

# Africa Infodemic Response Alliance

A WHO-HOSTED NETWORK



**AIRA Infodemic Trends Report**

**1-8 January 2024**

**(Weekly brief #101)**

# Top concerns

## [Surge in conversations about cholera as cases rise in Zambia](#)

Rising cholera cases in Zambia prompt heightened concerns and a focus on effective strategies to curtail its transmission.

## [Kenyan article on malaria vaccine RTS,S misguides audience about the vaccine effectiveness](#)

Kenyan article commenting about a scientific publication in the *Malaria Journal*, the journalist falsely asserts that “*children who exit the vaccine's protection are more susceptible to malaria than those who were never vaccinated.*”

## [Anthrax outbreak in Uganda highlights concerns over health seeking behaviour and the disposal of animal carcasses](#)

Livestock owners show knowledge of the disease and are concerned about the disposal of anthrax carcasses. However, community awareness about the link between animal health on human health remains lacking

# Reference Guide

<a href="#"><u>Surge in conversations about cholera as cases rise in Zambia</u></a> .....	Pg. 3
<a href="#"><u>Kenyan article on malaria vaccine RTS,S misguides audience about the vaccine effectiveness</u></a> .....	Pg. 4
<a href="#"><u>Anthrax outbreak in Uganda highlights concerns over health seeking behaviour and the disposal of animal carcasses</u></a> .....	Pg. 5

## Trends to watch

<a href="#"><u>Increase in lassa fever cases in Nigeria</u></a> .....	Pg. 7
<a href="#"><u>South Africans express fatigue over news regarding JN.1 variant of interest</u></a> .....	Pg. 8
<a href="#"><u>Alert over dengue fever in Mombasa Kenya following floods caused by el Niño rains</u></a> .....	Pg. 8
<a href="#"><u>Key resources</u></a> .....	Pg. 9
<a href="#"><u>Methodology</u></a> .....	Pg.10

## Public Health Infodemic Trends in the African Region

This weekly report provides key highlights and operational recommendations based on social listening data from January 1-8 in Africa.

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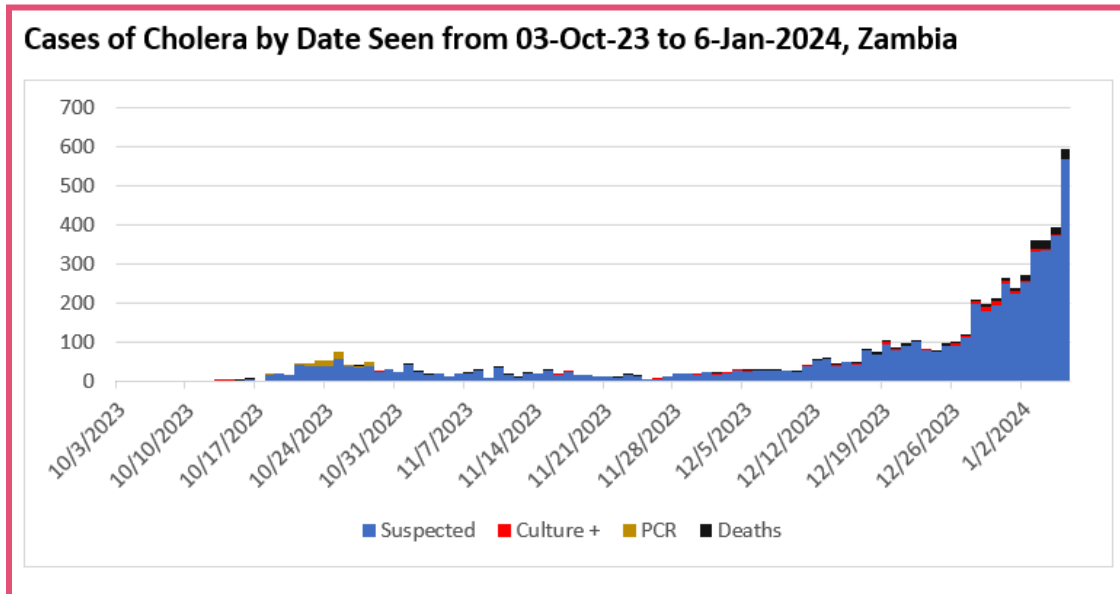
## Surge in conversations about cholera as cases rise in Zambia

Engagement: **41 posts, 90K likes, 19K comments**

### Social media commentary and situation at a glance

- At the start of 2024, the interest of online users in Zambia has shifted from anthrax to cholera, with a surge in engagement during the monitored week. This follows a surge in cholera cases in the country (seen on the graph on page 4)). The discourse encompasses various themes, including [distrust](#) and [dissatisfaction](#) in local authorities' efforts to control the disease's spread, [complaints about subpar sanitary and hygiene standards in cholera hotspot areas](#) and [suggestions of operational recommendations](#) (such as improving WASH and health infrastructures) to mitigate the spread of the disease.
- Among 41 posts tracked on X and Facebook, 32% originated from local authorities (such as [Miles Sampa](#), a member of Parliament for Matero Constituency and president of the Patriotic Front), the [Ministry of Health](#), [President Hakainde Hichilema](#)) while 68 % were shared by local news media agencies and influencers (such as [Diamond TV](#), [Zambia reports](#), and [Mwebantu](#)).
- Moreover, the discussion on social media regarding a [nurse succumbing to cholera](#) and a [man's six-day quest to locate his wife after being diagnosed with cholera and admitted to Kanyama Level 1 Hospital](#), represented roughly 50% of the total comments. Online users mourned the nurse's passing and called on local authorities for regular updates on hospitalised relatives.
- Lastly, a Diamond TV correspondent reported that [health volunteers deployed in Kanyama \(an area where flooding is a significant factor\) are concerned about the lack of personal protective measures](#) and the difficulties in accessing

communities in the flooded areas.



Source: [Zambia cholera situation report](#)

### Why is it concerning?

- The discussion on cholera is picking up with the increase of cholera cases in the country, with some comments scrutinising the efforts of local authorities in curbing the spread of the disease. The public discussion may adopt a political tone on cholera updates shared by local authorities on social media.
- Family members of cholera patients are experiencing heightened anxiety and concern, as they lack information on patients treated inside hospitals and the national stadium, now repurposed as a cholera treatment centre. This situation could potentially give rise to speculations about the events occurring within the centre if no regular updates from health authorities are provided.
- As per the [Zambia Cholera Situation Report by the Zambia National Public Health Institute](#), cholera cases have been reported in 9 out of 10 provinces, totaling 5,645 cases, with a Case Fatality Rate (CFR) of 4.0%. According to the Zambia multisectoral cholera elimination plan 2019-2025, [Zambia "experienced its last major outbreak from October 2017 to June 2018 with a total of 5,935 reported cases and 114 deaths \(CFR 1.9%\)"](#). The Case Fatality Rate (CFR) in 2023 appears markedly elevated compared to previous outbreaks. A high CFR raises significant concerns about the current situation, suggesting challenges in early care treatment, healthcare infrastructure.
- The combination of floods, cholera, and anthrax creates a multifaceted crisis with public health risks. It places immense strain on healthcare systems and can lead to challenges in providing timely and adequate medical care. Climate

change, including increased rainfall and flooding, can amplify the challenges faced by communities and authorities in responding effectively.

### What can we do?

- Advocate for the dissemination of regular updates to keep relatives informed about the status of family members within hospitals or cholera treatment centres.
- Consistently sharing updates on efforts to mitigate the spread of the disease can strengthen trust between local authorities and online audiences. (That may include tackling issues of health infrastructure, delivery of protective equipment to health practitioners).

## Kenya

### Kenyan article on malaria vaccine RTS,S misguides audience about the vaccine effectiveness

#### Digital media overview

- An article from The Star, a prominent Kenyan media outlet, misrepresented some of the findings of the research paper [“Malaria vaccine coverage estimation using age-eligible populations and service user denominators in Kenya”](#) published in the *Malaria Journal* in September 2023.
- In an article titled [“Why many children are not completing doses of malaria vaccine,”](#) there is a claim that “children who do not complete the vaccine doses are more susceptible to malaria than those who were never vaccinated”.
- There is no evidence supporting the claim that children who discontinue the vaccine schedule are more prone to malaria than those who never initiated vaccination.

