Africa Infodemic Response Alliance

A WHO-HOSTED NETWORK

AIRA Infodemic Trends Report

14-21 November 2023

(Weekly brief #97)
Top concerns

Severe cholera outbreak in Zimbabwe

Zimbabwe is facing a severe cholera outbreak. The persistence of cholera in the country points out challenges in water and sanitation infrastructure and services, high risk hygiene and social practices.

Dengue in Burkina Faso and Cape Verde

Discussions surrounding dengue underscore a notable level of trust in the efforts of local authorities to curb its spread. In Cape Verde, where dengue cases have resurfaced after the last recorded instance in 2017, conversations are shedding light on concerns about insufficient sanitary conditions.

Reference Guide

Severe cholera outbreak in Zimbabwe ................................................................. Pg. 3
Dengue in Burkina Faso and Cape Verde ........................................................... Pg. 5

Persistent trend

Anthrax outbreak in Zambia ............................................................................. Pg. 7

Key resources

Cholera ................................................................................................................. Pg. 7
Dengue ................................................................................................................ Pg. 8
Anthrax ................................................................................................................. Pg. 8

Methodology ........................................................................................................ Pg. 8

Public Health Infodemic Trends in the African Region
This weekly report provides key highlights and operational recommendations based on social listening data from November 14-21 in Africa.
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Severe cholera outbreak in Zimbabwe

Engagement: 17 posts, 5131 likes, 1089 comments

Social media commentary and situation at a glance

- Online users voiced their complaints over the inadequate access to safe water and garbage piling in Harare. Below are a few comments:

- Kwayedza Zimpapers is Zimbabwe's premier Shona weekly newspaper with 411,000 followers. On 19 November, it shared an article highlighting how residents of Matapi, Mbare, Harare “cook and sell food in inappropriate locations”. In response, online users pointed out that people are driven by the need to make a living. They emphasised that it falls under the responsibility of the local authorities to “ensure access to clean and safe drinking water in every household, both in urban and rural areas”.

- Among 17 articles covering cholera in Zimbabwe, Zimbabwean TV journalist Hopewell Chin'ono's posts, with 679.1k followers, contributed 6. Social listening reveals key themes. These include distrust in local authorities, a clamour for the closure of borders and the lack of access to infrastructure to ensure adequate water and sanitation coverage as key barriers to stop the spread of cholera in the country.
Why is it concerning?

- Cholera is endemic in Zimbabwe and displays a seasonal pattern which correlates with the rainy season. However, WHO warns that the risk of waterborne diseases is increasing with climate change, and limits access to clean water and sanitation which create an ideal environment for cholera to thrive.
- According to the International Federation of Red Cross and Red Crescent Societies, there are multiple risk factors that exacerbate the outbreak:
  1. The outbreak places immense strain on Zimbabwe's healthcare system. The surge in cases has resulted in elevated morbidity and mortality rates.
  2. Communities in parts of Harare, Mutare, and Buhera are the "most at-risk communities due to poor hygiene practices, religious practices, and lower levels of knowledge and awareness."
  3. While Zimbabwe has experienced cholera outbreaks before, the current situation is unusual as it has extended beyond the dry season into the ongoing rainy season.
  4. There are concerns about a recurrence of the 2008 cholera outbreak, which triggered a "national emergency". Zimbabwe experienced a severe cholera epidemic, reporting over 90,000 cases across 60 out of 62 districts, leading to approximately 4,300 fatalities.
- Journalist Hopewell Chin'ono garnered the attention of 2 million viewers through his posts on cholera. He previously amplified news about a mumps outbreak in Harare (AIRA report 83).

What can we do?

- Leveraging journalists to be part of the fight against cholera can be beneficial. This can be done through media sensitization workshops on cholera, aimed at building journalists' capacity to articulate and simplify complex health information into engaging news stories.
- The Zimbabwe multi-sectoral cholera elimination plan 2018 - 2028 includes preparedness and emergency response objectives to combat the spread of disease. These include strategic objectives for advocacy and community empowerment such as:
  - "Engage communities to increase preventive behaviour including improved personal hygiene, solid waste management, household water treatment and handling, and food hygiene and safety practices."
- “Develop relevant materials in collaboration with the community for distribution to the community (e.g. information, education and communication on cholera symptoms, how to report cholera cases, where the treatment facilities are located, safe burial practices.”

☐ Continue to engage with communities and conduct social listening to monitor if there are changes in the discourse online and offline and address concerns as soon as they arise.

**Burkina Faso, Cape Verde**

**Dengue in Burkina Faso and Cape Verde**

Engagement: 31 posts, 11K likes, 477 comments

**Social media commentary and situation at a glance**

**Burkina Faso**

☐ A total of eight online news agencies in Burkina Faso disseminated 23 social media posts to update the public on dengue response measures.

☐ These included free rapid diagnostic tests, and the technical support of a Russian delegation in fighting dengue. Additionally, the release of drones to identify stagnant water and spray larvicide in dengue-affected areas.

☐ Social listening in Burkina Faso highlighted positive and negative sentiments from online users. 55% of total comments were positive. We observed some comments echoing trust in local authorities' efforts on Facebook posts by Le Faso.net and Burkina 24.

☐ Online users also commented that some individuals resort to self-medication due to financial constraints, the inability to reach hospitals, and delayed hospital visits. Others displayed their concern about the release of genetically modified (GM) mosquitoes, believed by some to be the cause of the dengue epidemic. Some online users also requested more sensitization efforts to be implemented.

**Cape Verde**

☐ On 8 November, the Ministry of Health in Cape Verde reported three suspected cases of dengue fever notified by Dr. Agostinho Neto Hospital on 3 November.

☐ "A Nação Jornal Independente" and "Redação Record CV" each published two Facebook posts discussing the dengue cases in the country.

☐ The majority of commentators emphasised how coordinated efforts across individuals (including cleaning the house and its surroundings) can fight the spread of disease.
Online users raised concerns by commenting on the inadequate sanitation conditions in Praia, the capital.

Why is it concerning?
- The last dengue outbreak in Cape Verde was recorded in 2017. According to the WHO dengue and severe dengue fact sheet, “the disease risks may change and shift with climate change in tropical and subtropical areas, and vectors might adapt to the new environment and climate.” Changes in climate and environmental conditions, mosquito populations, or other epidemiological factors can influence the prevalence of vector-borne diseases like dengue.
- Displayed trust in local authorities’ handling of the outbreak in Burkina Faso is visible. Higher trust in local authorities can lead to decreased susceptibility to misinformation.

What can we do?
- Amplify through trusted and most visited channels in Cape Verde prevention and control measures highlighted in the WHO fact sheet on dengue and severe dengue, to mitigate the risk of getting dengue from mosquito bites.
- Continuously providing updates through the social media platforms of local authorities can be advantageous. It may consolidate future pro-vaccine engagement from communities if needed.
- Advocate for an explainer about the release of GM mosquitoes through a two-way communication between scientists and the general public. This might foster an understanding of scientific findings and prevent further speculations about the topic.

Persistent trend
Zambia

Anthrax outbreak in Zambia
- Diamond TV Zambia has reported an escalation in human anthrax cases in Livingstone, reaching a total of nine cases. Despite the implementation of reported surveillance measures, a correspondent noted that there is still reluctance to accept a change in community behaviour. Furthermore, the reporter added that there are many information gaps about anthrax among community members.
Another report by Diamond TV Zambia highlighted how “livestock and meat businesses remain crippled across the country due to anthrax disease”. In specific districts, fish traders report a thriving business as a significant number of individuals have opted for fish as a substitute for meat. This was amplified as well by the president of the Zambia Association of Manufactures in an interview.

Neighbouring countries including Botswana and Malawi have activated their surveillance mechanism to detect any suspected cases of anthrax following the outbreak in Zambia.

Key resources

**Cholera**
- [WHO](https://www.who.int), cholera outbreaks, Q&A
- [VFA](https://www.vfa.org), cholera social media toolkit
- [Global Task Force on Cholera Control](https://www.choleracontrol.org), clarifying rumours and community concerns.
- [SSHAP](https://www.shapinghealth.org), key considerations: socio behavioural insight for community- centred cholera preparedness and response in Mozambique, 2023
- [SSHAP](https://www.shapinghealth.org), social, behavioural and community dynamics related to the cholera outbreak in Malawi, 2022

**Anthrax**
- [WHO](https://www.who.int), anthrax, Q&A
- [CDC](https://www.cdc.gov), anthrax in Zambia
- [WHO](https://www.who.int), Guidelines for the surveillance and control of anthrax in humans and animals

**Dengue**
- [WHO](https://www.who.int), dengue, fact sheet
- [WHO](https://www.who.int), guidelines for prevention and control of chikungunya fever

**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 (siloed 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.