

Africa Infodemic Response Alliance

A WHO-HOSTED NETWORK



AIRA Infodemic Trends Report
July 18 (Weekly Brief #30 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 July 9 - 15, 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.



Refuse a flu shot if you are not vaccinated for COVID-19

CONTEXT: Claims allegedly tied to German virologist and vaccine expert Dr. Geert Vanden Bossche state that there is a severe health risk for individuals vaccinated for COVID-19 to get the seasonal influenza vaccine.



Liberia, Kenya, Nigeria, South Africa

- Dr. Geert Vanden Bossche allegedly released a list of six warnings to prevent a massive health crisis globally, two of which have been shared widely:
 - “If you’re not C-19 vaccinated: You should under no condition get the seasonal Flu shot. It will dramatically increase the risk of having Antibody Dependant Enhancement (ADE) (as in a cytokine storm) in the event you get exposed to avian flu.”
 - “C-19 vaccination of children must STOP immediately...It will also prevent the child from educating its innate immune system (a cornerstone of natural immunity!) to recognize several other pathogens while discriminating those from self-antigens. This could lead to severe disease... as well as to severe immune pathology! It will also no longer be possible to vaccinate children with live attenuated CHILDHOOD vaccines once they’ve gotten the Covid-19 shot for these vaccines could now cause severe disease. So, the C-19 vaccine could be a death sentence for a young child!”
- While vaccines for children have been a prominent topic for debate over the last two months, this is the first major call for the abandonment of the flu shot that has had significant traction on social messaging apps.

Why is it concerning?

- Attacks on routine vaccinations under the guise of COVID-19 concerns are welcomed by a large audience that is growing increasingly skeptical of standard public health practices. The acceptance of these narratives should be watched closely and counteracted when possible.

What can we do?

- Highlight the lack of association between the flu vaccination and COVID-19 vaccination in terms of increased health risks. .



New COVID-19 Variants are Safe

CONTEXT: Reports of a new omicron subvariant dubbed the “centaurus variant” in Europe and Asia have crossed into the African information environment over the last several days driving conversations and questions around its severity and ability to spread.



Nigeria, South Africa

- Mentions of the omicron “centaurus variant” (BA 2.75) grew in Telegram and Whatsapp over the last two weeks as social messaging users highlighted the lack of cases in Africa.
- Some users claimed the variant was little to no threat to African citizens for a variety of concerning reasons:
 - *“Africa has not been getting corona cases for the whole pandemic. They know that they can not lie to us about the centaur.”*
 - *“The name of centaur is how we know it is only for white people. Africa does not have to worry about fake diseases.”*
 - *“The new variant only comes when the WHO says COVID is not over. We know delta and omicron do not hurt us so they have a new one to try again.”*
- In conversations about the centaurus variant some users claimed that the new variants might be real, but COVID-19 is mutating into less severe variations that should not concern African citizens. This was compounded with claims that no centaurus cases have been registered in Africa because it is too weak to even express symptoms in those that are infected.

Why is it concerning?

- While there is still ongoing research to fully understand the centaurus variant’s severity and ability to spread, it is showing up across the globe to date and has the potential to be a dangerous strain. The disbelief and minimal concern this early in the discovery of the strain is worrying.

What can we do?

- Publish findings in easy-to-digest content as early as possible as the minimal language around the strain is opening information gaps that are being filled with highly inaccurate messaging.



There is no proof of monkeypox cases in Africa

CONTEXT: The reports of the detection of monkeypox cases in South Africa have drawn statements of disbelief and accusations from online users that there is no real evidence of the disease in the country.



South Africa, Zimbabwe

- Initial reactions to the reports of monkeypox cases showed that the online community in southern African countries was largely unphased by the developments. A large majority of reactions asked for proof that monkeypox cases were indeed in South Africa, as many believed the reports were setting up a future lockdown to help the government gain additional political control.
- The urging of the South African government for “[symptomatic people to seek treatment](#)” was also met with criticism as online users [recalled](#) statements from the South African government and public health organizations stating that there was no cause for concern regarding the spread of monkeypox. The mixed messages over the last several weeks have led to frustration that a second pandemic would show that there was a systematic failure in the mitigation procedures for the spread of monkeypox.
- More standard misinformation was also prevalent regarding the reporting of monkeypox as there are beliefs that governments will use the monkeypox concerns to receive additional funding that will be misallocated among government officials.

Why is it concerning?

- COVID-19 exhaustion has led to the general lack of concern for new disease outbreaks. This will potentially be represented through a much lower adherence to preventative measures should monkeypox cases continue to climb in the region and across Africa.

What can we do?

- Explain the severity of the disease without driving fear or unnecessary concerns to ensure clarity regarding the outbreak.
- Consistently share updates regarding the status of the spread of monkeypox to show the increase of cases gradually.



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 vaccines 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: Is monkeypox the same disease as chickenpox?

- Following the recent identification of monkeypox cases in South Africa, some online users claimed monkeypox is the same disease as chickenpox. More importantly, there were multiple calls for citizens not to panic due to the belief that if an individual has already contracted chickenpox or has been vaccinated against the disease that they will not be at risk for contracting monkeypox.
- While there have been monkeypox explainers penetrating many online communities, there are still information gaps surrounding the comparisons between monkeypox and other diseases that need to be addressed.



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COVID-19 VFA content

- COVID-19 VFA content: Routine childhood immunization [[LINK](#)], Flu & COVID vaccines [[LINK](#)], The XE variant [[LINK](#)]
- Latest Monkeypox VFA content: Monkeypox explainer [[LINK](#)]
- WHO Monkeypox FAQ and Factsheet [[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**