

Africa Infodemic Response Alliance

A WHO-HOSTED NETWORK



AIRA Infodemic Trends Report
9-16 January 2023
(Weekly brief #55)

Top Concerns

Concerns over Cholera in Malawi persist

Recent comments regarding the cholera outbreak in Malawi show concerns over the distrust by online users for the Malawian authorities.

Concerns over the first case of XBB.1.5 variant in Botswana

The response from social media users to the first case of XBB.1.5 variant has shown frustration and tiredness of COVID-19 updates.

Information gaps on HPV vaccine during awareness month

Recent comments on HPV screening and vaccine availability during cervical cancer awareness month have been monitored on social media platforms.

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Public Health Infodemic Trends in the African Region

This weekly report provides key highlights and operational recommendations based on social media monitoring from January 9-16 in Eastern, Western and Southern Africa, as well as relevant information on current mis/disinformation.

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Malawi

Concerns over Cholera in Malawi persist

CONTEXT: Malawi's Ministry of Health [stated](#) on its Facebook page on January 12th that the Taskforce on COVID-19 and Cholera will allow primary and secondary schools in the Lilongwe and Blantyre districts to reopen as from Tuesday 17th January 2023. [WHO](#) has been supporting the Ministry Of Health in Malawi to conduct a reactive Oral Cholera Vaccine (OCV) campaign in cholera hotspots. The response from Malawian social media users to the cholera updates has been predominantly **negative and critical of the government's handling of the outbreak.**



Engagement: 6 posts, 578 likes, 321 comments

- The recent Facebook [post](#) on Cholera by the Ministry of Health in Malawi provided epidemiological updates about the spread of the disease and appealed to leaders and community members to notify health workers about people hiding in their communities and preventing suspected cholera patients from seeking appropriate care.
- It has been noted that some patients with visible symptoms such as vomiting and diarrhea are refraining from seeking care because of religious reasons.
- Online users conveyed their frustrations to the authorities, blaming them for being knowledgeable of the poor infrastructure and poverty in Malawi, which exacerbate the situation of cholera in the country. Some of the comments below share the users' frustrations:

This is not Cholera we know, it is a Government's propaganda to sacrifice pple of Malawi to the Satanist. Ali ndi Maso apenye .

So it means government does not know that there poor living conditions for most malawians

Cholera it's a sign that poverty it's at its best in Mw, how would you expect a person who did not eat at his house

No wonder most of Malawians living in towns and cities have poor living standards resulting from lack of financial support.They hardly find job opportunities to facilitate a better living and as such they live under poor hygienic conditions.

Why is it concerning?

- Malawian social users have expressed their distrust in the authorities handling of the outbreak. It is concerning that such a large share of individuals have blamed the authorities for poor living conditions that resulted in the spread of the outbreak.
- The pushback against governmental Cholera-related measures can bring more challenges in effectively responding to the outbreak. This can lead to decreased intentions to comply with health measures, particularly with people who do not trust the authorities' work to mitigate the disease's spread.

What can we do?

- Continue monitoring the epidemiological situation in Malawi and the timely publication of data to formulate accurate risk assessments and to inform effective responses in all districts in Malawi.
- Revisit the way Cholera continues to infect individuals, and how harmful behaviors continue to increase the number of patients admitted to the hospital.
- Highlight how vaccination can help slow and eliminate new waves of the disease.
- Continue to check the [Facebook](#) updates of the Ministry of Health in Malawi and the upcoming WHO updates on Cholera that explains further control measures.

Botswana

Concerns over XBB.1.5 variant in Botswana

CONTEXT: The Government of Botswana [stated](#) on its Facebook page on January 13th that one case of the Omicron sub lineage XBB.1.5 has so far been detected in Botswana. The Ministry of Health is also monitoring the situation as it evolves. [WHO](#) continues to assess the public health risk associated with this variant. The response from social media users in Botswana has been predominantly **negative and shows resistance to the potential reinstatement of COVID-19 preventive measures.**



Engagement: 7 posts, 3.8k likes, 1k comments

- The recent [announcement](#) about the detection of “the most transmissible Covid-19 sub-variant” XBB.1.5 in Botswana has sparked multiple narratives

among social media users, including pandemic fatigue and tiredness of complying with preventive measures (especially wearing masks).

- A low share of individuals have been experiencing flu-like symptoms and was tired from it. Some expressed their concern about avoiding the area where the case was first detected to protect themselves and mitigate the spread of the disease. In addition, some users also expressed their concern over the shortage of essential medicine in hospitals. Claims below confirm the concern of social media users:

There is no medicine in hospitals, why don't the clinics close once

Oh Jesus look here, it is painful because there is no medicine even in the right way

- 1,076 comments were monitored on multiple Facebook posts including official posts by the [Ministry](#) of Health and the [Government](#) of Botswana, and digital news sources including [The Voice Newspaper Botswana](#) and [Sunday Standard/The Telegraph](#).
- According to local sources, the authorities are providing updates to the public about the current situation while recommending vigilance and compliance with preventive measures.

Why is it concerning?

- Online users conveyed pandemic fatigue, suggesting that repeated stories about different waves and variants have resulted in the public displaying disinterest in reports of rising infections.

What can we do?

