Africa Infodemic Response Alliance

A WHO-HOSTED NETWORK



AIRA Infodemic Trends Report

19-26 August 2024

Weekly brief #133

Top concern

Increased skepticism about the management of mpox in African countries.

Perceived risk and severity of mpox compared to COVID-19 outbreak.

Reactions to prospective vaccine distribution to be closely monitored to prevent misinformation.

Mpox is often discussed alongside COVID-19.

Conversations frequently compare the perceived risk and severity of mpox to COVID-19, with high degrees of concern about public health and social measures and vaccination.

Monitoring conversations about vaccine effectiveness ahead of prospective dispatch is needed to capture any misinformation or questions that might pop up.

Reference Guide

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to prospective vaccine distribution to be closely monitored to prevent	D 0
Perceived risk and severity of mpox compared to COVID-19 outbreak.	Reactions
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Increased skepticism about the management of mpox in African country	<u>ies.</u>

Public Health Infodemic Trends in the African Region

This weekly report provides key highlights and operational recommendations based on social listening data from 19-26 August 2024 in Africa.

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Kenya, Democratic Republic of Congo, Malawi, Burundi

Increased skepticism about the management of mpox in African countries. Perceived risk and severity of mpox compared to COVID-19 outbreak. Reactions to prospective vaccine distribution to be closely monitored to address misinformation by responding to concerns and potential barriers to uptake as they emerge.

Top infodemic concerns:

- 1. Claims that the disease has been introduced intentionally for vaccine distribution vaccines are expected now similarly to the sequence of COVID-19.
- 2. Increasing skepticism about the management of financial donations to African countries to stop the spread of mpox
- 3. High levels of calls to reject the mpox vaccine, fueled by COVID-19 traumatic experience, conspiracy narratives about vaccine origin, motives (such as western lab, depopulation theories)
- 4. Widespread blame on monkeys for the mpox emergency and narratives against animals, often portrayed as carriers of the virus (potential for disregard of human-to-human transmission and targeted attacks)

Breakdown per country

Kenya

Engagement: 21 posts, 6479 likes, 1836 comments

- ☐ Below are the main concerns from Kenyan online users: [References <u>LINK</u>, <u>LINK</u>, <u>LINK</u>]
 - a. Claims that mpox has been intentionally introduced to vaccinate people with calls to reject mpox vaccine.
 - b. Calls for border control.
 - c. Urgent public health concern and speculation for possible measures that address the situation (mention of possible lockdown)
 - d. Questions about the origin of the mpox vaccine, is there a need for vaccine after two confirmed cases.
 - e. Questions about why should Kenyans avoid eating bushmeat, after warnings from local authorities

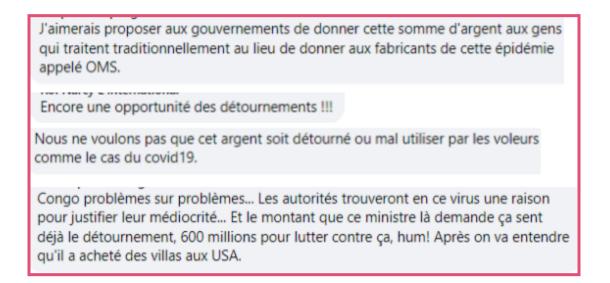
I know vaccine was prepared before they introduce the disease, who is behind it,I learned many things the tyme COVID-19 visited Us,so I trust no one, full stop.
What are they cooking,, might turn into a Corona heist once again
Business for Mzungu's it seems COVID didn't work 😁 😁 😁
I CAN'T BE VACCINATED

Democratic Republic of Congo

Engagement: 15 posts, 12742 likes, 3015 comments

☐ Below are the main concerns from Congolese online users [References: <u>LINK</u>, <u>LINK</u>]

- a. Concern about fund mismanagement with reference to COVID-19 (calls to use funds allocated for combating mpox, rather than for personal interests)
- b. Growing skepticism about the true motives behind mpox response and whether these are opportunities to promote vaccination only (with a negative connotation)
- c. High distrust in local and health authorities



Misinformation circulating in offline channels in the DRC:

 a. Misinformation that conjoined monkey twins are the source of transmission of mpox Explanation: Mpox can be transmitted by contact with infected animals as well as through human-to-human contact. Efforts to identify the animal reservoir of the virus remain inconclusive. Although the virus was initially detected years ago in captive monkeys, monkeys are not the main source of virus spread to humans.

b. Claims that natural remedies including neem leaves cure mpox blisters

Explanation: There is no scientific evidence that natural or alternative medicines are effective in treating or preventing mpox.

c. Claims that mpox vaccine causes sterility

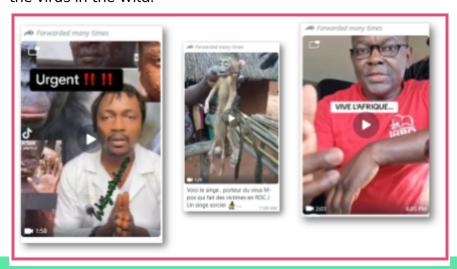
Explanation: The most common side effects include pain, redness, and itching at the spot where the vaccine is given. One can experience fever, headache, tiredness, nausea, chills, and muscle aches. These are signs that the immune system is responding, not that the person is getting sick.

Local and systemic acute events in LC16 vaccinees were very frequent (reported in up to 99% of the vaccinees) but were reported to be mild to moderate.

Myocarditis, pericarditis or myopericarditis were not detected, while serious vaccine-related acute events were very rare or not present. [LINK]

d. Featuring photos of primates (chimpanzees) to raise awareness of mpox.

Explanation: However, primates are not considered the natural reservoir of the virus, and primates are just as likely to contract the disease as humans. Although the exact species serving as the main reservoir is unknown, some species of small rodents and squirrels are thought to play a role in maintaining the virus in the wild.



Malawi

Engagement: 8 posts, 14749 likes, 5718 comments

☐ Below are the main concerns from Malawian online users [References <u>LINK</u>, <u>LINK</u>, <u>LINK</u>]

- a. Questions about hygiene measures for disease prevention and confusion between mpox and chicken pox
- b. General trust in president and authorities
- c. Inquiry about testing facilities for mpox and questions about the nature of the disease, and preventive measures.

Burundi

Engagement: 5 posts, 1255 likes, 179 comments

Below are the main concerns from Burundian online users [References $\underline{\sf LINK}$, $\underline{\sf LINK}$,

<u>LINK</u>]

Questions about the mode of transmission of mpox (non-clarity about monkeys
being the only source for the disease)
Complain about burden of diseases in Africa
Conspiracy narrative that westerners brought the disease into Congo and
created COVID-19
Fear of disease spread and similarity to COVID-19 spread

Why is it concerning?

health efforts.

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and expressed doubts about local health authorities' management of funds and
donations to stop mpox.
While discussions about mpox remain high, engagement has decreased by 20%
compared to last week. Nothing that there has been an increase in content from
the DRC, focusing on concerns about the management of mpox in the country.
A visual analysis reveals that memes and images related to mpox often blamed
and stigmatized wildlife, especially primates like chimpanzees. Photos of

monkeys are also featured in conspiracy-themed imagery. This is concerning

because it reinforces stereotypes, fuels misinformation and undermines public

☐ The general tone of mpox-related conversations is skeptical, particularly among Kenvan and Congolese populations, who generated a high content this week.

□ Vaccine distribution is an emerging topic that requires close monitoring. Clear communication is needed regarding who should receive the mpox vaccine as well as effectiveness.

	Beyond content conversations, there is a noticeable sense of fatigue among the
	public regarding disease outbreaks and related announcements.
	Mpox is often discussed alongside COVID-19. Conversations frequently
	compare the perceived risk and severity of mpox to COVID-19, with high
	degrees of concern. Concerns about vaccine effectiveness, and vaccine necessity
	could impact healthcare systems and delivery of vaccines and public trust in
	health interventions.
	There is a recurring theme of disease burden and pandemic fatigue across
	Africa. While ongoing communication efforts remain crucial, it appears that the
	public's reaction is also driven by a gap in health programming and
	communication strategies. This shortfall may be contributing to the growing
	frustration and disengagement among communities.
	The ongoing nationwide fuel shortage in Burundi is severely impacting
	transportation, which poses significant challenges for the mpox response, as it
	could delay the transport of healthcare workers and patients, disrupt the
	delivery of medical supplies, and increase the risk of public unrest, all of which
	could hamper efforts to control the outbreak. [LINK]
	Within the African region, WHO said the DRC reported 96 per cent of the
	confirmed mpox cases in June. But, with limited access to testing in rural areas,
	less than one quarter of suspected cases there have been tested, so it is very
	likely that the disease burden is higher than initial estimates. [LINK]
What	can we do?
	Develop a comprehensive communication strategy that focuses on messaging
	about the mpox vaccine.
	a. Clear, culturally sensitive messages tailored to different demographics,
	including age, gender, and at-risk populations such as MSM (men who
	have sex with men) and persons living with HIV (PLWH), pregnant
	women can be crucial in case questions about vaccines emerge.
	b. Develop and disseminate clear guidelines on who should receive the
	Mpox vaccine, including prioritization criteria. Emphasize the vaccine's
	effectiveness and safety to prevent any misinformation or rumor to
	emerge.
	Characterize drivers of mistrust and trust in response, authorities and services,
	and work with programme staff in emergency response mechanisms to address
	them.

	Work with media organizations to ensure that imagery and headlines used in reporting on mpox are contextually relevant and in line with public health and equity guidelines on reporting.
	Address the comparisons between Mpox and COVID-19 by providing clear, contextualized information about the risk and severity of Mpox, helping the public understand the distinct challenges and why Mpox still requires attention.
	Enhance transparency and trust between local health authorities and community members through regularly sharing updates about mpox response
	measures. Reinforce the use of accurate and neutral imagery in public health communications related to mpox. For instance, instead of using images of primates, visuals should focus on factual aspects like symptoms, prevention methods, and human-to-human transmission.
Key	resources
<u>Mpox</u>	
	WHO, Strategic framework for enhancing prevention and control of mpox
	WHO, Mpox in the Democratic Republic of Congo
	<u>VFA</u> , Mpox social media kit
	WHO, Risk communication and community engagement (RCCE) for mpox
	outbreaks: Interim guidance, 24 June 2022
	Africa CDC, Mpox situation in Africa
	<u>WHO</u> , Public health taxonomy for social listening on monkeypox conversations
	WHO, comprehensive list of Mpox webinar series
	Internews, reporting on Mpox, a guide for journalists
	WHO, multi-country outbreak of Mpox
	<u>SSHAP</u> , Key Considerations: Risk Communication and Community Engagement
	for Mpox Vaccination in Eastern DRC
	AFP Fact check, WHO mpox emergency declaration does not advise lockdowns
	<u>DW</u> , Fact check: No link between mpox and COVID vaccination
	<u>DW</u> , Fact check: Four fakes about monkeypox
	WHO, LIVE: Q&A on #mpox. Join us and #AskWHO your questions!
	WHO, the Global Mpox Dashboard

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 and monitoring conducted by only one person for the entire African region, to a combined one based on 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 (siloed 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.

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.