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Quick Reference Guide

New Disease Information Trends
- Polio discovery viewed as vaccination guise.................................Pg. 3

Key Misinformation/Rumor Trends
- Vaccines are causing immunodeficiency disorders........Pg. 4
- Hong Kong Omicron spike proves vaccines are ineffective..........................................................Pg. 6
- Case reporting varies for political reasons.............................Pg. 8

Persistent Rumors.......................................................................Pg. 9
Information Gaps (COVID-19 transmission after vaccination)....Pg. 9

Viral Facts Africa recent productions
- Vaccine safety and effectiveness................................................Pg. 10
- HIV variant........................................................................Pg. 10
Methodology................................................................................Pg. 10
Polio discovery viewed as vaccination guise

On February 17 health authorities in Malawi declared an outbreak of wild poliovirus type 1. The case was detected in a child and is the first case of wild poliovirus in Africa in more than 5 years. [LINK]

Developing Misinformation Narratives (Kenya, Malawi, South Africa, Zambia)

- The wild poliovirus discovery is being viewed as a way for public health organizations to find new avenues to convince citizens in Africa to take a vaccine.

- Some social media users are claiming the WHO, in particular, was unsuccessful in convincing Africans to take the COVID-19 vaccine and has transitioned to using the wild poliovirus as a fear mechanism to get a vaccine. This underscores a belief that a vaccine being distributed as a preventative measure against the poliovirus is actually the same “ineffective COVID-19 vaccine” that citizens have refused to receive.

- Prevalent rumors also outlined a concern that the polio disease is intentionally spread by the West to target the youth of Africa with an outbreak in an effort to impact future generations. [LINK] [LINK]

Why is it concerning?

- The distrust and negative responses to a new polio vaccine campaign announcement are stark evidence of the impact of the COVID-19 pandemic. New vaccination campaigns will be met with additional skepticism, making new potential outbreaks of other diseases outside of COVID-19 more challenging to combat. [LINK] [LINK]
COVID-19 Infodemic Trends in the African Region

This report seeks to communicate operational recommendations based on social media monitoring from February 19- 25, 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.

Vaccines are causing immunodeficiency disorders

CONTEXT: Over the last week, there has been a significant spike of claims that the COVID-19 vaccines are leading to immunodeficiency disorders. The rumors are not new but have still gained traction despite fact-checking organizations debunking the claims.

South Africa, Nigeria, Democratic Republic of Congo, Mauritius, Senegal

- Coverage: 200k+ views, 2k+ comments
  - WhatsApp and Telegram channels have served as platforms for a significant surge in conspiracies related to COVID-19 vaccines leading to immunodeficiency disorders.
  - English content is all primarily produced in the United States and French content originating in France. Of note, the content has been recirculated and only a few posts shared on the messaging apps seem to be recently produced. [LINK]
  - However, there is a very significant wave of support for the belief that COVID-19 vaccines lead to immunodeficiency disorders that has burgeoned over the last week. This narrative likely emerged from the false claim earlier in the month of February that French virologist Dr. Luc Montagnier believed individuals who have received the third dose of COVID-19 should get tested for human immunodeficiency virus (HIV). Reuters has since debunked the claim:
"There is no possibility that COVID-19 vaccines in use can cause HIV, AIDS (acquired immune deficiency syndrome, the name given to illness resulting from HIV) or false positive HIV tests" [LINK]

- Examples of the content shared in WhatsApp and Telegram channels:

Why is it concerning?

- Conspiracies such as these are being shared in more sheltered environments in messaging platforms that are serving as echo chambers without any debunking content combatting these narratives.
- In all of the immunodeficiency content reviewed in these channels, there was not a single rebuttal or pushback against the claims. In public forums, discourse has become much more common, and private social media users are debunking claims such as these in real-time. In these specific channels, misinformation has not been addressed.

What can we do?

- Large groups on messaging apps that are available to the public to join need to be identified and researched to find appropriate methods to share accurate messaging.
- Engage with members of the groups, specifically administrators to promote conversation and discourse around vaccine efficacy and side effects. (ViralFacts video here)
Hong Kong Omicron spike proves vaccines are ineffective

**CONTEXT:** Recent reports of hospitals in Hong Kong being overwhelmed by a surge in Omicron cases have driven multiple misinformation narratives around vaccine effectiveness and overall vaccine uptake.

### South Africa

- **Coverage (All Platforms):** 5k+ engagements, 200k+ views, 1k+ comments
  - Social media users expressed confusion over reports of Omicron spikes in Hong Kong, with multiple claims that Hong Kong would have been less susceptible to high infection rates if they had refused vaccinations like South African citizens. [LINK]
  - Telegram channels were active with claims that COVID-19 vaccines have been particularly manufactured to lose effectiveness after a few months to allow for more extreme transmission rates and more significant symptoms to present in infected patients. This allows continued profiteering on new vaccines and provides governments the ability to reinforce lockdowns arbitrarily.
    - “This is the same story, they do not even try to change it. China makes a new virus and 5th wave is here. But do they stop travel to Africa? Then we would not have government control. Then they do not sell more vaccines that dont stop Omnicron [sic] WAKE UP!”

### Kenya

- **Coverage (Facebook, Twitter):** 4k+ engagements, 100+ shares, 1k+ comments
  - Claims that the vaccines are failing even in China is proof that they are ineffective.
    - “And these are nations where jabs are coming from?? Let me stay unvaccinated forever.” [LINK]
    - “I thought everyone is vaccinated..honestly the vaccines failed” [LINK]
    - “I thought the Chinese are ahead of us and everyone should have been vaccinated against Covid” [LINK]
Why is it concerning?

- The trend is highlighting the potential pushback that is looming for a resurgence of preventative measures and an increased need for higher vaccine uptake. While COVID-19 media exhaustion is a component of frustrations expressed on social media channels, the lack of concern regarding high rates of transmission underscores a very significant obstacle for adherence to public health and safety measures in the coming months.

- There is also confusion around the severity of Omicron. Kenyan social media users pointed out that patients that contracted Omicron are not supposed to have as severe of complications and therefore are claiming that the reports are not accurate. This claim is noteworthy, as there has been widely shared messaging from trusted media and public health communities that Omicron cases have not overwhelmed health care systems as much as previous waves.

- The warnings of a 5th wave are being met with greater resistance specifically with claims that the waves are manufactured by governments and public health organizations for profit and population control.

What can we do?

- Share information on why Omicron, and COVID-19 in general, are still active threats. The sentiment of purposeful fear-mongering is very prevalent, so messaging needs to be based on current statistics and why places like Hong Kong are still struggling with Omicron, not in speculation on possible waves that leave fact-based platforms at risk for losing credibility should new waves not transpire. (ViralFacts link here)

- Continue to promote messaging around the effectiveness of the vaccine, specifically in regard to less severe symptoms. Confusion around a lack of immunity for contracting COVID-19 is still very prominent. (ViralFacts link here)

Narrative to note: Prominent French tennis star Gael Monfils states that adverse reactions to the COVID-19 booster shot have led him to withdraw from tennis competitions. This is being shared in Cameroonian, Congolese, and Senegalese social media channels. [LINK]
Portuguese Rumors: Low cases linked to election cycle

CONTEXT: Reporting from the Angolan government on February 13 revealed that there were no COVID-19 cases recorded in a 24-hour period.

Coverage: 1k+ engagements, 100+ comments, 50+ shares

- Following the government announcement of a 24-hour period with no registered COVID-19 cases, conversations continued to highlight that the decline in new cases is based on the election later in the year. [LINK]
- There are also several claims that the cases will continue to be present until the general elections in August. [LINK]
- Following an announcement by the government of Zimbabwe that it will no longer pay salaries of civil servants that have not received a COVID-19 vaccine, citizens in Angola fear that the government of Angola will also follow the same procedure and institute mandatory vaccinations. [LINK]
- Reports of the WHO having concerns about the low number of Angolans that received the second round of vaccination have drawn criticism on social media from Angolans that claim the WHO should review vaccine side effects and focus on other diseases that are of a greater threat to their population.

Why is it concerning?

- The minimal concern level for COVID-19 drives a potential risk of low adherence to preventative measures should a new wave of COVID-19 present in the coming months.

What can we do?

- Highlight the importance of progress but continue to be clear that the pandemic is not over. Slowing down on messaging or engagement with the public may serve as a signal to relax adherence to safety measures as well. (Viral Facts “Is the pandemic over?” video here)

Narrative to note: Concern of the impact of COVID-19 on appropriate malaria diagnosis and treatment based on similar symptoms and a perceived lack of training for regional healthcare workers to identify the difference. [LINK]
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: COVID-19 transmission after vaccination

Reports of British Queen Elizabeth II testing positive for COVID-19 has driven conversations around the effectiveness of COVID-19 vaccinations on African social media platforms. This confusion regarding the ability to still contract COVID-19 even after vaccination highlights a potential information gap regarding the vaccine’s effectiveness. Critics of the vaccine claim that there is no use in getting vaccinated if it doesn’t prevent contraction, which underscores a potential lack of understanding of the prevention of severe complications from the virus via inoculation.
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Vaccine safety and effectiveness

Last week, Viral Facts addressed the safety and effectiveness of COVID-19 vaccines. Questions about specific vaccines were raised, highlighting confusion regarding whether one particular brand may be more effective or provide greater safety. Additionally, there were many claims that vaccines were simply a profit mechanism for pharmaceutical companies and public health organizations like the WHO. There were 510k+ views, 130+ comments, and 4.5k+ likes showing prominent support for COVID-19 vaccines.

HIV Variant

Viral Facts addressed the HIV variant that was recently discovered in the Netherlands, particularly in relation to fear of its spread in Africa. The video received 100+ likes, 3k+ views, and 20+ shares. In comparison to COVID-19 related content, this video did not receive as significant engagement levels and conversations from the post were primarily negative. However, conversations around the variant continue to be discussed in public social media platforms.
Methodology

The social media listening process relies on a split of social media analysis 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 (siloed 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 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:

![Crowdtangle](crowdtangle.png)  ![NewsWhip](newswhip.png)  ![TweetDeck](tweetdeck.png)  ![Talkwalker](talkwalker.png)

WHO social listening tools:

![COVID-19 Infodemic Insight Report](covid-19-infodemic-insight-report.png)  ![EARS Early AI-supported Response with Social Listening](ears-social-listening.png)