Africa Infodemic Response Alliance

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AIRA Infodemic Trends Report
22-29 July 2024
Weekly brief #129
Top concern

Confirmation of mpox cases in Burundi and Rwanda triggers questions about the disease, its symptoms and treatment.

A surging outbreak of mpox across countries neighboring the democratic republic of congo highlights the risk of cross border transmission and the increase of human-to-human transmission of Mpox

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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 22-29 July 2024 in Africa.
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Confirmation of mpox cases in Burundi and Rwanda triggers questions about the disease, its symptoms and treatment.

Engagement: 17 posts, 2059 likes, 303 comments

Rwanda

- In the analysis of social media posts regarding Mpx, Rwandan online media agencies highlighted key concerns and advice about the disease outbreak.
- Online users who commented on IGHE, a Kigali-based news and media agency, reported fear of touching individuals infected with Mpx, reflecting anxiety over potential transmission through casual contact.
- Umuseke is another Rwandese media company that focuses on social, entrepreneurship, educative, peacemaking news. Online commentary featured some users asking questions around symptoms, travel guidance (to DRC), while others shared guidance on Mpx prevention, emphasizing the importance of avoiding unnecessary travel, refraining from kissing and sexual contact outside of marriage, and maintaining frequent hand washing.
- Online users were also concerned about the perceived dangers of Mpx and had questions about its symptoms, treatment, and potential cure.

Burundi

- Online commentary on BBC News Gahuza (Gahuza language is made up of Kinyarwanda and Kirundi, the official languages of Rwanda and Burundi respectively) indicated numerous public inquiries about Mpx symptoms and challenges in maintaining proper hygiene.
- Similarly, a comment on Burundian radio Radio-Télévision Isanganiro RTI's Facebook post suggests anti-western narratives including that Mpx was introduced by white people, alongside concerns about clean water availability and questions about the nature of the disease.
- Additionally, an online user raised questions about the modes of Mpx transmission on the post of Yann Santanna, a Burundian journalist.

Why is it concerning?

- The ministries of health in Burundi and Rwanda have both declared the outbreak and disseminated preventive measures as well as symptoms of the
disease [LINK, LINK]. According to the Mpox situation in Africa report by Africa CDC, on 25 July 2024, the Rwandan ministry of health reported two confirmed cases of mpox in the Gasabo and Rusizi districts. Both cases have travel history to the DRC. This is the first outbreak of mpox reported in Rwanda. Sequencing results revealed mpox Clade Ia lineage. As of July 28 2024, a total of eight confirmed cases and no deaths have been reported from Burundi. This is the first outbreak of mpox reported in Burundi.

- Questions and concerns expressed by users indicate possible information voids amongst population groups including those who may live in border communities and point to a need to ensure mpox-specific information is accessible and available to those who need it.
- According to WHO, South Kivu province, which reported Mpox cases in late 2023 and borders Burundi and Rwanda, is facing severe challenges. These include conflict, displacement, food insecurity, and difficulties in delivering adequate humanitarian assistance. These conditions profoundly affect the local population, especially vulnerable groups, and may provide fertile ground for the further spread of Mpox [LINK].
- John Claude Udahemuka, lecturer at the University of Rwanda, said that the mutated version of the clade I mpox endemic in Congo for decades is extremely dangerous. It has fatality rates of around 5% in adults and 10% in children [LINK, LINK].
- The DRC has validated two vaccines for Mpox and is working to secure supplies. However, no vaccines are currently available. Negotiations are ongoing with various countries to obtain doses, and priority areas for vaccination are being identified [LINK].

What can we do?

- Develop and enhance cross-border risk communication and community engagement strategies to reduce transmission at borders. This includes coordinated public health messaging, and community outreach programs.
- Continuously monitor public questions and misinformation as the disease spreads, addressing concerns and debunking myths promptly to prevent panic and ensure accurate information dissemination. Focusing on vulnerable groups, ensuring they receive necessary support and protection is crucial.
- Develop and implement strategies to address stigma and discrimination associated with Mpox. Build trust within communities by promoting inclusive
health messages, ensuring transparent communication, and providing support to affected individuals.

- Focus on high-risk congregate settings such as displacement camps, markets ensuring they have adequate infection control measures, providing age-appropriate health education as well as their parents.

**Trend to watch**

**Mozambique to introduce malaria vaccine in August**

- According to Radio Mozambique, Mozambique will introduce the malaria vaccine in August. Immunization will take place in phases and the province of Zambézia will be a pioneer. The announcement was made by the permanent secretary of the Ministry of Health, Ivan Manhiça, at the opening of the 14th National Meeting of the National Program to Combat Malaria, in the city of Beira.

- According to SSHAP’s Key Considerations: Socio-Behavioural Insight For Community-Centered Cholera Preparedness And Response In Mozambique, 2023, “It is common for Mozambicans to trust traditional healers and religious leaders in matters related to their health, and there has been successful engagement through them – and community leaders – in the Cabo Delgado cholera response” therefore collaborating with religious leaders because they are trusted sources of information in Northern Mozambique may encourage people to take and endorse the vaccine.

**Correction**

- We would also like to correct a factual error mentioned in last week’s report: Several African countries (including Burundi, Ghana, and later Kenya and Malawi) are preparing to introduce the malaria vaccine into their vaccination schedules.

- Correction: Ghana, Kenya and Malawi have been providing malaria vaccine in childhood immunization in pilot introduction and now via Gavi support since 2019 (WHO QA Malaria vaccines (RTS,S and R21).

- Rollout of the RTS,S and R21 malaria vaccines is well underway. As of 18 July 2024, 10 countries in Africa (Benin, Burkina Faso, Cameroon, Côte d’Ivoire, Ghana, Kenya, Liberia, Malawi, Sierra Leone and South Sudan) offer malaria vaccines as part of their childhood immunization programmes, and according to their national malaria control plans. A total of 15 countries are expected to introduce RTS,S and R21 malaria vaccines this year.
Key resources

Mpx

- WHO, Strategic framework for enhancing prevention and control of mpx
- WHO, Mpx in the Democratic Republic of Congo
- VFA, Mpx social media kit
- WHO, Risk communication and community engagement (RCCE) for mpx outbreaks: Interim guidance, 24 June 2022
- Africa CDC, Mpx situation in Africa

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.
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.