Top concerns

**Mpx outbreak in South Africa highlights information voids and an urgent need for information about the disease amidst intensified attention on Mpx**

Social media commentary about the current Mpx outbreak in South Africa highlights more awareness about the disease and biases that reveal COVID-19 conspiracies amidst attention about the outbreak.

**Nigerian online users express concern about inaccessibility to improved drinking water sources and sanitation facilities and warn of drinking popular tigernut drink**

The current cholera outbreak is primarily due to the intensified rainy season, which has significantly worsened the spread of the disease. Children under 5 years old are mostly affected by the outbreak.

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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 10-17 June 2024 in Africa.

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Mpox outbreak in South Africa highlights information voids and an urgent need for information about the disease amidst intensified attention on Mpox

Engagement: 32 posts, 2131 likes, 602 comments

- The Department of Health in South Africa reported on 14 June seven mpx positive cases and that “patients are living with chronic illness such as HIV, which suggests a high probability of being immunocompromised unless adherent to prescribed treatment”.

- A surge in online media interest on 14 June indicates significant attention to online news posts about Mpx, to inform online users about relevant health information. Below is a screenshot of Crowdtangle’s media monitoring on mpx from 10 to 17 June in South Africa.

![Crowdtangle media monitoring](image)

- The onset of the Mpx outbreak has heightened concerns about the disease among South African online users. They are seeking information about its treatment and the nature of the disease, leading to discussions encompassing a wide range of topics: fear of vaccines, and lockdown measures, with mentions of COVID-19, references to local authorities’ handling of the outbreak, and conspiracy theories. Below are some comments across a wide range of monitored posts [LINK, LINK, LINK, LINK]
Why is it concerning?

- According to the Bhekisisa Mpox outbreak podcast, Dr. Jacqueline Weyer, the Principal Medical Scientist at the Center for Emerging and Zoonotic Diseases at the National Institute for Communicable Diseases (NICD) reported that the current outbreak includes severe cases of Mpox, which is unusual. The patients live with chronic illness such as HIV, and are immunocompromised.

Dr. Weyer further explained that the smallpox vaccination campaign, which occurred prior to 1980, has provided some protection against Mpox because the smallpox virus is closely related to the Mpox virus. The population group most affected by the current outbreak consists of those who did not receive the smallpox vaccine.

- During infectious diseases outbreaks, the public needs to be able to access reliable information that fulfills their needs to engage in protective health behaviors. The Planned Risk Information Seeking Model (PRISM) published by LeeAnn Kahlor, an international expert in health and environmental risk communication with an emphasis on information seeking and avoiding, proposes several factors that shape information-seeking intentions including perceived knowledge insufficiency about the disease. The graph below (extracted from NewsWhip) indicates that online users show increased interest in Mpox when online media agencies give it significant attention. This heightened interest triggers information-seeking behavior among users.
The impact of unconscious biases in online users’ commentary is visible through mentions of conspiracy theories about COVID-19 and misinformation that the outbreak affects MSM community members. According to a recent study titled, *The impact of biases on health disinformation research*¹ “Disinformation can lead to so-called systematic error, which occurs when citizens select or favor certain responses over others. This is when cognitive biases appear: shortcuts taken by the brain when it processes information. These shortcuts can hinder decision making and generate irrational and incorrect behavior”.

What can we do?

- To enhance public understanding about Mpox, news media agencies can include scientific references in their Facebook and X posts. By providing links to credible sources, particularly from local health authorities and trusted health figures, these posts can offer online users easy access to accurate and comprehensive information about Mpox.
- Health authorities should address fears and concerns the population might have around specific interventions, public health and social measures (PHSM) that may be implemented in response to mpox.
- Maintain social listening practices through online monitoring and offline discussions to better understand community questions, confusion, information seeking, or intensified attention for Mpox.

**Nigeria**

Nigerian online users express concern about inaccessibility of improved drinking water sources and sanitation facilities and warn of drinking popular tigernut drink

Engagement: 143 posts, 6118 likes, comments

- The *Nigeria Centre for Disease Control and Prevention* has alerted the public to the rising trend of cholera cases across the country, exacerbated by the intensifying rainy season.
- Below is a graph extracted from CrowdTangle, a public insights tool from Meta, showing the number of posts and interactions about cholera in Nigeria during the monitored week.

A Facebook post by YabaLeftOnline, a popular Nigerian entertainment and news website, with 5.7M followers, has received the highest number of interactions and comments from online users. They warn about the use of the tigernut drink known locally in Nigeria as "Kunnu Aya," a popular traditional beverage made from tiger nuts as some users claim that people who fell ill and later passed away had consumed tigernut drink. They also share their anxiety about the cholera outbreak, and propose herbal remedies such as boiled herbal neem leaves. Below are some comments:

Instablog9ja, a popular blogger's Facebook page, shared a post that garnered significant interactions. Twenty online users voiced concerns about the lack of access to safe water, predominantly in Lagos, below are some comments:
Why is it concerning?

According to the Cholera Situation Report 5 Epidemiological week 18 - 22: (29 April 2024 - 2 June 2024), “as of 2nd June 2024, a total of 882 suspected cases including 16 deaths (CFR 1.9%) have been reported from 30 states. Of the suspected cases since the beginning of the year, age groups <5 years are mostly affected, followed by the age groups 5 - 14 years in aggregate of both males and females. Bayelsa (442 cases) accounts for 50.0% of all suspected cases in the country of the 30 States that have reported cases of cholera”

Figure 2: Trends in Case Fatality Ratio (CFR), Epi weeks 1 – 22, 2024, Nigeria
According to UNICEF in Nigeria, the use of contaminated drinking water and poor sanitation conditions significantly heightens susceptibility to water-borne diseases. Currently, only 26.5% of the population has access to improved drinking water sources and sanitation facilities, with 22% still practicing open defecation.

**What can we do?**

- Implement robust communication strategies to intensify engagement on food safety, locally made drinks, contaminants, handwashing practices, and general information about cholera especially in areas where the case fatality ratio (CFR) is the highest.
- Local community centers, places of worship, and gathering spots in Bayelsa, the state most affected by the cholera outbreak can disseminate information about cholera prevention and hygiene practices. Training local leaders, youths and volunteers to spread awareness and educate families about cholera prevention, focusing on the importance of clean water and sanitation is essential.
- Sharing valuable information among youths, and parents can be beneficial especially that children are the most impacted by the outbreak. Suspected cases of cholera can be reported through emergency hotlines: 08023169485, 08137412348, or by dialing helplines 767 or 112.

**Trends to watch**

High distrust in Ugandan authorities after detection of polio cases in Mbale city, Kenyan media outlet highlights vigilance after cross border polio cases from Somalia in Kenya

**Engagement: Uganda** 7 posts, 461 likes, 64 comments

- NTV Uganda, a prominent Ugandan media outlet shared on 16 June a Facebook post reporting a polio outbreak in Mbale city, in Eastern Uganda, near the Kenyan border.
- 50% of comments portray a high distrust in local health authorities with mentions of alleged vaccination experiences that led to an adverse event following immunization such as blindness and death. Below are some comments:
The Ugandan authorities have declared a polio outbreak, citing test results from the Uganda Virus Research Institute. The tests revealed that “the virus is genetically linked to a circulating vaccine-derived poliovirus type 2 (cVDPV2) previously detected in Kenya's Garissa province, which originated from Somalia.” “The last importation in Uganda was in August 2021 of cVDPV2 in Kampala capital city authority that was linked to a strain in Sudan”.

Kenya: 4 posts, 387 likes, 19 comments
- Citizen TV reported that health officials from Kenya and Somalia discussed strategies to combat cross-border diseases including increasing surveillance along the border and routine immunization in both countries.
- The head of surveillance at the Kenyan Ministry of Health Hillary Limo emphasized that strategies will reach zero dose children and focus on close partnerships with local and international partners.

Vaccine-related misinformation fuelled by regional politics undermines the reliability of R21/Matrix-M malaria vaccines in the Democratic Republic of Congo (DRC)
- After the delivery of R21/Matrix-M doses to Democratic Republic of Congo (DRC) on 13 June, the social listening team in the DRC came across a video (transcript in French) and a press release circulating in WhatsApp channels.
- In the video, a member of the National Council of Congolese Resistance, claims that the malaria vaccines are manufactured in Rwanda, which is false, and voices her opposition to the delivery of vaccines to the Democratic Republic of Congo.
The politician's speech indirectly undermines the reliability of the malaria vaccines due to the comments around their origin and their supposed reliability. The speech is also heavily influenced by the political tensions between the DRC and Rwanda.

**Here are the facts:** The R21/Matrix-M vaccine is manufactured by the Serum Institute of India, SII, which is located in India. There is no malaria vaccine production on the African Continent at this time.

UNICEF secures and delivers the international supply of malaria vaccines that are delivered following the WHO recommendation for malaria vaccines (RTS,S and R21) in October 2023.

The *Malaria Vaccines: Question and Answers on Supply, Price and Market Shaping by UNICEF's Supply Division* provides general information on malaria vaccine supply, price, and the ongoing market shaping efforts to complement information that is publicly available on programmatic elements and Gavi application requirements:

“**Two malaria vaccines are currently WHO prequalified and recommended for use to prevent P. falciparum malaria in young children, the RTS,S/AS01 vaccine, currently manufactured by GlaxoSmithKline (GSK), and the R21/Matrix-M vaccine, manufactured by Serum Institute of India Pvt (SII).**”

**Key resources**

**Cholera**
- [WHO](https://www.who.int): Cholera fact sheets (English)
- [WHO Infographics](https://www.who.int): Cholera (English)
- [WHO Infographics](https://www.who.int): Kits Cholera
- [VFA](https://www.who.int): Preventive measures against cholera
- [Global Task Force on Cholera Control](https://www.who.int): About cholera
- [BBC](https://www.bbc.com): Cholera epidemic in Zambia
- [WHO](https://www.who.int): Cholera epidemics, Q&A

**Mpox**
- [VFA](https://www.who.int): Mpox social media toolkit
- [WHO](https://www.who.int): Mpox fact sheet
- [WHO](https://www.who.int): Mpox Q&A
- [WHO](https://www.who.int): Risk communication and community engagement readiness and response toolkit mpox
Malaria

- WHO, Q&A on malaria vaccines (RTS,S and R21) (English and French)
- WHO Infographic: the RTS,S Malaria Vaccine (English)
- WHO Infographic: the RTS,S Malaria Vaccine (French)
- UNICEF, Malaria Vaccines: Question and Answers on Supply, Price and Market Shaping by UNICEF's Supply Division
- WHO, annual world malaria report 2023
- VFA, malaria social media toolkit
- Gavi, briefing on start of routine malaria vaccinations in Africa 19 January
- WHO, Malaria: The malaria vaccine implementation programme (MVIP)
- The United States President’s Malaria Initiative, in partnership with Breakthrough ACTION, Malaria SBC toolkit for community and faith leaders
- WHO, new vaccine introduction Checklist for planning communication and advocacy
- WHO, a field guide to qualitative research for new vaccine introduction: step-by-step instructions to help immunization programmes understand their target audiences before communicating about the introduction of a new vaccine

Methodology

The social media listening process relies on a combination of social media analyses conducted for French, English and Lusophone-speaking countries.

The shift from a social media listening and monitoring conducted by only one person for the entire African region, to a combined one based on 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.