

Africa Infodemic Response Alliance

A WHO-HOSTED NETWORK



AIRA Infodemic Trends Report
23-30 January 2023
(Weekly brief #57)

Top Concerns

[Conversations around COVID-19 vaccines re-emerge in South Africa](#)

Rejection of locally-produced COVID-19 vaccine in South Africa, concern around Pfizer video on virus mutation and vaccine development generated engagement in South Africa.

[Claims around street vendors as vectors of cholera in Zambia](#)

Zambian social media users have blamed street vendors for unsanitary practices that allegedly led to the spread of cholera.

[Concerns around climate change and cholera in Malawi](#)

Recent comments on President Chakwera's interview with the BBC raised interest and questions around the relationship between cholera and climate change.

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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 23-30 in Africa, as well as relevant information on current mis/disinformation.

South Africa

Conversations on COVID-19 vaccines re-emerge in South Africa

CONTEXT: COVID-19 vaccine conversations have garnered more engagement in South Africa during the past week. A [European Commission delegation visited South African vaccine production facilities](#) to show support to locally manufactured vaccines, including the first locally-produced COVID-19 mRNA vaccine.



Engagement: 7 posts, 973 likes, 731 comments

- A post by eNCA news on [Facebook](#) and [Twitter](#), a Johannesburg-based TV channel, has garnered the attention of social media users. The majority of responses on social media platforms are expressing rejection of the new vaccine. This underscores that there is still a prominent disapproval of the COVID-19 vaccines despite the fact that this is a locally-produced vaccine.
- Monitored comments include frustrations that the new vaccine is not effective, and that the clinical trial comes at a late stage of the pandemic. Some users have argued that the budget allocated to the new vaccine could have been diverged into solving more pressing issues such as electricity load-shedding.
- COVID-19 vaccine conversations generated interest among community members. In fact, an [article](#) in Sunday Tribune, KwaZulu-Natal's premier Sunday title, corroborates the community's concern over vaccine efficacy and AEFIs (an Adverse Event Following Immunization).
- The information left an opening for anti-vaccination and common misinformation narratives to emerge. Some of the comments below highlight the users' eroded trust in the vaccine:

I'm not putting that s**t into my body. I've lasted this long without having a Jab I sure don't need one now.

I am not going to vacinate again like I did not when COVID was popular

Do we still have ppl who believe in vaccines after so many ppl have died due to heart attacks, blood clots after taking these vaccines. You never learn. Carry on.

MRNA covid19 vaccines like those of Pfizer and Moderna have proved to be the most. Problematic as far as side effects are concerned. #SuddenDeaths caused by heart attacks, blood clots, etc reported. Excess deaths in highly vaccinated nations around 20%

CONTEXT: A [video](#) from [Project Veritas](#) was widely shared on twitter and [Telegram](#) in South Africa and elsewhere, and got **more than 44 million views**. The clip shows a man presented as being a Pfizer executive, admitting that the company is working on mutating the Covid19 virus. The video also includes comments from [Dr. Robert W. Malone](#), a now controversial scientist. This feeds into the narrative of a global conspiracy theory that big pharma companies are at the source of covid19 and its variants. This video was [fact-checked](#) and [Pfizer denied conducting such operations](#).



Why is it concerning?

- Growing sentiment of tiredness and fatigue in perceptions and attitudes toward the COVID-19 pandemic will likely affect vaccination efforts for Covid19 but also for routine immunization campaigns in the country.
- Disinformation pieces are still garnering a lot of engagement online, including from people who are not considering themselves as “anti-vaxx”.
- The news about a locally manufactured mRNA Covid19 vaccine was generally met with skepticism and negative comments which can be an indicator of low confidence in that vaccine.

What can we do?.

- Communicate about the vaccine safety process in place for the locally manufactured Covid19 vaccine, and share evidence of its effectiveness to lower serious symptoms.

- Amplify fact-based information showing that the COVID-19 vaccine remains effective against severe disease and lowers the chances of new variants emerging. Communication resources such as the Viral Facts Africa video on [COVID-19](#) vaccines' safety and effectiveness can be used.
- Build literacy on vaccine safety by amplifying content that explains how side effects differ from AEFIs.
- Share fact-checkers pieces showing why the Pfizer video veracity is questionable.
- Reach healthcare professionals with content debunking false claims around Pfizer vaccine safety to help them respond to questions they may receive from patients. (Recommendation from UNICEF ESAR COVID-19 vaccination report)
- Invest in “inoculating” the public, communication and media specialists to spot disinformation and misinformation. Examples of inoculation against misinformation can be found [here](#).

