

Africa Infodemic Response Alliance

A WHO-HOSTED NETWORK



AIRA Infodemic Trends Report
10-17 October 2022 (Weekly brief #43)

Public Health Infodemic Trends in the African Region

This weekly report provides key highlights and operational recommendations based on social media monitoring from October 10-17 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 Highlights

[Traditional healers to stop treating Ebola patients in Uganda](#)

Concerns around traditional healing, witch doctors and herbalists treating Ebola patients have emerged during the last 3 days. Online conversations were divided between the support of medical solutions to Ebola and the encouragement of traditional practices.

[Pfizer vaccine and virus transmission efficacy questioned](#)

Online engagements around Pfizer vaccine's capability to prevent the transmission of COVID-19 virus emerged after Pfizer representative Janine Small's full hearing in the special COVID committee of the European Parliament.

[DRC doctor announces end of COVID-19](#)

Doctor Jean-Jacques Muyembe Tamfum, declared the end of the COVID-19 pandemic in all parts of the DRC. What is at stake is community hesitancy to pursue vaccination efforts.

Operational Recommendations

Refer to WHO IEC (Information, Education and Communication) [materials](#) and disseminate them to local communities without creating a conflict with cultural values and practical realities of the communities.

Continue to monitor localized responses on vaccine efficacy and provide updates on their availability. Reinforce [messaging](#) on vaccine safety and distribution process to ensure non-contamination.

Develop and maintain trust in health authorities and health service sector delivery in the DRC and re-engage trust with communities to administer appropriate healthcare

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

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

For some Ugandans, Ebola is witchcraft-related

CONTEXT: A recent [report](#) on the evacuation of members of the same family in Mubende district with Ebola-like symptoms has driven confusion including the referral to traditional herbalists, and witch doctors as an effective Ebola treatment method.



- Over the last three days and especially following the address of President [Museveni](#) on October 13, multiple narratives have emerged online drawing the region's attention on more traditional and culturally relevant cures rather than referring to scientific treatments for ebola.
- According to [NTV](#), an outlet based in Kampala, a number of families in Mubende still don't believe that there is an ebola outbreak but instead the illness is witchcraft- related.
- Some [people](#) are labeling religion as a "booming business" where religious leaders and traditionalists can increase profit at the expense of ebola. There are a number of individuals who put faith at the top and believe that only religion cures the illness and finally there are also a lot of online engagements on the important role attributed to science.
- The imposed curfew in Mubende and Kassanda districts has raised questions online around the correlation between ebola and the need to stay indoors. There has also been a comparison with COVID-19 lockdown. This might lead to frustrations among communities who are forced to be under lockdown in specific parts of Uganda.

Why is it concerning?

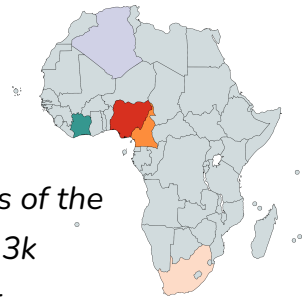
- This narrative highlights the impact of differing narratives in a rapidly expanding information environment and how public health messages can conflict with cultural habits. The different narratives translate the realities that Ugandans are currently living, and pushes the need to disseminate fact-based information. The confusion is tightly related with the trust in government response as well as the international response mechanism from public health organizations.

What can we do?

- In order to fill information gaps on 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 without creating a conflict with cultural values and practical realities of the communities.

Pfizer vaccine efficacy questioned

CONTEXT: The hearing of the special COVID-19 committee at the European Parliament has created opportunities for misinformation and misinterpretations of the Pfizer vaccine efficacy and the public health response of the pandemic. Over 1.3k online interactions and post counts have been trending on the 14th of October.



- Regional media and most prominently [French](#) media has highlighted the controversy caused following the announcement of Janine Small, President of International Developed Markets at the EU parliament, where Pfizer acted at speed upon the request for urgent vaccination around the world without testing whether the vaccine prevented the transmission of COVID-19 or not.
- A French online [user](#) in the region questioned the role of the WHO and international public health organizations regarding the transmission of fact-based information to populations in Africa, while urging African people not to listen to western recommendations.
- The Health Ministry in Ivory Coast immediately addressed information gaps by releasing a video on [Facebook](#) to encourage adolescents to get vaccinated on a voluntary basis. However, online commenters reiterated their concern around the vaccine efficacy.

Why is it concerning?

- While the phrase “Get vaccinated to protect your loved ones and those around you” was shared by media outlets to remind people of the importance of vaccination, there was a large pushback from citizens and mistrust in both governmental and international public health authorities. This can lead to a high-tension environment and the decrease of vaccine intake in many countries.

What can we do?

- Collaborate with fact checkers to debunk the fact that Pfizer and the Food and Drug Administration (FDA) lied about the vaccine efficacy to stop transmission.
- Remind the public about the overall benefits of the vaccine to reduce mortality and morbidity. Translate recent research showing that, even if vaccine doesn't stop transmission, it lowers the risk of passing the virus.
- Increasingly rapid responses to confusion and developing misinformation is paramount at this time. Additionally, greater cooperation in public-facing messaging can help limit overall confusion and give less opportunity for messaging that is not previously approved by public health organizations to take hold.



DRC doctor announces end of COVID-19

CONTEXT: Doctor Jean-Jacques Muyembe Tamfum, coordinator of the technical secretariat of the response team against COVID-19, declared on Thursday 13 October, the end of the COVID-19 pandemic in all parts of the country. He thanked all vaccination efforts which made Congolese herd immunity stronger.

- Online users commented that COVID-19 had never existed in the first place. This information feeds the mistrust between people and science, but also with governmental authorities. The cornerstone of the COVID-19 fight and vaccine acceptance is public trust.
- What is at stake is the continuation of vaccination efforts and sensitization activities expected to take place in universities as some have already been canceled following the announcement of Dr. Muyembe.
- According to infodemic managers in the DRC, less than 10% of people have been vaccinated in the DRC, which doesn't justify Dr. Muyembe's statement on a strong herd community.

What can we do?

- Collaborate with communities and public health authorities to transmit accurate scientific information. Reinforce social norms associated with vaccine acceptance and decisions which increase people's protection from COVID-19.
- The community's interpretation of Dr. Muyembe's statement needs to be coupled by the comprehension of the disease.

Persistent Rumors

Rumor: Vaccines contain mRNA which is leading to an increase in monkeypox

- 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

- Address community bias , overcome the negative influence of political leaders who might stop vaccination efforts
- Amplify community support of vaccination efforts to reduce contamination efforts and increase herd immunity
- Transmit evidence-based information around COVID-19 vaccination to reassure communities about the prevention of the disease
- Reinforce positive social norms which support vaccination efforts

Resources for rumor management and prevention

1. [Vaccine Messaging Guide](#)
2. [Vaccine Misinformation Management Field Guide](#)
3. [Viral Facts Africa](#)
4. [Disinformation Toolkit 2.0](#)
5. [First Draft's Essential Guide to Newsgathering and Monitoring on the social web](#)
6. [The debunking Handbook](#)