

Africa Infodemic Response Alliance

A WHO-HOSTED NETWORK



AIRA Infodemic Trends Report
17-24 October 2022 (Weekly brief #44)

Public Health Infodemic Trends in the African Region

This weekly report provides key highlights and operational recommendations based on social media monitoring from October 17-24 in Eastern, Western and Southern Africa, as well as relevant information on current mis/disinformation.

Descriptions of online engagements and information gathering are listed in the [methodology](#).

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Did you know? You can report online misinformation.

[Check out how](#)

[Discussions over Cholera's response in Kenya and Nigeria](#)

Kenya's Ministry of Health confirms 61 cases of cholera across six counties. Kenyans online have different points of views and suggestions about the handling of this response.

Without proper Water, Sanitation and Hygiene practices,

Nigeria continues to be at risk of Cholera outbreaks.

Online users are concerned about the latest pledge in humanitarian assistance sent to support both people affected by the devastating floods and the Cholera outbreak.

[Reactions over Ebola cases spreading in Kampala](#)

Dr. Jane Ruth Aceng Ozero, the Minister of Health in **Uganda**, announced on the early morning of Monday 24 October that the total number of Ebola cases rose to 14 patients.

Operational Recommendations

Continuously Inform the public of daily and weekly updates regarding the situation of cholera in all counties to gain their trust and be transparent in their communication channels.

Public health agencies and other expert organizations are consistently trusted and effective voices. Government should therefore collaborate and raise their voice through them on social platforms.

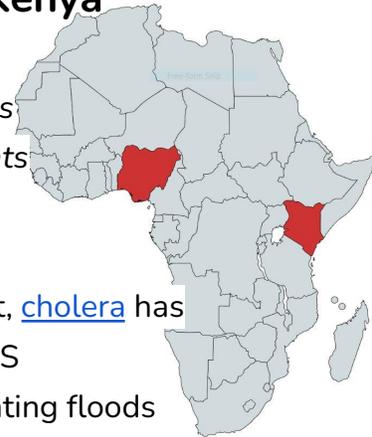
Develop and maintain trust in health authorities and government officials and re-engage trust with communities to administer appropriate healthcare.

 Viral Facts Africa helps you get fact-based Health information in Africa.

➡ [Facebook](#) [Twitter](#) [Instagram](#)

Discussions over Cholera's responses in Nigeria and Kenya

CONTEXT: Both Kenya and Nigeria among other countries in Africa are experiencing a cholera outbreak. Following governmental announcements over the management of the outbreak, below are some valuable comments and conversations from users online.



- According to the Nigeria Center for Disease Control situation report, [cholera](#) has been widespread in 9 states affecting 4153 cases in Nigeria. The US ambassador to Nigeria, May Leonard, is [concerned](#) that the devastating floods may also increase the risk of cholera and other water borne diseases.
- It is worthy to note that the [Africa Center for Disease Control](#) (CDC) has noticed a pattern of environmental changes that has led to a surge in the number of cholera cases in African countries (including Nigeria, Sudan, Malawi and now Kenya). This is because the bacteria tends to multiply faster in a warmer environment. The link to climate change offers a window for prediction and prevention in other regions of Africa.
- Online users are concerned whether the support [money\(1 MillionUSD\)](#) provided by the US government will actually go to those who are in need rather than the pockets of politicians. The funds will supposedly fund local partners to provide hygiene kits and promote safe and healthy practices amidst an ongoing cholera outbreak. Stakeholders in the health sector have also commented the same. They [blame](#) the government for not being proactive enough to control the spread of the disease.
- The [WHO](#) has also made an exceptional temporary decision which reflects the grave state of the cholera vaccine stockpile. In fact, the shortage of cholera vaccines had led to the temporary suspension of the two-dose strategy and to use instead a one single-dose approach. The benefit of supplying one dose still outweighs no doses. This decision will allow more people to be vaccinated and provide them protection in the near term.

- The Kenyan Ministry of Health has [alerted](#) the general public about an outbreak in cholera in various parts of the country. Sub county health management teams are expected to report on a weekly basis all relevant updates. Dr. Patrick Amoth, the acting Director General for Health in the Ministry of Health, Kenya, [has confirmed](#) 61 cases of cholera across six counties including Kiambu and Nairobi where the highest numbers have been recorded respectively.
- Online users have many views over this subject. Much like the Nigeria case, there's a [mistrust](#) toward Dr. Amoth's announcement online even though Dr. Amoth has requested sub county healthy management teams to report on a weekly basis all relevant updates.
- Other online users have displayed their [surprise](#) as to how Kenya does even have cholera cases in the beginning. While others have linked the reason behind eating contaminated food to the [high cost of living](#) in Kenya. All comments are much directed towards the governmental authorities rather than the disease itself.

Why is it concerning?

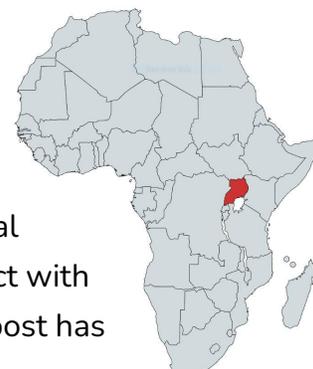
- This is a reminder of how information can stick in people's minds despite all the efforts being done by governmental counterparts. Sticky information continues to influence people's thinking even when it seems to have been cleared on websites. This might be particularly true for people who are resistant to change and who don't trust in the government's response.
- The questions and comments of online users in both countries actually respond to a wider risk evaluation matrix where indicators such as the general public trust to government officials are tested. In this case, there is an outward display of mistrust in the government's management of public funds.

What can we do?

- Mistrust may be as important as misinformation in the formation of beliefs in conspiracy theories, thus anything (and anyone) that helps to build trust with the audience may help unstick misinformation.
- Collaborate with trusted voices on the ground to inform the public of the steps undertaken by recipients of the US assistance fund for their work.
- Collaborate with government officials and healthcare workers to increase public trust.

Reactions over Ebola cases spreading in Kampala

CONTEXT: Dr. Jane Ruth Aceng Ocero, the Minister of Health in Uganda, [announced](#) on the early morning of Monday 24 October that the total number of Ebola cases rose to 14 patients.



- Dr. Jane Ruth Aceng Ocero, the Minister of Health in Uganda, [announced](#) on the early morning of Monday 24 October that the total number of Ebola cases rose to 14 patients. The cases were in contact with the patient who passed away in Mulago Hospital, in Kampala. Her post has generated 1,055 likes with 492 retweets on Twitter with concerns from commentators around a foreseeable lockdown in Kampala. If the lockdown happens in Kampala, then this is likely to cause more frustrations for Ugandans in Kampala as well as their businesses and daily routines. This would be a reminder of a COVID lockdown too.
- The [lack of belief](#) of people in Kampala is very dangerous as people are discrediting the Minister of Health and the media too. People have little to no trust with the government and still think Ebola isn't real in Kampala. This false news will likely cause more spread in the city, since there are more interactions in Kampala than Mubende and Kassanda merged together.
- This distrust can be likely linked to a COVID fatigue where people can be fed up with the government's management of the pandemic in the first place.
- President Museveni's [decision](#) to impose a lockdown comes after the non-compliance of people living in the EVD epicenter in preventing the disease from spreading.
- The Ugandan Police Force has [accused](#), in a statement on their Facebook page, MP David Kabanda of "disinformation and propaganda", meaning that his Tweet is misleading. The numbers mentioned by MP David Kibanda (1000 motorcycles raided, and the payment fee for vans or drones in local culture) are exaggerated, in fact the police are saying that he is overshooting the numbers.

What can we do?

- Collaborate with communities and public health authorities to transmit accurate scientific information. Reinforce social norms associated with the fight of ebola which increase people's protection from ebola.
- Share official case counts and engage with how individuals should appropriately report potential Ebola infections or possible symptoms presenting in individuals as quickly as possible to avoid the spread of the disease.

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

- People question the authorities' management of both cholera crises in Nigeria and Kenya, as well as the Ebola outbreak in Uganda.
- People are concerned about a foreseeable lockdown in Kampala and ways to move around the city with the spread of Ebola virus.
- People still discredit all governmental authorities as well as the media. They have little to no trust with the governmental bodies. People still believe ebola isn't real in Kampala.