

Africa Infodemic Response Alliance

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AIRA Infodemic Trends Report
September 26 (Weekly Brief #40 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 17-23, 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.



The Ebola outbreak is not real

CONTEXT: A recent outbreak of the Sudan Ebola virus strain emerged in early September in Uganda and has now spread to five separate districts in the country. As of writing this report, there are 31 confirmed cases of the disease and the number of confirmed Ebola deaths has risen to 19.



Burundi, Democratic Republic of Congo, Kenya, Rwanda, South Sudan, Uganda

- As reports of the Ebola outbreak are updated and shared via social media platforms, there is a strong contingent of users from Uganda and surrounding countries that are claiming the Ebola outbreak is not a threat or is not real. Based on a sampling of 100 responses to case updates shared on Facebook, more than 40% of social media users (regarding posts shared in the last 48 hours from primarily based in Uganda) claim that the Ebola outbreak is fabricated outright, is an attempt to receive funding from international health organizations, or is a political ploy.
 - “I this is the plan of putting Muhoozi into power. It's not real Ebola disease.” [\[link\]](#)
 - “World health organisation don't give any aid to Uganda there's no Ebola in Uganda, museveni and his ministers are faking.” [\[link\]](#)
 - “Government is buying dead people from mortuary to help them get money from people in the names of donations,who ever is making ugandans poor ,you shall die in pain,God is not sleeping,God got a surprise painful death for you.” [\[link\]](#)
- There is still a significant level of Ugandan social media users that are raising the alarm in regard to Ebola, highlighting the severity of Ebola and calling for Ugandan citizens to adhere to preventative measures to mitigate the spread of the disease.

Origin of the disease outbreak

- The most prominent narrative highlights the likelihood that the disease was transferred to the first patient via the consumption of a bat, however, many individuals are still questioning the origin of the disease and their questions have gone largely unanswered.
 - “So where did that 1st suspect get ebola from, we need to know!! Did it fall on him or her like rain? Stop coming and tell us out of no where mbu



someone has ebola!! How, where and when did that person catch ebola?"

[\[link\]](#)

- Users have also claimed that the Ebola cases started in the interior of Uganda based on a lab leak that may have been purposeful.
 - “Of course they got Ebola from the lab so that someone can get loans. Remember after nyege nyege and the oil pipeline. We’re lucky that Ebola drugs exist”

Containment concerns

- Two widely differing narratives have also emerged in regard to efforts to contain the Ebola outbreak in Uganda. First, social media users in neighboring countries are calling for strict border closures to mitigate the spread of the disease into their respective countries, with some users even suggesting neighboring countries want Ebola cases to come across their borders in order for their governments to participate in the “Ebola business.”
- However, Ugandan social media users have expressed concerns over potential lockdowns and border closings as they may have a severe economic impact on their livelihoods.
 - “You people stop playing on our minds .the economy its too bad and we know you want money from western countries but you don't think about what will happen to common people coz they will put our country on lock down” [\[link\]](#)

Why is it concerning?

- To date, the messaging around the Ebola outbreak in Uganda has driven confusion. Some citizens have pointed to local media reporting on new cases that seem inconsistent, while others have denied the existence of the disease altogether. There also seems to be a void and limited access to information for appropriate measures to avoid contracting the disease.

What can we do?

- Immediately address the severity of the disease, with high consistency for social media users that are readily interacting with Ebola-related news. There is a large appetite for Ebola information, and so far the most prominent sources of this information have been local and regional media that are not widely sharing preventative measures or additional information regarding the intentions of the public health response for lockdowns/travel restrictions/potential vaccinations.



COVID-19 is over

CONTEXT: Claims that the COVID-19 pandemic has ended have led to differing narratives regarding the need to continue to need any preventative measures in place, most specifically COVID-19 vaccinations.



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

- In a recent interview between Dr. Andrew Wefwafwa of Uganda and Dr. John Campbell, Dr. Wefwafwa agreed that for “all intent and purposes COVID is finished” in the country. More significantly, in response to Dr. Campbell’s question, “Presumably this is due to very high vaccination rates in Uganda?” Dr. Wefwafwa responded that the end of the COVID-19 outbreak in the country was not a result of vaccinations.
- The original [video](#) has received over 400k views since September 14 on YouTube alone. It has been edited down to just the sound bite on the vaccine claims and shared on multiple platforms, increasing the total view numbers to be closer to one million.
- Responses to the video have been mixed, yet the majority of users responding to the video on social messaging apps support Dr. Wefwafwa’s interpretation:

As a person from.uganda. I can attest that covid was over months ago... Infact there were low rates of vaccination in both kids and adults..the Ugandan people stuck to their natural methods of vitamins and zinc to protect themselves..

The ministry of health which is a known biolab for the deepstate has tried to promote vaccination but have failed miserably..

(Telegram user, in response to the video clip)

Why is it concerning?

- As COVID-19 waves continue to ebb and flow, and new variants are still a potential threat to a significant reemergence of the disease, it is necessary to keep buy-in for the vaccine increasing rather than losing the public trust in its efficacy.

What can we do?

- Highlight the vaccine's ability to mitigate severe symptoms and complications from contracting the disease without inoculation, and how it can protect individuals from new strains of COVID that may become prevalent.



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: Is the Ebola vaccine available in Africa?

- Over the last several days, questions have been posed regarding the availability of a vaccine to prevent Ebola contractions that have been shared by social media users in Uganda, the Democratic Republic of Congo, Burundi, Rwanda, and Kenya.
- Some users have pointed to the recent Ebola outbreak in the Democratic Republic of Congo and claimed that the spread was contained because there were vaccines available for citizens in the region. However, many users have also suggested that there is no vaccine available for Ebola, while others claim the Sudan strain of the disease does not have an effective vaccine to counter its spread.
- Additional questions were raised about the availability of Ebola treatment drugs, and how individuals may secure doses to be prepared in case of contraction.



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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](#)]

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:

