Top concern

Challenges for refugees and returnees in South Sudan and Chad

Measles spreads among returnees and refugees in South Sudan and Chad who also lack access to essential services such as healthcare, nutrition, access to clean water and sanitation infrastructure.

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Health Infodemic Trends in the African Region

This weekly report provides key highlights and operational recommendations based on social listening data from August 15-22 in Africa.

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Challenges for refugees and returnees in South Sudan and Chad

South Sudan

☐ Juba echo TV, an online media website based in South Sudan boasting 11k followers on its Facebook page, shared an article by MSF about the situation of refugees and returnees to South Sudan.

☐ The article highlights “a concerning rise in measles and malnutrition cases in the organization’s facilities in South Sudan, particularly amongst returnees fleeing conflict from Sudan and host communities”.

☐ The article also emphasized that the high influx of people requires continuous measles vaccination campaigns to intercept new arrivals that might have missed their routine immunization.

☐ An article published by Dar24, an online media agency registered with the Tanzania Communication Regulatory Authority, highlighted on August 17th that if children in South Sudan under the age of five fail to receive adequate nutrition, essential for bolstering their immune defenses against measles, the situation is poised to deteriorate further.

Chad

☐ Chad currently shelters around 50% of people displaced by the crisis, and this number continues to increase steadily every day. The map done by REACH below shows the projected number of Internally Displaced People and refugees in Chad to be 239,218 people by the end of September 2023.
According to the health sector weekly situation report №006 (August 10, 2023) about Chad published on relief web, the incidence rate of admissions for children afflicted by severe acute malnutrition (SAM) is progressively escalating.

The ambulatory or therapeutic nutritional units (UNA/UNT) are grappling with “overwhelming demand as they admit SAM-affected children along with associated complications such as measles, pneumonia, malaria, and more.”

On August 15th, Médecins Sans Frontières (MSF) also shared a video on its Facebook page, to shed light on the inadequate conditions within the camps in Chad including a lack of access to safe water, shelter and latrines for those seeking refuge.

Why is it concerning?

- Due to returnees residing closely in overcrowded transit centers and traveling in large groups aboard packed trucks or boats, the potential for disease transmission is alarming.

- According to the Republic of South Sudan's Weekly Situation Update on the Measles Outbreak and Response, the most vulnerable group are children under four years of age, accounting for 67.3% of the reported cases. Less than 20% of children between 0-11 months and less than 22% of children between 1-4 years have received any measles vaccination.
What can we do?

☐ Share IEC material on measles, malnutrition and cholera in hotspot locations to improve knowledge on how measles spread and what are the symptoms as well as preventive measures to adopt.

☐ Ensure continuous communication with local communities to increase trust in the safety and effectiveness of the measles vaccine.

Persistent trends

COVID-19 conversations about variants EG.5 and BA.2.86 reignite misinformation and conspiracy theories

☐ The discussions surrounding COVID-19 continue to draw significant engagement from online users and online media agencies. During 15-22 August, we monitored 40 social media posts from Facebook, X and TikTok, of which the majority originated from Nigerian, Kenyan and South African news media outlets.

☐ It’s important to note that these countries are particularly engaged with news due to high digital connectivity and high social media consumption of news. In previous AIRA reports #71 #74, South African, Nigerian and Kenyan users have driven regional narratives related to COVID-19 conspiracy theories and online misinformation.

Level of public interest about covid19 from 15 to 22 of August (source: Newship)

☐ According to the National Institute of Communicable Diseases in South Africa, one sequence of EG.5.2.3 lineage, recently added to the list of circulating variants of interest (VOIs) by the WHO, has been detected in Gauteng.
The discussion encompassed various themes as online users shared their views on:

1. Persistent manifestations of pandemic-induced fatigue,
2. Uncertainty surrounding the ongoing existence of the COVID-19 pandemic,
3. Expressions of skepticism regarding vaccines,

Discussions surrounding the COVID-19 variant of interest EG. 5 have triggered a surge in misinformation and conspiracy theories (including COVID-19 as a bioweapon creation, Bill Gates and the vaccine agenda, COVID-19 as a new form of colonization, COVID-19 as a depopulation tool) particularly within South Africa.

Users who commented on the post of Jacaranda 94.2, an independent radio station boasting over 442k followers on its Facebook page, expressed sentiments of vaccine hesitancy. Some comments are found below.

“Just no! Not again. This COVID thing ruined my first pregnancy, not again 😞😞😞

Here we go again, and WHO says this ERIS is a matter of interest. No more vacs for me thanks but then let me please walk around in crowdsc with my mask on and carry sanitizer. But get ostracized for it.

Mmmmm... Like the previous one? ANC must stop controlling us 😞😞😞

Citizen TV Kenya highlighted “a highly mutated new variant of the virus” in a post on Facebook. The post referred to BA.2.86, added as a variant under monitoring by the WHO based on the large number of mutations identified. Among the comments, two online users expressed the belief that an excessive administration of vaccines could potentially contribute to the mutation of the virus.
The frequent emergence of new variants could prompt skepticism about the actual need and efficacy of additional Covid-19 vaccine booster doses.

**Cholera outbreak in Cameroon**

- In a Facebook post, the Ministry of Public Health in Cameroon shed light on challenges about adherence to hygiene regulations in the battle against cholera.

- In the post, the Ministry mentioned that the Center for Coordination of Public Health Emergency Operations (CCOUSP) unveiled the outcomes of a comprehensive study probing individuals' behaviors in response to the cholera outbreak.

- In the study, it has been noted that the populations are aware of the existence of the disease, alongside an understanding of the preventive measures necessary to evade it. **However, “they are influenced by socio-cultural constraints”**. In addition, the “**lack of means and the difficult access to healthcare facilities**”, constrict the potency of the battle against the epidemic.

- A post by N’Zui Manto Officiel, a social media influencer with 270k followers on Facebook, criticizes water pollution and poor water treatment that expose women and children to cholera in Mabanda, Yaounde.

- Specifically, it involves the consumption of residual oil that has been expelled into water currents. This oil, initially intended for soap-making, is obtained from mud and waste. Furthermore, he highlighted its eventual circulation in the market for resale, posing potential health risks for children and women. Below are some concerns from social media users who commented on the post.
Although there is no scientific evidence confirming the link between the oil residues in the water currents and cholera in Mabanda, the numerous comments on this post show a high level of dissatisfaction with local authorities’ response to protect its people from health diseases.

Trend to watch

Chikungunya in Senegal

A statement issued by the Senegalese press agency on August 17th highlighted the measures taken by the Ministry of Health and Social Action to mitigate the spread of Chikungunya fever. The disease has emerged in the Kédougou region of southeastern Senegal.

According to the statement, medical authorities in the Kédougou region, have recently documented a total of 45 confirmed cases of Chikungunya, with no official reports of any fatalities associated with the outbreak.

Dr. Mamadou Ndiaye, the director of prevention at the Ministry of Health and Social Action, emphasized that immediate measures are underway to curtail the virus' propagation. He also stated that the Ministry of Health's investigative unit is collaborating closely with the Kédougou medical region and technical partners including the WHO and the Pasteur Institute. “All actors are actively engaged in on-site assessments to gauge the potential risks and ascertain the full scope of the disease.”

An online user inquired about the symptoms of Chikungunya on a Facebook post by Metrodakar, an online news agency with 1M followers. Below is his comment translated from french:
Online users commenting on the Facebook post of Walfadjri, a Senegalese news personality boasting 579k followers, expressed their curiosity regarding the sudden emergence of 44 cases, seeking insights into the nature of the disease. Below are their comments translated from French:

There must be 1,2,3,......but 44 all at once?
What is that

According to WHO’s fact sheet on Chikungunya, it is a mosquito-borne viral disease caused by the chikungunya virus (CHIKV). The name chikungunya derives from a word in the Kimakonde language, meaning “to become contorted”. Dengue and Zika have similar symptoms to chikungunya, making chikungunya easy to misdiagnose.

Key resources

COVID-19

- [WHO](https://www.who.int), Coronavirus disease (COVID-19) Weekly Epidemiological Updates and Monthly Operational Updates
- [WHO](https://www.who.int), Tracking SARS-CoV-2 variants
- [WHO](https://www.who.int), Standing recommendations for COVID-19 issued by the Director-General of the World Health Organization (WHO) in accordance with the International Health Regulations (2005) (IHR)
- [WHO](https://www.who.int), Coronavirus disease (COVID-19): Virus evolution
- [VFA](https://www.who.int), COVID-19 social media toolkit
- [WHO](https://www.who.int), SARS COV2 variant EG.5: Initial Risk Evaluation
**Cholera**
- [WHO](https://www.who.int), Multi-country outbreak of cholera, External situation report #5
- [WHO](https://www.who.int), cholera outbreaks, W&A
- [WHO](https://www.who.int), Cholera fact sheet
- [VFA](https://www.vfa.org), cholera social media toolkit

**Measles**
- [WHO](https://www.who.int), Measles fact sheet
- [VFA](https://www.vfa.org), Measles social media toolkit
- [SSHAP](https://www.sshap.org), Social Science in Humanitarian Action Platform, Crisis in Sudan: Briefing Note on displacement from Sudan to South Sudan

**Chikungunya**
- [WHO](https://www.who.int), Chikungunya fact sheet
- [WHO](https://www.who.int), Chikungunya overview

**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 (silod 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.