

# Africa Infodemic Response Alliance

A WHO-HOSTED NETWORK



AIRA Infodemic Trends Report

**March 14, 2022**



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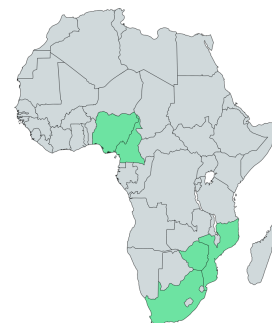
## Public Health Infodemic Trends in the African Region

This report seeks to communicate operational recommendations based on social media monitoring from March 5 - 11, 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.



## Pfizer reveals the truth about vaccine side effects

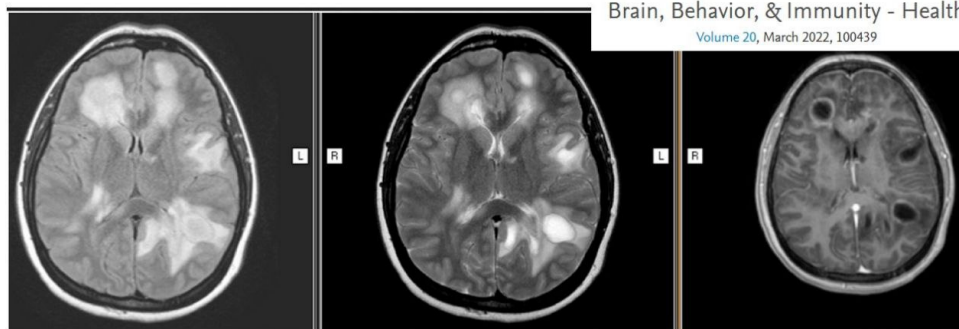
CONTEXT: Reports highlight a US court order for the release of side effects attributed to the Pfizer vaccine revealing a high number of complications “hidden” from the public.



Cameroon, Mozambique, Nigeria, South Africa, Zimbabwe

Coverage: 9k+ engagements, 2k+ comments, 500+ shares

- An [article](#) from a South African news source shared that the recently released documents from Pfizer pharmaceutical company revealed 1,291 possible side effects from the vaccine. This has been widely shared in Southern African social media channels (Facebook, Twitter) and has become a foundation for connecting multiple other conspiracies to the breaking news. [\[LINK\]](#)
- In messaging apps (Telegram, WhatsApp) this report has similarly served as a lightning rod for other claims of severe side effects from receiving any brand of COVID-19 vaccine. The most concerning narratives are regarding encephalomyelitis following vaccination, as a recent [scientific study](#) is being cited as proof that vaccines are extremely dangerous.



Acute disseminated encephalomyelitis following vaccination against SARS-CoV-2: A case report

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Brain MRI a). T2 brain MRI showing hyperintensity involving frontal, temporal and parietal lobe with perilesional edema. (b). FLAIR image with the same hyperintensity lesions with perilesional edema (c). Gadolinium T1 sequence showing multiple focal pathological ring enhancement.



- The study contains the statement, "There is current uncertainty about the safety and efficacy of vaccines in all populations of interest." It is often cited out of context as it was not written as a conclusion, rather as a perceived observation of the current state of public opinion. Nevertheless, this study is bolstering the perceived severity of 1.2K+ side effects reportedly shared by the Pfizer document release.

### **Why is it concerning?**

- African countries are beginning to lift precautionary measures such as mask-wearing and this will likely have an additional impact on vaccine uptake for misconceptions around the threat posed by additional COVID-19 waves. This will be compounded by an increasing belief and validation of these emerging side effects.
- Scientific studies taken out of context or shared alongside misinformation give credence to content that is inaccurate or blatant disinformation. This is potentially very damaging to vaccine uptake as it can drive confusion and develop doubt among individuals that may have been more favorable to vaccination or boosters.

### **What can we do?**

- It can be useful to illustrate what the risk factor of dangerous side effects from a vaccine may be in simplistic terms.
- Highlighting the likelihood of severe side effects versus severe complications from COVID-19 should be addressed consistently as there is still potential for additional waves. Continuing to provide accurate information as a resource for individuals that may come across misinformation is crucial for not losing momentum in vaccine uptake as perception of the pandemic being over will increase with diminishing COVID-19 public health and safety measures implemented across Africa.



## WHO is preparing for new outbreak from Ukraine lab

**Context:** Recent reports highlight statements from the WHO and the United States claiming that there are health research facilities in Ukraine containing pathogens that need to be destroyed to prevent disease spread. [\[LINK\]](#)



### Democratic Republic of Congo, Ethiopia, Liberia, South Africa

- Quotes falsely attributed to WHO leader Dr. Mike Ryan highlight a possible spread of infectious disease as “one of the four horsemen of the apocalypse.” The video shared of Dr. Ryan is regarding his concern for the **displacement of Ukrainians as an increased potential for an uptick in disease spread**, but it has been widely shared out of context.
- The most prominent misinformation narrative is that the WHO and U.S. is setting up a scenario to release a new dangerous pathogen and will blame the war between Russia and the Ukraine to escape culpability. [\[LINK\]](#)
  - “Yeh I predicted this. Either they will say it’s due to war or Putin attacking the labs has ‘released’ a pathogen. These are the US labs that don’t exist by the way 😂😂😂”
  - “The DS U.S. CLEARLY doesn’t want an investigation. 3.2 BILLION people in China, India, Brazil, Mexico & Russia — nearly half of the world’s population are calling for an investigation into the U.S. for bioweapon facilities. UN, US, Nato will be found guilty of these crimes. BIG CHANGES are happening. These entities will be dissolved.



