

Africa Infodemic Response Alliance

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AIRA Infodemic Trends Report
20-27 February 2023
(Weekly brief #61)

Top Concerns

[Measles vaccine not allowed for Muslims in South Africa](#)

The Muslim community in South Africa has displayed concern on social media platforms about the use of porcine gelatin in the measles vaccine.

[Marburg disease spread threatens to cross border](#)

Cameroonian social media users have displayed information gaps about the ways to mitigate the spread of the Marburg disease should it cross borders.

[Healthcare workers harvest organs for Malawian authorities](#)

A misinformation narrative is persistent about Malawian healthcare workers harvesting the organs of patients at cholera treatment centers.

Quick Reference Guide

Top Concerns

- [Measles vaccine not allowed for Muslims in South Africa](#).....Pg. 3
- [Marburg disease spread threatens to cross border](#).....Pg. 4
- [Healthcare workers harvest organs for Malawian authorities](#).....Pg. 5

Trends to watch

- [Trend to watch: First cholera death in South Africa](#).....Pg. 5
- [Trend to watch: Lassa fever in Ghana](#).....Pg. 6

[Information Gaps](#)Pg. 6

Key resources

- [Cholera](#).....Pg. 6

[Methodology](#).....Pg. 7

Public Health Infodemic Trends in the African Region

This weekly report provides key highlights and operational recommendations based on social listening data from February 20-27 in Africa.

For more information, please contact the WHO AIRA team:

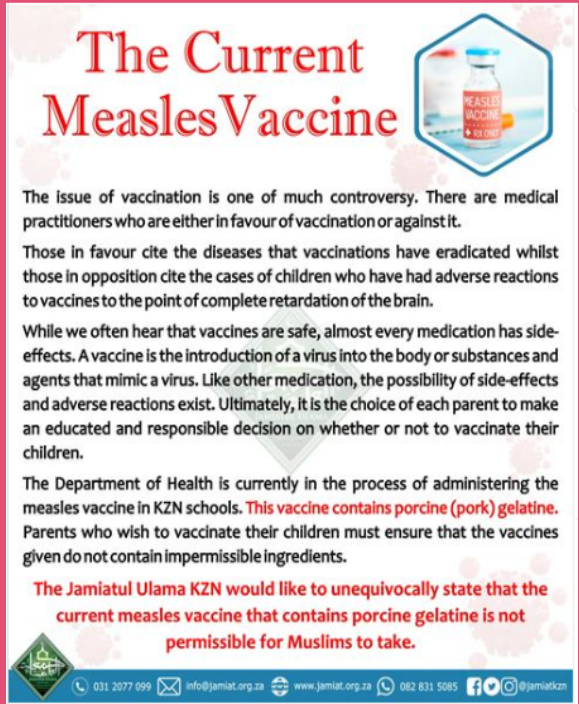
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Measles vaccine not allowed for Muslims in South Africa

CONTEXT: Reviews of social media platforms and conversations in South Africa revealed misinformation amid the current measles outbreak. Concerns by the Muslim community about porcine gelatin in the measles vaccine have been monitored.

Engagement: 4 posts, 326 likes, 25 comments

- Comments on an Instagram [post](#) on February 21st by the Council of Muslim Theologians (Jamiatul Ulama) Kwazulu-Natal in South Africa have displayed interest in a “halal” version of the current measles vaccine.
- Priorix, the only vaccine free of porcine gelatine is expensive and not available at the moment in South Africa.
- Two social media users have requested additional information about the manufacture of the currently administered vaccine, MeasBio, and evidence that the *fatwa* -a ruling on a point of Islamic law given by a recognized authority- is based upon.
- The Islamic Medical Association of South Africa (IMASA) confirmed its support for the measles routine immunization program and reiterated that other alternative vaccines can be taken under circumstances, on 24 February in a Facebook [post](#).
- IMASA also [confirmed](#) in 2017 that the “transformation of pork products into gelatin alters them sufficiently to make it permissible for observant Muslims to receive vaccines containing pork gelatin”.
- A [statement](#) from the United Ulama Council of South Africa has also rendered the use of vaccines permissible, once “cohorts of Allah-fearing Muslim physicians deem its use necessary.”



The Current Measles Vaccine

The issue of vaccination is one of much controversy. There are medical practitioners who are either in favour of vaccination or against it. Those in favour cite the diseases that vaccinations have eradicated whilst those in opposition cite the cases of children who have had adverse reactions to vaccines to the point of complete retardation of the brain.

While we often hear that vaccines are safe, almost every medication has side-effects. A vaccine is the introduction of a virus into the body or substances and agents that mimic a virus. Like other medication, the possibility of side-effects and adverse reactions exist. Ultimately, it is the choice of each parent to make an educated and responsible decision on whether or not to vaccinate their children.

The Department of Health is currently in the process of administering the measles vaccine in KZN schools. **This vaccine contains porcine (pork) gelatine.** Parents who wish to vaccinate their children must ensure that the vaccines given do not contain impermissible ingredients.

The Jamiatul Ulama KZN would like to unequivocally state that the current measles vaccine that contains porcine gelatine is not permissible for Muslims to take.

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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.
- If not addressed, the concerns around porcine ingredients in the measles vaccine may deter people from the Muslim community to get their children vaccinated and create pockets of transmission.

What can we do?

- Engage clerics to reassure the Muslim community that they can take the measles vaccine, using past statements from IMASA. .
- Create two-way communication channels between parents from the Muslim community, religious leaders, and health professionals to answer questions and address key concerns about the measles vaccine.
- Inform about the risks of not getting vaccinated and emphasize that vaccination is still the most effective way to protect against measles.
- Share data and stories about the success of the measles vaccination in preventing deaths amongst children in Muslim communities in South Africa or in other countries with a significant Muslim community.

