. Health information does not disappear when corrected; it returns as echo (often stripped of origin but amplified in reach), and the result is a heterogeneous informational present in which multiple temporalities of “truth” coexist simultaneously.

Digital Afterlives: The Persistence of Health Information Beyond Context

If echoes describe the return of health information, digital afterlives describe its continued existence beyond institutional intent, temporal relevance, and original context. Digital platforms archive health information, and they also sustain and reanimate it through persistent storage, algorithmic resurfacing, context collapse, and reinterpretive drift, allowing older content to acquire new meanings as it is repurposed across platforms and over time.

Recent research on COVID-19 vaccine misinformation illustrates this dynamic. Lee (2025) demonstrated that misleading vaccine information continued to shape attitudes and behavioral intentions even as corrective and inoculation messages circulated alongside it. Information persists in that it remains available. Similarly, Ivic’s (2026a) review of the field highlights the growing importance of changing information environments, social media, and institutional trust as central concerns for contemporary health communication scholarship.

Digital health information transitions into afterlife, where it is continuously reanimated by platforms, users, and algorithmic systems. The critical question is therefore what it becomes after its institutional life ends.

Slow Haunting, Gradual Persistence and the Emotional Weight

Slow haunting here describes how the persistence is experienced as a gradual accumulation of informational traces that remain present after a message has faded from view.

Health information thus can haunt as trauma, but also as a lingering presence that continues to shape perception and behavior.

One dimension of this haunting is affective residue. Outdated warnings, conflicting recommendations, and shifting scientific guidance can leave behind enduring uncertainty. Even when evidence evolves, earlier messages often remain emotionally salient. Research on HPV vaccination demonstrates that factual knowledge alone may be insufficient to shape health decisions when concerns about vaccine safety persist. Xu et al. (2026) found that lingering safety doubts could override knowledge and weaken positive attitudes toward vaccination, suggesting that informational traces often endure beyond formal correction.

A second dimension is temporal drag. Earlier advice continues to structure present behavior even after recommendations have changed. Health decisions are informed by accumulated encounters with past memories and interpretations.

Finally, health information acquires informational intimacy. Messages become lodged within everyday habits, bodily practices, family conversations, and personal narratives. They are carried forward through platforms and through lived experience.

Haunting is a metaphor for digital health communication, and it is also infrastructural.

As Schaefer and colleagues (Schaefer et al., 2026) argue, inaccurate and low-quality health information remains available online despite growing efforts to improve information quality and visibility. The digital circulation of health information produces a slow haunting in which past messages remain present as affective and behavioral traces, shaping how individuals navigate health long after the original moment of communication has passed.

From Message Control to Message Ecology

Health communication now involves more than designing effective messages or correcting inaccurate ones. Correction, update, and retraction are often treated as sufficient for maintaining informational integrity, yet this assumes that information disappears once replaced. Across digital platforms, however, information persists: audiences retain earlier understandings while platforms preserve residues, circulate echoes, and reanimate past content.

Recent scholarship situates health communication within broader informational systems shaped by infrastructure, visibility, and circulation (Ivic, 2026b). Message effects are likewise contingent on emotional and cognitive factors, including norms, affect, and risk perception (Ju et al., 2022; X. Wang, 2025). These perspectives expose a limitation of correction-based models: they sometimes fail to account for informational persistence, calling instead for an ecological coexistence model of health communication.

In this model, outdated and competing forms of information coexist and not sequentially replace one another. This has three implications. First, communication design must anticipate persistence, recognizing that information will continue to circulate across platforms and formats, with different messages amplified under different contextual and psychological conditions (X. Wang, 2025). Second, public health strategy must account for competing temporalities in which past, revised, and emerging guidance coexist. Third, research must move beyond reception-based outcomes to examine informational afterlives and how messages continue to shape behavior over time.

Effective health communication must therefore address what is communicated as well as what continues to circulate long after communication appears to end.

What Persists, What Returns, What Lingers

Health communication is characterized by palimpsestic time structures.

To set out more clearly what this piece is addressing, residues refer to what remains after circulation; echoes to what returns through repetition and transformation; and digital afterlives to what is sustained and reactivated by platforms over time. They together describe different dimensions of persistence: what is left, what returns, and what is kept alive.

Across these processes, health information continues to act beyond its formal endpoint and produces effects that exceed original intent. This is evident in both human interpretation and computational mediation, where credibility and meaning are continually refracted across systems (B. Wang et al., 2025; Wright, 2025).

What emerges is a condition to be inhabited: health communication can be the management of messages, but it is also the negotiation of persistent and overlapping informational environments.

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