#### Why is it concerning?

- This media outlet has a large audience in Kenya and can influence the acceptance of the RTS,S vaccine not only in Kenya but also in the countries who plan to introduce the vaccine.
- Scientific publications often involve complex concepts, technical language and detailed methodologies. Misinterpretation can occur without an intention to spread misinformed statements.

- Malaria is a significant health concern in many African countries. According to the World Health Organization, “[approximately 70% of the world’s malaria burden is concentrated in just 11 countries – 10 in sub-Saharan Africa](#)”. However, many concerns and questions remain about the malaria vaccine RTS,S. The experience that Ghana, Kenya and Malawi accumulated during the Malaria Vaccine Implementation Programme (MVIP) since 2019 is extremely valuable and should be communicated transparently and effectively to the population.

### What can we do?

- Further invest in training on science and health communication for both journalists and public health experts so the latest evidence on the malaria vaccine can be accurately and simply shared with the public. Many local and international organisations have been providing training during the COVID-19 pandemic and other outbreaks in Africa. Those networks should be leveraged in the countries where the malaria vaccine is going to be rolled out.
- Foster collaboration between public health experts, the media and fact-checkers to detect, prevent and debunk misinformation. Pro-active social listening can help detect inaccuracies early and work with the media to correct the information. During past health outbreaks (Ebola, Monkeypox etc.), forums between the media and public health experts such as the [media dialogue](#), has proven to be another effective way to unpack and communicate about complex health issues. A similar initiative for non-outbreak diseases should be envisioned considering the burden of malaria in Africa.

## Uganda

### **Anthrax outbreak in Uganda highlights concerns over health seeking behaviour and the disposal of animal carcasses**

*Anthrax outbreak was confirmed on 29th November 2023 in Kabira, Kasasa and Lwankoni sub-counties in Kyotera district.*

**Engagement: 7 posts, 65 likes, 8 comments**

**Social media commentary and situation at a glance**

#### **Some barriers to seek care early at health facilities:**

- According to the [IFRC DREF operation report](#), inadequate health-seeking behaviours impede the efforts to mitigate anthrax within communities.

“Rapid assessments indicate that more than **70% of the population seeks care from traditional healers and religious leaders**”. Similarly, the practice of **consuming meat of dead and sick cows is common**.

- A Facebook [post](#) by the Ugandan Red Cross confirms the circulation of a myth associating anthrax with witchcraft.
- Another concerning health-seeking behaviour is the prevalent delay in presenting cases at health facilities, leading to an elevated case fatality rate.

### “Poor disposal of anthrax carcasses worries farmers in Kyotera”

- The Independent, a Ugandan magazine with 230.1K followers on X, highlighted that in Kyotera district, some [farmers find the burial of animals expensive due to the need for numerous safety measures](#).
- Leaders and a section of farmers are in disagreement over who bears the responsibility for the secure disposal of animals succumbing to anthrax.
- According to the article, Richard Kalanzi, the chairperson Kabira Sub-county said that community members “do not have any personal protective gear and people are handling the carcasses with bare hands which exposes them to risks of infection.”

### Why is it concerning?

- According to the [Uganda national institute of public health](#), anthrax is classified as a “private good disease” which means that the management and control of anthrax in Uganda is done by farmers.  
However, the disposal of the carcass of animals is a source of concern for anthrax transmission. According to the [World Health Organization](#), the preferred method of disposal of an anthrax carcass is incineration. Controlled heat treatment or rendering has been proposed.
- Believing that anthrax is linked to witchcraft may influence individuals to undisclosed cases or seek unproven remedies rather than seeking medical care. Delayed or inappropriate treatment can worsen the impact of the disease and community health seeking behaviours.

### What can we do?

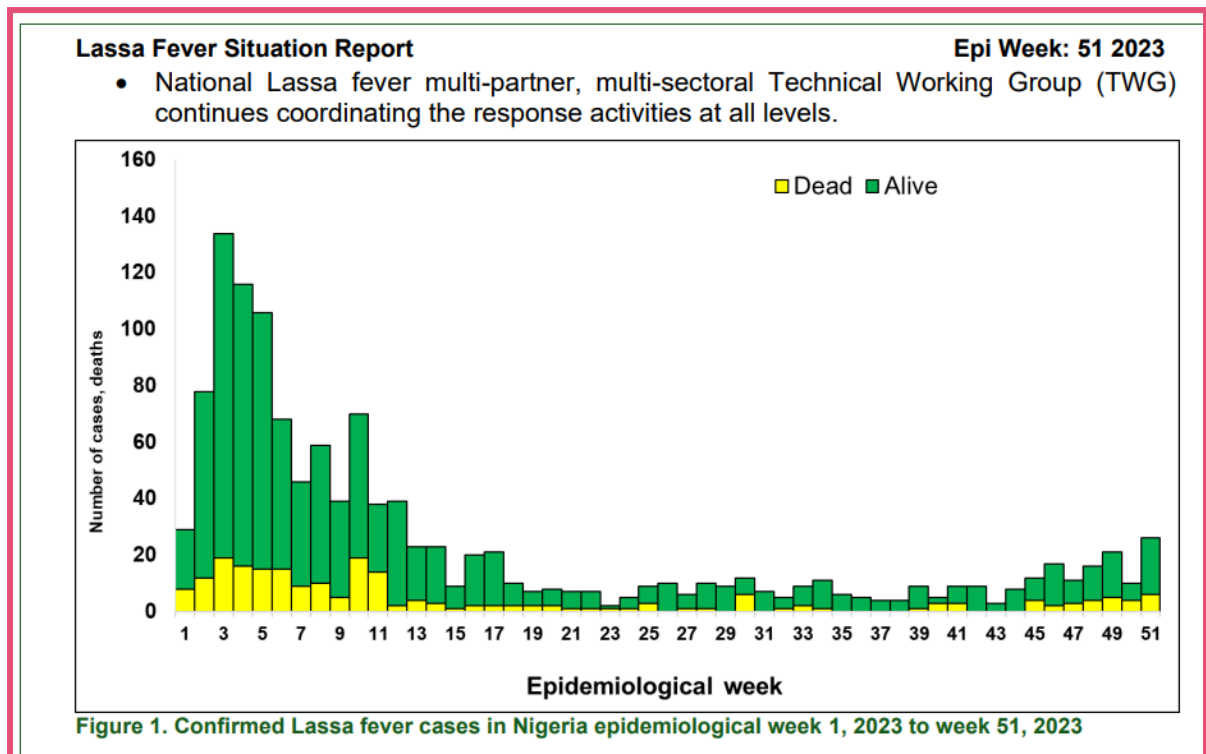
- Advocate for timely anthrax vaccination, early care and carcass disinfectants to support farmers and community members in eliminating the disease.

- ❑ Facilitate community dialogues involving traditional healers, farmers, vets, healthcare professionals, and community members to foster open communication and address misconceptions. Establishing feedback mechanisms to allow traditional healers and patients to ask questions, share concerns, may also be helpful.
- ❑ According to the Food and Agriculture Organization (FAO)'s report on livestock related interventions during emergencies, [“cash-based programmes can be used to address seasonal cash-flow bottlenecks and support communities whose livelihoods face threats”](#).

## Trends to watch

### Increase in lassa fever cases in Nigeria

- ❑ The [Nigerian Centre for Disease Control \(NCDC\)](#), has reported an increase in Lassa fever cases from 10 in epidemiological week 50 to 26 cases in week 51 of 2023.
- ❑ “Cumulatively, from week 1 to week 51 of 2023, a total of 215 deaths have been reported, resulting in a case fatality rate of 17.5 per cent” according to the report. This is slightly lower than the record for the same period in 2022, which was 17.9 per cent.



Source: [Nigerian Centre for Disease control](#)



- The report highlights several challenges, including:
  - Inadequate health-seeking behaviour attributed to the high costs associated with the treatment and clinical management of Lassa fever.
  - Poor environmental sanitation conditions identified in communities experiencing a high burden of the disease.
  - Limited awareness observed within communities bearing a high burden of Lassa fever.

## **South Africans express fatigue over news regarding JN.1 variant of interest**

- eNCAnews, a South African online media agency, asserted that the new variant is [not a cause for concern in South Africa](#).
- Online users conveyed a sense of fatigue towards the news and a general diminished concern about COVID-19.
- eNCA reported on [X](#) that JN.1 is “the fastest-spreading strain in the US”. However, online users disseminated disinformation, alleging a fabricated pandemic and accusing “supposed criminals masquerading as scientists and experts” to be behind it. There were also comments expressing resistance to vaccines and apprehension regarding flight suspensions from the USA.
- The World Health Organization [evaluated the public health risk posed by JN.1 as low at the global level](#). “The spread of this variant will unlikely increase the burden on national public health systems compared to other Omicron sublineages.”

## **Alert over possible dengue fever outbreak in Mombasa, Kenya following floods caused by el Niño rains**

- As reported by [NTV Kenya](#), residents of Mombasa have received warnings about the potential outbreak of dengue fever, particularly following the floods resulting from El Niño rains.
- According to Iqbal Khandwalla, the CEO of Coast general hospital, public health officials are maintaining a heightened state of alert due to the threat of dengue fever, and a disease surveillance team is actively assessing the number of patients affected by the disease. The rainfall has created conducive breeding grounds for mosquitoes, leading to concerns about the proliferation of these disease vectors.

- According to [WHO's multi-country outbreak of dengue report](#), Kenya was classified as a Tier 2 category. "This defines countries with a high overall criticality rating for readiness activities."

**Table 2:** Dengue Risk Mapping Indicators and Overall Criticality Scores for Each Country of the WHO African Region. (14 December 2023)

#	Country	INFORM Risk (0-10)	Weighted CDC Dengue Risk Level Score (0,5,10)	Historical outbreaks score (Last 5 years=10 / 5 previous years=5, none = 0)	Recent outbreaks score (2023 Outbreak Yes-active=10 / Yes-not active=5/ No=0)	Dengue Total DALYs class (0=0, <25th percentile = 2, <median = 4, <75th percentile = 6, <90th percentile = 8, 90+ percentile = 10)	Dengue DALYs rate per 100,000 class (0=0, <25th percentile = 2, <median = 4, <75th percentile = 6, <90 percentile = 8, 90+ percentile = 10)	Weighted P Index score (0,2,4,6,8,10)	AFRO Arbovirus Country Capacity score (rounded on 0-10 scale - inverted to make high scores bad)	Overall Criticality Score
1	Burkina Faso	7	10	10	10	8,00	6,00	10	5,00	66,0
2	Ethiopia	7	10	10	10	8,00	4,00	8	5,00	62,0
3	Kenya	6,6	10	10	5	8,00	6,00	10	4,00	59,6

Source: [WHO](#)

## Key resources

### Cholera

- [WHO](#), cholera outbreaks, Q&A
- [VFA](#), cholera social media toolkit
- [Global Task Force on Cholera Control](#), clarifying rumours and community concerns.
- [SSHAP](#), key considerations: socio behavioural insight for community- centred cholera preparedness and response in Mozambique, 2023
- [SSHAP](#), social, behavioural and community dynamics related to the cholera outbreak in Malawi, 2022

### Malaria

- [WHO](#), Annual malaria report spotlights the growing threat of climate change
- [WHO](#), Annual world malaria report 2023
- WHO [initiative](#) to stop the spread of Anopheles stephensi in Africa
- [VFA](#), Malaria social media toolkit
- WHO malaria fact [sheet](#)
- Malaria threat [map](#)
- Malaria Social & Behavior Change Communication National [Strategies](#)

### Anthrax

- [WHO](#), anthrax, Q&A
- [WHO](#), anthrax in Zambia
- [CDC](#), anthrax in Zambia
- [WHO](#), Guidelines for the surveillance and control of anthrax in humans and animals

## Methodology

The social media listening process relies on a combination of social media analyses conducted for French, English, and Lusophone-speaking countries.

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.