Zambia

Claims street vendors are vectors of cholera in Zambia

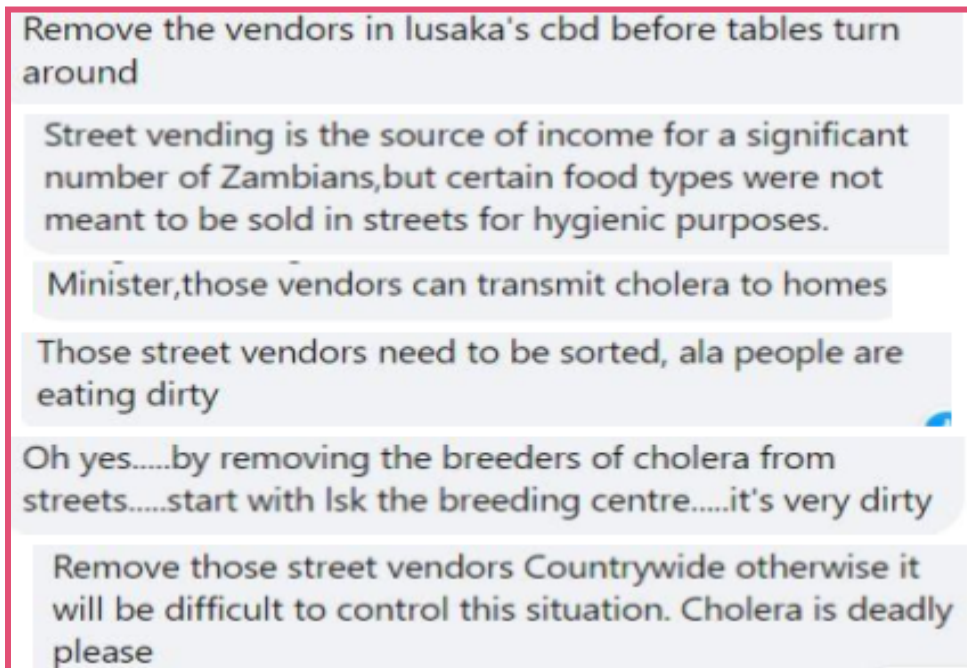
CONTEXT: The Ministry of Health in Zambia [recorded a cholera outbreak](#) in the Eastern province of Vubwi district, with 4 confirmed cases and 7 suspected cases. The Ministry of Health has posted several social media posts on [Twitter](#) and [Facebook](#) on cholera preventive measures.



Engagement: **13 posts, 7.7k likes, 1.3k comments**

- The recent cholera outbreak declared in [Zambia](#) has garnered the attention of online users whose main concern stood out to be the uncleanliness of Zambian streets. Users shared photos of litter discarded on the roads blaming the local authorities for not operationalizing cleaning services.
- Other users have displayed information gaps about the location of the outbreak. It is still confusing for some whether the outbreak has spread in the capital Lusaka or other parts of the country.
- Besides the users' urgent request to keep Zambia's public spaces clean through sustainable ways, roughly 37 comments from a monitored social media [post](#) from the Ministry of Health have blamed street vendors for unsanitary practices that can lead to the disease's spread.

- Some comments below highlight their claim:



- Many street vendors have been banned from selling their products during a cholera outbreak in [2018](#). Local authorities had dismantled their stalls and shops in order to prevent the spread of cholera and other infectious diseases.

Why is it concerning?

- Focusing messaging on street vendors as a means of transmission can create confusion amongst the general population and may result in scapegoating vendors.
- Online users are concerned about good hygiene and accessible clean environments. This has prompted them to blame authorities for the lack of basic access to clean streets.

What can we do?

- Rather than banning street food vending, engage with street vendors and roll out training on basic food safety procedures. ([Social Science in Epidemics: Cholera Lessons Learned](#))
- Monitor the evolution of dis/misinformation and information gaps around cholera transmission, and engage local influencers to share fact-checked information to targeted audiences to address questions.
- Improve knowledge on how cholera spreads, and how preventive measures work to increase trust in the safety and effectiveness of the adopted control measures.

- Engage with the affected communities to hear their narratives of the disease and work with local authorities to design appropriate response measures and risk-prevention messages.
- Continue to check the [Facebook](#) updates of the Ministry of Health in Zambia and the upcoming WHO updates on cholera that explains further control measures to promote accurate information within misinformation channels.

Malawi

Concerns around climate change and cholera in Malawi

CONTEXT: Malawian President [Lazarus Chakwera](#) has called for more studies to be done to establish the link between cholera and climate change. The claim about this correlation comes following “unprecedented levels of water-borne diseases” since devastating floods affected most of Malawi's southern region last year. Online users shared their interests in the subject.

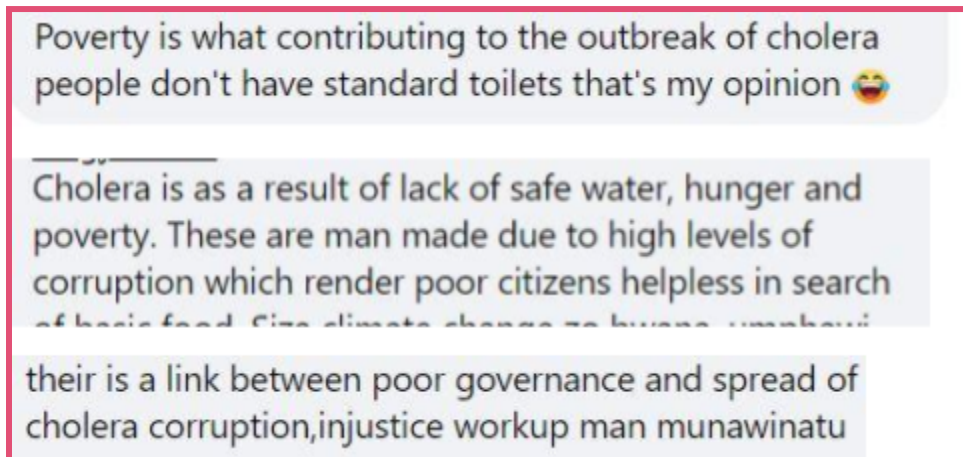
Engagement: **1 post, 457 likes, 504 comments** dropped during the past week. While the Ministry of Health [publishes](#) daily epidemiological updates on cholera cases and preventive measures, the number of digital engagements is low compared to previous weeks.



- The recent Facebook [post](#) published by Times 360 Malawi, a Blantyre-based media group, displays social media users' reactions on the subject. Of 500 monitored comments, roughly 250 users displayed a lack of awareness regarding the correlation that exists between climate change and the spread of water-borne diseases such as cholera. Other reasons like poverty, economic

crisis, and the authorities' corruption were mentioned as core reasons for the outbreak.

- Some of the comments below highlight the users' responses:



Why is it concerning?

- Climate change is at the crossroads of multiple disciplines and potentially affects the proliferation of diseases around the world and especially in Africa.
- Cholera is a diarrheal disease caused by a bacterial infection of the intestine. It is usually transmitted through faecally contaminated water, hands, or food. It remains a frequent cause of outbreaks in Malawi, particularly in areas with inadequate WASH services. Water scarcity through climate change may result in inequitable access to safe water, and sanitation facilities, as well as the promotion of hand and food hygiene practices. All of the above are essential to reduce the risk of cholera transmission.

What can we do?

- Identify climate change threats on communities in Malawi to enhance control and prevention interventions.
- Advocate for the implementation of adapted long-term sustainable WASH solutions to ensure the use of safe water, basic sanitation, and good hygiene practices in cholera hotspots.
- Emphasize that cholera outbreaks most often occur in places with low immunization rates.
- Amplify accurate information on how cholera can be diagnosed, connecting users with services and providing resources in local languages. [WHO](#) fact sheet and VFA videos ([LINK](#), [LINK](#)) can be used as references.

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](#)).

Rumor: COVID-19 no longer exists / never existed

- Response: COVID-19 cases have declined but health authorities are warning of the potential emergence of a new Omicron subvariant (Viral Facts response [here](#))

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](#))

Information Gaps

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

Cholera

- Cholera and breastfeeding
- Cholera and climate change

COVID-19

- New vaccine efficacy in South Africa
- Virus mutations - when will it stop?

Key resources

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

COVID-19 content

- COVID vaccines safety and approval [ENG FR](#)
- Vaccine misinformation management field [guide](#)

Cholera VFA content

- Explainer: Cholera 101 [ENG FR](#)
- Explainer: Cholera preventive measures [ENG FR](#)
- Social, behavioral and [community dynamics](#) related to the cholera outbreak in Malawi (Anthrologica)
- Social Science in Epidemics: [cholera lessons learned](#)

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 (siloeed 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:

