

Africa Infodemic Response Alliance

A WHO-HOSTED NETWORK



AIRA Infodemic Trends Report

14-21 November 2022

(Weekly brief #48)

Public Health Infodemic Trends in the African Region

This weekly report provides key highlights and operational recommendations based on social media monitoring from November 14-21 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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Top Misinformation & Rumors

[Ebola vaccine trials to “depopulate Africa”](#)

Recent comments on the upcoming trials for an effective vaccine to mitigate the spread of Ebola suggested that the vaccine promotion narrative may backfire.

[“I’d rather die from Ebola than abstain from sex”](#)

Claims about the relationship between sex and Ebola on Ugandan social media platforms have garnered the attention of users who don’t dismiss the severity of the disease during sexual intercourse.

[Prayers can heal Ebola if you believe!](#)

Recent treatment of misinformation content has garnered attention on social media.

Prayers and divine intervention are considered an undisputable cure for Ebola.

Key resources

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

- MYTHBUSTER: Ebola is not real: [ENG](#), [FR](#)
- DEBUNK (AFP & PesaCheck): Ebola isn’t real. [ENG](#)
- EXPLAINER: Ebola 101. [ENG](#), [FR](#)
- EXPLAINER: Ebola preventive measures. [ENG](#), [FR](#)
- EXPLAINER: Ebola origin and naming. [ENG](#), [FR](#)
- EXPLAINER: Ebola Safe and Dignified Burials. [ENG](#), [FR](#)

Additional resources

- WHO Factsheet on Ebola Virus Disease:

<https://www.who.int/news-room/fact-sheets/detail/ebola-virus-disease>

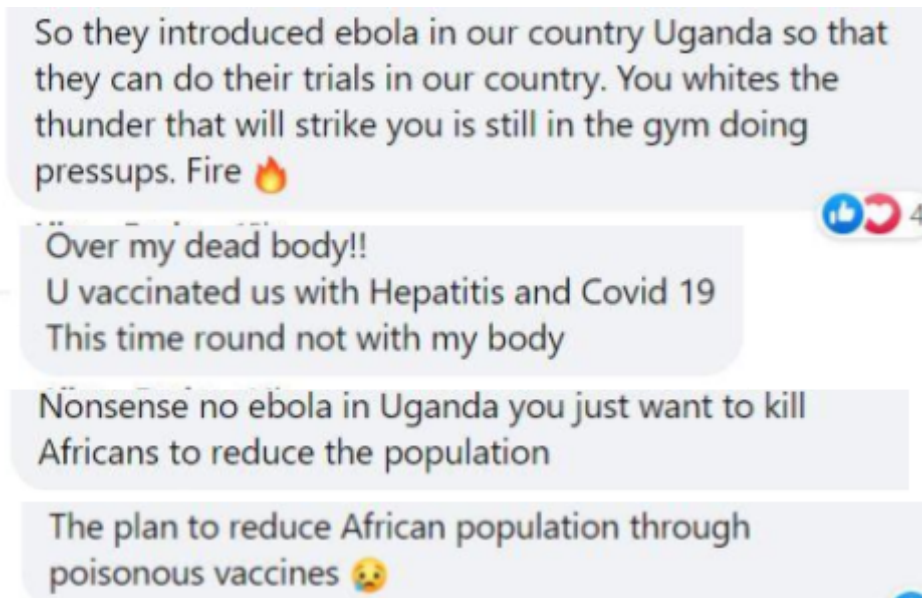


Ebola vaccine trials to “depopulate Africa”

CONTEXT: Reports that three candidate vaccines will be introduced in trials to try to protect against the Sudan ebolavirus species that is spreading in Uganda has led to speculation regarding the motives behind the outbreak response effort.

Engagement: 5 posts, 541 likes, 184 comments

- 20% of screened comments on a monitored Facebook [post](#) by the Ugandan Daily Monitor have referred to a double misinformation narrative around the upcoming vaccine trials against the Sudan ebolavirus. On one hand, commentators believe that Ugandans are used as guinea pigs for the experiment and on the other, the vaccine aims at decreasing the population of Africa.
- Claims which reinforce this narrative can be found below:



- Additional claims remain by the online community that Ebola trial vaccines should be first tested by public figures including politicians and police officers to prove vaccine credibility and that the trials will cause more harm than response efficacy.

Why is it concerning?

- Inadequate messaging volume regarding vaccine trials have opened information gaps that have allowed the public to make assumptions about the access, availability, and population sample that will be introduced to potential candidate vaccines for the trials.

- This has led to a misunderstanding that the general population will be exposed to trial vaccines, which is not accurate.
- Currently, the public’s devolution of the narrative around the vaccine trials is significantly outpacing the public health messaging around the trials and negativity is prominent.

What can we do?

- Amplify WHO and Ugandan MoH messaging that focuses on vaccine trials. The level of misinformation and developing information gaps are outpacing accurate information, and this can effectively be combatted by a higher volume and velocity of precise narrative development that has already been established by these institutions.
- Avoid addressing individual rumors at the early stages to keep messaging clear and more importantly, concise. Resources need to be direct and debunk developing rumors that pose the greatest potential risk to the vaccine trials. At this stage, it is an information gap issue that will likely be mitigated more effectively with increased visibility of accurate information rather than an overreach of multiple debunks.

Uganda

“I’d rather die from Ebola than abstain from sex”

CONTEXT: Reports have circulated that a medic in Mubende has [contracted](#) Sudan ebolavirus after sexual intercourse with her boyfriend, who is also a health professional. The Minister of Health, Dr. Jane Aceng, has responded to the narrative and used the increased public interest in the event to engage the public with accurate information about the prevention of Sudan Ebolavirus.



Engagement: 525 likes, 175 comments, 10 shares

- After recovering from the virus, the topic of sexual intercourse has garnered engagement from online users following a Facebook [post](#) by the Ugandan outlet “The New Vision”.
- While some online users seem to be joking about the issue, others are concerned about the implications of Ebola for their own sexual practices, particularly regarding unprotected sex. This particular notion has been retweeted by a Ugandan [journalist](#) to amplify concerns and advocacy efforts regarding fact-based health information.

- Scientific [findings](#) by the WHO Advisory Group have led to recommendations that male survivors of EVD practice safer sex and hygiene for 12 months until their semen tests negative for Ebola.
- While online users might be aware of the perceived risk unprotected sex can impose for a patient who has recovered from Ebola, comments still convey that people might not change their behaviors, and may not be swayed by messaging around preventative practices. Claims such as “**everybody other than Catholic priests will be a victim**”, and “**No some people are not going to die of ebola wabuula thirsty wa kasanyi**” have been shared by online users.

Why is it concerning?

- The greatest concern for responses that are largely negative is not grounded in the public, but the public health response. This type of reaction can be discouraging, yet real scenarios such as these will have an effect on many that may not voice their opinion on a public platform such as Facebook. This public health response, specifically highlighting a real situation that has even impacted public health professionals is very strong, and more examples of local issues should be highlighted, albeit carefully and strategically.
- While the Minister of Health has raised awareness about the topic online, and the importance to fight online misinformation, the relative echo chamber seen in comment sections can embolden individuals. These have often faded over time as continual accurate information will also empower other users to push back against negativity.

What can we do?

- Separate key information pieces to be highlighted in easy-to-digest social media infographics and videos and flood the information environment. (See available Viral Facts Africa content on page 2).

Uganda

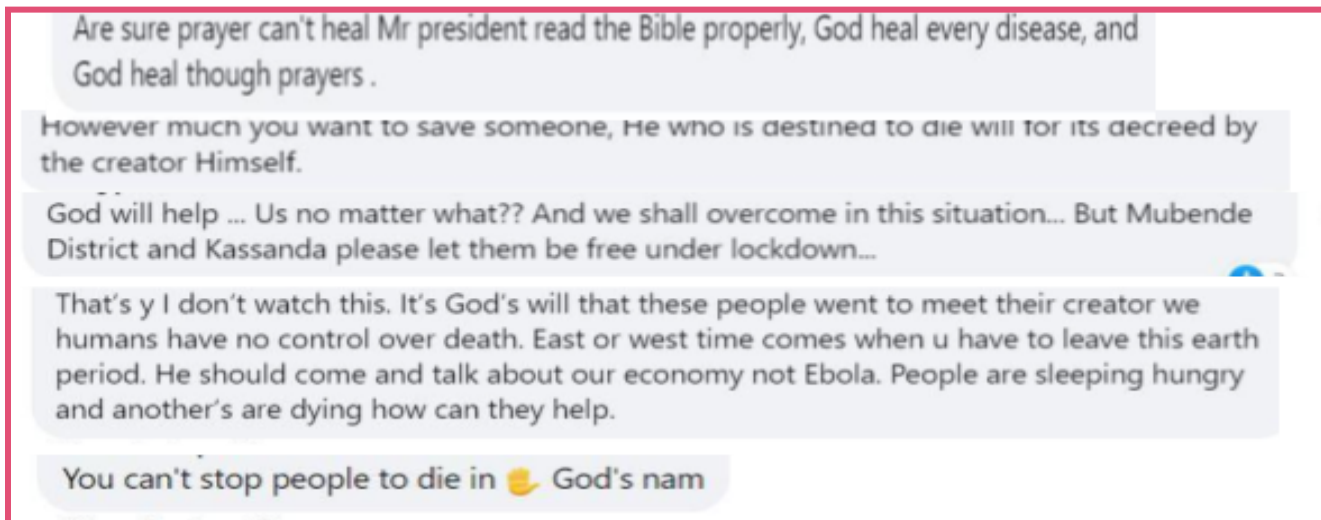
Prayers can heal Ebola if you believe!

CONTEXT: Following President Museveni's 4th [address](#) to Ugandan citizens regarding the spread of the Sudan ebolavirus, a misinformation narrative has gained significant traction on social media that claims prayer or spiritual rituals in place of medical treatment for Ebola is effective.



Engagement: 2.5k likes, 1.3k comments

- Treatment misinformation content has spread on a monitored Facebook [post](#) following the 4th Presidential address on Ebola.
- As reports of the Ebola outbreak are updated and shared via social media platforms, online users have claimed that prayers instead of medical treatments are encouraged to cure Ebola.
- Since the Sudan ebolavirus currently circulating in Uganda has no licensed vaccine for protection, online users encourage religious practices in the case of unfamiliar treatment methods. Even though President Museveni had already banned the work of traditional healers, the belief in prayer as a method to combat the disease is still highly visible in social media discussions.
- Claims which support the above-mentioned narrative can be found below:



Why is it concerning?

- Religion will always play a significant role in the public's sentiment around the disease, particularly one that is so lethal. Pushing back on religious practices can be dangerous, and is often not an issue that can or should be addressed on a social media platform by a public health agency.

What can we do?

- Amplify social media content that debunks common claims around prayers and divine interventions curing Ebola.
- Facilitate targeted and culturally appropriate information to all communities.

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

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

Transmission

- When can people resume unprotected sex after recovery from Ebola?
- Even though Condoms are used, can Ebola still be transmitted?

Vaccines

- Natural immunity Versus vaccine immunity efficacy against the Sudan Ebola virus species
- What are the risks after being inoculated?

General

- Should public events garnering large audiences be banned during the outbreak?
- Are Ugandans used as guinea pigs for the trials of the new Sudan ebolavirus vaccine trial?
- Does Ebola reappear after time through the semen of survivors? Is Ebola now an STD?