Africa Infodemic Response Alliance

A WHO-HOSTED NETWORK



AIRA Infodemic Trends Report 16-23 January 2023 (Weekly brief #56)

Top Concerns

Measles vaccine does not prevent infection Multiple misinformation emerge on cholera in Malawi <u>Concern around polio</u> <u>vaccine and disease</u> <u>fatigue in Malawi</u>

Recent comments regarding the measles outbreak in South Africa shows concerns over vaccination efficacy. The response from social media users to the cholera outbreak in Malawi has left room for multiple misinformation narratives and confusion to arise in online and offline monitoring. Recent comments on a new case of polio in Malawi have been monitored on social media platforms.

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Public Health Infodemic Trends in the African Region

This weekly report provides key highlights and operational recommendations based on social media monitoring from January 16-23 in Eastern, Western and Southern Africa, as well as relevant information on current mis/disinformation.

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South Africa

Measles vaccines do not prevent infection

CONTEXT: The National Institute for Communicable Diseases (NICD) stated on its Facebook <u>page</u> that the number of measles cases in South Africa continues to rise, with a total of 382 laboratory-confirmed cases reported. Limpopo, the northernmost province in South Africa, has recorded the highest number of cases at 145. The comments from South African social media users are centered around vaccines efficacy.



Engagement: 7 posts, 272 likes, 153 comments

- A measles outbreak that has spread across South Africa has garnered the attention of social media users. This information served as a focal point for **15%** of individuals who commented on a Facebook <u>post</u> by the Voice of the Cape Radio, a Cape Town-based radio station, and did not endorse the measles vaccine.
- □ The distrust in measles vaccinations for children is concerning as it is considered by the WHO as a key public health strategy to reduce global measles deaths.
- □ The belief that the measles vaccine causes severe immune system side effects has also been spotted in monitored comments. Some of the comments below highlight the users' eroded trust in the vaccine:

Stop promoting these injections

I thought kids got vaccinated for that. That goes to show that these vaccines are not working but money making schemes

Because all that vaccines do is they destroy your immune system your immune system and your immune system is your defence system against disease and viruses

And then I don't know why you vaccinate the children when they are babies for measles but still there getting measles this does not make any sense or is this just a move to vaccinate the children again we are not stupid here

Why is it concerning?

• Misinformation and information gaps related to measles vaccine efficacy have been circulating for few months despite the communication efforts put into

place. This show that there is a need to revise the current communication strategies or increase efforts to address the issue.

• Measles vaccination is part of the routine childhood immunization program in South Africa. The risk of unchecked misinformation and unfilled information gaps might develop vaccine hesitancy, and then have a potential negative impact on children's and adults' health.

What can we do?

- Create opportunities for parents to share their concerns and questions regarding the vaccine with healthcare professionals, community workers, teachers to increase trust and uptake. Communication resources such as the WHO <u>Measles</u> Fact Sheet can be referred to develop communication messages.
- Ensure active monitoring of misinformation and rumors to allow for rapid response to take place, including localized information on how to access routine immunization, vaccine schedules, common side effects, and effectiveness.

Malawi

Multiple misinformation and information gaps

emerge on cholera in Malawi

CONTEXT: The rapid increase in cholera cases in Malawi has led to confusion and misinformation rapidly spreading through social media platforms and in communities. Notably, misinformation on healthcare workers spreading cholera, community disagreement over burial protocols, questions about the emergence of a new strain of cholera and questioning cholera vaccine efficacy.



Engagement: 17 posts, 3.8k likes, 2k comments

1- Emergence of a "new strain" of cholera

- The recent increase in the <u>cumulative</u> number of cholera cases in Malawi has sparked **confusion and skepticism** among online users. Monitored comments from an <u>article</u> by Times 360 Malawi, a Balantyre-based media house, have shown that **15**% of online users believe that there is a "new strain" of cholera in Malawi.
- The effect of the emergence of multiple new strains and variants of COVID-19 is visible through the response of online users to the cholera outbreak as individuals are now used to updates of variants of viruses, a neverending pandemic sentiment.

□ This has resulted in online users displaying confusion and skepticism in reports of rising infections.

□ Comments below capture the confusion of online users:

ovid was affecting respiratory system, don't you think his could be a variant of covid virus that is affecting ligestive system and is giving signs and symptoms of chorela?	that is why I hate any form of vaccines or drugs these white pple they are playing underground games to reduce the population to take the to the new world older	
Nanga ndi cholera bwanji iyi yoyamba August?	Is this a new cholera strain?	
go to the hospital If you wash the funeral of a cholera-wo, it will not	Case management ikuvuta patipo ?	
be found that you have contracted the disease and you are found to be passing it on to the world??	There is something behind this cholera	

2- Healthcare workers spreading cholera in Balaka district

News that Nandumbo health center in Balaka district was <u>stormed</u> by local community members who discharged all cholera patients at the facility. This is concerning as the community claims that health workers are injecting patients with cholera-contaminated syringes, and are responsible for increasing cholera cases.

