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Quick Reference Guide

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Methodology

Public Health Infodemic Trends in the African Region
This report seeks to communicate operational recommendations based on social media monitoring from August 27 - September 2, 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.
“New” strain of monkeypox has been identified

CONTEXT: A second strain of monkeypox has reportedly been discovered in the United Kingdom after an individual traveled to West Africa. Media outlets and social media users alike are referring to the strain as “new” though there is an ongoing investigation to determine if the strain has been seen before in the UK.

Cameroon, Ivory Coast, Liberia, Sierra Leone, Nigeria

- The reports of the “new” strain of monkeypox have been met with heavy criticism from African social media communities, as some claim the report the individual was infected in West Africa will lead to a stigmatization of the region in the coming weeks.
  - “When to they ban our country from travel this time?”
  - “It is new so it must be from africa. it is always blame for us to keep us away from them.”
  - 😡😡😡 europe had it and gave it to Africa but it is always Africa with disease

- Many users have compared the claims that the new strain came from West Africa to similar issues in the COVID-19 pandemic when travel bans were put in place against African countries by the U.S. and European countries that many felt were unjustified.

- While a significant portion is focused on the potential stigma this will cause for the region, others have claimed the report of the case coming from West Africa is simply, “more lies.”

Why is it concerning?

- This issue underscores the continual sentiment of Africa vs. Europe/U.S. that has been prominent throughout the COVID-19 pandemic and has spilled over into the monkeypox narratives. While the WHO has made steps to limit regional stigmas, it is clear that this may continue to be an issue for African countries as strains of the disease are more prominent within the continent.

What can we do?

- Address the claims that the strain is new, and clear up the “clickbait” claim by sharing information on the strain likely being a previously known mutation.
Ivermectin has been proven effective against COVID-19

**CONTEXT:** Users have been sharing a “prospective observational study” that reportedly has shown that the use of Ivermectin as prophylaxis for COVID-19 has led to a 92% reduction in mortality rate in a dose-response manner.

**Democratic Republic of Congo, Kenya, Nigeria, South Africa**

- The study was published on August 31, 2022, in the Cureus journal (the impact score of the journal is listed at 1.5). This is not the first article to be published by this collection of medical experts, as in January of 2022 a similar observational study was shared on the U.S. National Institutes of Health’s pubmed.gov page.
- Users in social messaging apps have been sharing results from paper widely with anti-Ivermectin statements from media outlets around the world highlighting the inaccuracy of mainstream media, “In this particular context, we must address the role of MSM journalists who have rigorously opposed ivermectin:
  - "Ivermectin won't treat COVID-19, but it might kill you, CDC warns" — LiveScience ([link](#))
  - "Covid trends like ivermectin are deadly distractions. Why can't we stop them?" — NBC News ([link](#))
  - "People are poisoning themselves trying to treat or prevent COVID-19 with a horse de-worming drug" — Business Insider ([link](#))
  - "Rand Paul has a *very* wacky theory about ivermectin" — CNN ([link](#))
  - "You are not a horse: FDA tells Americans stop taking dewormer for Covid" — The Guardian ([link](#))

Why is it concerning?

- The push against media outlets can have a significant impact on overall public trust for health issues in general. If individuals on social messaging apps are garnering trust regarding medical issues, these can often go unchecked and potentially become misleading, whether purposeful or unintentional. The information shared here seems to be accurate and vetted, yet the post most often shared finishes with the line, “…most mass media journalists are accomplices and stakeholders of the current situation. Blood is on their hands.”

What can we do?

- Engaging with prominent voices on social messaging apps is crucial as many voices have moved away from public social media platforms.
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)

Information Gaps: Are masks causing increases in other diseases?
- As rumors continue to circulate that COVID-19, monkeypox, and the tomato flu may be used to reinforce mask and vaccine mandates, some online users have been sharing messaging that masks have been causing increases in cases of other diseases such as influenza. Claims are being made that the masks trap potentially harmful airborne pathogens in the mask and increase the rates of infection for diseases that pose a threat via droplet transmission.

- Moreover, users are claiming that public health officials and national ministries of health are aware of this issue, and have quietly relaxed mask requirements across the continent to mitigate higher cases of more common diseases.
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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 (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: