

Africa Infodemic Response Alliance

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AIRA Infodemic Trends Report

1-7 April 2023

(Weekly brief #66)

Top trends

[Lack of access to safe water as a key barrier to stop the spread of cholera](#)

Social media coverage in South Africa and Mozambique revealed concerns over the unavailability of safe water amid cholera outbreaks.

[Marburg information gaps persist in Tanzania](#)

Social media coverage of the Marburg virus disease in Tanzania has revealed information gaps over protective and preventive measures against the virus.

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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 April 1-7 in Africa.

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South Africa, Mozambique

Lack of access to safe water as a key barrier to stop the spread of cholera.

CONTEXT: Social media coverage in South Africa and Mozambique revealed concerns over the unavailability of safe water. In Mozambique, the cyclone induced torrential rains from the 11th to the 15th of March and caused floods that affected several districts including Quelinmane in Zambezia province.

Engagement: 10 posts, 4245 likes, 416 comments

South Africa

- The National Department of Health in South Africa confirmed on [Facebook](#) that four new laboratory-confirmed cases of cholera have been detected in Gauteng. The suspected source of infection is water from Juskei and Kilp rivers where patients got baptized on 18 March.
- Out of over 100 online users who responded to the Facebook [post](#), multiple narratives emerged. Most prominently, users shared concerns about contaminated water and poor sanitation derived from rivers and blamed the authorities for failing to provide access to safe water and sanitation facilities.
- Some of the comments are highlighted in the screenshot below:

Mozambique

- Following the second [landfall](#) of tropical cyclone Freddy on 11 March in Mozambique, online users who commented on a [post](#) from UNICEF Mozambique on 28 March reported that residents in affected districts, including Quelimane, lack access to safe water, sanitary and health facilities.
- Some of the comments highlighting the users' concerns are shared below (translated from portuguese to english):

Our people are busy throwing dirty pampers n plastics in our rivers .

Why I'm not surprised, some of us we don't have water for months now. Cholera outbreak it's a serious problem,

Come to phalaborwa in limpopo, then you will see the sewerage run down the streets. To our mayor this cholera thing is a myth

That is what happens if human sewerage is dumped in waterways. |

Really, can we not have at least clean water. Disgusting

If the government can arrange proper water for the people then they will not suffer.

It is really sad water situation in the City of Quelimane and in the towns where the water pipeline passes and that benefited from this precious liquid but I believe this situation will be resolved soon.

So far the town of Quelimane is facing serious water problems. Don't say you faced it like you already solved this problem, some neighborhoods still don't have access to drinking water.

We're having a hard time for water shortage. Cyclone Freddy has left us a major wreck.

At this very moment I'm processing how ima cook my food 😞, eyeing this faucet for centuries no water coming out, sad 😞 reality.

I'm tired of cooking with well water and sometimes drinking the same water

Why is it concerning?

- [Recent data for Mozambique](#) show a general good knowledge about cholera is in communities. However, the lack of access to safe water, which was worsened
- for certain areas after Cyclone Freddy, seems to be a critical barrier to stop the transmission of cholera.

What can we do?

- Use social science data to focus RCCE efforts in communities where the level of knowledge is lower and where misconceptions about cholera are more widespread. More targeted communication strategies instead of mass communication could yield better results in this phase of the response.

- Whenever possible, use an multisectoral approach in the most affected communities, especially between WASH and health interventions.
- Continue to engage with communities and conduct social listening to monitor if there are changes in the discourse online and offline and address rumors as soon as they arise.

Tanzania

Marburg information gaps persist in Tanzania

CONTEXT: Regional social media coverage about the confirmation of the first-ever outbreak of Marburg virus disease (MVD) in Tanzania revealed important information gaps around preventive and protective measures against the virus.

Engagement: 15 posts, 1200 likes, 257 comments

- Based on public engagement on social media posts regarding Marburg, the media and public interest for the outbreak since has gradually declined. According to Google Trends in Tanzania, there has been an 83% drop in searches related to Marburg over the last two weeks.
- Accurate information regarding Marburg is being circulated on Facebook and WhatsApp by media outlets and journalists in Kenya and the DRC, the posts have not garnered a lot of engagement by social media users. [[LINK](#), [LINK](#)].
- The Tanzania Broadcasting Corporation published an [article](#) which posed a question about Marburg preventive measures to online users:

“Do you know how to protect yourself from Marburg's disease...?”
- This drove a robust discussion from citizens and revealed the information gaps that are prevalent in the public’s awareness. They also requested support from health authorities to keep “educating” people about the Marburg virus.

The disease is new so many of us don't even know how to protect ourselves.

We are asking for guidance\n

Education is needed and the radio is not heard everywhere. Like where I am never heard of it

I am a resident of Kagongwa Kahama, honestly I don't understand together with the disease itself, I am waiting for class from TBC.

From Geita Ruzewe truly the education we got in a minute here at the main mosque of Ruzewe is cleanliness, washing hands and not touching each other especially to the Muslims. Every time you take porridge and clean your hands you become clean in most of the time you will have protected yourself. Let us pray a lot, let us continue praying to the Almighty God and if you fast without praying, work is useless.

Why is it concerning?

- Marburg virus is highly infectious and with potentially a high case fatality rate ([WHO](#)). It is the first-ever outbreak of the Marburg Virus Disease (MVD) in the country. The public's understanding of the disease may not keep pace with the spread of cases.
- If individuals and health care workers are not aware of the signs, symptoms, and transmission of the virus, they may not take the necessary precautions to protect themselves and others from infection in Tanzania and across borders.

What can we do?

- Simplify new medical information for Tanzanian audiences into easy-to-digest visuals about the origins, transmission and preventive measures of the Marburg virus. [Videos](#) from Viral Facts Africa social media toolkit on Marburg can be used.
- Engage public radio stations, call centers, religious leaders, health care workers and any other trusted actors in a two-way communication to listen to concerns and share regular messages about the Marburg virus.

Trends to watch

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

- As reported by AIRA in our [last report](#), prominent anti-vaxx and conspiracy theory groups from the US and Europe have used the poliovirus cases in Burundi and DRC to spread disinformation about the poliovirus vaccines and Bill Gates, which is not a new narrative. However, this is still a trend to watch if the disinformation spreads across social media platforms and in communities in Africa and gets tractions from mainstream media and opinion leaders.

First cholera case in Eswatini

- Health authorities in Eswatini issued a [public notice](#) on April 3rd on social media platforms confirming a cholera case in the Manzini region, the country's largest urban center ahead of Mbabane, the executive capital.
- The health authorities provided guidance on preparedness and management of cholera in health facilities including sharing symptoms and preventive measures to be adopted to mitigate the spread of the disease.
- The patient with cholera traveled from Mozambique into Eswatini.

Information Gaps

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

Measles

- How are measles and chickenpox different?
- When you get infected by measles you get infected by rubella as well?
- Is measles immunity reducing over the years?

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, behavioral and community dynamics related to the cholera outbreak in Malawi](#) / RCCE Collective Service in the 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](#)

COVID-19

Social Listening [Report](#) on COVID-19: Vaccine trends and rumors in West and Central Africa Region March 2023

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.