Africa Infodemic Response Alliance

A WHO-HOSTED NETWORK



AIRA Infodemic Trends Report **August 1** (Weekly Brief #32 of 2022)



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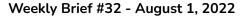
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Public Health Infodemic Trends in the African Region

This report seeks to communicate operational recommendations based on social media monitoring from July 23 - 29, 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.

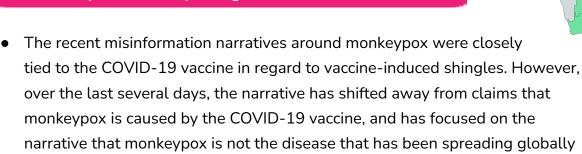




Monkeypox is a COVID-19 Vax Reaction

CONTEXT: Claims that monkeypox is a vaccine reaction have continued over the last several days, as online users across platforms deny the existence of monkeypox based on "evidence" that symptoms do not align with previous outbreaks of the disease in Africa.

Botswana, Kenya, Mozambique, Nigeria, South Africa, Zimbabwe



- The new narrative suggests that monkeypox is not what is being seen across
 the world, rather it is a coverup for strictly bad reactions to the COVID-19
 vaccine. This is allegedly proven by the comparison of symptoms from previous
 monkeypox outbreaks in Africa to what infected individuals are presenting
 currently.
- Claims such as these have been shared across WhatsApp and Telegram:
 - "Adverse reactions to the COVID vax are piling up and are rampant! The WHO will announce Marburg, MonkeyPox, HIV, Shingles, Cardiac syndromes and many more diseases that they caused with the vax to coverup their obvious genocide attempt."
 - "When has this ever happened before? How blind are we to see the same thing and not understand the purpose? Monkeypox aka vax side-effect."
 - "At this stage it is just tiresome to see the sme [sic] lies about side effects.
 #NeverVax"

Why is it concerning?

and now in Africa.

• There continues to be strong waves of anti-vaccine rhetoric that take on new forms weekly, and the pushback illustrates the large anti-public health narratives that exist around any new efforts for preventative efforts.

What can we do?

• Explain how the monkeypox virus is detected and identified to mitigate confusion that the disease is not present.



Marburg can be Treated with Hydroxychloroquine

CONTEXT: Concern regarding the Marburg virus has risen globally, with many users across Africa raising questions regarding potential preventative measures that can be used to protect oneself against contraction of the disease.



Cameroon, Central African Republic, Democratic Republic of Congo, Nigeria

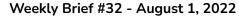
- Conversations about Marburg have increased drastically on African social media channels over the last week as citizens are increasingly more sensitive to dangerous disease outbreaks. The lethality of Marburg disease has driven additional concerns and African online users have claimed recently that hydroxychloroquine can be used as a preventative measure against the disease.
- One particular rumor has been shared significantly on African Telegram channels:
 - O I'm getting overwhelming concern of Marburg- so allow me to address. Understand that Marburg has not been in Ghana before. My suspicion is some big grant money is working on these filoviruses for future monetary gain and novel treatment and vaccine production. That said, much like SARSCoV2, the most potent inhibitory treatment is.... CHLOROQUINE. Mechanistically, it acts via pH modulation inhibiting viral entry to the cell which is necessary for replication.
 - Once again early treatment will be key if it EVER becomes an issue, and it's clear now why the campaign to demonize it as dangerous was so voracious. It is a potent antiviral via this mechanism and that throws a monkey wrench in big money for novel treatments and vaccines.
- Three studies have been shared with the claim:
 - LINK LINK LINK

Why is it concerning?

 While the original post is not being taken literally, many users have stated support of hydroxychloroquine, with some also claiming ivermectin is useful as well.

What can we do?

 Provide clarity on the severity of the disease and the ineffective nature of these medications in this outbreak.





New COVID-Flu Combo Vaccines

CONTEXT: Claims have emerged that a series of influenza vaccines are set to be released that will contain COVID-19 antibodies and/or new mRNA spike protein levels that are much more dangerous for individuals to receive.

Nigeria, South Africa

- The connection between COVID-19 and influenza vaccinations had diminished over the last couple of weeks after significant traction was seen around the narrative in late May and throughout June, however, a small surge has been identified regarding rumors of a new series of a combination of COVID-19 and influenza vaccines that are allegedly more dangerous than a COVID-19 vaccine in its current state.
- The fear-mongering tactic of railing against known preventative measures such
 as the influenza vaccine is not new, nor is the claim that COVID-19 antibodies
 reside within influenza vaccines following the pandemic. However, the mRNA
 feature of COVID-19 vaccines is still polarizing as many individuals still
 misinterpret its use and therefore this new narrative may see longevity within
 African social media communities.
- To date, the rumor has only been picked up in Nigerian and South African social
 messaging apps, but the claims were interpreted from a statement made by Dr.
 Meryl Nass during an interview on the U.S.-based <u>Children's Health Defense</u>
 'Friday Roundtable' which has made its way into African social channels.

Why is it concerning?

 Continual pressure on routine vaccinations and preventative measures could in time wear down public trust around basic public health practices that have for decades limited significant illness outbreaks globally. These narratives continue to receive traction in a cyclical pattern showing that the rumors may ebb but they remain present along with a receptive audience.

What can we do?

- Highlight the positive impacts influenza vaccines have had in recent decades to mitigate flu seasons having large impacts on public health.
- Address the consistent nature of an influenza vaccine even through the global pandemic to highlight there has not been an effort to combine the two vaccines.



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 vaccines 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

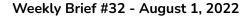
 Response: Fear of vaccine side effects/ long-term effects continue to be misinterpreted or overstated (Viral Facts response here)

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)

Information Gaps: Is Ivermectin a viable treatment for COVID-19?

- #worldivermectinday had a significant impact on the social media environment after its campaign on July 23rd. A new wave of online users in Africa and globally (following U.S. President Joe Biden's new positive COVID-19 test after being declared negative days prior U.S. social media was shared extensively in African channels) highlighted the need for acceptance of the drug for treating COVID-19.
- In the World Ivermectin Day campaign, there is a video that highlights the WHO along with a statement that the WHO "includes Ivermectin on its list of essential medicines." This is often quoted and cited out of context with claims that WHO is stating that the drug should be used to prevent and treat COVID-19. This suggestive language was used in 38% of a random sampling of pro-Ivermectin tweets from African social media users in the last week.





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

Facebook Twitter Instagram

COVID-19 VFA content

- COVID-19 VFA content: Routine childhood immunization [LINK], Flu & COVID vaccines [LINK], The XE variant [LINK]
- Latest Monkeypox VFA content: Monkeypox explainer [LINK]
- WHO Monkeypox FAQ and Factsheet [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.

<u>Link</u> to have an overview of the produced assets / Links to download (<u>EN/FR</u>)

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.



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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:

COVID-19 Infodemic Insight Report

