

Africa Infodemic Response Alliance

A WHO-HOSTED NETWORK



AIRA Infodemic Trends Report
June 6 (Weekly Brief #23 of 2022)



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Public Health Infodemic Trends in the African Region

This report seeks to communicate operational recommendations based on social media monitoring from May 28-June 3, as well as relevant information on current mis/disinformation. Target countries include Angola (PT), Kenya, Nigeria, South Africa (EN), Burkina Faso, Cameroon, Democratic Republic of Congo (DRC), Guinea, Ivory Coast, Niger, Mali, Mauritania, Mauritius, and Senegal (FR). Descriptions of “engagements” and information gathering are listed in the methodology section at the end of this report.



Monkeypox is a new laboratory-grown strain

CONTEXT: A recent claim that, “WHO reports that the Monkeypox (MPX) virus responsible for outbreaks in Europe and elsewhere was imported from Nigeria where the United States of America deployed its biological infrastructure. In other words, MPX virus is generated in these laboratories” has driven regional concerns that the virus is a leak. This is false.



Burkina Faso, Cameroon, Central African Republic, Democratic Republic of Congo, Ivory Coast, Kenya, Nigeria, South Africa, Uganda

- This claim stemmed from an alleged statement from the Russian Ministry of Defense that the United States is funding secret laboratories in Nigeria that produces dangerous strains of diseases which led to a “new strain” of monkeypox that is more severe than previously known variants of the disease. This claim included photographs of the “secret laboratories” that have already been reviewed and established as normal operating facilities with no level of secrecy assigned to their practices. The laboratories are in place to help mitigate the spread of diseases and support preventative measures within the country.
- Some statements did come from a verified account of a Russian defense minister on [Telegram](#) but the Nigerian government and third-party international fact-checkers have debunked these claims.

Monkeypox: Russia Urges WHO to Investigate US-Funded Laboratories in Nigeria

May 30, 2022 Reading Time: 1 min read

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For reference and awareness, the following image highlights the foundation of these claims:



Ситуация с натуральной оспой и оспой обезьян в мире 6

Why is it concerning?

- African citizens have shown strong support for Russia, particularly in the wake of the Ukraine war. Any official messaging from the Russian government has strong implications for impacting trust in local governments and international organizations. The WHO, which is often depicted as favorable to European and North American countries in African social media communities, faces a significant challenge in standing against claims from the Russian government officials that have been widely accepted over the last several days.
- Though the initial remarks were from an anonymous account, the validation by a verified Telegram account of a Russian official is a large setback for negating these claims and having citizen support for the truth regarding Nigerian laboratories.

What can we do?

- There is some language around the origins of monkeypox, or that this is not a new variant that has been developed in a laboratory, however, it is not substantial in relation to the viral nature of this misinformation. There needs to be a significant increase in accurate information regarding the international public health community's ability to contain and mitigate the spread of monkeypox.



COVID-19 Vaccine side effects spread sexually

CONTEXT: A new development of the vaccine “shedding” misinformation narrative is based on the belief that vaccinated individuals are unwittingly passing on dangerous components of the COVID-19 vaccine to unvaccinated individuals via sexual transmission.



Nigeria, South Africa

- The commonly referenced Pfizer docs, a series of reports from the pharmaceutical company that discloses proceedings during the testing phases of their COVID-19 vaccination, are serving as the foundation for the common narrative of **vaccine shedding**. This shedding is believed to be a stage in which vaccinated individuals are dangerous to those around them following their vaccination for a period of 2-3 weeks. However, in a new misinformation trend, social media users in South Africa and Nigeria have claimed that very dangerous side effects that can be attributed to the COVID-19 vaccine are being passed onto unvaccinated individuals sexually.
- Some users have gone on to claim that this was a purposeful implication of the vaccine, in order to have as many people globally receive the vaccine contents whether they were vaccinated or not, particularly those components that are dangerous to select populations and will weaken the immune system (e.g. vaccine-acquired immunodeficiency syndrome/VAIDS).

Why is it concerning?

- The vaccine shedding has continued to surface through 2022 and has shown to have staying power even after specific points of the narrative are debunked. This is a very active and evolving conversation in online communities in some African nations that shifts to fit new information that comes to light about COVID-19 vaccines week to week.

What can we do?

- Sexual transmission information regarding COVID-19 is very low, and non-existent relating to vaccines or vaccine shedding. Filling that information gap is important to continue to combat and push back these misinformation narratives.



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: Can the WHO force vaccinations?

- Following reports of the “pandemic treaty” social media users have expressed concerns that the WHO will be able to override national governments and can declare pandemic emergency restrictions to citizens within sovereign nations.
- This has led to speculation that the WHO plans on administering mandatory vaccinations across Africa with their newly granted power if countries across the continent do not reach adequate vaccination levels in the coming months.



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COVID-19 VFA content

- Routine childhood immunization [[LINK](#)]
- Flu & COVID vaccines [[LINK](#)]
- The XE variant [[LINK](#)]

Viral Facts Africa campaign to counter vaccine hesitancy

WHO in Africa has worked with the UK Government and Viral Facts Africa to create a new campaign to support Covid-19 vaccine demand across Africa. Building on the experience WHO and Viral Facts Africa have in countering the spread of health misinformation and disinformation in the African region, the UK Government has developed messaging based on insights and behavioral science expertise gained during the pandemic. These digital assets will help to build vaccine confidence by tackling the most prominent drivers of vaccine hesitancy and support Africa's recovery from the pandemic.

[Link](#) to have an overview of the produced assets / Links to download ([EN](#)/[FR](#))

Gavi resource pack to help build vaccine confidence

After a year of severe constraints, we are now in a situation where global COVID-19 vaccine supply is high enough to support equitable, full vaccination of all adult and adolescent populations globally. However, challenges remain – including that low-income countries (LICs) remain the furthest behind. To help build confidence among priority audiences in LICs, Gavi, the Vaccine Alliance has compiled a resource pack with articles, video content, and social media suggestions. You can view it here. We encourage you to reference these materials in your external communications, including advocacy campaigns, newsletters, media talking points, social media outreach, and external events. Gavi will update the resource pack regularly, so you may wish to add it to your browser bookmarks.



Methodology

The social media listening process relies on a split 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, 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 (siloes 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**