

Africa Infodemic Response Alliance

A WHO-HOSTED NETWORK



AIRA Infodemic Trends Report
July 25 (Weekly Brief #31 of 2022)



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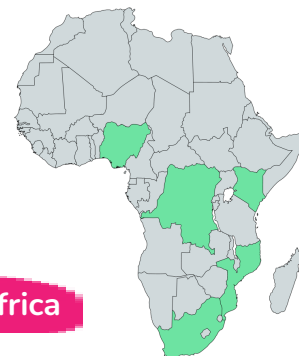
Public Health Infodemic Trends in the African Region

This report seeks to communicate operational recommendations based on social media monitoring from July 16 - 22, 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.



PHEIC is a WHO Political Strategy

CONTEXT: Claims have emerged that the WHO declared the monkeypox outbreak a Public Health Emergency of International Concern (PHEIC) to assert control over countries that are “dependent on their assistance” and implement the “pandemic treaty.”



Democratic Republic of Congo, Kenya, Mozambique, Nigeria, South Africa

- The recent declaration of the monkeypox outbreak as a Public Health Emergency of International Concern (PHEIC) by the WHO was met with criticism. Many online users in Africa claimed that the WHO is making an effort to institute the “pandemic treaty” which some believe grants the public health body with measures to override national governments to implement restrictive preventative measures such as masking and quarantining.
- There was also considerable criticism around the belief that the WHO Director General, Dr. Tedros Adhanom Ghebreyesus, overrode his expert panel’s denial of the PHEIC in order to push for more funding and unchecked power the PHEIC status would provide.
- Additional messaging from the WHO PHEIC press conference over the weekend was highlighted, as online users expressed concern over statements made about the monkeypox vaccine’s efficacy. In snippets from the conference that were shared online, a WHO official stated that there will need to be additional testing as the vaccine has not been used at this magnitude before, leading to many online users drawing negative similarities between the COVID-19 vaccine and the monkeypox vaccine.

Why is it concerning?

- COVID-19 information exhaustion leaves the public health community in a challenging situation when it comes to monkeypox. Information from official sources will likely be met with intense scrutiny and any information gaps will be met quickly with mis/disinformation more quickly than previously seen.

What can we do?

- Promote monkeypox information consistently, as any lag in information could be detrimental to public trust and could put the public health community at a disadvantage in trying to combat misinformation as quickly as it is dispersed.



Chickenpox exposure/vax is effective against monkeypox

CONTEXT: Continued conversations were tracked over the last week referring to exposure to chickenpox or a chickenpox vaccine as a viable step to ensure immunity from the monkeypox virus. This has also led to a new audience getting exposed to the claims that the COVID-19 vaccine reactivates chickenpox/shingles.



Cameroon, Central African Republic, Democratic Republic of Congo, Nigeria

- Following the previous week's conversations around chickenpox exposure/vaccination as a way to have immunity for monkeypox, there has been a significant spike in acceptance of the narrative, particularly in WhatsApp. Some online users have even gone as far as to claim that they have recently insisted on receiving a chickenpox vaccine in order not to have to wait for a monkeypox vaccine to become available.
- Conversations about chickenpox also drove up prior claims that the COVID-19 vaccine is reactivating the disease in its form of shingles:
 - "COVID-19 vaccines are reactivating the chickenpox virus in the vaccinated. Multiple studies have found that the Wuhan coronavirus (COVID-19) vaccine is leading to more cases of chickenpox. The chickenpox virus, known as varicella-zoster virus, is one of the eight known herpes viruses that can infect human beings. After people contract and recover from chickenpox, usually at an early age, they gain lifelong immunity to the virus. But the chickenpox virus never actually leaves their bodies. It only remains dormant in their nervous systems for years until it gets reactivated, usually as shingles or herpes zoster (HZ)."

Why is it concerning?

- The claims for immunity for monkeypox via chickenpox exposure/vaccination are becoming increasingly more visible and seem to be receiving more support based on comments and feedback on original posts.

What can we do?

- Provide clarity around the differences between chickenpox and monkeypox, including how each vaccine addresses their respective diseases to mitigate confusion and inaccurate conclusions that are circulating on social media.



COVID-19 Vaccine Causes Long-COVID

CONTEXT: Claims have reemerged stating that COVID-19 vaccines can cause or lead to long-COVID. The statements have entered into the social media communities without any evidence or distinct origination, which defies the norm for misinformation.



Nigeria, South Africa

- The narrative around COVID-19 vaccines causing long-COVID is not original, however, it is noteworthy that these claims are being shared without the usual context of multiple side effects that are generally seen in discussions of alleged COVID-19 vaccine reactions.
- More importantly, the claims are not referencing any recent scientific finding that was taken out of context, or any article sharing disinformation, rather these statements seem to have been populated simply by word of mouth.
- This misinformation was compounded by the recent [#WorldIvermectinDay](#) campaign that stated ivermectin is a viable treatment for individuals suffering from “life-long” side effects from the COVID-19 vaccine, which seemed to embolden the belief, for some, that long-COVID is likely a vaccination byproduct.
- While the narrative is most popular on Nigerian WhatsApp channels, it has migrated into South African telegram channels, which is often the catalyst for misinformation to grow rapidly and take root in the anti-vaccine groups that will widely share the claims.

Why is it concerning?

- There has not been a clear source or root of the origins of the misinformation, which could potentially mean that this narrative may have started offline and has been shared within social messaging groups, a process that is often seen in reverse when it comes to misinformation. Therefore, it is much more difficult to gauge the virality of the narrative or to track where it has been shared.

What can we do?

- Address this rumor in highly visible channels, as there is not a singular platform the misinformation is spreading that is significantly more prominent than others.
- Emphasize the known side effects of the COVID-19 vaccine and reiterate the scientific findings that negate the claims of vaccine induced long-COVID.



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](#))

Information Gaps: Does Ivermectin treat long-COVID?

- A large social media campaign, dubbed [#worldivermectinday](#), moved through African social media communities over the past weekend and gained significant traction on Facebook. The campaign focused on the “vaccine injured” in reference to those that are suffering from side effects following a COVID-19 vaccination. The group behind the campaign, React19, claims to offer “financial, physical, and emotional support for those suffering from long-term C19 vaccine adverse events around the world.”
- This messaging led to some confusion as some online users questioned whether ivermectin was effective against long-COVID or if the drug can only be used for those that have already taken the COVID-19 vaccine. Information around ivermectin is varied in relation to COVID-19, and updates and clarity around its use could fill information voids.



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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**