

Africa Infodemic Response Alliance

A WHO-HOSTED NETWORK



AIRA Infodemic Trends Report

29 April - 6 May 2024

Weekly brief #118

Top concerns

[Information gaps about cholera preventive measures, and availability of vaccines in the Union of Comoros. Kenyans inquire about strategies to mitigate waterborne diseases amidst floods](#)

Amid devastating floods in Kenya and the rise of cases of cholera in Anjouan, Comoros, community feedback and online commentary indicate the need to provide answers over strategies and preventive measures to mitigate the spread of the disease.

[Old misinformation that COVID-19 XBB variant is “different and deadly” re-circulates on WhatsApp and X in South Africa. However, health department debunked the news.](#)

Misinformation that COVID-19 XBB is different and deadly is extensively disseminated on Whatsapp and offline and propagated by online users outside South Africa.

Reference Guide

[Information gaps about cholera preventive measures, and availability of vaccines in the Union of Comoros. Kenyans inquire about strategies to mitigate waterborne diseases amidst floods](#)Pg. 3

[Old misinformation that COVID-19 XBB variant is “different and deadly” re-circulates on WhatsApp and X in South Africa. However, health department debunked the news.](#)Pg. 4

Trends to watch

[Mozambique to introduce R21/Matrix-M malaria vaccine in July](#).....Pg. 5

Debunks

[Africa check “Don’t believe warning about ‘different and deadly’ coronavirus ‘XBB variant’ – old false story circulating again”](#).....Pg. 5

[Fact checks about pandemic treaty ahead of the World Health Assembly in May](#).....Pg. 6

[Key resources](#).....Pg. 7

[Methodology](#).....Pg. 7

Public Health Infodemic Trends in the African Region

This weekly report provides key highlights and operational recommendations based on social listening data from April 29 - 6 May in Africa.

For more information, please contact the WHO AIRA team:

Elsa Maria Karam karam@who.int, Elodie Ho hoelodie@who.int

Union of Comoros, Kenya

Information gaps about cholera preventive measures, and availability of vaccines in the Union of Comoros. Kenyans inquire about strategies to mitigate waterborne diseases amidst floods

Engagement: 35 posts, 12610 likes, 3238 comments

Union of the Comoros

- In the Red Cross and Red Crescent's latest weekly released on 1 May on [X](#), concerning insights emerged from a recent survey on the cholera epidemic (around minute 32). Widespread misinformation is undermining public awareness about the disease.
- Households directly impacted by the epidemic welcome the disinfection of affected areas by Red Cross volunteers. However, neighbours who are not affected are hesitant about welcoming volunteers or representatives from the Ministry of Health (MoH) as they associate the disinfection methods with DDT, an insecticide used in agriculture. Moreover, according to the weekly update, a significant knowledge gap exists regarding the transmission of cholera; with beliefs that the disease won't be transmitted between neighbours. .
- Online commentary on [UNICEF's](#) post tends to raise more inquiries than assign blame to local authorities, in contrast to the discourse observed on posts by media agencies [[LINK](#), [LINK](#), [LINK](#)]. Online users asked questions about [vaccine availability](#), and [access to safe water](#).
- This week, there has been a noticeable increase in posts featuring photographs of patients lying on the floor at Hombo Hospital in Anjouan, highlighting the overwhelming situation the hospital is facing [[LINK](#), [LINK](#), [LINK](#)].

Kenya

- Several Kenyan private users on X continue to ask questions following the flash floods that hit the country.
- A [user](#) asked the Ministry of Health about strategies to mitigate waterborne diseases, while [another user](#) highlighted the risks posed by diseases such as cholera, malaria, dengue, dysentery, and typhoid, particularly for vulnerable groups such as children, the elderly, and young adults in the country. [Another user](#) pointed out that firing several medical workers from public hospitals burdens an already strained healthcare system. The founding executive director

of the Africa Centre for Health Systems and Gender Justice [tweeted](#) a screenshot from the Daily Nation, noting the front page's focus on the worsening flood situation and the anticipated escalation of the cholera outbreak.

- The epidemiological situation in Kenya indicates that the country is facing a resurgence of cholera outbreaks with confirmed cases reported in Tana river county. A total of 40 out of 47 counties have been impacted by flash floods.

Why is it concerning?

- Discussions surrounding cholera in Comoros often focus on assigning blame to local authorities in social media discourse. However, sources like community feedback from front-line community responders could provide deeper insights into people's needs, concerns, and persistent misinformation in affected areas.
- According to the latest situation report for Comoros, Anjouan (Ndzouani) has reported the [highest number of cholera cases](#).
- Other risks in the Union of Comoros, such as the [ongoing floods](#) affecting the country, could increase the sanitary risk in the most affected areas. This includes diarrheal diseases, particularly cases of higher risk of cholera during this epidemic, typhoid fever, parasitic diseases such as malaria, dengue fever, and skin diseases.

What can we do?

- Targeted awareness raising about cholera preventive measures using [religious leaders](#) in areas affected by the outbreak but also in areas where sanitation facilities are not accessible due to the floods.
- Disseminating preventive measures to the public via SMS in both Swahili and English, backed by partners like the Kenya Red Cross, can help convey essential information to audiences in need of information and updates about disease outbreaks

South Africa

Old misinformation that COVID-19 XBB variant is “different and deadly” re-circulates on WhatsApp and X in South Africa. However, health department debunked the news.

Engagement: 20 posts, 263 likes, 35 comments, 944 views

- The [National Department of Health](#) (NDoH) of South Africa debunked false reports about the COVID-19 Omicron XBB variant circulating on social media

[\[LINK, LINK\]](#). According to the NDoH, the news first surfaced during the peak of the pandemic in 2022. A total of seven online media agencies also debunked the misinformation.

- [Dr. Mvuyisi Mzukwa](#), chairperson of the South Africa Medical Association, stated that the COVID-19 case numbers are remarkably low in an interview with Newzroom Afrika.

Why is it concerning?

- This misinformation comes as South Africa prepares for [flu season](#), which peaks annually in winter and is caused by various influenza viruses.
- In June 2023, the [WHO](#) published a risk assessment concluding that XBB and its descendents did not have “any differences in clinical severity” compared to other Omicron lineages, according to data from India.
- Although misinformation has been widely circulated in South Africa, online users who shared it on X are not located in South Africa. Upon searching on Botometer, a web-based program that uses machine learning to classify Twitter accounts as bot or human, the users are humans from Brazil, Ethiopia, and United States, and don’t have links with disinformation groups. In spite of limited online viewership, the misinformation exhibited significant circulation on Whatsapp, leading to the debunking by health authorities. The complexity of misinformation dynamics stems from the rapid spread of misinformation online, targeted messaging and algorithmic Influence.
- [Health authorities](#) in the country stressed that COVID-19 misinformation has led to unnecessary panic, confusion, and misguided advice.

What can we do?

- Maintain efforts to dispel concerns within healthcare facilities by providing accurate information and addressing patient inquiries regarding COVID-19 variants.
- Encourage flu vaccination and provide resources to community health workers to effectively address inquiries regarding the distinctions between COVID-19 and influenza.
- Continuously monitor the spread of misinformation and evaluate Twitter accounts that spread misinformation.

Trend to watch

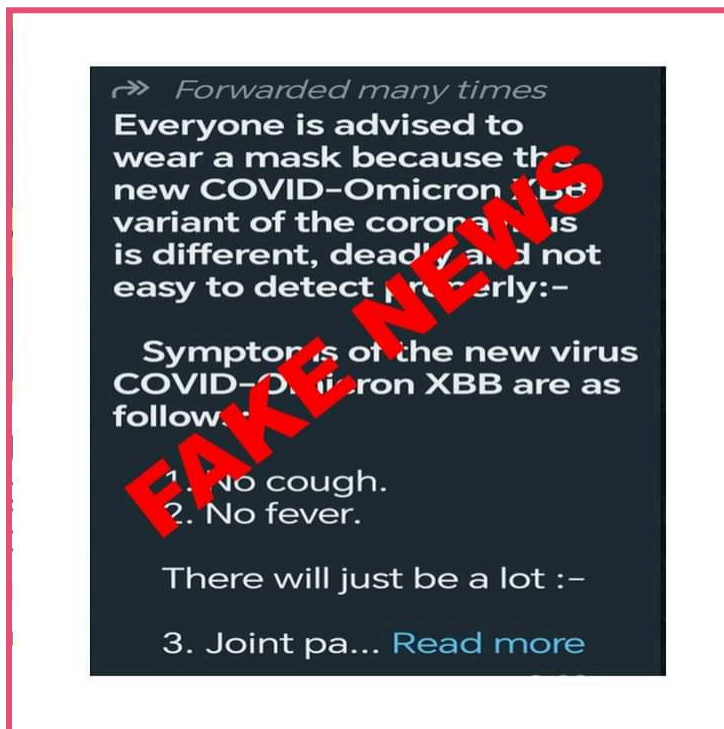
Mozambique to introduce R21/Matrix-M malaria vaccine in July

- [Health Minister Dr Armando Tiago](#) announced on World Malaria Day (25th of April), that the R21/Matrix-M malaria vaccine will be introduced in July 2024, starting in Zambézia province and expanding nationwide by 2025.
- According to an article by [Club of Mozambique](#) shared on 30 April, the minister links increased malaria cases to inadequate prevention access and sanitation, citing 13.2 million cases in 2023, a seven percent rise from 2022. Poor mosquito net use exacerbates the issue, particularly in disadvantaged areas.

Debunks

Africa check: “Don’t believe warning about ‘different and deadly’ coronavirus ‘XBB variant’ – old false story circulating again”

- Africa check, a non-profit organisation that focuses on fact-checking in Africa, founded in 2012 and headquartered in South Africa has [debunked false information](#) circulating on multiple social media platforms about the COVID-19 omicron variant XBB.
- The message as seen in the screenshot below asks online users to **wear a mask because the new COVID-Omicron XBB variant of the coronavirus is different, deadly and not easy to detect properly**. This [screenshot](#) originates from the official Twitter account of the National Department of Health.



- In June 2023, the [WHO released a risk assessment on XBB.1.5](#), stating that evidence doesn't indicate additional public health risks compared to other Omicron descendant lineages.

Fact checks about the Pandemic treaty ahead of the World Health Assembly in May

- Ahead of the seventy-seventh [World Health Assembly](#) (WHA), starting 27 May 2024 and closing no later than 1 June 2024, Member States are scheduled to consider the proposed text of the world's first pandemic agreement for adoption.
- In anticipation of WHA, there is a surge in disinformation and misinformation on Telegram and Rumble from unreliable sources known to have been spreading disinformation [[LINK](#), [LINK](#)]. The number of videos will likely increase and spill to social media platforms such as X or WhatsApp.
- The Africa chapter of an American nonprofit activist group mainly known for anti-vaccine disinformation shared an hour-long film compiled in South Africa [[LINK](#), [LINK](#)]. The film starts by accusing Dr. Tedros the World Health Organization for covering three cholera epidemics during his tenure as a Minister of Health In Ethiopia, also for his close relationship with the Bill and Melinda Gates Foundation. The film continues by describing the pandemic treaty as a power play linked to the New World Order, aiming to undermine democracy through global governance.
- Dr Tedros voiced his concerns about circulating misinformation on social media about the pandemic accord. He [rebuked misinformation and disinformation](#) that the global pandemic accord would allow the WHO to override national sovereignty relating to a future outbreak:

Countries will decide

He made clear that **countries themselves will decide** the wording and scope of any global agreement on how to tackle the next pandemic, "and **countries alone**".

"**No country will cede any sovereignty to WHO**", the Director-General emphasized.

News reports have highlighted several instances of online news sources and commentators in recent weeks, falsely claiming that the Biden administration in the United States, was negotiating a deal to allow WHO to "control" emergency laws in the event of another pandemic, such as [COVID-19](#).

Source: [UN News](#)

- More debunks from Reuters on pandemic preparedness have been shared online [[LINK](#), [LINK](#)].

Key resources

Africa vaccination week

- [VFA](#), social media kit, Africa vaccination week

Cholera

- [WHO](#), global strategic preparedness, readiness and response plan for cholera 2023-2024
- [SSHAP](#), guidance note on community engagement for cholera outbreak response in the east and southern Africa ([ENG](#), [FR](#), [POR](#))
- [SSHAP](#), Enhancing Community Engagement Through Data Collection: Controlling the Cholera Epidemic in Mozambique
- [The collective service](#), cholera question bank for community level data collection
- [WHO](#), cholera Q&A
- WHO, Cholera RCCE key message bank ([ENG](#), [FR](#), [POR](#))
- [VFA](#), cholera toolkit

Pandemic treaty

- [WHO](#), WHO Member States agree to resume negotiations aimed at finalizing the world's first pandemic agreement

COVID-19

- [WHO](#), XBB.1.16 Updated Risk Assessment, 05 June 2023
- [WHO](#), Tracking SARS-CoV-2 variants

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 (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.