Africa Infodemic Response Alliance

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AIRA Infodemic Trends Report May 4 (Weekly Brief #18 of 2022)



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Key COVID-19 Trends

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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 21- May 1, 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 vaccine deaths and side effects

CONTEXT: A surge of claims regarding unreported COVID-19 vaccine deaths, blindness, loss of hearing, and strokes have reemerged over the last several days. Viewership and engagement of these posts and claims have reached over 450k in under ten days.

Cameroon, Ivory Coast, Kenya, Nigeria, South Africa, Zambia, Zimbabwe

- Deaths: U.S. cardiologist Dr. Peter McCullough has again gained in popularity in African social messaging apps for his claims regarding the lack of concern and misreporting of deaths caused by the COVID-19 vaccine. Dr. McCullough states that there is minimal reporting on the deaths as public health organizations are working under damage control mechanisms to continue to drive public trust in "dangerous" vaccines.
- Strokes/Blindness: A blog site from the UK that has amplified misinformation and conspiracy theories during the pandemic recently posted a blog highlighting a claim that individuals have developed complete blindness as a side effect of the COVID-19 vaccine. This blog has been prominent in both Telegram and WhatsApp channels with over 150k views on Telegram alone. The blog focuses on Pfizer (163 blindness cases, 8016 eye disorders), AstraZeneca (324 blindness cases/14,895 eye disorders), and Moderna (34 blindness cases/1519 eye disorders) vaccines. The

High number of Strokes caused by the Covid-19 Vaccines may explain why so many of the Vaccinated are also going Blind

Since the first Covid-19 vaccine was authorised for use in the United Kingdom, and administered on the 8th December 2020, there have been hundreds of thousands of adverse reactions reported to the MHRA Yellow Card scheme. But there is one particular adverse reaction which is both concerning and strange, and the number of people suffering...

https://dailyexpose.uk/2022/04/26/why-people-going-blindfollowing-covid-vaccination/

The Expose

High number of Strokes caused by the Covid-19 Vaccines may explain why so many of the Vaccinated are also going Bilnd Since the first Covid-19 vaccine was authorised for use in the United Kingdom, and administered on the 8th December 2020, t...



blog's author even goes on to try to discredit fact-checkers by responding to the statement "just because someone reports the event after having the vaccine, it doesn't necessarily mean it is due to the vaccine" with "what they are not telling you is that it also doesn't necessarily mean it is not due to the vaccine." This pushback was widely quoted when the story was shared. More importantly, the blog goes on to highlight 786 reports of stroke from the Pfizer vaccine, and also underscores that this is the only vaccine approved for children. The author then makes the claim that the blindness cases may also be tied to the symptoms of a stroke that are being caused by the vaccinations.

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- Multiple points from this blog post have been pulled and shared on WhatsApp and Telegram serving as a potential new wave of roadblocks for vaccine uptake.
- Loss of Hearing: The WHO Pharmaceutical Newsletter No. 1, 2022 references research into potential hearing loss following the COVID-19 vaccine. Last month, this newsletter was reviewed in U.S. media as a major breakthrough in understanding COVID-19 vaccine side effects that individuals have claimed have been overlooked. This story has circulated through WhatsApp in particular, with a summary from the report that is taken out of context.



- "Half of the cases noted that the patient was recovering or had recovered from their hearing loss, while no (or limited) additional information on follow-up was recorded for the other cases. The evidence for long-term hearing loss is therefore incomplete." (pg. 21 of newsletter)
- This statement has been misinterpreted by some as the WHO refusing to 0 admit that the vaccines do cause hearing loss by claiming a lack of evidence in order for WHO to protect its interests.

Why is it concerning?

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- Primarily, it is noteworthy that anti-vaccine propaganda is pushing back directly against fact-checking organizations and trying to discredit their reasoning. This has not been a predominant tactic until recently, and it could potentially reveal an erosion in trust of fact-checking organizations.
- Severe and permanent side-effects with perceived "scientific evidence" have led to strong reactions and greater acceptance of misinformation narratives. These multiple lines of related narratives highlight a more organized and well-thought-out attempt to damage public trust in vaccinations and could have a significant impact in non-COVID-related vaccine campaigns as well.

What can we do?

- Simplify WHO findings related to hearing loss, and provide context and clarity to side effects regarding Pfizer, Astra Zeneca, and Moderna vaccinations.
- Continue to promote the efficacy and positive impacts the COVID-19 vaccines have made during the pandemic. There has been minimal content promoting the successes of vaccine acceptance in battling COVID-19.



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Ebola outbreak in DRC is being seen as "Ebola business"

CONTEXT: Concern is still high for the Democratic Republic of Congo's recent Ebola outbreak in the Equateur province in the city of Mbandaka where to date there have been two Ebola-related deaths and over 250 close contacts are being monitored.

Angola, Kenya, Democratic Republic of Congo, Uganda, Zambia

- Regional responses to the Ebola outbreak in the Democratic Republic of Congo have been varied in public discourse. In neighboring countries, there have been widespread reports from public health agencies that they are taking all precautions to be fully prepared for a potential international spillover of the Ebola disease. Additionally, citizens in surrounding countries are aware of the seriousness of Ebola and have expressed that the disease should be taken more seriously than COVID-19. However, there are some claims that governmental leadership will make an effort to receive additional funding to combat Ebola, amplifying a narrative that governments leverage outbreaks for money.
- Responses from citizens in the Democratic Republic of Congo and Uganda express cynicism and distrust in the severity of the Ebola outbreak. In the 2019 Ebola outbreak in the Eastern province of North Kivu, there was a largely held belief that the Ebola outbreak was purposely being extended to help health organizations and the DRC government profit from what came to be known as "Ebola business." This term has become popular again in recent weeks even as the outbreak is in the western region of the country. However, the most concerning quotes found in WhatsApp groups encourage individuals to not report to the health centers because they will automatically be diagnosed with Ebola or COVID to drive the Ebola business and will not be released from the facilities.
 - "Do not report... If there is no Ebola there will be covid to have money for the WHO."
 - "We have seen you before and do not have your fake Ebola business here."
 - "COVID has no money but ebola is always rich."



Why is it concerning?

- The Ebola business narrative is deep-rooted and highlights a stubborn and lasting distrust in the Ebola response mechanisms in the Democratic Republic of Congo. Combined with the long-term impacts of the pandemic, there will be many misinformation narratives that populate should the Ebola outbreak continue.
- Citizens in surrounding countries have called for a ban on travel and trade with the Democratic Republic of Congo and negative rhetoric has circulated about Congolese citizens being prone to disease.

What can we do?

• Promote former successes of the WHO in partnership with the Democratic Republic of Congo's Le Ministre de la Santé Publique and their development of Ebola treatments within the country during the 2019 outbreak.

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 <u>here</u>)

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: Are Pfizer vaccines causing cancer?

A concern that Pfizer COVID-19 vaccines have been recalled because they cause cancer is trending as news reports of batches of a Pfizer **product** have been pulled from the market. The reports are actually referring to Accupril (Quinapril HCI) which is a blood pressure medication that is produced by Pfizer. Pfizer's <u>statement</u> from April 22, 2022 does acknowledge there have been nitrosamines that are testing above the Accepted Daily Intake level and therefore have voluntarily recalled some batches. This has been misinterpreted as Pfizer's COVID-19 vaccine being recalled for causing cancer, which is not accurate.

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COVID-19 VFA content

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

Malaria VFA content

• The malaria vaccine development [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)



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.



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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:



WHO social listening tools:





Early Al-supported Response with Social Listening