

# Africa Infodemic Response Alliance

A WHO-HOSTED NETWORK



AIRA Infodemic Trends Report  
September 19 (Weekly Brief #39 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 September 10-16, 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.



## 'Long COVID-19' is a vaccine side effect

*CONTEXT: Claims have increased over the last several days that those experiencing 'long-COVID' are actually experiencing long-lasting side effects from the COVID-19 vaccines and have been encouraged by public health organizations and pharmaceutical companies to believe the symptoms are the result of more severe cases of COVID-19 infection.*



### Democratic Republic of Congo, Kenya, South Africa, Uganda

- As COVID-19 vaccine discussions continue to increase in social messaging apps over the last two weeks, a significant share of the conversation focused on **long-covid**, which is when individuals are experiencing ongoing health problems that can return after initial symptoms subside, and can continue four or more weeks after first getting infected.
  - “They’re using Long Covid and many other [sic] illnesses like Monkeypox, Shingles, Myocarditis, Pericarditis, SADS, etc all to hide jab Adverse Effects.” [Telegram, 50,000+ views]
  - “It has been this way and we have seen how it happens over and over. Why do we believe you now? Long covid-19 is not something anyone with sense will know to be true. Why do we listen anymore? Do not get the jab and you will not have any of the new diseases that are happening in the world.” [WhatsApp, 17/09/2022]
- More notably, claims have been made that vaccinated individuals are the only ones that have experienced long-covid and that those that have not taken the vaccine but have been infected have not had any cases of long-covid.
- While this claim is inaccurate, users on social messaging apps have garnered attention by suggesting pharmaceutical companies are trying to cover up a lengthy list of adverse reactions to the COVID-19 vaccine and labeling them as other diseases or reactions to the disease and not the vaccination itself.

### Why is it concerning?

- Groups sharing misinformation are appealing to individuals that have already been vaccinated and may have an impact on citizens that may otherwise be willing to receive boosters and adhere to preventative measures.

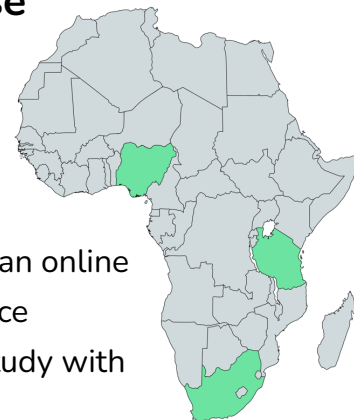
### What can we do?

- Continue to address *real* COVID-19 side effects with updated material that is relevant to the specific concerns of long-covid.



## COVID-19 vax up to 98 times worse than the disease

*CONTEXT: A recent study is being shared with inaccurate claims that suggest the authors have found proof that receiving the vaccine is roughly 98 times worse than actually getting the disease.*



### Kenya, Nigeria, South Africa

- The [study](#) that has been a recent driver of misinformation in African online communities was published earlier this month in the Social Science Research Network journal. Multiple publications have cited the study with titles that are taking the study's findings out of context:
  - “Unethical’ and Up to 98 Times Worse Than the Disease: Top Scientists Publish Paradigm-Shifting Study About COVID-19 Boosters for Young Adults” [\[link\]](#)
  - “Scientists from Harvard & Johns Hopkins Found Covid-19 Vaccines 98 Times Worse Than the Virus” [\[link\]](#)
- The study is a focus on vaccine booster mandates for students attending university, yet it has been transformed to a rallying point for many African social media communities that are often publishing misinformation. The claims that use this study as a reference have been across the spectrum:
  - “We finally know that vaccines do kill. And they still mandate”
  - “Pharma will come for them for telling the truth. Mandates will remain”
  - “It is proof they want to control the population of AFRICAN! [sic] They will not stop us when we do not listen to the mandate”

### Why is it concerning?

- The article is real, with authors that are from recognized and reputable institutions. However, the online claims are taking the findings out of context and are assigning figures to the COVID-19 vaccine that are not representative of factual information. This has led to a large (and likely growing) audience that feels vindicated in their stance against vaccine mandates.

### What can we do?

- Provide clarity to the findings of the study. Continue to provide verified accurate information regarding the COVID-19 vaccine with updated information around the usefulness of booster doses.



## Persistent Rumors

### **Rumor: Vaccines contain mRNA which is leading to an increase in monkeypox**

- 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 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](#))

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## Information Gaps: Is Ivermectin safe to buy online?

- Over the last several days, Ivermectin has been widely discussed on social messaging apps, and most significantly on Telegram. The key change in the narrative that is of concern is that many of the social messaging app users are sharing a link to an online Ivermectin store that is claiming they have stockpiled the drug and are currently taking orders.
- Some users have raised questions on the actual availability of Ivermectin through an online store, but it seems that many individuals are supporting the claim that the online sale of Ivermectin is legitimate and have continued to share it with their contacts on these pages.
- At best, individuals may not receive any medication in return, or potentially a placebo. However, it is possible there is something being sold that could be dangerous or that Ivermectin is indeed being sold without medical guidance online.



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### COVID-19 VFA content

- Flu & COVID vaccines [[LINK](#)],
- Ivermectin to treat COVID-19 [[LINK](#)]
- Childhood vaccination safety [[LINK](#)]
- Fertility and Covid19 vaccine [[LINK](#)]

### Monkeypox content

- Latest Monkeypox VFA content: Monkeypox explainer [[LINK](#)]
- WHO Monkeypox FAQ and Factsheet [[LINK](#)]

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## 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