

Africa Infodemic Response Alliance

A WHO-HOSTED NETWORK



AIRA Infodemic Trends Report
May 23 (Weekly Brief #21 of 2022)



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Public Health Infodemic Trends in the African Region

This report seeks to communicate operational recommendations based on social media monitoring from May 14-20, as well as relevant information on current mis/disinformation. Target countries include Angola (PT), Kenya, Nigeria, South Africa (EN), Burkina Faso, Cameroon, Democratic Republic of Congo (DRC), Guinea, Ivory Coast, Niger, Mali, Mauritania, Mauritius, and Senegal (FR). Descriptions of “engagements” and information gathering are listed in the methodology section at the end of this report.



Flu cases registering positive for COVID-19 tests

CONTEXT: As cases are still increasing in some African countries new claims have surfaced that COVID-19 screening can produce positive results if the individual being tested is infected with the influenza virus.



Kenya, Nigeria, South Africa

Vaccine trust continues to be impacted:

- New messaging has become increasingly shared in social messaging apps that individuals should not get a flu vaccination before getting tested for COVID-19, or if one feels they have contracted the flu they should also avoid testing. This has been recommended as some are claiming that COVID-19 tests are producing false positives based on influenza infections.
- Other users on social media have furthered these claims with additional falsehoods that COVID-19 tests have been purposely designed to give positive results or that they can be altered and manipulated to misdiagnose influenza as COVID-19.

Why is it concerning?

- The belief that there is an intentional effort to diagnose individuals with COVID-19 shows that there is low concern that there is an increase in cases, or that individuals just do not have trust in the newly reported figures.
- There is also significant language around not getting a flu vaccination to make sure one does not get misdiagnosed, and this can lead to a significant decline in overall vaccine uptake for inoculations that are usually a regular occurrence. This underscores a much deeper problem that continues to be expressed in African narratives. There is a declining trust in vaccinations overall and there could be a much more significant increase in diseases that are usually more regulated with regular vaccination campaigns that have been conducted annually.

What can we do?

- Share content about the accuracy levels of COVID-19 testing to date, and how infections from other diseases do not express positive results for the disease.



COVID-19 cases are being falsely reported

CONTEXT: Public case reporting has become a target for allegations of false reporting by government and public health agencies.



Democratic Republic of Congo, Kenya, Nigeria, South Africa

Distrust for governments and public health agencies:

- Case reporting on public Facebook pages, most notably by ministries of health, is being met with claims of false reporting by the agencies in an effort to keep the pandemic alive.
- Many statements allege that COVID-19 is no longer in Africa and that Africans are not in danger of the disease as Africans have a stronger immunity to the disease than European nations (this claim has consistently been registered in African social media).
- These claims have been recently bolstered by investigations into some African governments for the misallocation of funds that further drive the belief that leadership is purposely trying to keep the pandemic alive to continue to receive financial benefits from the international community to fight the spread of the disease and mitigate a new wave that has been developing across the continent.

Why is it concerning?

- Though distrust in governments and public health agencies has been consistently expressed through the pandemic, there is significantly more messaging regarding the lack of belief that cases are still present in Africa. With the new wave developing, this could impact willingness to get tested or vaccinated at all, further delaying control of the spread and potentially allowing for new variants to develop and go undetected.

What can we do?

- With updated and easy to understand content, continue to express why the pandemic is not over and the risks of relaxed vigilance.
- Highlight the availability of vaccines and testing that has been created in Africa that ensures the global fight against the pandemic is still active.



Monkeypox narratives in African Media Environments

The monkeypox virus outbreak has been picking up significant traction over the last several days and conversations regarding the disease have been seen in multiple countries and in multiple languages.



The most common rumor to date is from African citizens claiming that European/Westerners are trying to blame Africa for the disease. Most of the media showing infected individuals are depicting individuals from Africa, rather than Caucasian as many online users claim would more than likely be the case in European nations. The photos are also causing doubts that monkeypox is even in the US.

- “If it's in Europe and America why do you give pictures of Africans with the disease? Is it that all diseases should start from Africa? [\[LINK\]](#)”
- “The mentioned affected countries are mainly 90% occupied by white people , the attached photo is for a black fella,,,,, when will u stop putting up black people as examples especially in awkward moments” [\[LINK\]](#)”
- “Why don't you show those Europeans that are affected by the so called pandemic rather than displaying pics of black people...Racism must fall!” [\[LINK\]](#)”
- “The hands looks black I mean of Malawian hands. Are you sure it's from USA” [\[LINK\]](#)”

Initial, flash impressions do not reveal a cohesive narrative on social media regarding vectors of transmission. There is some discussion of closing borders to protect people, confusion that monkeys "don't exist" in Europe and Canada. [\[LINK\]](#)

There is almost no narrative that monkeypox itself is a fake disease.



There is some discussion that, with COVID interest waning, there needs to be a new disease of concern for the WHO.

Additionally, there are some comments regarding monkeypox being a result of homosexual activity, but these statements are much more limited.

- Utakosaje magonjwa ya ajabu Kwa vitendo viovu vya Ushoga?? / How will you avoid strange diseases because of the evil acts of homosexuality?

[\[LINK\]](#)

Finally, there are more targeted and aggressive remarks on social messaging apps (WhatsApp/Telegram) claiming this is another purposeful disease release orchestrated by Western/European governments and public health organizations.

Why is it concerning?

- There is a high level of media exhaustion due to the length and changing nature of the COVID-19 pandemic. As monkeypox is potentially serving as the next disease to be impacted by the “infodemic” wave, it is of concern that there is a significant level of pushback against the WHO, public health agencies, and national governments early on in the reports of small outbreaks.
- There is also concern in online communities that Africa will be blamed for the spread of monkeypox to the United States and the European region. As seen with COVID-19 variants, travel restrictions being imposed for the spread of monkeypox falsely attributed to specific countries on the continent are a concern for some African citizens.

What can we do?

- Disseminate clear and concise language around which countries are seeing cases and what is being done to contain the disease.
- Share how the disease is spread and what individuals can do in their day to day lives to limit transmission and keep themselves safe from exposure or contraction of monkeypox.



Persistent Rumors

Rumor: Vaccines don't prevent death or the virus' spread/vaccines are not effective

- Response: Vaccines provide protection against serious complications from COVID-19 and the new variants. (Viral Facts response [here](#))

Rumor: Foreign companies or governments profit from the vaccine rollout in Africa

- Response: Highlight successes in vaccine distribution, as well as new manufacturing campaigns beginning in Africa.

Rumor: Inaccurate assumptions of vaccine side effects/ long-term effects

- Response: Fear of vaccine side effects/ long-term effects continue to be misinterpreted or overstated (Viral Facts response [here](#))

Rumor: COVID-19 no longer exists / never existed

- Response: COVID-19 cases have declined but health authorities are warning of a potential 5th wave (Viral Facts response [here](#))

Rumor: Frustration with looting and mismanagement of COVID-19 funds

- Response: Review the COVAX program and the global effort to effectively distribute vaccines via a multi-organizational campaign

Information Gaps: Is there a monkeypox vaccine?

Concerns about the monkeypox disease have been expressed, particularly around the availability of a vaccine. While some are claiming that the new outbreak is just another way for public health agencies to profit alongside pharmaceutical companies, there are questions around the availability of a vaccine.

Additional confusion was registered regarding what preventative measures individuals can adhere to for protection from the disease.

Of note, there are narratives that the disease can only be spread via male homosexual activity and that heterosexual individuals do not need to be concerned.



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COVID-19 VFA content

- Routine childhood immunization [[LINK](#)]
- Flu & COVID vaccines [[LINK](#)]
- The XE variant [[LINK](#)]

Viral Facts Africa campaign to counter vaccine hesitancy

WHO in Africa has worked with the UK Government and Viral Facts Africa to create a new campaign to support Covid-19 vaccine demand across Africa. Building on the experience WHO and Viral Facts Africa have in countering the spread of health misinformation and disinformation in the African region, the UK Government has developed messaging based on insights and behavioral science expertise gained during the pandemic. These digital assets will help to build vaccine confidence by tackling the most prominent drivers of vaccine hesitancy and support Africa's recovery from the pandemic.

[Link](#) to have an overview of the produced assets / Links to download ([EN](#)/[FR](#))

Gavi resource pack to help build vaccine confidence

After a year of severe constraints, we are now in a situation where global COVID-19 vaccine supply is high enough to support equitable, full vaccination of all adult and adolescent populations globally. However, challenges remain – including that low-income countries (LICs) remain the furthest behind. To help build confidence among priority audiences in LICs, Gavi, the Vaccine Alliance has compiled a resource pack with articles, video content, and social media suggestions. You can view it here. We encourage you to reference these materials in your external communications, including advocacy campaigns, newsletters, media talking points, social media outreach, and external events. Gavi will update the resource pack regularly, so you may wish to add it to your browser bookmarks.



Methodology

The social media listening process relies on a split 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, 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, TweetDeck, Crowdtangle, Google Trends, UNICEF Talkwalker dashboards as well as the WHO EPI-WIN weekly infodemic insight reports and 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.

Our commercial social listening tools include:



NEWSWHIP



TweetDeck



Talkwalker

WHO social listening tools:



**Early AI-supported Response
with Social Listening**