

Africa Infodemic Response Alliance

A WHO-HOSTED NETWORK



AIRA Infodemic Trends Report
30 January - 6 February 2023
(Weekly brief #58)

Top Concerns

[Multiple cholera misinformation persists in Malawi](#)

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.

[Alarming diphtheria in Nigeria](#)

A recent report by the Nigeria Centre for Disease Control (NCDC) raises attention to the diphtheria vaccination status.

[Concern around the first cases of cholera in South Africa](#)

Two cases of cholera imported to South Africa from Malawi's outbreak reveal that more concerted efforts are needed to control the outbreak.

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Key Concerns

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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 30-February 6 in Africa, as well as relevant information on current mis/disinformation.

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Malawi

Multiple cholera misinformation persists 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, including misinformation on healthcare workers spreading cholera and fear and anger in communities over the burial protocols in place.*



Engagement: 15 posts, 6602 likes, 4984 comments

Lower trust in healthcare responders

- News of attacks on healthcare workers by community members in [Lilongwe](#) and [Balaka](#) has generated a lot of conversations online and offline.
- In Lilongwe, attackers accused healthcare workers of killing a cholera patient, and in Balaka, community members believed healthcare workers were injecting cholera-infected syringes into people. Anger against health responders was also fueled by the strict burial protocols in place where the family of the deceased is excluded from the process.
- Health surveillance assistants (HSAs) report being concerned about their safety, particularly after the attacks.
- Social media users have expressed their [disapproval](#) of the attacks and blame the event on the attackers' ignorance. The sentence "ignorance is a disease" was repeated more than 40 times through online comments.

OCV vaccine information gaps

- Findings from Focus Group Discussions in Lilongwe conducted by the Malawi Red Cross highlighted concerns around the oral cholera vaccine (OCV) and questions as to why there is only one dose available when two doses are usually administered to patients.
- Those FGDs also showed a high demand for OCV, especially from communities with a high number of reported cases.

Water treatment practices

- The FGD participants have reported using chlorine provided by healthcare workers to treat water. However, upon consumption of all chlorine, they are now returning to boiling water or drinking unsafe water in the absence of affordable alternatives.

Why is it concerning?

- Information gaps about what is happening in Cholera Treatment Centers and about the OCV protocol (effectiveness of one dose VS two doses) can open the door to speculations and the spread of dis/misinformation online and offline.
- The exclusion of family members from burial rituals can further discourage people from seeking care or reporting cases.

What can we do?

- Engage community members in clarifying information: Community engagement through trusted channels (community leaders, religious leaders, HSAs, and Red Cross volunteers) can help to clarify and amplify information on safe burial practices and manage expectations regarding the role of healthcare workers and family members in the process.
- Continue to communicate about the preventive measures, symptoms, and transmission modalities.
- Improve transparency and clarity about Oral Cholera Vaccines (eligibility, availability, etc.) and share information through trusted channels in order to regain trust from community members and limit the spread of misinformation.

Nigeria

Alarming diphtheria outbreak in Nigeria

CONTEXT: The Nigerian Centre for Disease Control (NCDC) has confirmed [diphtheria](#) cases in multiple States, including Lagos, Kano, Yobe, and Osun. This highly contagious infection is particularly harmful to young children.

Engagement: 7 posts, 231 likes, 12 comments

- According to Africa Check, a non-profit [fact-checking](#) organization, the diphtheria outbreak in Nigeria shows immunization gaps since 2011.
- The number of Google searches about diphtheria was higher for the Northern states of Nigeria, especially in States where cases were reported (e.g. Kano, Yobe). “Signs and symptoms of diphtheria” was the most searched, with +700% new searches compared to the previous week (21-30 January). “Diphtheria is caused by” comes as the second most searched term in Nigeria, with +170 searches compared to the past week.



Why is it concerning?

- The covid-19 pandemic had stalled routine immunization campaigns, including diphtheria. Unvaccinated or partially vaccinated children are particularly at risk of contracting and transmitting the disease, with potentially life-threatening consequences and long-lasting health consequences.
- The current shortage of diphtheria vaccine doses in the country will negatively affect efforts to curb the transmission of the disease.
- In the absence of vaccine doses, people may turn to self-medication and alternative cures to protect themselves and delay seeking care when sick.

What can we do?

- Fill the information gaps about the symptoms and cause of diphtheria, and increase efforts to communicate about preventive measures.
- Continue to raise awareness regarding the severity of diphtheria, particularly for young children, and the importance of vaccination.
- Provide opportunities for online users to ask questions and share concerns around diagnosis, way of spreading, treatment, and vaccine administration.
- Highlight that current diphtheria vaccines exhibit strong protection against the disease and that a 3-dose primary series during infancy is the foundation for building lifelong immunity to diphtheria (source: WHO Q&A [sheet](#) on diphtheria).
- Provide opportunities for online users to ask questions and share concerns around diagnosis, way of spreading, treatment, and vaccine administration.
- Debunk misinformation about alternative treatments against diphtheria.

South Africa

Concerns about first cases of cholera in South Africa

CONTEXT: The African Minister of Health, Dr. Joe Phaahla, has called for vigilance as two laboratory-confirmed cases of cholera have been recorded. The two cases are sisters who had traveled together from Johannesburg to Malawi to attend a funeral service and returned by bus on 30 January 2023.



Engagement: 7 posts, 535 likes, 236 comments

- The recent announcement about cholera [cases](#) in South Africa left room for many narratives to emerge on social media platforms.
- Comments were monitored from multiple sources including a Facebook [post](#) by SABC news, a South African broadcasting and media production company, a [post](#) by Times LIVE, a media company that reports South African and world news, and a third [one](#) from East Coast Radio, a Durban-based radio station.
- Social media users were not surprised about the announcement as they blame electricity load-shedding for every issue they face, including the insufficient supply of safe water.
- Some users have also displayed pandemic fatigue as they are tired from updates related to COVID-19, measles, and now cholera.
- Some users fear the spread of the outbreak through porous borders. A few users referred to [Operation Dudula](#), a group that blames “South Africa's porous borders, lenient immigration practices, and the presence of migrants for many of South Africa's social issues.” Some comments below highlight the users’ thoughts on the issue:

They're going to bring all sorts of ailments from abroad. Now we have to deal with this nonsense. Operation Dudula please do something before we get finished.

How are you going to manage communicable disease now that you are partnering with operation dudula to chase out patients from your health services? They are even allowed to assault patients inside your facilities then chase them out to go get medical attention elsewhere.

Why is it concerning?

- The complaints about the porous borders are mixed with xenophobic narratives that put the blame on foreigners for this new outbreak. This could lead to attacks or discrimination against foreigners, similar to what happened during the [covid19 pandemic](#).

What can we do?

- Work with local communities to address any potential information gap and misinformation.

- Amplify accurate information on how cholera can be diagnosed, connecting users with services and providing resources in local languages.
- Share the [WHO](#) fact sheet and VFA videos ([LINK](#), [LINK](#)) as preventive materials.
- Advocate for the implementation of adapted long-term sustainable solutions to ensure the use of safe water, basic sanitation, and good hygiene practices in cholera hotspots.

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 [here](#)).

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 [here](#)).

Rumor: COVID-19 no longer exists / never existed

- Response: COVID-19 cases have declined but health authorities are warning of the potential emergence of a new Omicron subvariant (Viral Facts response [here](#))

Information Gaps

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

Cholera

- Oral Cholera Vaccine: eligibility, dosage, efficiency, availability

Diphtheria

- Symptoms, causes

Key resources

Cholera

- Viral Facst Africa Explainer: Cholera 101 [ENG FR](#)
- Viral Facst 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, 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:

