

Africa Infodemic Response Alliance

A WHO-HOSTED NETWORK



AIRA Infodemic Trends Report
May 30 (Weekly Brief #22 of 2022)



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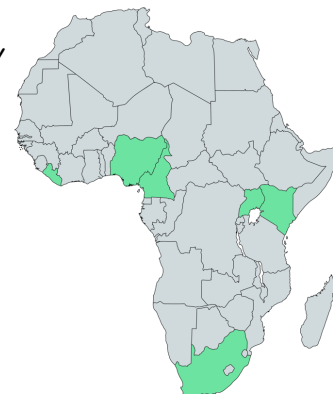
Public Health Infodemic Trends in the African Region

This report seeks to communicate operational recommendations based on social media monitoring from May 21-27, 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.



Monkeypox is a COVID-19 vax cover-up

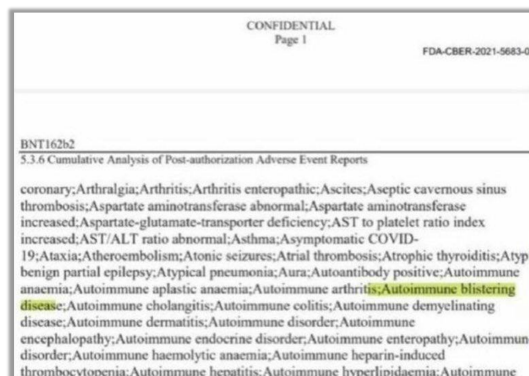
CONTEXT: Reports of monkeypox cases being diagnosed globally have led to speculation in African social media communities that a side effect of the COVID-19 vaccination is being mislabeled as monkeypox to hide the truth about the severity of complications for patients after receiving the jab.



Cameroon, Kenya, Nigeria, Liberia, South Africa, Uganda

Autoimmune blistering disease:

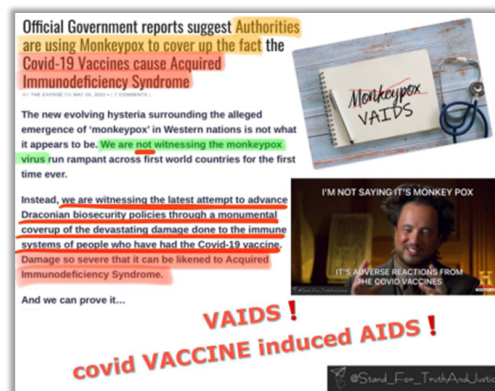
- This claim has taken on many variations even over the last week, but one key claim is that recent monkeypox cases are “COVID injection-activated shingles.” The significance of this statement is that it is being shared alongside a screengrab of documents released by Pfizer, in which “Autoimmune blistering disease” is highlighted to validate that the monkeypox symptoms are being misdiagnosed.
- COVID-19 vaccine-induced shingles have been frequently referenced in online communities as one of the hidden side effects through 2022, however, following the recent developments of monkeypox cases the shingles narrative has gained significant visibility in African social media narratives.



Found in DRC based WhatsApp 5/25

Acquired Immunodeficiency Syndrome (AIDS):

- An additional but related narrative that has seen significant traction, particularly in the social messaging app Telegram, highlights the claim that monkeypox cases are being reported to cover up that COVID-19 vaccines are causing Acquired Immunodeficiency Syndrome (AIDS). This is similarly a narrative that has already been widely shared in previous months but has also gained favor in monitored social messaging networks.



Found in Kenya based Telegram 5/26



Why is it concerning?

- This narrative has had staying power in communities that are frequently sharing misinformation, most notably in South Africa. This claim has been shared in a variety of ways, but most notably, in recent weeks there has been a higher volume of conversation that links “VAIDS,” or COVID-19 vaccine induced AIDS, than has been seen in previous spikes. This is a trend to watch and be aware of as this is likely a tactic that will be used as new disease outbreaks occur and will be used to bolster anti-vaccine narratives.
- As with other misinformation narratives regarding vaccines, accurate information is not adapted and produced at the same high velocity that the misinformation has seen. While there is media exhaustion around COVID-19 in general, there is evidence that there is still a large appetite for new and relevant content for COVID-19, particularly as it relates to topical medical conversations such as the most recent monkeypox outbreaks. Misinformation consistently outpacing accurate messaging is resulting in a much more limited visibility of factual content that is key in driving appropriate preventative measures.

What can we do?

- The monkeypox outbreak will drive the information environment to develop a large amount of information gaps, as misinformation about the relationship between COVID-19 and monkeypox is inappropriately compared. It is imperative to be forthcoming about monkeypox information, quickly and comprehensively. The volume of accurate information needs to be high and be shared beyond the spikes of initial concern as new waves of misinformation will likely reemerge over the following few weeks.
- Speak directly to the inaccuracies of COVID-19 vaccine induced AIDS, and use messaging that has been established and vetted when these rumors originally surfaced (Viral Facts content here). Continue to highlight and address the known side effects and what individuals that receive the initial vaccine or subsequent boosters may encounter to give a better understanding of what to expect.



The WHO is spreading monkeypox

CONTEXT: Multiple claims suggesting the WHO is behind the spread of monkeypox globally have surfaced as some suggest there is a concerted effort to produce a new pandemic concerns to continue restrictive health measures and drive profit for public health organizations.



Democratic Republic of Congo, Nigeria, South Africa

Distrust for governments and public health agencies:

- The most notable post came from a Facebook page titled [Anonymous](#) and suggested that the WHO is purposely spreading monkeypox throughout Africa. Comments regarding this post were negative to the WHO and were not dismissive of the misinformation.
- Other narratives in social messaging apps found over the last week were similar to this post, with some online users claiming that monkeypox was a side effect to the COVID-19 vaccine that the WHO purposely limited to only vaccines that were shipped and distributed to countries in Africa.

The WHO after the order of the agents, have sent out 50 people to Africa, they shall spend about 2 weeks touring the target countries, infecting as many people as possible, expect a massive breakout of Monkey Pox in the following countries.

South African
Sudan
Ghana
Nigeria
Tanzania
Cameroon
Angola
Seychelles
Gabon
Algeria
Tunisia
Mozambique
Zambia
Uganda
Rwanda
Ivory Coast
Mali

Amongst other countries not listed. More have been sent to Australia too, Argentina and India. The world should be aware of this plan.

We shall remain Anonymous

Why is it concerning?

- Though distrust in governments and public health agencies has been consistently expressed through the pandemic, there is significantly more messaging regarding the lack of belief that cases are still present in Africa. With the new wave developing, this could impact willingness to get tested or vaccinated at all, further delaying control of the spread and potentially allowing for new variants to develop and go undetected.

What can we do?

- Illustrate the concerted efforts by the WHO to eradicate COVID-19 and similarly highlight the extensive record of the WHO in combatting monkeypox in Africa.



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: Does the COVID-19 vaccine make you more susceptible to monkeypox?

- Questions have been raised regarding the impact of a COVID-19 vaccine on an individual's overall health and therefore now that monkeypox cases are on the rise, is it more dangerous to get a COVID-19 vaccine until the monkeypox spread has subsided?
- Narratives in online communities expressed concern that a weakened immune system is a side effect of any vaccine and an “experimental” COVID-19 vaccine will lead to an increased risk of monkeypox.
- **Little messaging by trusted sources has approached this topic in the last two weeks.**



Help grow Viral Facts viewership! Follow and share Viral Facts on these social media forums:



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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 (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 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**