

Africa Infodemic Response Alliance

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AIRA Infodemic Trends Report
23-31 March 2023
(Weekly brief #65)

Top Concerns

[Marburg information gaps and concerns increase amid outbreaks](#)

Information gaps on Marburg origins, diagnosis, and approved treatments, as well as concerns from neighboring countries over border control have been monitored on social media platforms.

[Disinformation and concern over polio vaccines](#)

Social media coverage of the polio vaccination campaign in Botswana has revealed concern from users over the side effects of the vaccine. Disinformation around last week's declaration of the circulating variant poliovirus type 2 in Burundi has been also circulating online.

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Public Health Infodemic Trends in the African Region

This weekly report provides key highlights and operational recommendations based on social listening data from March 23-31 in Africa.

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Marburg information gaps and concerns increase amid outbreaks

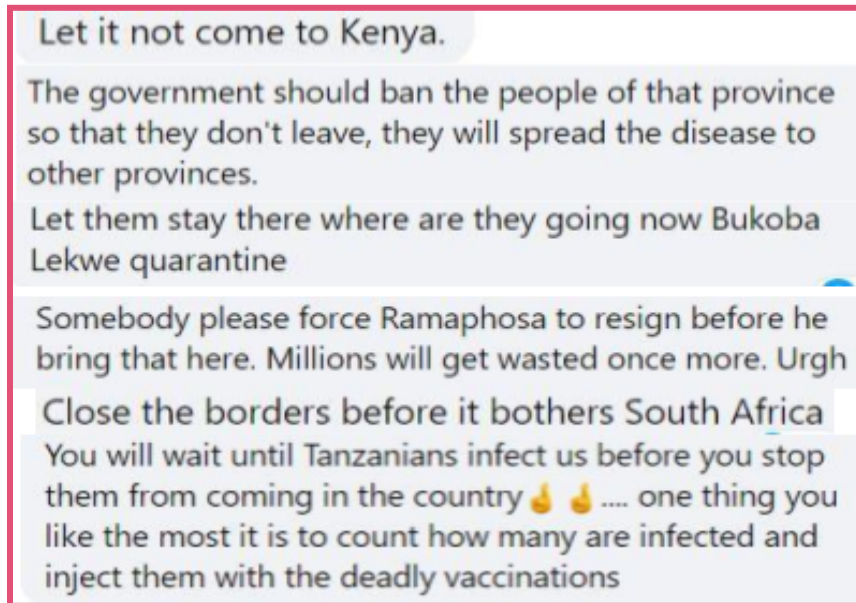
CONTEXT: Reviews of regional social media coverage about the confirmation of the first-ever outbreak of Marburg virus disease (MVD) in Tanzania revealed multiple information gaps and concerns from neighboring countries about the capacity to contain the transmission

Engagement: 30 posts, 8479 likes, 2778 comments

Concern from neighboring countries

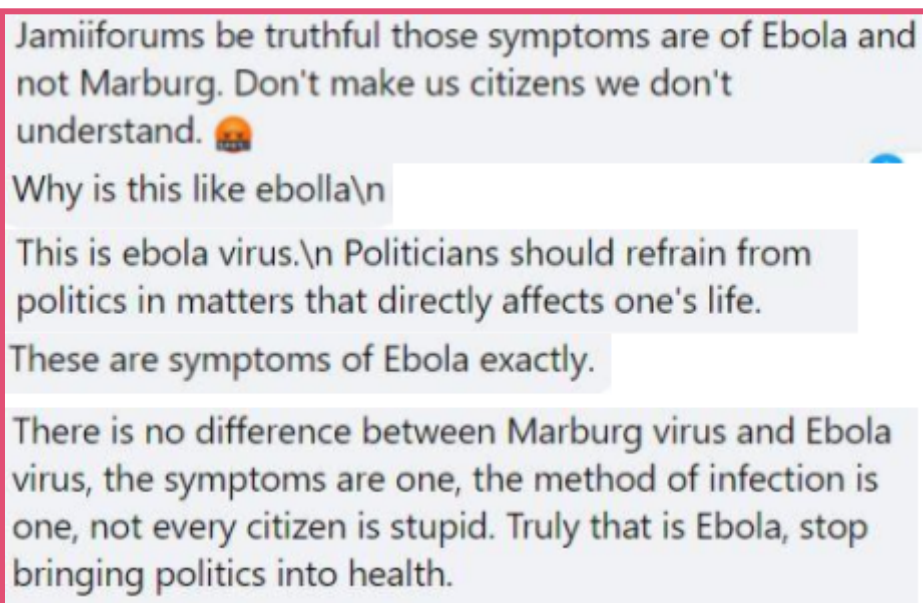
- The social media coverage of the Marburg disease increased during the past week. Social media platforms from Tanzania and neighboring countries have focused on updates over the established protocols to mitigate the spread of the disease, including cross-border surveillance, health literacy about the disease, and updated numbers of cases and contacts.
- Reactions from neighboring countries have been monitored and include containment concerns, fatigue over the announcement of a new disease, and disinformation about the origins of the disease.
- In [Uganda](#), the Minister of Health, Dr. Jane Ruth Aceng, inspects the Mutukula border post and urges health workers to take precautions when dealing with travelers.
- In [Rwanda](#), authorities have enhanced active surveillance in the community, health facilities, and entry points, where temperature screening is done for all passengers coming into the country.
- In [Kenya](#), Acting Health Director General Dr. Patrick Amoth said: “The Ministry has activated its surveillance and response mechanisms and enhanced surveillance at all border points between Kenya, Tanzania, and Uganda.”
- In [Malawi](#), online users have shared comments that display fatigue over the announcement of a new disease and comments that the Marburg outbreak in Tanzania signals “the end of time”.
- In [Burundi](#), the Ministry of Health shared a public notice about the death of an 18-year-old student who presented MVD symptoms and is a resident of Giteranyi, a town close to the Tanzanian border. The results of the analysis turned out to be negative for MVD and EVD. The Minister called Burundians to be vigilant and respect preventive measures.

- Online users in [South Africa](#) have notably spread conspiracy theories that the disease was intentionally created by western countries to depopulate Africa, a narrative that has remained in public discussions for the last two months, and associated with other outbreaks including measles.
- Some of the comments highlight the concerns of users over cross-border transmission from different countries:



Information gaps about origins, diagnosis, and approved treatments

- Information gaps have emerged quickly on social media platforms since the announcement of the outbreak on March 21st, around effective treatment measures, the difference between Ebola and Marburg, and the origins of the disease..
- Social media users, who commented on an article posted by [Jamii Forums](#), one of the most popular websites in Tanzania and with 3.3M followers on Facebook, have associated the symptoms shared in the article's body (fever, headache, muscle pain, weakness, vomiting, diarrhea and bleeding in open parts of the body) to be those of the Ebola virus and not of Marburg, and have accused the authorities of hiding the true name of the disease from the public.
- Some of the comments are shared below:



Comments that the Marburg virus disease does not exist in Equatorial Guinea

- ❑ Online users who commented on a [post](#) by UNICEF Equatorial Guinea have denied the existence of the virus in Equatorial Guinea. However, according to the Ministry of Health's latest [update](#) on MVD in Equatorial Guinea, laboratory-confirmed cases have spread to Bata, a port city in the Litoral province, and the second largest city after the capital Malabo. Since the declaration of the outbreak on 13 February 2023, this brings the total to [nine](#) laboratory-confirmed cases and 20 probable cases reported on 21 March.

Why is it concerning?

- It is the first-ever outbreak of MVD in the country and users are still digesting a lot of information about preventive measures and general updates and many information gaps were identified on social media platforms.
- Misinformation that the MVD does not exist might accelerate its spread as individuals do not take precautions and preventive measures seriously.

What can we do?

- Monitor conversations and collect feedback from healthcare worker groups and communities to identify potential information gaps about Marburg diagnosis, treatment, and preventive measures. If necessary, design specific messages and training content for this audience.
- Share updates from WHO social media pages and trusted health channels to amplify the spread of accurate news. WHO Marburg [fact sheet](#) can be used as a reference and the posts by the Ministry of Health's social media pages (FB, Instagram, Twitter).

- There is currently no vaccine available nor antiviral treatments approved for MVD. Therefore, continuous awareness of the protective measures that individuals can take is one of the effective ways to reduce human transmission of the virus.

Botswana, Burundi

Disinformation and concern over polio vaccines

CONTEXT: Social media coverage of the national supplementary vaccination campaign against [polio](#) in Botswana has revealed concern from parents over the side effects of the vaccine. Disinformation around last week's declaration of the circulating variant poliovirus type 2 in Burundi has been also circulating.

Engagement: 7 posts, 948 likes, 534 comments

Botswana

- The Ministry of Health [launched](#) a polio vaccination campaign on February 23rd following a discovery in 2022 of a circulating variant of poliovirus type 2 (cVDPV 2) from an environmental sample collected at a wastewater treatment plant in the capital Gaborone.
- Following the first round of polio vaccination, parents started displaying their concerns over the vaccine's side effects and some parents are sharing that their child experienced "painful throat, ear infections, allergic reactions, and inability to breathe at night" after getting the first dose.
- The Ministry of Health in Botswana put up a Facebook [post](#) to inform confused parents about the side effects of the vaccine.
- Out of 219 commentators who commented on the same post, roughly 50 explicitly mention their unwillingness to vaccinate their child with the second dose of the polio vaccine. Parents were also concerned that there is no access to medicine that could treat severe side effects.
- Some of the comments shared below display their unwillingness for their children to take the second dose:

The question is, should we give children the 2nd dose yet they are not yet grown up

Why are you talking about our children after getting sick

😞 I say my child is not going to take the 2nd dose period.

They are sick of ear infection, campaign is only on the internet, so are you talking about side effects, did you not know existed? I wonder what the 1st 2 will be like? I'm so scared right now.

My daughter ain't getting second dose 🙄 you want to kill our children... If being fired from the country I can be fired again you don't have meds in hospitals killing us We are already going out with private we buy medicine everyday. My 2nd dose will miss him! You just ran for campaign not preparing for medication not at the clinics

- There are several Facebook posts that indicate the Ministry's awareness of the users' concerns [[LINK](#), [LINK](#), [LINK](#)] including adapting awareness messages to local language (Tswana), advising parents that their children should receive the second dose of polio vaccine and informing what measures to adopt when their child experiences AEFIs and expected side effects following vaccination.
- A low share of individuals mentioned that the side effects of the polio vaccine resembled those of the COVID-19 vaccine and exhibited doubts about the components of the polio vaccine.
- In a Facebook [post](#) that calls parents to include the second dose in the children's immunization schedule, some online users have displayed persistent concerns about the side effects following the first round of vaccination.

Burundi

- Numerous posts by disinformation and anti-vax groups have been shared following last week's declaration in Burundi of an outbreak of circulating variant poliovirus type 2 (cVDPV 2), the first detection in more than 30 years in that country.
- A [video](#) titled "Bill Gates launches new polio attack through poison shot" was shared on Rumble, a video platform that is known for sharing conspiracy theories and misinformation.

- The clip shows Alex Jones, a prominent American conspiracy theorist, talking about the polio outbreak linked to the polio vaccine in Burundi.
- The video also includes screenshots of articles documenting circulating variant poliovirus outbreaks in African countries and around the world from known journalistic sources and scientific journals.
- This feeds into the narrative of a global conspiracy theory that big pharma companies are at the source of poisoning, controlling, and depopulating Africa.

Why is it concerning?

- Disinformation about the polio vaccines and conspiracy theories about the involvement of Bill Gates is not new and re-gain momentum whenever there is a new vaccination campaign launched. However, what can be concerning is the distrust and negative responses from people and parents who are willing to get their child vaccinated/ got their child the first dose but are now hesitant because of the side effects that they experienced or other parents are reporting on social media.
- News about cases linked to the circulating variant poliovirus type 2 in Burundi and the DRC has been a center of attention for disinformation and anti-vax groups from outside of Africa, but then the disinformation is largely shared on social media platforms by African social media users who may not know they are sharing disinformation.

What can we do?

- Engage with parents, teachers, and healthcare workers during community-based sessions to discuss and address the concerns about the possible side effects experienced after vaccination.
- Continue to emphasize that polio has no cure and that vaccination is a way to protect against the disease. [WHO](#) fact sheet on polio can be a reference.
- Advocate with the government about disinformation platforms to take measures to improve content screening and moderation so the public is informed about the credibility of the sources of the information they receive.
- Work with fact-checkers and other organizations working on infodemic management to debunk disinformation, but also to pre-bunk harmful narratives that are likely to appear before a new polio vaccination campaign.

Persisting concerns

Cholera misinformation and concerns persist

- **In Malawi:** Malawi 24, an independent online news publication and media house shared an [article](#) on March 26 titled “Fear stopping people from seeking cholera treatment”. Persistent misinformation including the fear that healthcare workers are injecting cholera-infected syringes into patients, skepticism over cholera vaccine efficacy, and fear of organ harvesting at cholera treatment centers (CTC) are still prevalent among all communities (including youths and adults, according to the article).
- **In Mozambique:** Quelimane, a seaport in Mozambique located in Zambezia province, and extremely prone to floods during Mozambique's rainy season, has registered almost two thousand cases of [cholera](#). Online users who commented on an [article](#) by Televisão de Moçambique detailing the current situation in Quelimane, have requested more clarity about the existence of cholera in Quelimane. One commentator specifically highlighted that “social activists in Quelimane have denied the existence of cholera”. A spokesperson in a [video](#) included in the same article said that there are also “reports of people dying on the way to the hospital and at home with symptoms resembling cholera”. There is an assumption that a considerable number of people are dying from cholera outside health facilities.

Trends to watch

Measles in Botswana

- Health authorities in Botswana issued a [public notice](#) on March 28 on social media platforms stating that 13 cases of Measles and 1 case of Rubella have been detected in Botswana. The ministry also stated the symptoms and preventive measures to be adopted to mitigate the spread of the disease.
- Measles virus is a highly infectious disease. Routine measles vaccination for children, combined with mass immunization campaigns are key public health strategies to reduce global measles deaths, as there are no specific antiviral treatments for the measles virus. ([WHO](#)).
- Online users have shared sentiments about fatigue over the announcement of a new disease and concerns about measures to contain the spread of the disease.

Circulating variant poliovirus type 2 in Burundi and in the Democratic Republic of Congo

- As reported in last week's AIRA report, health authorities in Burundi [declared](#) on March 17 an outbreak of circulating variant poliovirus type 2 (cVDPV 2). [WHO](#) also issued an article on March 17 confirming cases in Burundi of circulating poliovirus type 2, which is the first detection in more than 30 years in that country.
- Since last week, most of the conversations monitored focused on Burundi, with disinformation circulating about the vaccine being part of an international conspiracy led by Bill Gates. Regarding conversations in the DRC, the level of engagement on social media platforms seems to be low so far and no updates from the Ministry of Health in the DRC were shared about the circulating variant of poliovirus type 2.

Information Gaps

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

Marburg

- Is Marburg sexually transmitted?
- What are the relevant treatment options?
- What is the difference between ebola and Marburg?
- Is hugging allowed?

Polio

- Can polio vaccine side effects happen after each vaccine dose?
- What's the difference between the first and second polio dose?
- Are there any medical contraindications for getting the polio vaccine?

Key resources

Cholera

- [Social media toolkit](#) with all recent Viral Facts videos on cholera: (ENG, FR).
- cholera outbreak response [manual](#)
- The cholera application on [iOS](#) and [Android](#)
- Global Task Force on cholera control [resources](#)

- [Jingle](#) to reduce cholera spread through WhatsApp and radio (produced by the Voice of Livingstonia in Mzuzu, Malawi, supported by [Developing Radio Partners](#))
- [Social Science in Humanitarian Action Platform](#)
- [The cholera outbreak is avoidable](#)
- [Social, behavioural and community dynamics related to the cholera outbreak in Malawi](#) / RCCE Collective Service in East and Southern Africa Region.

Polio

- [Why is polio back in some countries](#)/ UNICEF Digital Community Engagement Unit Newsletter

Measles

- [Social media toolkit](#) with all recent Viral Facts Videos on measles (ENG, FR).

Marburg

- [Social media toolkit](#) with all recent Viral Facts Videos on Marburg (ENG, FR, SP).
- Marburg Virus Disease in Tanzania - Rapid Response [Video](#)

Methodology

The social media listening process relies on a combination 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 (siloe engagement).

The monitoring reports are produced using NewsWhip Analytics, Crowdtangle, Google Trends, and UNICEF Talkwalker dashboards as well as the WHO EPI-WIN weekly infodemic insight reports and the 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.