

Africa Infodemic Response Alliance

A WHO-HOSTED NETWORK



AIRA Infodemic Trends Report

5- 12 December 2022

(Weekly brief #51)

Public Health Infodemic Trends in the African Region

This weekly report provides key highlights and operational recommendations based on social media monitoring from December 5 -12 in Eastern, Western and Southern Africa, as well as relevant information on current mis/disinformation.

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Top Misinformation & Information Gaps

[COVID-19 spikes "heart-related conditions"](#)

Recent comments regarding COVID-19 vaccine side effects suggested concern about cardiac-related conditions among vaccinated individuals.

["First HIV prevention injection" questioned](#)

Claims around the announcement of a long-acting injectable HIV prevention in South Africa have shown skepticism about its efficacy.

[Ebola vaccine trial brought into question without active cases](#)

The ongoing effort to conduct vaccine trials with no active Ebola cases caused online users to express confusion and to share negative responses.

Key resources

Viral Facts Africa social media content: [Facebook](#) [Twitter](#) [Instagram](#)

COVID-19 content

- COVID vaccines safety and approval [ENG](#) [FR](#)
- COVID myocarditis [ENG](#) [FR](#)

Ebola content

- Ebola 101 [ENG](#) [FR](#)
- Ebola preventive measures [ENG](#) [FR](#)

HIV content

- HIV explainer [ENG](#) [FR](#)
- HIV 101 [ENG](#) [POR](#)

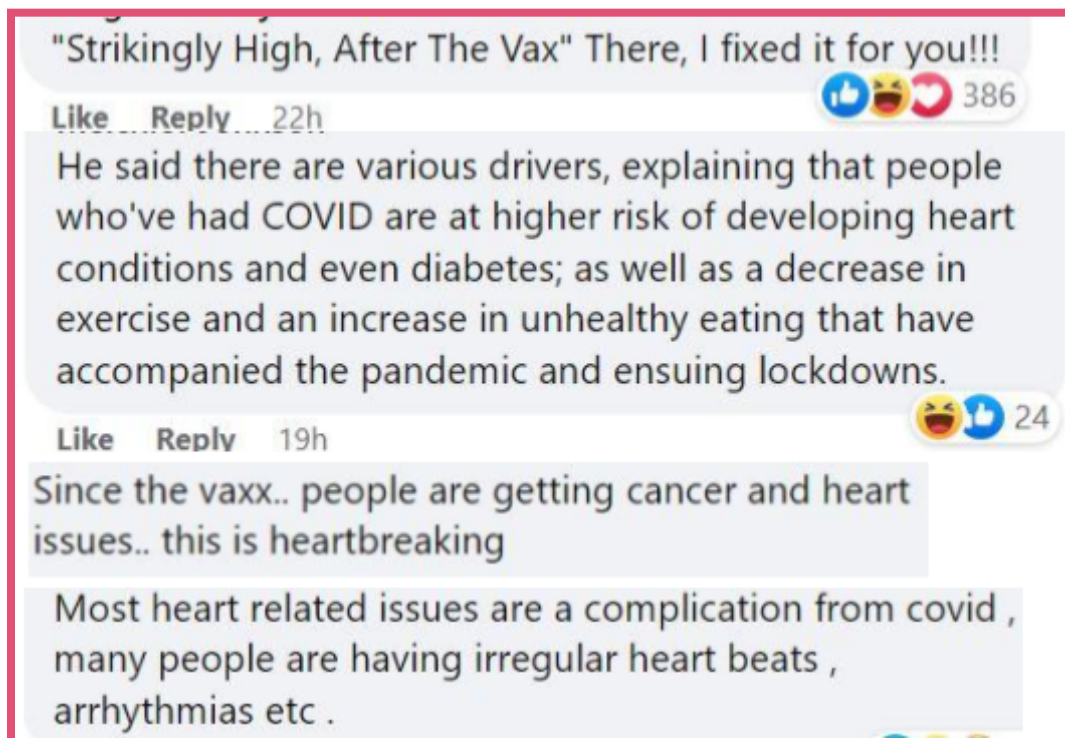
COVID-19 spikes “heart-related conditions”

CONTEXT: Claims have emerged over the last several days from users on online platforms that have [associated](#) the risk of developing “heart and nervous-system related conditions”, along with other health complications, to be from natural covid infection or COVID-19 vaccine reaction.



Engagement: 5 posts, 2579 likes, 2323 comments

- The alleged increase in cardiac-related deaths post-COVID-19 has been endorsed by **54%** of online users that engaged with a South African Facebook [post](#).
- The narrative of online users highlights that the alleged frequency of heart diseases, without any specific attributions to a particular disease, is higher among individuals following natural infection with COVID-19 or vaccination (without specific mentions to mRNA, vector, or protein subunit vaccines).
- The four claims below are extracted from users’ comments. Comments have also garnered more approvals with a high number of likes and replies, (as compared to what? Garnered more vs last week, last month, other rumors? Try to clarify) .



