Africa Infodemic Response Alliance

A WHO-HOSTED NETWORK

AIRA Infodemic Trends Report

May 16 (Weekly Brief #20 of 2022)

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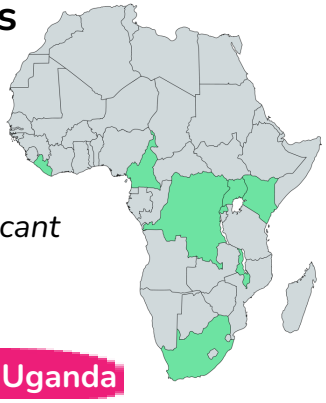
Quick Reference Guide

Public Health Infodemic Trends in the African Region

This report seeks to communicate operational recommendations based on social media monitoring from May 7-13, 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 vaccines more likely to kill than save lives



CONTEXT: An article published by a conspiracy site on May 7 broke into South African social media early last week. Over the past week, the claim has spread through southern and central African countries and has been cited in several large social messaging groups with significant engagement.

DR Congo, Cameroon, Kenya, Liberia, Malawi, Rwanda, South Africa, Uganda

Continued devolvement of vaccine death narrative:

- The claim that persons vaccinated with a COVID-19 vaccine are more likely to die than those that have gone without a vaccine has been increasing in exposure steadily through 2022. The claim has touched on all vaccine brands, although Sinopharm has the lowest volume of criticism in monitored social media networks. This most recent claim has increased the intensity of the misinformation by asserting that COVID-19 vaccines are causing more deaths than they are saving lives. The original publication is aware of the likelihood that the article will get censored and offers alternative links to avoid getting blocked. The article also shared an obscure video that was often combined with the original post or can be found in subsequent comments. The video was published a year ago and still has very few views on its original site has migrated toSouth African telegram channels where it has accumulated more that 100,000 views. Additionally, there are multiple links within the article that cite other misinformation to support this claim with statements taken out of context or that are blatantly false:
    - **“Across the globe, the rise of death rates coincide with the vaccine rollout that started in December 2020. Deaths attributed to COVID-19 are consistently higher in areas with high vaccination rates.”**
    - **“We’ve never seen anything like it,” Robert Anderson, U.S. CDC’s head of mortality statistics**
    - **“The vaccines are not preventing infections, either. Walgreens data shows that during the week of April 19**

to 25, only 13 percent of unvaccinated tested positive for COVID-19. In comparison, 23.1 percent of those who received two doses and 26.3 percent of those who received a third dose at least five months ago have tested positive for the disease."

- This step-up in negative rhetoric has been received well by anti-vaxxer audiences, and this article was a catalyst for the claim hit viral status without even citing the original source. For example, the end of last week saw independent statements from users not using any links or content from the original post that were similarly sharing the claim that vaccines are killing people at a greater rate than the COVID-19 disease.

Why is it concerning?

- The beliefs around the high-risk nature of vaccines have been prominent since their release, but the allegations that vaccines increase death rates have had particular staying power. Over the last two months, five different narratives around vaccines causing high mortality have surfaced, been recycled, and remained in the public narrative. The longevity and rapid adaptation to continue to overcome debunking material is concerning and has highlighted that one-off content to disprove misinformation may not be adequate for such a stubborn narrative.
- Of particular interest, this article cites multiple other misinformation sites and "findings" to support its claims. Some are very outdated, while others are keeping in step with refreshing their material to keep topics engaging.This method is replicating a "trust network" of how factual information normally "appears" legitimate to readers by not being super isolated This is also concerning as one link opens the door to a larger network of misinformation that will likely further persuade individuals into accepting some of the content as factual.

What can we do?

- Continue to repost material that debunks this claim over and over. One-off sharing or posting is not an adequate way to push back against the strength of this narrative.
- Highlight the number of lives and overall decline in severe cases of COVID-19 following the introduction of vaccines.

Dangers of the COVID-19 vaccine shedding

CONTEXT: There is a recirculated narrative that has become prominent during the last week that claims that individuals that receive the COVID-19 vaccine go through a "shedding stage" in which they are extremely contagious and infect others with a more dangerous strain of the disease.

Kenya, Rwanda, Uganda

Anti-vaccine sentiment has made vaccination a stigma:

- The misinformation claim of the ***vaccine shedding*** has been seen earlier in the pandemic on multiple occasions and is a common narrative with other diseases as well. The way it has been presented recently, however, is that non-vaccinated should stay away from the vaccinated, as they present a dangerously contagious shed following vaccination that is potentially more dangerous than COVID-19.
- The claim has regained prominence after social media users have shared a study that some have regarded as proof of the shedding danger. A popular article that has often been shared with the study takes it out of context with the title, "New Study & Confidential Pfizer Docs. prove COVID "Vaccine Shedding" has been and still is occurring with dangerous consequences."

Why is it concerning?

- This rumor is being shared with "scientific findings" that are taken out of context and are being misinterpreted. This style of misinformation continues to have success as it is shared with reputable sources.
- The shedding aspect of this rumor is likely to strike fear for individuals that do not want to infect those vulnerable in their communities. Those that have not been vaccinated or have not received a second or booster vaccine could be vulnerable to this rhetoric.
- The shedding claim draws strength from other narratives about the stigma of those who are sick (from other diseases) with known social and health consequences that have been witnessed often in outbreak scenarios.

What can we do?

- Reemphasize the factual information around vaccine shedding and use a fast response mechanism to tackle this quickly as it has the potential to be discouraging for vaccine uptake. (Link to ViralFacts content 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

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Information Gaps: Do I need a vaccine if I have had COVID-19?

A common question concerning herd-immunity has resurfaced as some individuals have once again been questioning if it is necessary to get a COVID-19 vaccine if they have already had the disease.

Additional confusion was registered regarding if there is testing available for a particular variant in relation to a need for a particular brand of vaccine. It will be important to address that vaccines are not targeting individual variants and that one brand does not match up with one particular variant.

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COVID-19 VFA content

- Routine childhood immunization [LINK]
- Flu & COVID vaccines [LINK]
- The XE variant [LINK]

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)

Gavi resource pack to help build vaccine confidence

After a year of severe constraints, we are now in a situation where global COVID-19 vaccine supply is high enough to support equitable, full vaccination of all adult and adolescent populations globally. However, challenges remain – including that low-income countries (LICs) remain the furthest behind. To help build confidence among priority audiences in LICs, Gavi, the Vaccine Alliance has compiled a resource pack with articles, video content, and social media suggestions. You can view it here. We encourage you to reference these materials in your external communications, including advocacy campaigns, newsletters, media talking points, social media outreach, and external events. Gavi will update the resource pack regularly, so you may wish to add it to your browser bookmarks.

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 (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 NEWSWHIP TweetDeck Talkwalker

WHO social listening tools:

COVID-19 Infodemic Insight Report

EARS Early AI-supported Response with Social Listening