

Africa Infodemic Response Alliance

A WHO-HOSTED NETWORK



AIRA Infodemic Trends Report
6-13 February 2023
(Weekly brief #59)

Top Concerns

[Concern around cholera prevention and control measures](#)

People are concerned about the cholera outbreaks in Malawi, Mozambique, and Kenya, particularly about the lack of access to clean water, sanitation, and health care.

[Measles outbreaks highlight information gaps and misinformation](#)

The measles outbreaks in multiple African countries reveal information gaps and misinformation rapidly spreading through social media platforms and in communities.

[Concern around Zambian traditional ceremony amidst outbreak](#)

Four cases of cholera suspected to be imported to Zambia from Malawi's outbreak triggered users' concern about a Zambian festival and cross-border movements.

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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 February 6-13 in Africa, as well as relevant information on current mis/disinformation. For more information, please contact the WHO AIRA team:

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Malawi, Mozambique

Concern around cholera prevention and control measures

CONTEXT: *People are concerned about the lack of access to clean water and sanitation and health care.*

Engagement: 20 posts, 3036 likes, 2392 comments

Malawi

- As Malawi kicked off the Cholera [campaign](#) on the 13th of February, some online users expressed their skepticism about the authorities' handling of the outbreak. A Facebook [post](#) by MIJ online, a Blantyre-based news agency, detailed some of the claims including comments about the lack of access to water, sanitation, and affordable food as pressing issues that do not allow users to effectively contain the spread of the disease.
- A Facebook [post](#) by Times 360 Malawi states that “close to 40 percent of households have no toilets yet it is the responsibility of everyone to have latrines or toilets” which makes it very difficult for people to adhere to the preventive measures promoted by health authorities.

Mozambique

- Results from social media monitoring in lusophone countries show a similar trend regarding challenges for communities in Mozambique to adhere to preventive measures because of the lack of access to safe water sources. Online users also continue to believe that the cholera outbreak in Mozambique is [linked](#) to the current cholera outbreak in Malawi.

Why is it concerning?

- Cholera continues to disproportionately affect communities that lack access to clean water, sanitation, and healthcare services in Malawi, Kenya, and Mozambique. The case fatality ratio continues to be very high for Malawi, with a rate of 3.3%, Kenya at 1.8%, and Mozambique at 0.7%.
- Cholera misinformation persists online and in communities and can further decrease trust in health workers and authorities, and hinder efforts to contain the outbreak.

What can we do?

- Highlight the importance of consuming clean water and food to prevent the further spread of cholera, and emphasize the need to continue observing the public health guidelines on cholera prevention and seeking early treatment if people show symptoms.
- Share IEC material on cholera in hotspot locations including borders, and high population influx locations to improve knowledge on how cholera spreads, and how preventive measures work to increase trust in the safety and effectiveness of the adopted control measures.

Ghana, South Africa, Zambia

Information gaps and misinformation about measles

CONTEXT: Social listening shows significant information gaps in countries affected by measles outbreaks. Many questions and concerns are raised about the measles vaccine, how to get it, how many times, when, and the reported side effects. Comments on South Africa's Facebook pages also show the persistence of conspiracy theories that the measles vaccine is part of a plot to depopulate Africa.

Engagement: 24 posts, 6.1k likes, 1.5k comments

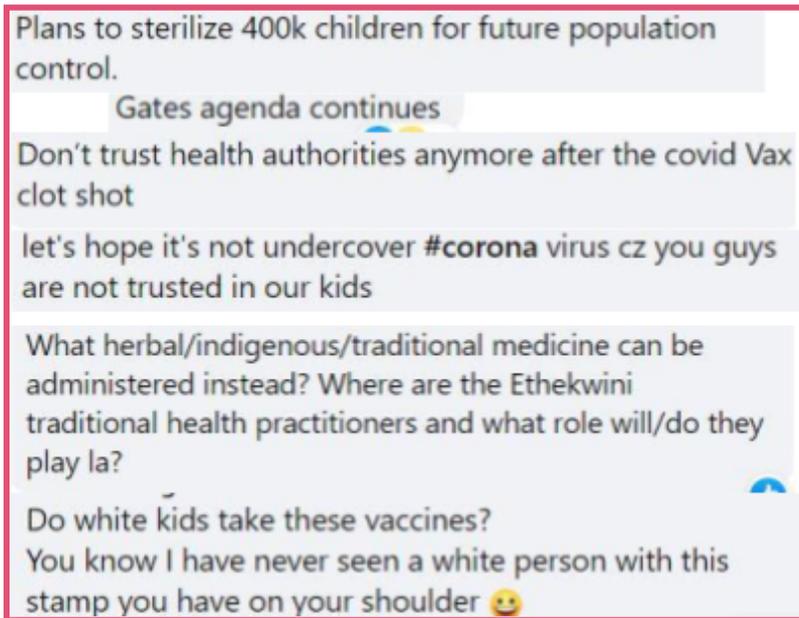
Confusion about who should receive the measles-rubella vaccine in Ghana

- Newspapers and radio covering the measles-rubella (MR) vaccine shortage in the northern part of the country have highlighted an information gap about who is eligible to receive the MR vaccine.
- The [Ghanaian times](#) has reported that “children and pregnant women had missed out on the routine immunizations against common childhood diseases, due to shortage of measles vaccines for the past months”. Other media have also reported the same, despite the fact that national and [international health guidelines](#) state that pregnant women should not receive the MR vaccine in principle.

Depopulation narrative in South Africa

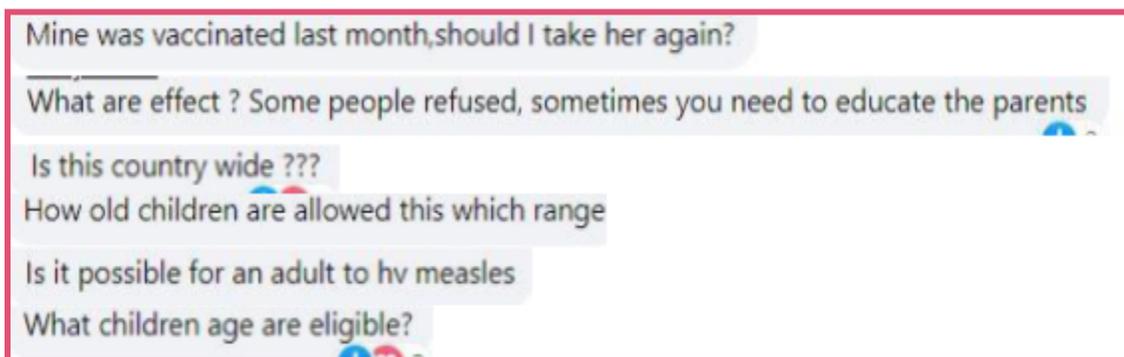
- In replies to a Facebook [post](#) by Eyewitness News, social media users claim the measles campaign in South Africa is a plan “for future population control.”
- Comments on a [post](#) by the municipality of eThekweni (KwaZulu-Natal) around the national measles vaccination campaign show vaccine hesitancy and preference for traditional medicine instead.

- Comments from both articles are below:



Information gaps in Zambia

- A Facebook [post](#) from the Ministry of Health in Zambia, asking people to take their “children for measles-rubella vaccination even when they were vaccinated before at the nearest health facility” has generated more than 600 comments. About 15% of the comments show information gaps around the number of vaccine doses to take, the affected areas of the outbreak, common side effects after taking the vaccine, and the appropriate age for vaccination. A screenshot of some comments is shared below:



- Many positive reactions from online users saying “thank you” for getting vaccines at schools have also been monitored.

Why is it concerning?

- Measles is a highly infectious disease, and unvaccinated young children are at the highest risk of the disease and its complications, including death. Unvaccinated pregnant women are also at risk. Any non-immune person (who has not been vaccinated or was vaccinated but did not develop immunity) can become infected and transmit the disease. However, there is a confusion in the media and in the population about the Measles- Rubella (MR) vaccine for pregnant women, who should not receive the MR in principle.
- Distrust in the government and global public health agencies can contribute to vaccine hesitancy and lead to low uptake of routine vaccinations.
- Distrust and challenges to accessing health facilities and vaccines may encourage people to turn to self-medication and unproven cures to protect themselves and delay seeking appropriate medical care when sick.
- Engage with journalists to provide clear information about who is eligible to get vaccinated for Measles during the outbreak in Ghana.

What can we do?

- Clarify who is eligible for the measles vaccine, and who is eligible for the Measles-rubella vaccine as they are not necessarily the same, and share this message in trusted communication channels (e.g. health care workers, local radio, community leaders).
- Engage with media specialists for capacity building, webinars, or any initiative that can encourage accurate health information reporting.
- Emphasise that vaccination is still the most effective way to protect against measles, even for those who have been vaccinated before but did not develop immunity.
- Continue to communicate and create two-way communication channels to collect and answer people's questions about the measles or measles-rubella vaccine and other routine childhood immunization. Ministry of Health websites is often one of the key sources of information which highlights the importance of regularly updating and publishing information.

Concern around Zambian traditional ceremony amidst cholera cases.

CONTEXT: *The Minister of Health in Zambia, Sylvia Masebo, has confirmed on [Facebook](#) that the cholera outbreak in Zambia has spread to a third district (Chipata). Both Vubwi and Chipata districts, the two districts in Eastern Province border Malawi and Mozambique, countries with ongoing cholera outbreaks. The Zambian National Public Health Institute confirmed 4 cases on the 8th of February.*

Engagement: **11 posts, 3028 likes, 3351 comments**

- Monitored comments on a Facebook [post](#) by Breezefm, a community-based radio station in Chipata, show that users are not surprised that cholera has spread to Chipata.
- A few people were worried if the N'cwala traditional ceremony, held every year on the last Saturday of February, will be postponed. It is a celebration by the Ngoni people of Chipata of the first harvests of the year.
- Other users have predicted that the outbreak will spread to the capital Lusaka next.

Why is it concerning?

- Attendance at Nc'wala festival is high, and it is expected that people will be traveling from neighboring countries including cholera-affected countries like South Africa and Malawi.
- The rapid spread of cholera to Chipata is alarming. Cross-border movement has been identified as one of the factors contributing to the spread of the disease in the southern African region.
- Large gatherings can easily become hotspots of transmission of several diseases (Covid19, cholera, etc.).

What can we do?

- Share [information](#) on the public health guidelines on handwashing and food safety that people attending the festival should follow to prevent the spread of the disease.
- Ahead of N'cwala festivities, promote safety through the engagement of Chiefs, media programs, and community sensitization. References such as the [WHO cholera fact sheet](#) and Viral Facts Africa videos ([LINK](#), [LINK](#)) can be adapted.

Trends to watch

Marburg virus in Equatorial Guinea

- WHO issued a statement on February 13 confirming a case of Marburg Virus in Equatorial Guinea. At the time, nine deaths and 16 suspected cases with symptoms had been reported.
- Marburg virus is a highly infectious and lethal disease with an average case fatality rate of around 50%. ([WHO](#))
- based on the concern over cross-border transmissions, several neighboring countries have taken measures to limit movements and have already shared information about preventive messages about the Marburg virus. ([LINK](#)) ([LINK](#))

Persistent Rumors

Inaccurate cholera misinformation includes

- The emergence of a new cholera strain;
- The injection of cholera-infected syringes by healthcare workers;
- Community disagreement over burial practices;
- Community skepticism over cholera vaccine efficacy.

Information Gaps

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

Measles

- Frequency of measles vaccination: what age? How many doses? How far apart?
- Vaccine side effects
- Preventive measures

Key resources

Cholera

- Viral Facts Africa Explainer: Cholera 101 [ENG](#) [FR](#)
- Viral Facts Africa Explainer: Cholera preventive measures [ENG](#) [FR](#)
- Social, behavioral and [community dynamics](#) related to the cholera outbreak in Malawi (Anthrologica)
- Social Science in Epidemics: [cholera lessons learned](#)

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 (siloes engagement).

The monitoring reports are produced using NewsWhip Analytics, Crowdtangle, Google Trends, and UNICEF Talkwalker dashboards as well as the WHO EPI-WIN weekly infodemic insight reports and the 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.