

Africa Infodemic Response Alliance

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AIRA Infodemic Trends Report

28 June - 5 July 2023

(Weekly brief #78)

Top concerns

[Misconceptions amidst the measles outbreak in Kenya](#)

Underreporting of suspected measles cases, geographical constraints, the use of homeopathy, and misconceptions about the measles vaccine hinder vaccine acceptance in some regions of Kenya.

[Polio vaccine misinformation in the Democratic Republic of Congo](#)

The refusal of polio vaccines, predominantly due to religious reasons, has seen a larger attention share in social media when coupled with lasting apprehension surrounding the COVID-19 vaccination and its potential side effects.

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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 June 28 - July 5 in Africa.

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Misconceptions amidst the measles outbreak in Kenya

CONTEXT: According to the [disease outbreak situation report](#) (as of 29 June 2023 - Epi week 25 2023) issued by the division of disease surveillance and response at the Ministry of Health of the Republic of Kenya, the measles outbreak in Kenya affected 10 counties with a total of 634 cases with 141 confirmed cases and 8 deaths (CFR 1.3%).

- The disease outbreak situation [report](#) issued by the Kenyan Ministry of Health highlights several challenges regarding the measles outbreak in the country.
- This includes gaps in reporting suspected or epidemiologically linked cases from the impacted sub-counties.
- In the same sitrep report, some identified causes of the outbreak relate to the profile of the affected community (majority of pastoralists affected) who have limited healthcare access to health facilities. As a result, many resort to using traditional methods to treat the symptoms of the disease.
- “The insufficient financial resources to support the counties in conducting mobile outreach to reach the affected community” was also cited as a barrier to containing the outbreak
- Lastly, some members of the affected community believe in “traditional myths, such as the notion that a child with measles will die if injected, which discourages even those with access from seeking healthcare services”.

Why is it concerning?

- Turkana and Garissa counties -the counties with highest recorded cases- are areas with limited access to healthcare services. The combination of remote geographical locations, inadequate infrastructure, socio-economic challenges, and limited healthcare facilities makes it difficult for the affected population to receive timely medical attention.
- Limited access to healthcare services also implies that there may be a lack of essential medical resources, such as testing kits, medical personnel, and treatment options. This scarcity further hampers the ability to effectively manage and control the outbreak in these areas.

- ❑ Challenges to accessing health facilities and vaccines may encourage people to turn to self-medication and unproven cures to protect themselves and delay seeking appropriate medical care when sick.

What can we do?

- ❑ Efforts must be directed toward addressing these challenges comprehensively.
- ❑ Health partners could support the Ministry of Health in improving the reporting of cases, improving the quality and access to health services including in remote areas. Community engagement and infodemic management activities can also support health literacy about measles and contribute to dispelling misconceptions.

Democratic Republic of Congo

Polio vaccine misinformation in the Democratic Republic of Congo

CONTEXT: The refusal of polio vaccines, predominantly due to religious reasons, coupled with the apprehension surrounding the COVID-19 vaccination and its potential side effects, are of increasing concern.

- ❑ According to the French infodemic team operating in the Democratic Republic of Congo, vaccination teams of the World Health Organization have [reported](#) that non-vaccinated cases and those with zero doses are mainly due to refusals and absences during vaccination campaigns.
- ❑ In the [report about the weekly infodemic trends in DRC \(17-24 june\)](#), a source of refusal of polio vaccines in Kinshasa, the capital of DRC, is mainly linked to religious reasons and the fear that children will be vaccinated against COVID-19, whose side effects parents fear.
- ❑ During the [third national forum](#) on the vaccination and the eradication of polio in the DRC that took place on the 28th of June, it has been noteworthy that children who never got vaccinated (“zero doses children”) account for 780,000 children (around 19%) in the DRC.

Why is it concerning?

- ❑ Children may miss routine immunizations, making them more vulnerable to vaccine-preventable diseases.

- Misinformation on the content of measles vaccines can lead to vaccine refusal among parents.
- The impact of COVID-19 pandemic on routine immunization is visible through the refusal of polio vaccines and fear of secondary effects.

What can we do?

- During the 6 polio national campaigns planned in the coming months, risk communication and community engagement activities can be implemented to ensure vaccine acceptance and understand communities' concerns:
 - "Identify religious leaders whose members are resistant to vaccination, organize social listening and advocacy sessions with them to dispel their doubts about vaccines, and use them to sensitize their followers to adhere to vaccination." as cited by the report.
 - It is important to intensify sessions to explain the difference between the different vaccines (mainly routine immunization), their target, impact and secondary effects on children's lives.

Trend to watch

Diphtheria in Abuja, Nigeria

- According to an [article](#) published by Pulse Nigeria, the Federal Capital Territory Administration (FCTA) has reported an outbreak of diphtheria infection in several areas of the capital city. Dr. Sadiq Abdulrahman, the Director of the FCT Public Health Department, has confirmed the outbreak after one of the test results from samples collected from suspected cases in a village near Dei-Dei area came back positive.
- There is limited engagement on social media regarding the recently announced diphtheria outbreak in Abuja. However, a [tweet](#) by Sahara reporters, a news agency based in New York City with a special focus on Nigeria, garnered the attention of a significant number of social media users.
- Online users expressed various comments that highlighted their lack of knowledge regarding the modes of transmission of diphtheria, as well as the preventive measures that could effectively mitigate its spread. Furthermore, some comments propagated conspiracy theories in connection with Bill Gates' visit to Nigeria. Below are some comments:

How is it gotten so people can know what to avoid.

You just need two types of Herb Roots to cure this bacteria

What was the causes they need to tell us so that we can precaution or prevent our's self.They should please move quickly to prevent it & have drug for treatment.

What did Bill Gate come to Nigeria to do in the first place ?

Bad news everyday 📉 😞

This is caused by sucking of an infected dick (BJ)

Bill Gate came and now there's an outbreak. Be careful guys

Bill Gate don carry another one come again ohh, why is Africa always the trying ground of there deadly vaccines?????

Please how do someone contact this? So we can know how to prevent it.

- The World Health Organization's (WHO) [fact sheet](#) on diphtheria emphasizes the importance of immunizing all children worldwide against this infectious disease. A 3-dose primary series administered during infancy serves as the foundation for developing lifelong immunity to diphtheria.

Key resources

Measles

- VFA Measles [content](#)
- [WHO](#) literature on the risk of measles for children
- [UNICEF](#) immunization roadmap

Polio

- Polio [social kit](#) VFA
- [Global Polio Eradication Initiative](#): Fact Sheet: Vaccine-derived poliovirus
- [GPEI](#): Animation explaining Vaccine-derived Polioviruses
- Global Polio Eradication Initiative communication [toolkit](#) and technical guidance in French and English.

Diphtheria

- WHO [Fact sheet](#)
- Africa Check's [Fact sheet](#)

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 (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.