3- Community disagreement over burial protocols

According to local sources, the community who attacked the health center was not in agreement with cholera burial protocols operated by healthcare workers, as they wanted to handle funerals of cholera patients by washing the dead body. The villagers disbanded the cholera facilities (or camps) as they did not believe in the existence of the disease.

4- Cholera vaccine efficacy

□ Cholera vaccine conversations were also monitored through a <u>post</u> by Zodiac Online, a broadcasting and media production company in Malawi, considered as a trusted media voice. A low share of individuals discussed vaccine efficacy and whether proper sanitation and fertilizers (to provide nutrients and improve the soil) would be considered a more sustainable approach. COVID-19 vaccines were included in the comments of some users to be the actual vaccines to be administered by authorities.

Why is it concerning?

- Online users are asking questions about the rapid spread of cholera cases in the country and thus resulted in speculations of the emergence of a new strain of cholera.
- □ The outward display of mistrust towards healthcare workers and health services is particularly troubling.

- ☐ Misinformation over the healthcare workers' role in spreading cholera has been met with violent behaviors against the medical personnel.
- □ Unchecked vaccine misinformation might increase the risk of vaccine hesitancy among community members, whose trust might be eroded by other factors.

What can we do?

- Emphasize the scale of this cholera outbreak compared to previous outbreaks, with key data on the epidemiological situation in the country.
- Collaborate with trusted voices on the ground to inform the public of the work of healthcare facilities in order to rebuild trust.
- Improve knowledge on how cholera spreads, and how preventive measures work to increase trust in the safety and effectiveness of the adopted control measures.
- Continue to check the <u>Facebook</u> updates of the Ministry of Health in Malawi and the upcoming WHO updates on cholera that explains further control measures to promote accurate information within misinformation channels.
- Monitor the evolution of dis/misinformation and information gaps around cholera transmission, and engage local influencers to share fact-checked information to targeted audience to address questions.
- Revisit the way cholera continues to infect individuals, and how harmful behaviors continue to increase the number of patients admitted to the hospital.

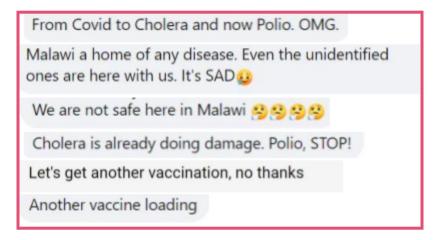
Malawi

Concern around polio vaccine and disease fatigue

CONTEXT: Blantyre District Health Office has <u>confirmed</u> a new case of polio in Malawi on January 19th, bringing the total number of cases to five. Conversations about polio have generated a low engagement interest in Malawi. However, online users conveyed vaccine and disease fatigue on social media platforms that can have a negative impact on ongoing vaccination efforts.

Engagement: 2 posts, 181 likes, 152 comments

- The recent social media comments on polio during the cholera outbreak in Malawi have been monitored on social media platforms. The comments mention vaccine and disease fatigue as Malawians are tired of disease-related updates.
- $\hfill\square$ Some comments are mentioned in the screenshot below:



Why is it concerning?

- Malawi obtained a polio-free status in 2005. The resurgence of the new confirmed case in the country brings the total number of cases to five.
- □ The new case might be overlooked by the cholera outbreak in Malawi and its public health response that could diverge resources and attention at the cost of polio. Examples include financial resources, media coverage, weakened community feedback systems, and lower medical attentiveness. It's important to keep monitoring the epidemiological situation of polio and stress on the importance of routine immunization for children.

What can we do?

- Emphasize that polio outbreaks most often occur in places with low immunization rates. Prebunking messaging may also emphasize that vaccination is the best way to prevent all forms of polio. (<u>The Public Good Projects Polio</u> <u>Newsletter</u>)
- Amplify accurate information on how polio can be diagnosed, connecting users with services and providing resources in local languages. <u>WHO</u> fact sheet on polio can be a reference.
- Monitor the prevalence of content with negative sentiment in polio vaccine conversations to address the users' information gaps and misinformation spotted. A two-way communication with the community helps to strengthen community feedback systems and sharing fact-based information.
- □ Continue to raise awareness of the negative impact of polio on individual health, and that regular vaccination for children under 5 years old continues to provide good protection against the disease.

Persistent Rumors

Inaccurate assumptions of vaccine side effects/ long-term effects

• Response: Fear of vaccine side effects/ long-term effects continues to be misinterpreted or overstated (Viral Facts response <u>here</u>).

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>).

Information Gaps

The most common questions raised by social media users this week are

Polio

□ Polio resurgence cause

Cholera

- $\hfill\square$ Cholera vaccine administration methods
- $\hfill\square$ Reason for increase in cholera cases
- \Box Cholera vaccine efficacy

Measles

 \Box Vaccine efficacy

Key resources

Viral Facts Africa social media content: Facebook Twitter Instagram

Measles content

- WHO literature on the risk of measles for children (LINK)
- UNICEF campaign for mitigating measles risk (LINK)
- Safety of child vaccination (LINK)

Cholera VFA content

- Explainer: Cholera 101 ENG FR
- Explainer: Cholera preventive measures ENG FR
- Social, behavioral and <u>community dynamics</u> related to the cholera outbreak in Malawi

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, and 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, and 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:

