

# Africa Infodemic Response Alliance

A WHO-HOSTED NETWORK



AIRA Infodemic Trends Report  
16-23 March 2023  
(Weekly brief #64)

# Top Concerns

## [Cholera information gaps and concerns rise after cyclone Freddy](#)

Information gaps on cholera transmission, treatment, and safe burial practices as well as concerns over unavailability of safe water following floods from tropical cyclone Freddy have been monitored in Malawi.

## [Disinformation on COVID-19 origins spreads in South Africa](#)

Disinformation that targets the WHO and global health leaders has resurfaced following an interview with Dr. Maria Van Kerkhove, the WHO COVID-19 technical lead, about the origins of the pandemic.

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## Public Health Infodemic Trends in the African Region

This weekly report provides key highlights and operational recommendations based on social listening data from March 16-23 in Africa.

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## Malawi

# cholera information gaps and concerns rise after cyclone Freddy

**CONTEXT:** *Reviews of social media coverage and consultation with the Risk Communication and Community Engagement (RCCE) WHO team in Malawi, revealed multiple information gaps and concerns over the unavailability of safe water following floods from tropical cyclone Freddy. The cyclone induced torrential rains from the 11th to the 13th of March and caused floods that affected 14 districts in the southern regions of Malawi.*

**Engagement:** 9 posts, 2194 likes, 1228 comments

## Information gaps collected through the WHO RCCE team in Malawi

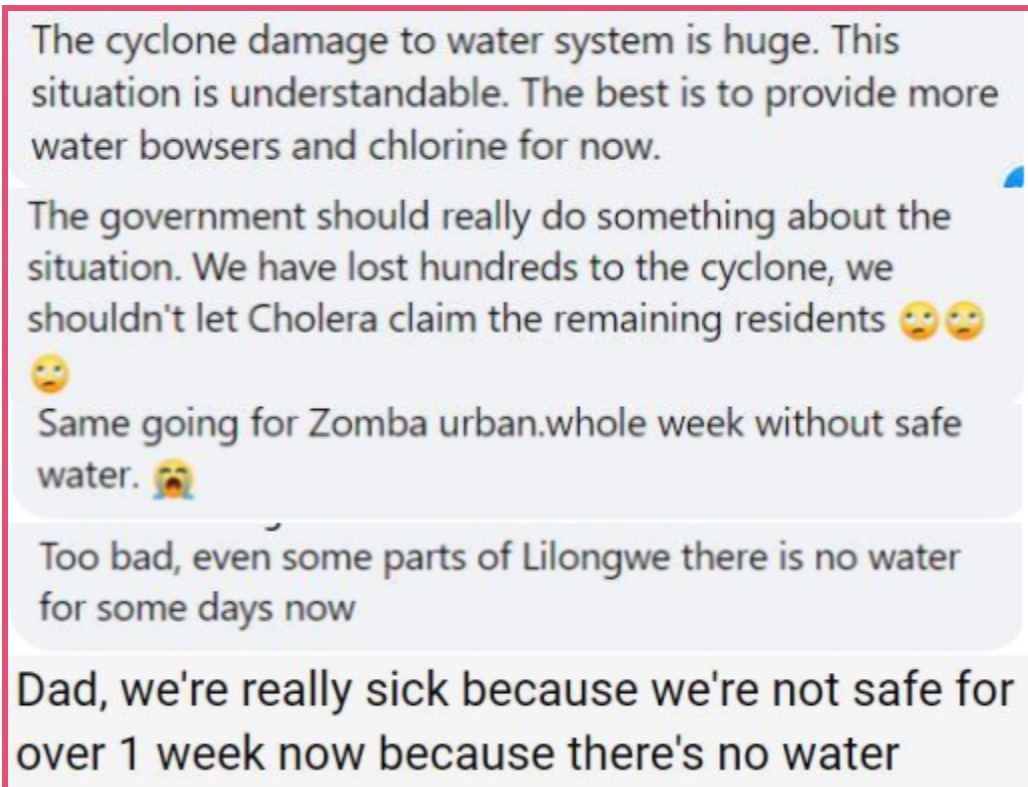
- Information gaps about cholera transmission, treatment, and safe burial practices of cholera patients (specifically pupils), have been collected by the WHO RCCE team in Malawi. The information was gathered during an orientation session for School, Health, and Nutrition (SHN) teachers, from Lilongwe district, conducted between 13 and 15 March 2023.
- Communities asked whether the bacterium vibrio cholerae remains in saltwater for a long time (taking the example of lake Chilwa) and if saltwater is conducive to the growth of the bacterium. Furthermore, communities raised questions on the duration needed to exhibit cholera symptoms after infection and whether individuals can be reinfected after successful treatment. Communities also inquired about the ways to prepare chlorine solutions with different percentages (0,05%, 0,5%;1%, and 2%), and separately, ways to support children presenting cholera symptoms at school and to ensure decent mourning practices after losing a child.

## Concern over unavailability of safe water following cyclone Freddy

- Following cyclone Freddy in Malawi, digital media outlets have reported damages that could reverse the efforts to curb the cholera outbreak in the country.
- [MIJ online](#), a Blantyre-based news agency, reported the extensive infrastructure damage and the unavailability of safe tap water in the wake of the disrupted water supplies. Online users displayed their concerns about the unavailability of

safe water in the cyclone-affected areas and started resorting to unsafe water including from makeshift wells.

- Some of the comments highlighting the users' concerns are shared below:



- [Times 360 Malawi](#), one of the most-read digital newspapers in Malawi, has also reported complaints by health surveillance assistants (HSAs) over channeling half of their allowances on cholera and COVID-19 campaigns to supporting those affected by cyclone Freddy. This could impact the motivation of healthcare workers to take part in cholera vaccination campaigns.

### Why is it concerning?

- Cyclone Freddy has caused severe infrastructure damage. Residents in affected districts lack access to safe water, sanitary and health facilities, and chlorine test kits, making them more vulnerable to cholera infection risks.
- Population displacements to camps or places without adequate water, sanitation, and health access can also increase the risk of cholera transmission.
- Old information gaps including the emergence of a new cholera strain, the injection of cholera-infected syringes by healthcare workers, community disagreement over burial practices, and community skepticism over cholera vaccine efficacy still persist in communities but new questions also appeared after the cyclone hit the country.

- Anger and frustration from the lack of remuneration for healthcare workers could significantly impact their motivation to pursue their work during the outbreak.

### What can we do?

- Amplify fact-based information about cholera [explaining](#) the cholera symptoms after being infected, and the safe and dignified burial [protocols](#) for patients affected by cholera (whether adults or children). Whenever possible, adapt the communication messages and materials to youth and children and disseminate them in the trusted channels for this audience.
- Share further communication resources such as the Viral Facts Africa social media toolkit on [cholera](#). The kit includes Q&A explainers about the cholera outbreaks in Africa, the dangers of cholera misinformation in Malawi, and an explainer on the cholera vaccine.

## South Africa

### Disinformation on COVID-19 origins spreads online

**CONTEXT:** Social media coverage of COVID-19 origins has spiked in South Africa following a WHO interview with Dr. Maria Van Kerkhove, WHO's technical lead on COVID-19, about the status of the scientific work needed to find the origins of the SARS-CoV-2 virus.

**Engagement:** 6 posts, 1959 likes, 364 comments

- The interest over time in “COVID-19 origins” has gradually increased on Google trends since March 10th with a peak recorded on March 15th, when a [video](#) about the origins of the SARS-CoV-2 virus was shared by the WHO on Facebook. “Where did it originate from” was a breakout search on google trends when searching for the term “COVID-19 origins”.
- The interview left an opening for anti-vaccination and common disinformation narratives to regain traction in South Africa. Online users who commented on Facebook posts by South African digital newspapers [[LINK](#), [LINK](#), [LINK](#)] have reintroduced conspiracy theories that target the WHO Director-General Dr. Tedros Adhanom Ghebreyesus, and directors of global health institutions. Users referred to multiple narratives including:

- Roughly 40% of users said that COVID-19 was intentionally created or released by health leaders to depopulate the world;
  - Around 22% of users referred to the lab leak hypothesis, that COVID-19 may have accidentally been leaked from a laboratory in Wuhan, China;
  - around 16% described COVID-19 as a weapon created by western leaders to develop vaccines;
  - around 22% described COVID-19 as a hoax.
- Conversations around unproven vaccines and concerns about inoculating populations with vaccines as a sole objective of the pandemic have also been monitored in the same links.
  - Some of the comments below highlight the users' eroded trust in global health leaders and the spread of disinformation narratives online:

He knows exactly how it arose. Now he pretends as if he doesn't

So all of a sudden the WHO is keen to find the origins again . Funny , that because as recently as Feb 23 they announced plans to abandon their search ... yet now it's all back on and an imperative ! Hmmm

Tedros is trying to stay relevant. 3 years ago he was so sure the Covid originated in a wet market. What has changed? Is he afraid he is being proved wrong. He thinks everyone has a short memory like him.

These Clowns at WHO must just go to their friends at the FBI who have admitted that it emanated from the lab in Wuhan

Bill Gates knows but WHO's looking for a "victim "

This virus is created by U.S.A like A.I.D.S to eliminate the world population and to enrich themselves.

#### Why is it concerning?

- Sentiments of tiredness and fatigue in perceptions and attitudes toward the COVID-19 pandemic have resurfaced.
- This will likely affect vaccination efforts for COVID-19 but also for other routine immunization campaigns in the country (including measles and cholera public health interventions in South Africa).

- COVID-19 news is still garnering a lot of engagement online, especially negative comments that include disinformation, and misinformation about COVID-19, global health leaders, institutions, and the COVID-19 vaccine.
- Conspiracy theories are an imminent threat to health and the public understanding of science and can generate a snowball effect among social media users online, especially from moderate users who are not necessarily anti-vaxers but started believing in international conspiracy theories.

### **What can we do?**

- Amplify fact-based information showing that the COVID-19 vaccine remains effective against severe disease and lowers the chances of new variants emerging. Communication resources such as the Viral Facts Africa explainer video on [COVID-19](#) vaccines' safety and effectiveness can be used.
- Share fact-checking pieces that debunk COVID-19 disinformation and provide more accurate content through the Viral Facts Africa social media toolkit on [COVID-19](#).
- Encourage users to report false information or misleading online content. WHO provides a [tutorial](#) on how to report misinformation online.

## **Trends to watch**

### **Marburg virus in Tanzania**

- Health authorities in Tanzania issued a [public notice](#) on March 21 on social media platforms stating the symptoms, and preventive measures to be adopted to mitigate the spread of the disease.
- WHO issued a [statement](#) on March 21 confirming the first-ever outbreak of the Marburg Virus in Tanzania. At the time, five deaths, three cases with symptoms, and 161 contacts had been reported.
- Marburg virus is a highly infectious and lethal disease with an average case fatality rate of around 50%, but the CFR has varied between 24% to 88%. ([WHO](#)).
- Users have shared concerns about measures to contain the spread of the disease across borders and within Tanzania.
- Information gaps were identified about diagnosis and treatment, and there is widespread confusion amongst users about the difference between ebola and Marburg diseases. [[LINK](#), [LINK](#)]

- There is a significant number of Tanzanian social media users that raised the alarm in regard to ebola, highlighting the symptoms of the affected people to be similar to those of ebola, and calling for the authorities to confirm the disease is ebola and not Marburg. [[LINK](#), [LINK](#), [LINK](#)]
- Concerns over the spread of Marburg across borders to Kenya have been identified too, as illustrated by a memo from the port health services at the Kenyan Ministry of Health reminding the staff to enhance screening measures for all passengers traveling from this region to Kenya.

## **Circulating variant poliovirus type 2 in Burundi and DRC (first ever cases following immunization with NOPV2 vaccine)**

- Health authorities in Burundi [declared](#) on Facebook on March 18 an outbreak of circulating variant poliovirus type 2 (cVDPV 2). [WHO](#) also issued an article on March 17 confirming cases in Burundi of circulating poliovirus type 2, which is the first detection in more than 30 years in that country.
- The Global Polio Eradication Initiative received a [notification](#) on March 13 about the detection of the circulating poliovirus type 2 in both Burundi and the DRC linked with the novel oral polio vaccine type 2 (nOPV2).
- The viruses were isolated from the stool samples of seven children with acute flaccid paralysis (AFP) – six in DRC (eastern Tanganyika and South Kivu provinces), one in Burundi (Bujumbura Rural province) – and from five environmental samples collected in Burundi (Bujumbura Mairie province). All reported isolates stem from two separate and new emergencies of cVDPV2 linked with nOPV2 that originated in Tanganyika and South Kivu provinces in DRC.
- International media outlets have shared epidemiological and vaccination campaign updates in both countries [[LINK](#), [LINK](#), [LINK](#)] following the WHO AFRO statement [[LINK](#)].



## **Information Gaps**

The most common questions raised by social media users this week were about:

### **Cholera**

#### **Diagnosis**

- cholera doesn't exist in "Abong Mang", Eastern Cameroon

#### **Treatment**

- Information gaps about cholera treatment in Tanzania "Kipindupindu Nipindue" means "cholera infection kills" in Swahili. Communities are not aware that there are available treatments for cholera.

### **Polio**

- Information gaps regarding the different types of polio and of variants remaining in Africa and how the different vaccines available are effective against them.

## **Key resources**

### **cholera**

- [Social media toolkit](#) with all recent Viral Facts Videos on cholera: (ENG, FR).
- cholera outbreak response [manual](#)
- The cholera application on [iOS](#) and [Android](#)
- Global Task Force on cholera control [resources](#)
- [Jingle](#) to reduce cholera spread through WhatsApp and radio (produced by the Voice of Livingstonia in Mzuzu, Malawi, supported by [Developing Radio Partners](#))
- [Social Science in Humanitarian Action Platform](#)

### **measles**

- [Social media toolkit](#) with all recent Viral Facts Videos on measles (ENG, FR).

## **Methodology**

The social media listening process relies on a combination 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.