Cameroon, Equatorial Guinea

Marburg disease spread threatens to cross border

CONTEXT: *The development of the Marburg disease spread that has landed near the Cameroonian border has led to confusion and information gaps surrounding the established protocols to mitigate the continued growth of the outbreak.*

Engagement: 350+ comments, 3,300+ engagements, 90+ shares

- The first confirmed case of Marburg disease was recorded on February 12 in the Kié-Ntem region, which is near the border of Cameroon. The traditional media coverage (web news, print, radio) has been focused on updates and information sharing on ways to adhere to preventative measures for the general population. Social media conversations have been low in the country so far.
- However, in neighboring countries, particularly Cameroon, clear and evident information gaps have emerged. Online users in Cameroon have asked for information on how to combat the spread of Marburg should it cross the border, and have stated that the information is not available and they do not know anything about the disease.

- “How is this virus working? What precautions to be taken to avoid contracting it?”
 - “What are the precautions.”

 - “There's no virus they want the overseas to give them some money as usual”
 - “Even if it does not enter Cameroon,237 officials will benefit from foreign aid as the most affected by the virus”
- Discussions also highlighted the distrust in the Cameroonian government following accusations that the COVID relief funds that were bestowed during the pandemic were misappropriated, and that the Marburg outbreak will lead to the same situation.

Why is it concerning?

- Information gaps during a disease that can spread quickly and that produces such a high mortality rate in infected individuals can drive misinformation at a high rate. Preparing individuals with accurate and thorough information *before* cases may arrive is paramount.
- Information regarding the Marburg disease is being shared is primarily based in Equatorial Guinea and is often not in the French language, which may have led to the information gaps.
- The lack of concern displayed by individuals that believe this is just a governmental attempt to garner more funding may lead to low trust in public health authorities and low compliance with public health measures. Use trusted messengers and trusted communication channels to highlight the severity of the disease and to fill the numerous information gaps identified about the cause, the preventive measures, and the treatment for Marburg.

What can we do?

- Share information on the Marburg disease quickly and often. Cyclical sharing or re-sharing of content is adequate at a time when additional information is not available in an effort to limit information gaps as much as possible. ([LINK](#), [LINK](#)).

Healthcare workers harvest organs for Malawian authorities

- According to community dialogues conducted by health responders, rumors that healthcare workers in Malawi harvest organs when they clean and prepare the bodies of cholera patients in Cholera Treatment Centres (CTC) before they are buried are prevalent. The rumors were spread mostly by relatives of people who died from cholera at healthcare facilities.
- These claims suggest that healthcare workers harvest organs for the local authorities to sell each organ for 5 million Malawian Kwacha.



□ A prominent Malawian newspaper, The Sunday Times, headlined its front page with “Pain from Hospitals.” The article states that individuals have returned home from Cholera Treatment Centers with “more injuries that make their lives even worse”.

□ The newspaper highlighted the mistrust that individuals have developed toward health authorities and healthcare workers when seeking medical treatment at healthcare facilities and at cholera treatment centers, in particular.

- A radio show from Zodiak radio station, one of the most popular radio stations in Malawi shared: "Some cholera patients believe in the institution of medical care, while others hide signs and symptoms when they visit hospitals for fear of being diagnosed with cholera and are admitted into cholera camps."

Why is it concerning?

- The misinformation narrative can incite fear and low trust in healthcare workers among citizens who are already hesitant to report to Cholera Treatment Centers when showing cholera symptoms. Delaying care can have dire consequences on the chances of survival for cholera patients and also on the transmission rate in communities.

What can we do?

- Support efforts to improve the quality of care at the health facilities, including training healthcare workers to communicate with patients and their families about the cholera treatment protocol, the nature and purpose of the medicine given, and about the dignified management of bodies of the deceased.
- While safe burials are very important to stop the transmission rate, seek ways to keep the families informed and safely involved in the last rites. The fact that families do not see what happens to the bodies of their loved ones after they die of cholera can further fuel rumors such as health care workers harvesting organs.
- WHO Cholera [fact sheet](#) can be used as a reference.

Trends to watch

First Cholera death in South Africa

- eNCA, a South African TV news broadcaster [confirmed](#) on 23 February the first cholera death in Benoni. The Minister of Health Joe Phaahla said that the number of laboratory-confirmed cases has risen to five.
- Based on social media monitoring in South Africa, social media users were not surprised by the news because of the lack of access to water and sanitation, and electricity due to the load-shedding situation.
- Users are blaming structural problems which prevent them from adhering to preventive measures.

Lassa Fever in Ghana

- Over the past 7 days, the number of Google searches about the “Lassa fever - disease” was high in Ghana where two cases were confirmed by the [Ministry of Health](#) on 27 February.
- Greater Accra region has recorded the highest interest among all regions, as both confirmed cases reside in Accra. “Lassa mammarenavirus -Virus” was among the most searched topics.
- Lassa fever is a viral hemorrhagic illness known to be endemic in Ghana. Among patients who are hospitalized with severe clinical presentation of Lassa fever, case fatality is estimated at around 15%. About 80% of people infected with the Lassa virus have no symptoms. ([WHO](#))

- Based on social media coverage in Ghana, social media users think that news about Lassa fever is a medium for authorities to claim more funds from international donors. A small percentage of users have displayed information gaps about the spread of the disease and its symptoms.

Information Gaps

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

Cholera

- Cholera ways of treatment
- Is Cholera endemic in South Africa?
- Ages of cholera patients
- Cholera treatment centers procedures

Marburg

- Information gaps about ways to mitigate the spread of the disease

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.