- Continue monitoring the epidemiological situation in Botswana and the timely publication of data to formulate accurate risk assessments and to inform effective responses.
- Reiterate that the pandemic is not over yet and that vigilance and adherence to public health measures are vital to mitigate the spread of cases.
- Accountability and transparency from public health institutions are needed at every response stage to gain credibility and trust with social media users. In order to build trust, it is important to continuously inform the public via daily updates regarding the COVID-19 situation and its impact on Botswana.

- Amplify the message that [COVID-19 vaccines](#) are safe and effective, and the vaccines' ability to mitigate the complications of the disease and its variants if contracted.
- Continue to check the [Facebook](#) updates of the Ministry of Health, the [Government of Botswana](#), and the upcoming WHO updates of XBB.1.5 that explain further control measures.

Kenya, Tanzania

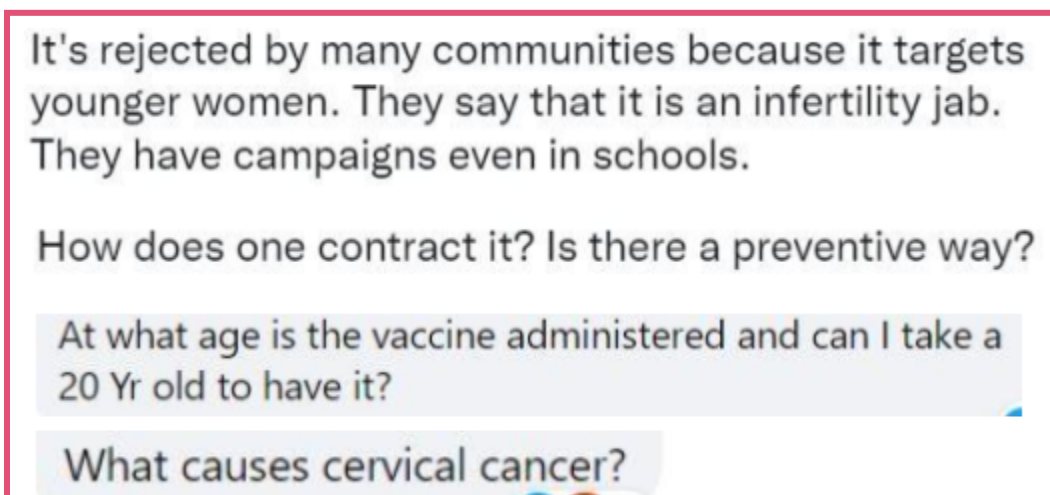
Information gaps on HPV vaccine during awareness month

CONTEXT: Halfway through cervical cancer awareness [month](#), conversations about HPV (human papillomavirus) have generated interest in Kenya and Tanzania. Information gaps around accessibility, cost, HPV infection risk, and vaccination age have been shared by social media users. [WHO](#) continues to support regular screening and HPV vaccination for women and girls.



Engagement: 6 posts, 2k likes, 84 comments

- The recent social media comments on HPV (human papillomavirus) during cervical cancer awareness month have been monitored in Kenya and Tanzania. The comments mentioned information gaps on **accessibility, cost, HPV infection risk, and vaccination age**.
- Some questions are mentioned in the screenshot below:



- 84 comments were monitored on multiple posts including official posts by the Ministry of Health in Kenya on Facebook and Twitter ([LINK](#), [LINK](#), [LINK](#), [LINK](#)), a midwife in [Tanzania](#), and a digital [journalist](#) in Kenya.

Why is it concerning?

- HPV is the most common viral infection of the reproductive tract. Cervical cancer is the most common HPV-related disease and can be prevented through regular screening and vaccination.
- Reproductive information gaps might have a considerable impact on women's health and HPV vaccination uptake. It's important to offer readily-accessible information to avoid scaling the gaps into misinformation and confusion among communities.

What can we do?

- Share [WHO](#) fact sheet on cervical cancer that gives more information on HPV vaccines, screening, infection risks and answers information gaps by social media users.
- Continue to raise awareness of the potential negative impact of HPV on individual health, and that current vaccines continue to provide good protection against HPV-related cancers.
- Leverage trusted influencers to enable communities to engage with health professionals around HPV vaccines. This could provide a space for experts and trusted influencers to discuss key misinformation around the vaccine (such as infertility and the jab).

Persistent Rumors

Inaccurate assumptions of vaccine side effects/ long-term effects

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

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](#))

Information Gaps

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

XBB.1.5 Variant (COVID-19)

- Location and spread of the XBB.1.5 variant in Botswana
- Accessibility of vaccination and boosters in Gaborone
- Preventive measures put in place

HPV vaccine

- Cost
- Accessibility
- Appropriate vaccination age
- Infection risk and cancer

Key resources

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

COVID-19 VFA content

- Debunk: COVID vaccines safety and approval [ENG](#) [FR](#)
- Debunk: Vaccine causing COVID-19 infection [ENG](#) [FR](#)
- Literacy Alarmist documentaries [ENG](#)
- XBB.1.5 variant

Cholera VFA content

- Explainer: Cholera 101 [ENG](#) [FR](#)
- Explainer: Cholera preventive measures [ENG](#) [FR](#)

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 (siloe 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:

