

# Africa Infodemic Response Alliance

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AIRA Infodemic Trends Report  
**13-20 February 2023**  
(Weekly brief #60)

# Top Concerns

## [Marburg virus in Equatorial Guinea spreads to neighboring countries](#)

People have been exposed to misinformation on digital media platforms about confirmed cases of Marburg in Cameroon and a confirmed case of Ebola in Gabon.

## [Measles outbreak highlights information gaps and disinformation](#)

Concerns in South Africa about the measles vaccine, the work of WHO as a global health agency. Have been monitored through social media platforms.

## [Cholera misinformation persists in Kenya and Malawi](#)

Cholera campaigns in Kenya and Malawi have driven misinformation about the vaccine affecting fertility among young girls and information gaps about vaccine eligibility.

# Quick Reference Guide

## Top Concerns

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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 February 13-20 in Africa, as well as relevant information on current mis/disinformation. For more information, please contact the WHO AIRA team:

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## Equatorial Guinea, Gabon, Cameroon

### Marburg virus in Equatorial Guinea spreads to neighboring countries

**CONTEXT:** Following the confirmed case of Marburg virus in Equatorial Guinea, people have been exposed to misinformation on digital media platforms about confirmed cases of Marburg in Cameroon and a confirmed case of Ebola in Gabon.

**Engagement:** 22 posts, 1517 likes, 173 comments

- The number of Google searches about the “Marburg virus” were higher in Cameroon and Gabon, than in the region in Equatorial Guinea where the first confirmed case was announced on February 13.
- “Marburg virus - Infectious agent” was among the most searched topics in Cameroon. “Marburg virus” was the most searched term in Gabon in the last week.

#### Gabon

- A Facebook [post](#) by Gabon Check, a fact-checking agency, debunked a rumor about patients with Ebola disease admitted at the military hospital of Akanda. Similarly, the Ministry of Health and Social Affairs also [fact-checked](#) a rumor about an individual with Ebola hospitalized at a health facility in Libreville.
- The Ministry has “condemned” this claim and any dissemination of messages whose sole objective is to sow panic among populations.



- A fact-checking agency called [Gabon check](#) and a Gabonese media agency called [Medias 241](#) also validated that there are no confirmed Marburg cases in Gabon.
- A [video](#) by Gabon 24, a TV channel based in Libreville, featured a message from the WHO representative in Gabon about the importance of fighting infodemics while strengthening surveillance of cross-border movements.

## Cameroon

- Following the [news](#) that two suspected cases of Marburg disease have been detected in Olamze, a commune on the border with Equatorial Guinea, a digital media outlet in Cameroon, called Tebo Post said: "Dangerous Virus discovered in Equatorial Guinea has been found in Cameroon". The news about confirmed cases is misleading and can make room for more misinformation to be spread online. [[LINK](#)]

The Cameroonian Ministry of Health published a [post](#) on its Facebook page on 16 February denying the confirmation of Marburg cases in the country.

### Why is it concerning?

- News agencies amplifying misinformation is a real concern for health authorities and online users. If left unchecked, misinformation can hinder efforts to contain the outbreak.

### What can we do?

- Monitor the conversation around Marburg to fact-check any misinformation that might cause harm to individuals online and offline. Amplifying accurate information is essential for the audience's knowledge about the spread of the disease.
- 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 Ministry of Health [posts](#) in Equatorial Guinea as well.
- There is currently no vaccine available or antiviral treatments approved for MVD. Therefore, continuous awareness of the protective measures that individuals can take is an effective way to reduce human transmission of the virus.

## South Africa

### Measles outbreaks highlight information gaps and disinformation

**CONTEXT:** Reviews of social media platforms and conversations revealed large mis/disinformation in South Africa. Many questions and concerns were raised about the measles vaccine, and some comments discredited the work of WHO as a global health agency.

**Engagement:** 2 posts, 246 likes, 120 comments

#### Depopulation narrative in South Africa

- Comments on a [post](#) by SABC news, a South African broadcasting corporation, around the national measles vaccination campaign highlighted vaccine hesitancy and distrust in WHO as a global health agency. Social media users claim the measles campaign in South Africa is a plan to “eliminate black Africans”.
- Some comments are shared in the screenshot below:



#### Why is it concerning?

- Measles is a highly infectious disease, and unvaccinated young children are at the highest risk of the disease and its complications, including death.
- Distrust in the government and global public health agencies like the WHO can contribute to vaccine hesitancy and lead to low uptake of routine vaccinations.

## What can we do?

- Emphasise that vaccination is still the most effective way to protect against measles, even for those who have been vaccinated before but did not develop immunity.
- Use the WHO [Measles fact sheet](#) as a reference to amplify that routine immunization is a key health strategy to prevent measles deaths.
- Enhance trust with global health agencies through the amplification of efforts done to mitigate the spread of Measles in South Africa.

## Kenya, Malawi

### Cholera misinformation persists in Kenya and Malawi

**CONTEXT:** Cholera campaigns in Kenya and Malawi still attract misinformation claims and information gaps.

**Total Engagement:** 20 posts, 3655 likes, 3567 comments

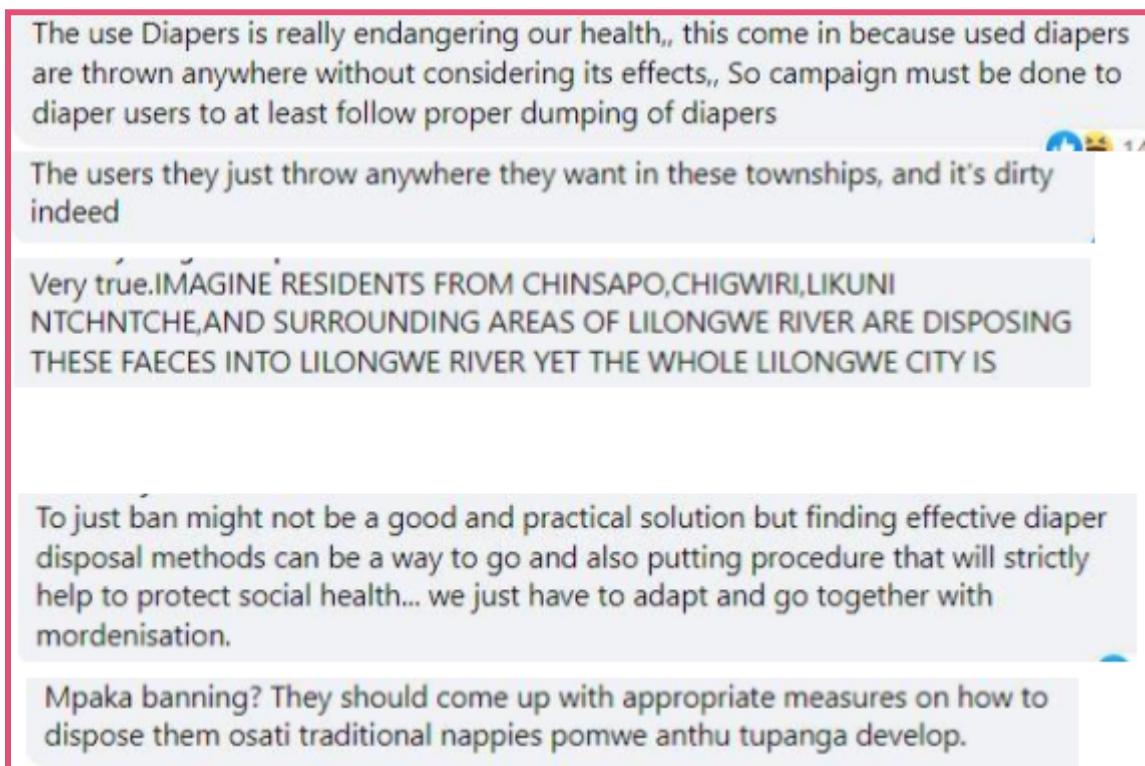
#### Kenya (8 posts, 427 likes, 95 comments)

- Kenya kicked off the Oral Cholera Vaccination (OCV) [campaign](#) on the 11th of February in Nairobi, Wajir, Tana River, Garissa, and the Dadaab refugee camps. A Facebook [video](#) posted by Kulan Post, the first multimedia outlet delivering information about Northern Kenya concerns, highlights that “the first priority of the community [in Wajir County] is food and water” as people lack access to proper water, sanitation, and affordable goods. This prevents individuals from complying with preventive measures in fighting cholera.
- The situation has been exacerbated by the ongoing drought, *making it difficult for people in Wajir county to adhere to preventive measures.*
- Information gaps and misinformation were registered by Kenya Red Cross Society volunteers during the vaccination campaign in Nairobi (Mathare and Embakasi East). This included information gaps on vaccine eligibility which detailed that only children and young babies are eligible to take the oral cholera vaccine.
- Misinformation on vaccine credibility was also noted as some individuals did not think the vaccine is credible as it was being administered orally instead of intravenously.
- Misinformation around vaccines and fertility has also been registered in Garissa county where young teenagers (14 years old) fear it might affect their fertility whereas men feared that the vaccine might interfere with their libido.



### Malawi (12 posts, 3228 likes, 3472 comments)

- A Facebook [post](#) by MIJ online, a Blantyre-based media agency, states that health rights campaigners have called authorities to suggest “imposing a ban on the use of diapers as a way to reduce the spread of cholera and other related infections.”
- Of 436 monitored comments, roughly 200 comments agree that the disposal of diapers contributes to the spread of cholera. Around 100 comments do not agree and propose finding practical disposal methods to protect the environment and mitigate the spread of the disease.



#### Why is it concerning?

- Persistent cholera misinformation (online and offline) and local cultural practices and beliefs can hinder efforts to contain the outbreak in Kenya and Malawi.

#### What can we do?

- Emphasize the need to continue observing public health [guidelines](#) on handwashing and food safety and highlight the importance of consuming clean water and food to prevent the spread of the disease. References such as the [WHO](#) cholera fact sheet and Viral Facts Africa videos ([LINK](#), [LINK](#)) can be adapted.
- Engage communities to adopt protective hygiene measures such as practical hygiene practices. Increased communication regarding potential risks and

precautions to take to avoid cholera is essential for communities to be part of the fight against cholera.

- Debunk misinformation on vaccine infertility and vaccine credibility and amplify that oral cholera vaccines provide protection against cholera.

## Trends to watch

### New malaria mosquito vector detected in Kenya

- The Ministry of Health in Kenya issued a [statement](#) on Twitter on February 21 encouraging citizens to take preventive measures against a new malaria vector detected in Marsabit, Northern Kenya.
- *Anopheles stephensi* has the capacity to thrive in urban environments, setting it apart from the other main mosquito vectors of malaria that primarily breed in rural areas ([WHO](#)). It poses a serious threat that may reverse the gains made in the fight against malaria in Kenya. ([KEMRI](#))
- Based on social listening in Kenya, social media users have displayed confusion about the emergence of the new mosquito, and how dangerous this mosquito might be in comparison to other malaria mosquitoes.

### Persistent Rumors

#### Inaccurate cholera misinformation includes

- The emergence of a new cholera strain;
- The injection of cholera-infected syringes by healthcare workers;
- Community disagreement over burial practices;
- Community skepticism over cholera vaccine efficacy.

### Information Gaps

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

## Marburg

- Which virus is more dangerous? (Ebola, C-19, Marburg)
- Why is there no vaccine?

## Cholera

- Vaccine and fertility
- Vaccine and credibility



## Measles

- Vaccine hesitancy

## Key resources

### Cholera

- Viral Facts Africa Explainer: Cholera 101 [ENG FR](#)
- Viral Facts Africa 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 (siloes 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.