- As COVID-19 discussions around a possible new Omicron sub-variant continue to increase on social media over the last two weeks, [claims](#) have been made that healthcare professionals are also trying to create new waves of COVID-19 to continue to develop health problems and force individuals to take the vaccines.
- In the light of the recent spike of COVID-19 cases reported in the DRC, a small share of online [users in DRC](#) raised awareness about the importance of wearing a mask during the upcoming festive season to prevent the propagation of COVID-19 disease in light of the recent increase in the number of cases.
- In Uganda, the re-emergence of COVID-19 prevention measures, particularly wearing masks, has been met with criticism, as 30% of [comments](#) mentioned the government is using Covid19 as a way to request more international funds.

Why is it concerning?

- The concern for COVID-19 vaccine AEFI (Adverse Events Following Immunization) is a narrative deeply rooted in the online conversations monitored.
- Serious and rare AEFIs are often generalized in online conversations as common vaccine side effects and can unnecessarily scare and deter people from getting vaccinated.

What can we do?

- Invite people to check the website of their Ministries of Health to know how to report AEFIs
- Amplify the message that the benefits of COVID-19 [vaccines](#) outweigh the risks in reducing severe symptoms, hospitalizations and deaths due to COVID-19 infections, including from new Covid19 variants.
- Share [COVID-19 vaccines](#) Viral Facts Africa video around vaccine safety and effectiveness.
- Highlight the statistics about the low probability of developing serious AEFIs versus developing serious covid19 symptoms.

Ebola vaccine trial brought into question without active cases

CONTEXT: On December 8th, [WHO](#) announced the arrival of the first batch of one of the three vaccine candidates (ChAd3) against the Sudan ebolavirus. The arrival of the doses was [announced](#) after nine days of no active Ebola cases.

Engagement: **16 posts, 964 comments, 5000+ shares/likes**



- The announcement of the [1,200 doses](#) ignited discussions on social media platforms as the delivery came at a time many assumed the outbreak was over. The ongoing effort to conduct the vaccine trial with no active Ebola cases caused online users to express confusion and drove negative responses for the trial to increase in visibility on social media platforms in Uganda over the last week.
- Local sources (community members/radio personalities) questioned the ability of the vaccine trial to still be conducted without any active cases. Some suggested the government is going to “find” Ebola cases, while others questioned if the trial was really being conducted at all.
- Social media users have criticized the authorities and public health agencies operating in Uganda for Ugandans being used as test subjects too often. ([LINK](#), [LINK](#), [LINK](#))
- Additional claims suggested the delivery of vaccine candidate doses rather than financial support serves as a way to mitigate the misallocation of funds. ([LINK](#), [LINK](#), [LINK](#))
- Of 1,000 comments responding to reports of the vaccine delivery for the trial that were reviewed over the last several days, more than 70% were critical or negative.

Why is it concerning?

- Public health distrust is high in the region following the COVID-19 pandemic, so any vaccine trial is bound to face criticism. However, information gaps are prevalent. Citizens are confused, as information regarding how the trial will be conducted without active cases is not keeping pace with developing misinformation.

What can we do?

- Continue to share information regarding the trial in mediums that can rapidly address information gaps (social media, social messaging apps). Key details regarding the trial are as follows:
 - Eligibility to volunteer for this study is slated for those at highest risk, that is to say, direct contacts of a recently confirmed case of Ebola. Contacts (from age 6) who have been in recent, close contact with a person who has been confirmed to be ill with or to have died from Ebola will be given all the information they need to decide about joining the study and receive the vaccine. This includes pregnant or breastfeeding women.
 - Uganda is still in active response to this Ebola outbreak. The goal for everyone is to reach the end of this outbreak as soon as possible. It is still not certain how it will evolve and the need remains to stay in active response.

South Africa

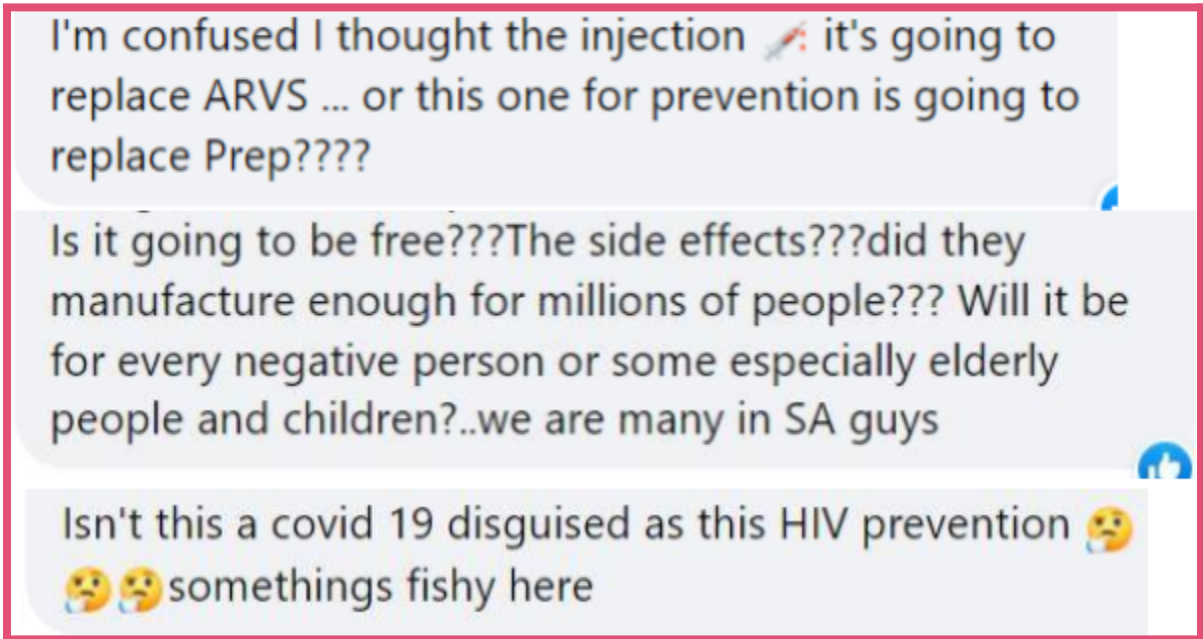
“First HIV prevention injection” questioned

CONTEXT: Comments have been monitored on the Facebook post from a South African [radio station](#) about the approval by the South African Health Products Regulatory Authority ([SAHPRA](#)) of the world’s first HIV prevention injection, sold under the brand name Apretude. It’s a long-acting injectable PrEP (Pre-exposure prophylaxis) that reduces the risk of sexually-acquired HIV among at-risk individuals.

Engagement: 2 posts, 248 likes, 105 comments

- The response from South African social media users to the approval of the world’s first HIV prevention injection has been predominantly skeptical. Of 105 comments that were reviewed, **20%** of the comments were skeptical about the trial and efficacy of the injection.
- There are information gaps about the injection’s accessibility, efficacy, and usage (seen in the screenshot below) that have generated confusion among users, including a narrative that says that the injection is a disguise for COVID-19 disease.





- The skepticism and negative responses to the HIV prevention injection announcement are stark evidence of the lasting impact of the COVID-19 pandemic and the eroded trust in the public health community. New announcements will likely be met with additional skepticism, making the additional emergence of misinformation around the new injection more challenging to combat.

Why is it concerning?

- HIV prevention efforts have been stalled by pressing issues including COVID-19 and its vaccine. The new announcement has opened the door for information gaps to spread and that has allowed the public to make assumptions about the accessibility, usage and efficacy of the injection.

What can we do?

- Refer individuals to the [SAHPRA website](#) and [Facebook page](#) for more information and updates about the testing and approval process.
- Amplify that [WHO](#) recommends the use of long-acting injectable cabotegravir (CAB-LA) as pre-exposure prophylaxis (PrEP) for HIV as a safe and highly effective prevention option for people at substantial risk of HIV infection.
- Share [WHO](#) guidelines that provide rationale and supporting evidence of the efficacy of the injection and successful preliminary results of the use of CAB-LA compared with oral PrEP.

Persistent Rumors

Rumor: Ebola doesn't exist

- Response: Address the severity of the disease and explain the origins, symptoms, and ways of transmission (Viral Facts Response [here](#)).

Rumor: Ebola benefits the Ugandan government

- Response: Greater cooperation in public-facing messaging can help limit the overall confusion.

Rumor: COVID-19 no longer exists / never existed

- Response: COVID-19 cases have declined but health authorities are warning of the potential emergence of a new Omicron subvariant (Viral Facts response [here](#))

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](#))

Information Gaps

The most common questions raised by social media users this week are:

Sudan ebolavirus (SVD)

- If Ebola is a disease found in monkeys, how does it infect human beings?
- How do they have a vaccine trial without Ebola cases?

HIV

- Is it possible for one partner to test positive and the other negative for HIV?
- What are the side effects of the anti-HIV prevention injection?
- Is HIV cured through bone marrow stem cell transplant?

COVID-19

- Can individuals experience heart-related conditions following vaccination or infection with COVID-19?
- Will there be a new wave during the upcoming festive season?

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, 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 (siloes engagement).

The monitoring reports are produced using NewsWhip Analytics, TweetDeck, Crowdtangle, Google Trends, and 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:

