

Africa Infodemic Response Alliance

A WHO-HOSTED NETWORK



AIRA Infodemic Trends Report
1-7 November 2022 (Weekly brief #46)

Public Health Infodemic Trends in the African Region

This weekly report provides key highlights and operational recommendations based on social media monitoring from November 1-7 in Eastern, Western and Southern Africa, as well as relevant information on current mis/disinformation.

Descriptions of online engagements and information gathering are listed in the [methodology](#).

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Key Misinformation Trends

[Exhuming practices do not spread Ebola](#)

Citizens continue to perform rituals on exhumed bodies after the healthcare teams have buried patients.

[Ebola Treatment Units complicit in organ trafficking](#)

People continue to believe that Ebola Treatment Centers harvest organs to be shipped outside the country.

[Gold interest is behind Ebola in Mubende](#)

Claims that gold mining is the sole reason Ebola has been found in Mubende and Kassanda.

Operational Recommendations

Increase the understanding of harmful behaviors and how adhering to public health and safety measures will lead to the decrease of Ebola patients.

Provide clear messaging that debunks the claim around Ebola Treatment Units and their role in providing efficient healthcare to all patients.

Respond to information gaps by the public by clarifying that the disease can spread in any county, not only Mubende and Kassanda and reference to the ways of [mitigating](#) its transmission.

 Viral Facts Africa helps you get fact-based Health information in Africa.

➡ [Facebook](#) [Twitter](#) [Instagram](#)

Exhuming practices do not spread Ebola

CONTEXT: Burial teams at the Ugandan Ministry of Health have buried a patient in Kalwana Village who had succumbed to Ebola.

Locals [exhumed](#) the body later at night to perform burial rituals.



Coverage: 400+ likes, 140 comments

- The recent misinformation narrative around Ebola was closely related to exhuming practices which led to the increase of infected cases. The narrative focuses on local community preferences that, regardless of the circumstances, find comfort and salvation in the exhumation of loved ones.
- While WHO has developed a protocol to provide information on the safe management of burial of Ebola patients, cultural exhumation customs are still practiced. People comply with this practice to adhere to the customs with the communities to which they belong.
- Claims which reinforce this practice have also been shared on [Twitter](#):



Why is it concerning?

- It's important to understand and unpack the existing behaviors of communities which harm the work of frontline healthcare workers. Addressing the complex nature of social norms is essential to engage with communities at multiple levels including individual, familial and societal.
- This can have a significant impact on the overall public trust from the communities towards public health workers who are in charge of completing a dignified burial process, and on the continuation of the Ebola outbreak in general.
- This can lead to decreased intentions to comply with health measures, particularly with people who engage in behaviors that harmfully influence communities around them.

What can we do?

- Continue to provide accurate information on safe and dignified burial processes to the communities as a resource for individuals that may practice the social norms. This is crucial for not losing the momentum in the Ebola response as the perception of the outbreak is still a hoax or not real for some media users with less compliance to safety measures implemented across Uganda.
- Highlight how patients that have been in touch with infected dead bodies are more likely to be admitted to hospitals with severe Ebola symptoms.

Uganda

Ebola Treatment Units complicit in organ trafficking

CONTEXT: A 23-year-old expectant mother and [Ebola patient](#) has been referred to three hospitals. The first one is in Kampala, the second hospital is in Masaka, where her family is located, and finally the third one is Entebbe's Ebola Treatment Unit (ETU) where she passed away.



Coverage: **1k likes, 310 comments, 10 shares**

- Five comments were screened in a monitored [Facebook](#) post around a misinformation narrative, which highlights the trafficking of organs in Ebola Treatment Centers.
- This misinformation is being misinterpreted as proof that healthcare workers are dealing with organ trafficking upon the admission of a patient in an ETU, instead of providing appropriate care. The narrative can incite fear and could drive citizens to reassess home remedies, or stay away from treatment centers.
- The last destination of the patient - Entebbe - was cited as the departure of her organs for shipment.

Thats lady got a miscarriage,they took her to the hospital to get treatment,doctors had a deal of body organs,they reffered her to mulago where her body organs were taken,the deal was btn two hospitals,and because during her burrial,no one is supposed to view her body

Like Reply 2d



- This misinformation has also served as a backdrop for two other rumors to propagate, the first one is related to the relation between miscarriage and ebola. Reproductive issue are a point of contention as one user thought that the patient's miscarriage had caused the patient to contract Ebola in the treatment unit.
- The second rumor is related to the manipulation of media houses to propagate lies and inaccurate Ebola-related news through the confusing itinerary mentioned in the title of the article.

Why is it concerning?

- There is a dwindling level of concern for the potential referral to Ebola Treatment Units as a method of treatment, especially as many citizens still believe that Ebola doesn't exist and there are no effective cures proven by healthcare and government professionals.
- The confusion seen in people's reactions to the route taken by the patient was not a positive sign. The reaction following the reports of the Ebola patient's death, suggests a larger share of the population may have already lacked trust in the medical personnel's ability to control the outbreak, most notably in Masaka.

What can we do?

- Provide clarity on the healthcare procedures at Ebola Treatment Centers and the nature of the medications given during the outbreak.
- Provide clarity on safe burials protocol by Viral Facts Africa.

Uganda, Kenya

Gold interest is behind Ebola in Mubende and Kassanda

CONTEXT: The US government has channeled more than \$22.3 million through Implementing partners in Uganda to [support](#) the Government's response to SudanEbola virus. Claims by online users have focused on the government's interest in the gold mining industry in Mubende as the sole reason for Ebola's existence.



Coverage: **131 likes, 51 comments, 6 shares**

- Around 30% of the comments screened on Facebook posts referred to the corruption in Uganda, focused on the interest of the Ugandan government in gold mining and export in Mubende and Kassanda as the sole reasons for

justifying the government's interest and the spread of Ebola in these two regions.

- Some claims below have been screened by the online users:
 - “Make us understand that it's not about the gold in Mubende!!”
 - “People were lining up for food no masks no space mbu they're teaching gold in Mubende and Kasanda brought Ebola”
 - “MSF in Uganda, there's no Ebola, they're grabbing people's land in Mubende and Kasanda coz there's gold thx”
 - But I saw people lining up for food no masks no space hmmm WHO in Uganda, there's no Ebola they're grabbing people's land coz in Mubende and Kasanda, there's gold thx”
- Many users have stated that corruption in Uganda, including the mismanagement of the Ebola fund, bodaboda road accidents and the gold mining industry, are more dangerous than the Ebola outbreak. This means that people are more focused on pressing threats in their daily lives and their perception of the Ebola outbreak can rank second to their priorities.
- Kenyan users think Ebola is also for [profit](#). Three users in a monitored Facebook post have suggested that the disease has enriched millionaires in Uganda, similarly to COVID in Kenya.

Why is it concerning?

- This issue underscores the continual sentiment of mistrust that has been prominent throughout the Ebola outbreak and has spilled over into the adherence to safety and healthcare protocols. While the US Embassy in Kampala has made [steps](#) to limit national corruption, it is clear that this may continue to be an issue for Ugandan citizens as Ebola spreads within the country.

What can we do?

- In order to fill information gaps on the relation between gold and Ebola, communication messages such as the [origin of the Sudan Ebola virus](#) and [means of protection against the illness](#) can be referred to and disseminated to local communities with reference to its spread in different regions around Uganda and the ways to mitigate its contagion.

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 overall confusion

Information Gaps

Treatment

- After contracting Ebola, what happens when a patient is in isolation?
- How have positive cases recovered from Sudan Ebolavirus even without known treatment?

Symptoms

- Is Ebola now different from Ebola during the last outbreak in Uganda and different from the outbreak of DRC?
- What makes an Ebola patient bleed from body openings?