

Africa Infodemic Response Alliance

A WHO-HOSTED NETWORK



AIRA Infodemic Trends Report
April 15 (Weekly Brief #16 of 2022)



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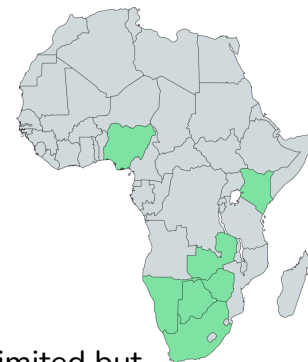
Public Health Infodemic Trends in the African Region

This report seeks to communicate operational recommendations based on social media monitoring from April 9-14, as well as relevant information on current mis/disinformation. Target countries include Angola (PT), Kenya, Nigeria, South Africa (EN), Burkina Faso, Cameroon, Democratic Republic of Congo (DRC), Guinea, Ivory Coast, Niger, Mali, Mauritania, Mauritius, and Senegal (FR). Descriptions of “engagements” and information gathering are listed in the methodology section at the end of this report.



COVID-19 variants BA.4 and BA.5

CONTEXT: Newly discovered COVID-19 variants BA.4 and BA.5 are being tracked by the WHO with only a few dozen cases globally to date. There are cases registered in only one African country so far, Botswana. At this time, it is not believed that the variants are more severe or transmissible.



Botswana, Kenya, Namibia, Nigeria, South Africa, Zambia, Zimbabwe

- Responses to the reports of the newly identified variants have been limited but largely underscore disbelief that the new variants are of any concern.
- However, a [blog post](#) has been picking up traction through social messaging apps (both WhatsApp and Telegram) that makes concerning claims:
 - No vaccine can defend against Omicron/vaccines are useless
 - Vaccinated are at a greater risk for these Omicron mutations than those who are not vaccinated.
- The groups sharing the post have warned against sharing this on Facebook or Twitter as exposure will potentially lead to “science being silenced.” They recommend sharing among private groups only.

Why is it concerning?

- The belief that the pandemic is over is a common narrative accompanying reports of new variants being discovered globally. Should these mutations spread rapidly and potentially continue to evolve into more severe strains, the lack of adherence to preventative safety measures will be of greater impact during new waves.
- Misperception and misinterpretation of scientific findings, particularly when they are taken out of context with theories that may not support the general scientific stance are well suited for spreading misinformation that can easily go viral. The practice of incorporating valid science into misinformation narratives is becoming a more prominent practice.

What can we do?

- Highlight why common COVID-19 preventative health measures are still just as impactful with new variants as they are with former COVID-19 strains.
- Promote vigilance with preventative measures and explain how these practices can mitigate the spread of COVID-19 and the emergence of new variants.



COVID-19 Omicron Variant XE

CONTEXT: Reports of another new variant of COVID-19 named 'XE' is a recombinant variant consisting of both BA.1 and BA.2 genes. According to the WHO it is 10% more transmissible as compared to BA.2 in its singular state.



Kenya, Nigeria, South Africa

- The announcement of cases of another variant reported over the last few weeks named variant XE has been met with skepticism similar to the BA.4/BA.5 variant found in Botswana. Early responses have been troubling as some believe that the claim is not real, while others are pointing to the relaxed preventative health measures as the reason variants continue to emerge.
 - “wonder how many people still actually believe this 🤔🤔?”
 - “Guys - the Covid computer simulation has received an update 🤖. In the meantime, the actual virus continues to avoid being isolated! Here we go again. The new BS variant fresh off the laboratory chopping block is COVID “XE,” which is supposedly a combo-breed of mutant variables – a new head cold more contagious than omicron, but it’s really just a LIE to push more deadly vaccines and “boosters.” Run for your lives, screams mainstream media. COVID “XE?” Just another BS “variant” to try to scare more people into taking more blood-clotting vaccines.”

Why is it concerning?

- Though this variant has not made a significant presence in Africa to date, there is very little health organization or government syndicated information providing clarity or appropriate steps around avoiding the spread of the COVID-19 strain.
- Audiences have become significantly more dismissive of any language around new variants and believe that each new variant is simply a way for health organizations and governments to reestablish public health measures.

What can we do?

- Continue to address that the pandemic is not over and preventative health measures, if appropriately adhered to, can mitigate the spread and the opportunity for new variants to populate. (Viral Facts video “Is the pandemic over?” [here](#), Tips from Ask Dr. Ben on how to ensure our family and friends understand COVID-19 is real [here](#))



Persistent Rumors

Rumor: Vaccines don't prevent death or the virus' spread/vaccines are not effective

- Response: Vaccines provide protection against serious complications from COVID-19 and the new variants. (Viral Facts response [here](#))

Rumor: Foreign companies or governments profit from the vaccine rollout in Africa

- Response: Highlight successes in vaccine distribution, as well as new manufacturing campaigns beginning in Africa.