“The conditions we see in Ukraine are the worst possible ingredients for the amplification and the spread of infectious disease,” warns WHO official Mike Ryan, and the spread of infection is “one of the four horsemen of the apocalypse”

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***WHO is demanding DS Ukraine to destroy the bio lab evidence because they are also complicit. It's ALL CONNECTED."***

- Misinformation regarding the concern for the research facilities in Ukraine is primarily circulating in messaging apps (WhatsApp, Telegram). Many users have claimed that the release of a new pathogen or another COVID-19 variant is imminent and will lead to a new wave of profits for the WHO and U.S. pharmaceutical companies.
- Other users also suggested that there was a need to create a new variant that will only be stopped by a newly developed vaccine because some African countries have initiated production and U.S. pharmaceutical companies can no longer profit from previous COVID-19 variants.

**Why is it concerning?**

- These narratives are primarily populating in messaging apps (Telegram, WhatsApp) with little to no pushback against the misinformation and rumors being spread.
- The rhetoric aimed at the WHO is more hostile than usual in regards to public health narratives. It seems likely the connection between the political nature of the Russia and Ukraine conflict has accelerated the negativity toward the WHO, but this has led to the amplification of mistrust toward the organization that has reached levels not seen previously in 2022.

**What can we do?**

- Engaging with the narrative of “new pathogens” can easily be misconstrued. Focusing on how COVID-19 variants develop and how to best combat transmission is essential.
- The statements made by the U.S. and the WHO were calls for prevention, not warnings or fear-mongering. Therefore, the emphasis needs to remain on continued vigilance and adherence to appropriate safety guidance set by local public health authorities.



## **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: No mask, no vaccine?**

New policies are being implemented in around the world that are removing some of the previous requirements for preventing the spread of COVID-19 like unrestricted travel and mask mandates. This is going to drive the perception that vaccinations are no longer necessary which could lead to a decline in vaccine uptake, whether it is a first dose or subsequent doses. This is an important time to continue vaccination as it will be difficult to reimpose COVID-19 mandates once they have been lifted and will potentially set the stage for significant COVID-19 waves in the coming months.



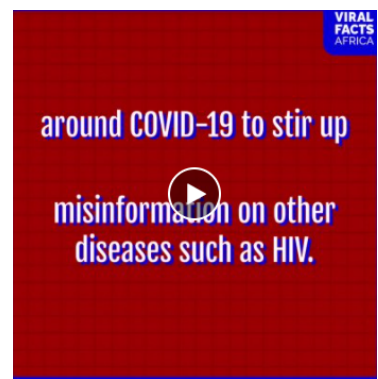
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### Do COVID vaccines lead to HIV?

Last week, Viral Facts the rumos that COVID-19 vaccines and boosters can lead to HIV/AIDS. To date there has not been significant engagement on this content. Some negative references to the post have been made in some messaging apps highlighting the coverage of disease other than COVID-19 as an attempt for the WHO to “stay relevant.” **There were 3k+ views, 20+ comments, and 90+ likes showing a primarily positive reaction from the post.** [\[LINK\]](#)



People are using fears around #COVID-19 to stir up #disinformation on other diseases such as #HIV !

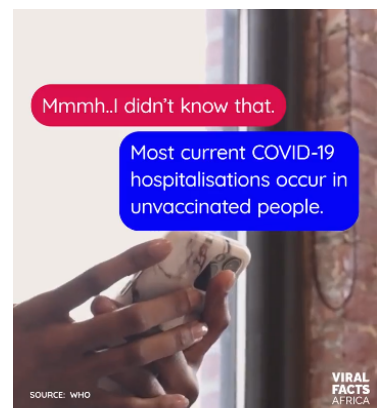
There is no scientific evidence that COVID-19 vaccines cause weakness in the immune system and lead to HIV...

Viral Facts Africa 4 days ago



### Do I need a vaccine if I can still get COVID?

Viral Facts addressed the confusion regarding the ability to still contract COVID-19 even after getting vaccinated. The video highlights the diminished risk of severe reactions from COVID-19 for those that have been vaccinated and highlighted that most of the current COVID-19 hospitalizations are from individuals that did not receive the COVID-19 vaccine. Find the link here: [\[LINK\]](#)



One #myth we often see on social, media is that there's no need to get vaccinated if you can still catch #COVID-19.

We debunked this #ViralFactsAfrica

ViralFacts (@viralfacts) 5 hours ago







## Methodology

The social media listening process relies on a split of social media analysis 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