

Africa Infodemic Response Alliance

A WHO-HOSTED NETWORK



AIRA Infodemic Trends Report
June 13 (Weekly Brief #24 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 June 4 - 10, 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.



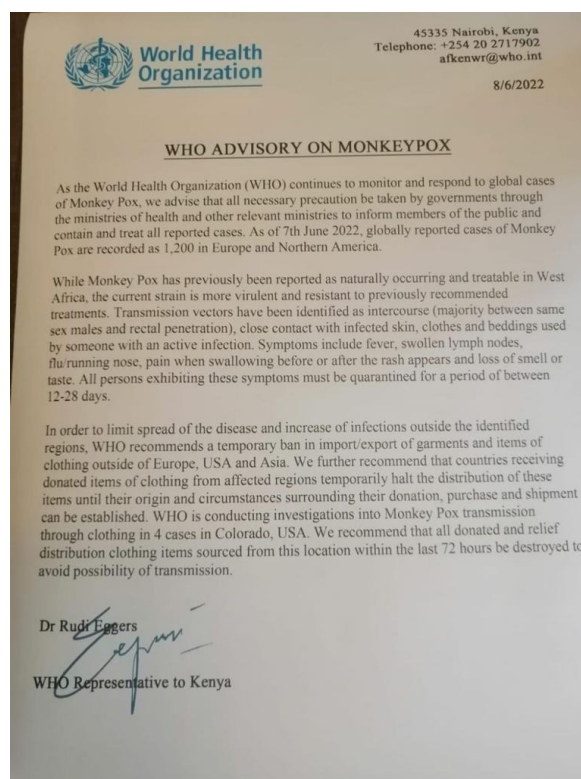
Monkeypox is transmitted through clothing

CONTEXT: Recent claims suggest that monkeypox can be spread via clothing, and that clothing donations from the USA, Europe, and Asia should not be accepted.



Democratic Republic of Congo, Kenya, Tanzania, Uganda

- This claim stemmed from multiple sources including a falsified WHO press release that stated the WHO is asking for all clothing donations from the USA, Europe, and Asia to be banned.
- The rumor regarding monkeypox being spread by imported clothing has gained traction over the last few days. It has infiltrated WhatsApp groups in Kenya, Uganda, DRC, and Tanzania. In Western Uganda, this rumor has also been shared on radio channels. Facebook coverage has been most prominent in Kenya, but users from neighboring countries have been commenting and claiming they have known about this practice for some time. This is evidence that the rumor has entered into offline-community conversations.
- **The WHO Kenya office has stated that the WHO document is false**, but there continues to be language supporting this claim in other channels. There have also been statements regarding the direct condemnation of the WHO for backtracking on what some are seeing as a truthful advisory note and believe that it was only deemed fake due to pressures from European and United States influences.





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- This claim has been shared on Twitter as a cover page story graphic that highlights citizens' belief in the narrative. This has picked up minimal traction on Twitter to date (300+ likes, 52 retweets), but this image has been shared in the Democratic Republic of Congo and Ugandan WhatsApp channels. Tracking the complete trajectory of the spread via WhatsApp is not comprehensive, but it does suggest that the spread of this narrative will continue for the coming weeks.



Why is it concerning?

- There is evidence that the spread of this rumor has gone offline which is significantly harder to track or understand its impact on the general population. While the overall negative impacts on the response to the disease should not be of large concern from this misinformation, the indirect ramifications regarding trust in the WHO may be evident. Falsified documents are common practice, particularly in regard to national government press releases, however, the front page image should drive a larger following than if the press release was shared in isolation.
- It is also worth noting that Russian support has once again emerged around the monkeypox narrative as some users claim they should only receive clothing from Russia because they have uncovered the source of this outbreak of monkeypox.

What can we do?

- Verifying that this document is inauthentic and that the information is false needs to be consistently repeated over the next several days. As witnessed, the false claim by the WHO Kenya office did not end the speculation around this rumor, and the WHO is being cited for making these claims regardless of the debunking. More material is needed to overshadow the misinformation.



COVID-19 vaccine causes myocarditis in children

CONTEXT: A recent publication has reignited claims that the COVID-19 vaccine produces side effects that cause myocarditis in children.



Kenya, Nigeria, South Africa, Uganda

- A publication called *The Irish Light* has made its way into the African social media community and has reinvigorated misinformation regarding the COVID-19 vaccine and its role in causing cases of myocarditis in children. This is not a new rumor, however, it has started to circulate in social messaging apps in Kenya, Nigeria, Uganda (WhatsApp) and South Africa (Telegram).
- This claim has been addressed before, but with the recent increase in child vaccinations globally following approvals for specific vaccines, there is a significant number of online users discussing the topic and addressing their concerns regarding child vaccinations.

Why is it concerning?

- The information environment is rich with childhood vaccination questions and concerns, and therefore this claim is likely to catch a wide audience. Though the claim has been debunked before, that does not mean that information is still being circulated today in a manner that will combat the growing misinformation.

What can we do?

- Revisit older publications that debunk this claim and cite any studies and information that pushes back against the narrative.
- What will be most crucial for not allowing this narrative to pick up a viral nature is to be consistently sharing accurate content over the next several weeks.





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 vaccines 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: Do masks prevent the spread of monkeypox?

- With new cases being reported daily and the WHO stating that the disease spread has been classified as a “moderate” concern, more questions are being raised on how to combat transmission. The most popular question over the last seven days is in regard to masking and its ability to prevent an individual from contracting the disease.
- Unfortunately, the information environment in African social media communities offers different views on the practicality of masking against monkeypox. While some agencies have claimed it is useful, others have been hesitant to promote this narrative which has driven considerable confusion around the practice. It is notable that some citizens in African online communities believe the masking will lead to quarantine procedures similar to that of the COVID-19 restrictions.



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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**