Rumor: Inaccurate assumptions of vaccine side effects/ long-term effects

- Response: Fear of vaccine side effects/ long-term effects continue to be misinterpreted or overstated (Viral Facts response [here](#))

Rumor: COVID-19 no longer exists / never existed

- Response: COVID-19 cases have declined but health authorities are warning of a potential 5th wave (Viral Facts response [here](#))

Rumor: Frustration with looting and mismanagement of COVID-19 funds

- Response: Review the COVAX program and the global effort to effectively distribute vaccines via a multi-organizational campaign

Information Gaps: Should I be worried about new variants?

The increase in literature and reporting around the new variants is often met with two questions:

- Are the variants more dangerous?
- Will preventative health measures/vaccines protect me from the variants?

As news organizations use headlines that can be perceived as fear-mongering regarding the reports of new variants, there has been an information gap on how previous preventive measures, and in particular vaccines, will still be effective for combating the different strains. It will be important to create clear and digestible messaging on how these measures are still applicable in the face of new variants.



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COVID-19 VFA content

- The importance of getting vaccinated [[LINK](#)]
- The pandemic is not over! [[LINK](#)]
- COVID-19 effects on sexual performance [[LINK](#)]

New Viral Facts Africa campaign to counter vaccine hesitancy

WHO in Africa has worked with the UK Government and Viral Facts Africa to create a new campaign to support Covid-19 vaccine demand across Africa. Building on the experience WHO and Viral Facts Africa have in countering the spread of health misinformation and disinformation in the African region, the UK Government has developed messaging based on insights and behavioral science expertise gained during the pandemic. These digital assets will help to build vaccine confidence by tackling the most prominent drivers of vaccine hesitancy and support Africa's recovery from the pandemic.

[Link](#) to have an overview of the produced assets / Links to download ([EN](#)/[FR](#))

Methodology

The social media listening process relies on a split of social media analyses conducted for French, English, and Lusophone-speaking countries. The social media analysis for French-speaking countries is conducted by the AIRA Infodemic Manager Consultant based in Guinea, the one for Lusophone speaking countries by the AIRA Infodemic Manager Consultant based in Angola, and the one for English speaking countries by a WHO AFRO social media officer.



The final report is a combination of the three analyses and recommendations. The shift from a social media listening monitoring conducted by only one person for the whole African region into a combined one based on the analysis conducted by three different people may result in a less detailed and exhaustive report.

Engagements, otherwise known as interactions, **refer to the number of likes, comments, reactions, and re-shares on a post.** This is not a perfect measure of engagement:

- Some may have seen the post and chosen not to interact with it;
- Commenting on or re-sharing a post may constitute a more meaningful form of engagement than simply reacting to it;
- We are not systematically distinguishing between the types of responses that each engagement generates (e.g. while a post may contain misinformation, people may be countering/ debunking it in the comments).

We seek to mitigate these limitations by:

- Scanning comments and monitoring reactions to qualitatively evaluate responses to each post;
- Assessing the velocity of a post (i.e. how fast is it obtaining reactions, likes, shares) and the re-emergence of specific themes;
- Identifying whether the post is shared across a variety of platforms and sources (broad engagement), or simply soliciting a high level of attention within a given community/ platform (siloes engagement).

The monitoring reports are produced using NewsWhip Analytics, TweetDeck, Crowdtangle, Google Trends, UNICEF Talkwalker dashboards as well as the WHO EPI-WIN weekly infodemic insight reports and WHO EARS platform.

As a result, data may be biased towards data emerging from formal news outlets/ official social media pages and does not incorporate content circulating on closed platforms (e.g. Whatsapp) or groups (e.g. private Facebook groups). We also rely on our fact-checking partners, who provide invaluable insights into relevant national and regional trends or content, as well as country-level reports, including the South Africa Social Listening Weekly Report and the Mali Social Listening Weekly Report.

In producing these summaries and recommendations, we have consulted community feedback survey reports, as well as monitoring and recommendations from AIRA



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partners. We also draw from WHO EPI-WIN weekly reports and UNICEF monthly reports to formulate recommendations. As we produce more content, we seek to triangulate and corroborate information across these groups to strengthen our infodemic response.

Our commercial social listening tools include:



NEWSWHIP



TweetDeck



Talkwalker

WHO social listening tools:



Early AI-supported Response with Social Listening