Africa Infodemic Response Alliance

A WHO-HOSTED NETWORK

AIRA Infodemic Trends Report

23-30 September 2024

Weekly brief #138

Top concerns

This week, Rwanda declared an outbreak of Marburg virus. Online discussions among Rwandan users on platforms like X and Facebook are on the rise, primarily in Kinyarwanda. As the country faces its first Marburg outbreak, many users are seeking answers about how the virus entered Rwanda and what preventive measures are being implemented.

This week, the number of media articles published about mpox and their interactions on social media have declined. While high-profile events and announcements on social media may continue to fuel conspiracy sentiments, the nature of the misinformation being spread is not directly related to mpox.

Reference Guide

Rwanda declared the Marburg virus disease (MVD) epidemic. Online users inquired about preventive measures relating to public transport, asked how it appeared in the country, and spread a rumor that MVD is a punishment from God
Engagement: 31 posts, 13,939 likes, 1681 comments

Below are the main concerns from Rwandan online users according to a general social listening taxonomy[1]: [Some references to online posts LINK, LINK, LINK, LINK, LINK]

The cause/source of the virus	How are people talking about the illness	The treatment
1. Question about the cause of the disease in the country *"How did the virus appear in rwanda?"* *"Is it only affecting rwanda?"* *"It might have come from foreign travelers"*	**1. Protection from transmission/disease prevention:** **Speculation of a possible lockdown and calls for a lockdown** *"We will stay at home"* *"How can a disease with a 90% fatality rate say there will be no lockdown?"* *"Please lock us down"*	**1.Intentional introduction of the disease in the country to get vaccinated / plans to vaccinate** *"As long as you continue to welcome all the vaccine outbreaks, the epidemic will increase."*
2. Rumor that MVD is a punishment from God following the closure of churches in Rwanda. (Context: around 5500 churches closed down for failing to comply with health	**2. Confusion between COVID-19 and MVD and anxiety that MVD will be worst tan COVID19** *"Stockpile food, water and clothes, stay at home as*	**2. Concerns about no cure available** *"All those who are infected die because there is still no cure"*

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[1] A public health taxonomy is a system of classification or structure that allows an analyst to align data with a search strategy to better understand domains related to a public health topic of interest
Purnat TD, Nguyen T, Ishizumi A, Yau B, White B, Cecchini S, Samuel R, Hess S, Bezbaruah S, Briand S. 2022. Delivering actionable infodemic insights and recommendations for the COVID-19 pandemic response. Weekly Epidemiological Record. 2022 Jul 8; 97 (27), 313 - 324. https://apps.who.int/iris/handle/10665/359144

and safety regulations) *"Are you not ashamed of destroying all temples as if God is not watching?"* *"The closing of the temple increased the plague"*	*COVID-19 intensifies."* *"I think it's a more serious disease than COVID-19"* *"OMG this is scarier than COVID"*	*"Marburg is incurable"*
3. MVD is a side effect of mpox vaccines *"What if the marburg is linked to mpox vaccines?"*	**3. Questions on public transport (buses and motorcycles) and prevention measures** *"What are the protective measures taken for those who use public transportation?"* *"Why don't you say anything about public transport? The way people travel in the buses, they interact with each other"* *"How about wearing a helmet? Can the disease be transmitted?"*	
	4. Reference to God and the last plagues of Revelation *"The last days there will be plagues"* *"God is the only one who protects us and we hope that he will not fail"* *"Those who pray, let's continue to pray for the country"*	

Sections highlighted in red are considered the most discussed by online users.

Why is it concerning?

- The Rwandan Ministry of Health shared on 29 September on its X page that 26 confirmed cases and 8 deaths of Marburg virus disease have been reported [LINK]. According to WHO, as of 29 September, the cases are reported from seven of the 30 districts in the country and among the confirmed cases, over 70% are healthcare workers from two health facilities in Kigali [LINK].

- Details about the first case of MVD, known as the index case, remain unclear. As a result, questions about how it entered the country are unanswered and leave space for speculations about its appearance in the country.

- The deaths of healthcare workers is particularly worrying and could severely disrupt healthcare services, as it affects staffing levels and may also create public fear about contracting the virus from medical professionals.

- The proximity of Rubavu (one of the seven districts affected by MVD) to the DRC raises public health concerns, as the potential for cross-border transmission of MVD could exacerbate the outbreak and strain healthcare resources in both countries. Both countries are also affected by mpox disease which could lead to fatigue of responding to disease outbreaks among community members.

- Public inquiries about whether authorities will consider preventive measures in public transport reflect a broader concern and interest in mitigating transmission risk. Online users are uncertain about their safety using public transport.

- Misinformation that MVD was created after the closure of churches in the country highlights the importance of social determinants of health on the perception of the MVD outbreak.

What can we do?
- **Engage with health care workers on prevention measures:** Providing comprehensive training on infection prevention and control measures specific to MVD can support health care workers to be well-prepared to manage cases safely.

- **Debunk concerns on divine punishment through trusted religious leaders:** Given that many communities rely on churches for support and guidance, the perception that the church closures are linked to the outbreak indicates that the role of faith-based organizations in health promotion and recovery efforts is crucial. Engaging with faith-based organizations (FBO) will help to address issues that need an interpersonal connection and conversations related to people's sacred beliefs, rather than maintaining a mass communication approach on this.

- **Given the current unavailability of vaccines or treatment available to cure MVD, there needs to be an emphasis on prevention measures and modes of transmission:** Connecting this information to people's day to day activities (such as traveling in public transport, attending school, joining religious services) can help to provide clear and actionable guidelines that connect to people's daily realities.

Kenya, Democratic Republic of Congo, Nigeria, South Africa
Recurring conspiracies about mpox triggered by UNGA sideline events, mpox epidemiological data and announcements about the donation of mpox vaccines
Engagement: 13 posts, 3022 likes, 849 comments

Below are the main concerns from online users according to the mpox social listening taxonomy: [Some references to online posts LINK, LINK, LINK, LINK, LINK, LINK]
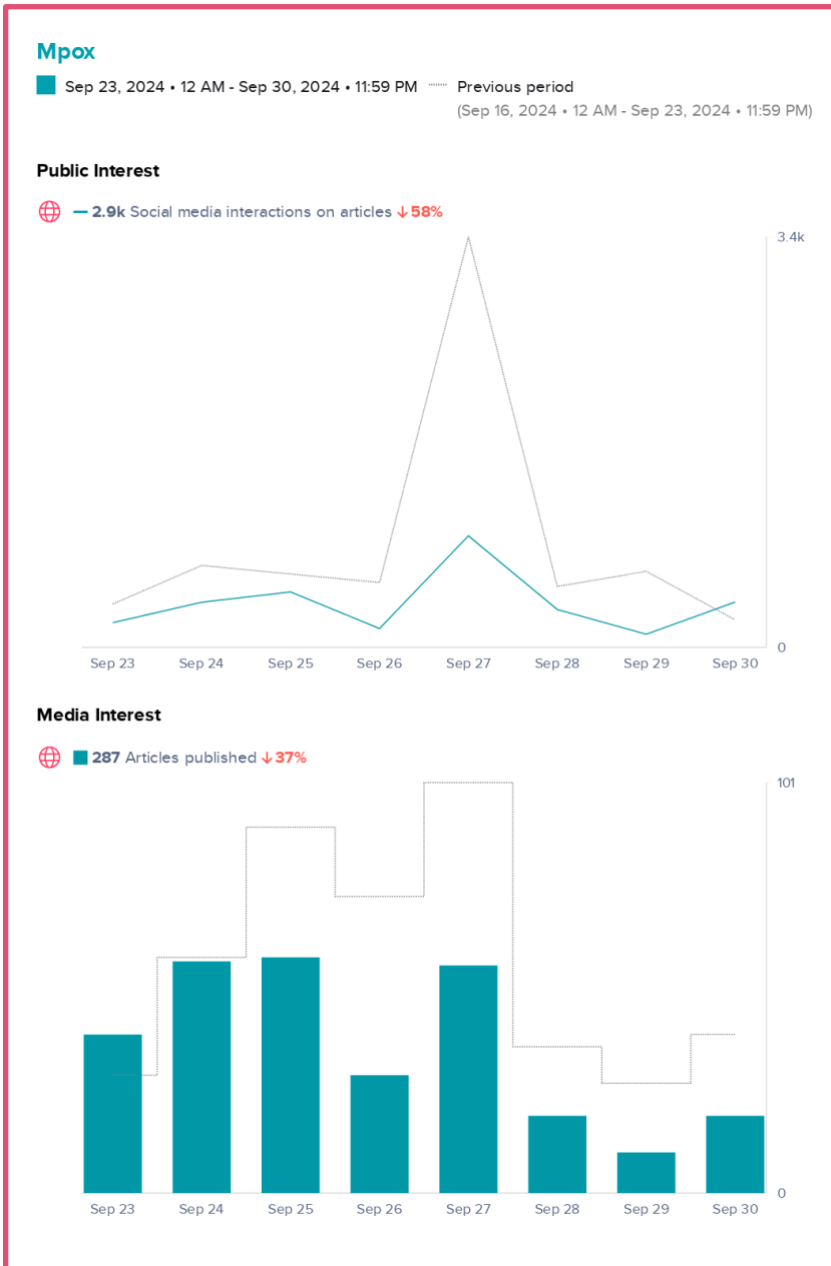
How are people talking about the illness	The treatment	The intervention
Fear of cross border transmission (Kenya) *"Why can't they be tested at the border? Why wait for the truck drivers to reach that far? How many people will this person have infected on the way before reaching the far destination? The ministry of health should change the game"* **School closure** *"All schools should be closed* *with an immediate effect."* **Disbelief in the existence of the disease** *"Fake news in Kenya, there is no excuse, it is just money, they claim to eat, like during Corona, deceiving us there is Corona, stupidity"*	**Vaccines (DRC):** *"We don't want his vaccine in the Congo.* *He signs the mineral contract in Rwanda, and we get the vaccine...."* *"Gates comes only to destroy Say NO to his vaccines!"* **Vaccines (South Africa):** *"They create diseases in sub-Saharan Africa, so that they may introduce the* *solution that benefits them! They use all media outlets to dumb their rubbish in Africa!"*	**Criticism of local authorities meeting Bill Gates (DRC)** *"Tshisekedi but 😭!!! Gims had refused the offer of this gentleman who kills and treats humans like guinea pigs....* *"Don't you dare send the money to the Congo, we already know who's going to screw it up. It's their way"* **Inequality and human right (Access to sanitation)** *"Meanwhile, how many people here in the Congolese capital are suffering for drinking water? But who's going to help them even to have DRILLS?"* *"I understand why we are in a country naturally rich in natural resources, but the population is poor, Gims had said a big no to gâté and his vaccines 💉 but the president of yes"*
	Research and development: (Nigeria) *"There are almost no research and development efforts on Mpox in Nigeria."*	**Distrust in African health authorities about fund management (DRC)** *"This country is not lucky 600 million?*

	"In the history of Nigeria, health care development & improvement have never been given attention & priority. "	It's an opportunity for them to embezzle" **(South Africa)** *They want to borrow 500 billion and loot it, "no vaccine in South Africa" . What about hunger, drugs and lawlessness that end life's of thousands of South Africans. Why is that not a concern? Money making tactics.*

Why is it concerning?

- The mpox conversation has seen a general decline this week. In fact, data from NewsWhip Analytics shows that the number of articles has decreased by 37% compared to the previous week and the social media interactions on articles

have decreased by 58%.

Graph 1: data from NewsWhip Analytics on mpox conversations in Sub-Saharan Africa from 23 to 30 September

- High-profile events, such as the United Nations General Assembly (which concluded on September 30), often spark conversations among online users that can reinforce their confirmation biases, leading to the rapid spread of misinformation in specific social media posts. This tendency is especially pronounced when images of prominent figures, like Bill Gates, who are frequently targeted by misinformation, are included. The algorithmic nature of

platforms like Facebook tends to amplify content that generates strong emotional responses, resulting in such posts being prioritized in users' feeds.

- The type of misinformation circulating is not mpox-related per se. Instead, online users recycle conspiracy theories, and old misinformation that can re-adapt to any disease outbreak, for example the criticism of local authorities and conspiracy theories involving Bill Gates are recurring in different contexts.

- The announcement of donations of mpox vaccines to the DRC that lack specific details about campaign dates, locations, or target populations invites speculation among online users, who may suspect that authorities could misuse the funds. This uncertainty leads individuals to fill the information void with conspiracy theories, further fueling historical skepticism and undermining public confidence in health interventions.

What can we do?
- **Promoting local actors in the fight against mpox in DRC to reduce conspiracy-driven sentiments:** Leverage the trust and reach of local technical experts to provide accurate information. Explainer videos featuring technical experts and in local languages specific to affected areas can act as a positive trigger among communities.

- **Collaborate with media partners in the DRC to prevent circulation of misinformation about mpox vaccine ahead of the vaccine campaign next wee**k: Provide media partners with fact sheets, talking points, and infographics that address common myths and misinformation about the mpox vaccine. Ensure journalists are equipped with credible sources and scientific data to combat rumors and false claims.

- **Provide guidance to community members about vaccine eligibility in DRC** Collaborate with local communicators and trusted health experts to provide further explanation about mpox vaccines including why vaccines need to be imported from abroad and the procedures followed to ensure their safety and quality. This approach will help build trust in the vaccine while clarifying concerns, particularly in light of existing skepticism toward WHO, western actors, and local authorities.

- **Ongoing monitoring of misinformation about mpox in all countries:** Anti-vaccine narratives can fuel existing distrust in healthcare authorities. Monitoring the impact of their messages can help us identify the most vulnerable online communities and evaluate if immediate response is needed.

Key resources

Mpox

Resources for social listening analysts
- WHO, Public health taxonomy for social listening on mpox conversations

Resources for journalists & fact checking
- Internews, reporting on mpox, a guide for journalists
- WHO, comprehensive list of mpox webinar series
- AFP Fact check, WHO mpox emergency declaration does not advise lockdowns
- DW, Fact check: No link between mpox and COVID vaccination
- DW, Fact check: Four fakes about mpox

Resources/Content for social media
- VFA, mpox social media kit
- WHO, LIVE: Q&A on #mpox. Join us and #AskWHO your questions!
- WHO, Episode #124 - mpox: what you need to know

Technical update
- WHO, Strategic framework for enhancing prevention and control of mpox
- WHO, Mpox in the Democratic Republic of Congo
- Africa CDC, Mpox situation in Africa
- WHO, multi-country outbreak of Mpox

Public health guidance/RCCE
- WHO, Risk communication and community engagement (RCCE) for mpox
- WHO, the Global Mpox Dashboard
- SSHAP, Key Considerations: Risk Communication and Community Engagement for Mpox Vaccination in Eastern DRC
- WHO, Risk communication and community engagement (RCCE) for monkeypox outbreaks: interim guidance, 24 June 2022.

- [WHO](), Public health advice for sex workers on mpox

MVD

Resources/Content for social media
- [WHO](), Marburg fact sheet
- [WHO](), Marburg virus disease Q&A
- [VFA](), social media kit

Public health guidance/RCCE
- [WHO](), strategy for engaging religious leaders, faith-based organizations and faith communities in health emergencies

Methodology

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

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, Google Trends. 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 or groups (e.g. private Facebook groups). We also rely on infodemic managers based in Nigeria, Democratic Republic of Congo and Kenya to provide insights into relevant national infodemic trends or offline content, as well as country-level reports. As we produce more content, we seek to triangulate and corroborate information across these groups to strengthen our infodemic response.