

# Africa Infodemic Response Alliance

A WHO-HOSTED NETWORK



AIRA Infodemic Trends Report  
**October 3** (Weekly Brief #41 of 2022)



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## Quick Reference Guide

### Key Ebola Misinformation Trends

- [Ebola case reporting](#).....Pg. 3
- [Ebola treatments/remedies](#).....Pg. 4

[Persistent Rumors](#).....Pg. 5

### [Information Gaps](#)

- What happens in isolation centers?.....Pg. 5

### Viral Facts Africa recent productions

- [COVID-19 VFA Content](#).....Pg. 6
- [Monkeypox content](#).....Pg. 6

[Methodology](#).....Pg. 6

## Public Health Infodemic Trends in the African Region

This report seeks to communicate operational recommendations based on social media monitoring from September 24-30, as well as relevant information on current mis/disinformation.

Target countries include Angola (PT), Kenya, Nigeria, South Africa (EN), Burkina Faso, Cameroon, Democratic Republic of Congo (DRC), Guinea, Ivory Coast, Niger, Mali, Mauritania, Mauritius, and Senegal (FR). Descriptions of “engagements” and information gathering are listed in the methodology section at the end of this report.



## Ebola case reporting

*CONTEXT: A recent outbreak of the Sudan Ebola virus strain has driven widespread concern in the region regarding claims of new Ebola cases emerging in multiple locations outside of the original district of Mubende in Uganda.*



### **Burundi, Democratic Republic of Congo, Kenya, Rwanda, South Sudan, Uganda**

- Multiple reports of Ebola cases have been shared on social media and social messaging apps over the last several days. Most significantly, there have been reports of a potential Ebola case in Kenya. Though the Kenyan Ministry of Health has stated that the tests have come back negative for the suspected case, individuals continue to claim the case is positive and are suggesting the Ministry of Health is misreporting the results to try to mitigate panic or absolve themselves of the blame for not setting up stricter border crossing parameters.
- Rumors of new cases are being announced via social messaging apps before any Ebola response mechanism has announced the suspected cases. Additionally, after rumors of new cases are addressed, some of the Ministry of Health's messaging is not successfully reaching individuals that continue to share reports of cases that have been previously debunked.
- However, there has been a significant shift in the narrative for the Ebola conversation overall. While there are still claims that Ebola is not real, the number of individuals that suggest it is not real has somewhat declined in the last several days. The recent reports of the need for 18 million USD/UGX 69 billion on October 1 have reignited some of the concern that the Ebola outbreak is a ploy for receiving international funding, and therefore the claim that Ebola is not real should continue to be addressed over the next several weeks.

### **Why is it concerning?**

- While it is good that the claim that Ebola is not real has declined, the increase in rumors of new cases in regions that have been proven to not have active infections can strain resources and distract from the Ebola response mechanism as a whole.

### **What can we do?**

- Share official case counts and engage with how individuals should appropriately report potential Ebola infections or possible symptoms presenting in individuals as quickly as possible.



## **Ebola treatments/remedies**

*CONTEXT: Following the confirmation of Ebola cases and deaths from the disease, some individuals believe that the sicknesses are the result of witchcraft while others have suggested using herbal remedies to combat Ebola.*



### **Burundi, Democratic Republic of Congo, Kenya, Rwanda, South Sudan, Uganda**

- Following a report that the WHO warned Ugandan doctors not to treat Ebola because there is no medicine available to counteract the disease, some users in the online community have suggested other traditional treatments and remedies for fighting off Ebola.
- Others have argued on social media platforms that the treatment drugs for Ebola do exist, but government and public health organizations are trying to convince the general public that there is no way to fight against Ebola in order for cases to increase and therefore grow the “Ebola business” mechanism across the region.
- Similar claims have been made that the Ebola virus vaccine that was used for the Zaire strain in the Democratic Republic of Congo is also available and is being purposely withheld to allow the disease to spread.
- Reports that the Ugandan Ministry of Health has requested that Ebola survivors avoid sexual relations for 90 days have driven confusion that the disease is an STD and that Ebola can be avoided simply by not engaging in sexual activity with anyone that is presenting symptoms of Ebola.

### **Why is it concerning?**

- Confusion is paramount. While the government and public health messaging are providing information, there continue to be questions and information gaps that are populating more quickly than accurate content. Specifically, information that public health organizations and regional governments are sharing is leading to the public probing and questioning components of the messaging. This can lead to a decline in trust in the Ebola response.

### **What can we do?**

- A more robust information flow is necessary. Questions from the public need to be addressed in more real-time, mitigating the growth of information gaps in response to public health messaging.



## 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](#))

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## Information Gaps: What happens in isolation centers?

- Over the last several days, concerns have been raised around the isolation centers used for patients positive with Ebola and possible cases under investigation.
- While the most significant focus has been on healthcare workers needing greater protection in place, some online users have questioned what is happening within the isolation centers if there is no treatment available for the disease.
- What is concerning is that individuals have begun to speculate what is happening as there are significant information gaps around the functions of the centers. One very key rumor to watch, as it has had a significant impact in previous Ebola outbreaks in the DRC, is that individuals are having their organs harvested within the isolation centers.
  - “They want people's organs. Ugandans wake up”



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### COVID-19 VFA content

- Flu & COVID vaccines [[LINK](#)],
- Ivermectin to treat COVID-19 [[LINK](#)]
- Childhood vaccination safety [[LINK](#)]
- Fertility and Covid19 vaccine [[LINK](#)]

### Monkeypox content

- Latest Monkeypox VFA content: Monkeypox explainer [[LINK](#)]
- WHO Monkeypox FAQ and Factsheet [[LINK](#)]

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## 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, 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, 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:**



**NEWSWHIP**



**TweetDeck**



**Talkwalker**