

Africa Infodemic Response Alliance

A WHO-HOSTED NETWORK



AIRA Infodemic Trends Report
February 14, 2022



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COVID-19 Infodemic Trends in the African Region

This report seeks to communicate operational recommendations based on social media monitoring from February 5- 11, as well as relevant information on current mis/disinformation. Target countries include Angola, Kenya, Nigeria, South Africa (ENG), Burkina Faso, Cameroon, Democratic Republic of Congo (DRC), Guinea, Ivory Coast, Niger, Mali, Mauritania, Mauritius, and Senegal (FR). We have outlined what we mean by “engagements” and how we gather information in the methodology section at the end of this report.

J&J Secretly Halts Vaccine Production

CONTEXT: *Misperception of a temporary shutdown of a Johnson & Johnson COVID-19 vaccine production facility in the Netherlands lead to a new swell of rumors. The production was halted at the end of 2021 and reportedly not related to any issues or side effects related to the vaccine.*



Where have we observed this trend?

South Africa

- Coverage: **6k+ engagements, 1k+ shares, 2k+ comments**
 - Belief that Johnson & Johnson has “failed” and the shutdown is based on both the ineffectiveness of the vaccine, lack of trust in Johnson & Johnson in general, and the lack of demand from South African citizens [\[LINK\]](#) [\[LINK\]](#)
 - Statements from South African citizens have highlighted that chest pains are a common and key side effect from the Johnson & Johnson vaccine, and that it is the reason the company shut down the particular production facility that may have produced the particular bad batch [\[LINK\]](#)
 - In relation to the discovery of the HIV variant in the Netherlands, there has been conjecture that the Johnson & Johnson facility in the Netherlands has been trying to produce a vaccine to combat the more aggressive strain [\[LINK\]](#)



Why is it concerning?

- Any reports of potential issues or evidence of an error from pharmaceutical companies that produced the main COVID-19 vaccines in use today will be used for calls to boycott the vaccinations. This particular misstep or misinterpretation stems from the clickbait title that was used to summarize the hold of vaccine production. This is of concern because in a sample taken from each post that was reviewed regarding this topic more than 70% of the responses were directly critical of Johnson & Johnson with many claiming the shutdown was for nefarious reasons. This means that many are not actually reading the content of the article and therefore the clickbait title is causing harm by using the catchy rhetoric. However, the article is not being read and this is leading to an unfortunate path of misinformation dissemination.

What can we do?

- This is a telling situation for information dissemination for public health outreach. There is likely a predominant level of media exhaustion regarding COVID-19 across Africa, specifically on social media. These platforms are still incredibly effective for sharing information and accurate outreach needs to continue to push back on misinformation, but it may be more useful at this stage to make much more compact statements.
- This press release regarding the Johnson & Johnson shutdown was less than a few sentences long and was generally not read, and this suggests that longer videos or publications from public health outreach are not going to be read or fully viewed either. Infographics with easy-to-process content will likely be much more effective in the coming weeks.
- Recirculate the safety and effectiveness of vaccines from Viral Facts content as well as newly created content highlighting why it is still important to get vaccinated.
- ↪ Viral Facts Africa video on “Do I still need to get vaccinated?” [here](#), and “Is the COVID-19 pandemic over?” [here](#)



J&J Vaccine Proven to be Ineffective

CONTEXT: Recent deliveries of the Johnson & Johnson vaccine to African countries have been criticized based on recent rumors that the specific formula is not effective against COVID-19 and it is not wanted in Europe.



Nigeria

- Coverage: **1k+ engagements, 150+ shares, 500+ comments**
 - Belief that Europeans rejected the Johnson & Johnson vaccine and have sent the unwanted surplus to Africa [\[LINK\]](#)
 - Claims that the vaccine has been deemed ineffective so it is being “dumped” in African countries [\[LINK\]](#) [\[LINK\]](#)
 - “Recently, they told everyone in Germany vaccinated with J&J to get another vaccine to make up with the one dose of J&J or lose vaccination status that’s why they have come to dump it on our land! And our government is happy? Shame!” [\[LINK\]](#)
 - Statements that the Johnson & Johnson vaccine is known to have the highest rate of severe side effects and is being turned away globally [\[LINK\]](#)
 - “JJ is not a vaccine of choice in many countries around the world due to an avalanche of adverse reactions. Our leaders can do better than this.”
 - “EU looking for where to dump their J&J, why not pfizer? most EU countries dont even use J&J any more, cos is dangerous' this is a deceit on the highest level.”

South Africa

- Coverage: **2k+ engagements, 80+ shares, 300+ comments**
 - Claims that the vaccine is ineffective if U.S. is shipping doses to Africa while it is “struggling with COVID-19 more than African countries” [\[LINK\]](#)



- “If it works, then why ship it to Africa instead of first giving it to each and every American???” [LINK]
- Approval of two more COVID-19 vaccines push additional rhetoric that the Johnson & Johnson vaccine is ineffective [LINK]
- Shift of production of the Johnson & Johnson vaccine to South Africa to allow for distribution within Africa following the EU and U.S. decline of the vaccine.
 - “They're bringing the equipment and assets to the Cape Town plant, watch the space.”
 - “Already they have started the production of J&J in Port Elizabeth already out for distribution these news are fake just playing mind games with us be woke guys” [LINK]

Why is it concerning?

- This trend is the second in the last week that has specifically targeted Johnson & Johnson. It seems that any reporting on specific vaccines will drive a wave of misinformation around that particular type of dose, especially as European and American COVID-19 regulations are reportedly relaxing before African nations rescind their own.
- This serves as yet another obstacle for momentum in progress for vaccine uptake in African countries. Cases are subsiding following the Omicron surge and many are bolstered in their belief that a vaccine was indeed not a necessity, particularly as individuals that were vaccinated still contracted the disease. The misconception that Omicron was not a serious threat was possibly perceived from the lower impact of symptoms on the vaccinated.

What can we do?

- Highlight the impact of vaccines on the Omicron variant. It is an opportunity to push back on the narrative that vaccines were not effective during the wave and this rhetoric will be harder to address the further from the decline of Omicron. Vaccine uptake will be more difficult to change without real results to use for validation.



Persistent Rumors

Rumor: Vaccines don't prevent death or the virus' spread / vaccines are not effective

- Response: Vaccines provide protection against serious complications from COVID-19 and the new variants. (Viral Facts response [here](#))

Rumor: Foreign companies or governments profit from the vaccine rollout in Africa

- Response: Highlight successes in vaccine distribution, as well as new manufacturing campaigns beginning in Africa.

Rumor: Inaccurate assumptions of vaccine side effects/ long-term effects

- Response: Fear of vaccine side effects/ long-term effects continue to be misinterpreted or overstated (Viral Facts response [here](#))

Rumor: COVID-19 no longer exists / never existed

- Response: COVID-19 cases have declined but health authorities are warning of a potential 5th wave (Viral Facts response [here](#))

Rumor: Frustration with looting and mismanagement of COVID-19 funds

- Response: Review the COVAX program and the global effort to effectively distribute vaccines via a multi-organizational campaign

Information Gaps

Omicron subvariant BA.2 has been labeled as “**stealth omicron**” based on the inability for PCR tests to adequately identify if a patient is infected with Omicron BA.1 or the “stealth” BA.2. However, it is also serving in a stealth capacity on social platforms as well. With only 200 references in monitored channels over the last seven days, news of the subvariant is not currently raising alarm or more importantly, misinformation. Accurate information regarding the variant from reputable sources now should be more impactful in combatting misinformation as this information will be readily available for those looking to learn about “stealth omicron.” **New Viral Facts response [here](#)**



Do I still need to get vaccinated?

Help grow Viral Facts viewership! Follow and share Viral Facts on these social media forums:



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Last week, Viral Facts addressed the belief that [COVID-19 waves](#) in Africa are fabricated or not real, and whether or not a [vaccine](#) is still necessary. Once the posts were shared on the WHOAFRO page they garnered over 1.3K likes, 41 comments, and 77 shares. The content was recirculated in the African countries of **Uganda, Angola, South Africa, Burkina Faso, Nigeria and Cameroon**, as well as the Philippines. Comments consisted of questions needing to adhere to safety measures following vaccination and when boosters are needed.



Don't Miss It!

AIRA's own, **Sergio Cecchini**, joins Dr. Bruce Gellin, the US Surgeon General Dr. Vivek Murthy, Anna Harvey, Clair Wardle, Sergio Cecchini on February 14th at 12:30 p.m. for the Rockefeller Foundation's #RFBreakthrough. They will discuss **disinformation**: how it spreads, the uneven impact on society, and effective ways public health leaders can respond.

Tune in here or on Facebook Live:

<https://rockfound.link/RFB17LI>



Trends to Watch

*Rumors Found in **WhatsApp** are going unchecked and allow for the persistence of misinformation*

- *“Vaccination will be the door of misfortune for us.”*
- *“The 2nd and 3rd dose vaccine does not benefit those who receive them.”*
- *“We give the authorities vaccines other than what we give to the lower classes because no one sees exactly what we give.”*
- *“The vaccine is for people over 50.”*
- *“Vaccines against COVID-19 are a way to weed out smart black people traveling to Europe.”*
- *“Why the majority of vaccinated people die.”*
- *“Healthcare workers are immunized even without vaccines.”*
- *“The vaccine is supposed to immunize someone against the virus but when the vaccine does not immunize what is the point?”*
- *“It is the anti-Coronavirus vaccine that has just increased the disease in our country the DRC.”*
- *“The new COVID vaccine is making people sick because it changes their genome.”*
- *“There are already many vaccines against this disease of COVID-19, which one is better?”*
- *“Someone who's taken their fix but keeps complaining that their arm hurts. He advises us against these vaccines.”*



Methodology

AIRA has implemented a temporary new social media listening set-up to fill the gap left by the departure of the AIRA Social Data Analyst until a new full-time person is recruited.

The new temporary social media listening set-up relies on a split of social media analysis 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, 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 (siloe engagement).

The monitoring reports are produced using NewsWhip Analytics, TweetDeck, Crowdtangle, Google Trends, UNICEF Talkwalker dashboards as well as the WHO EPI-WIN weekly infodemic insight reports and 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.

Our commercial social listening tools include:



NEWSWHIP



TweetDeck



Talkwalker

WHO social listening tools:



Early AI-supported Response
with Social Listening