## COVID-19 Infodemic Trends in the African Region

This report seeks to communicate **operational recommendations** based on social media monitoring from May 31-June 6, as well as relevant information on current mis/disinformation.

Target countries include Kenya, Nigeria, South Africa (ENG), Ivory Coast, Burkina Faso, Senegal, Democratic Republic of Congo (DRC) and Niger (FR). We have outlined what we mean by “engagements” and how we gather information in the methodology section at the end of this report.

**CONCERNING TRENDS**

* Ongoing concerns around vaccine safety and side effects
* Claims that COVID does not exist, was manufactured, or is exaggerated

**OBSERVED TREND**

* Frustration with slow vaccine rollout/ second jab distribution

**Ongoing concerns around vaccine safety and side effects**

**Where have we observed this trend?**

Israeli researchers find probable link between the Pfizer vaccine and myocarditis cases

* In South Africa [here](https://www.sabcnews.com/sabcnews/israel-sees-probable-link-between-pfizer-vaccine-and-small-number-of-myocarditis-cases/), [here](https://twitter.com/TimesLIVE/status/1400042301653671936), [here](https://www.facebook.com/441831859565179/posts/1297734683974888) and [here](https://twitter.com/Ianbins/status/1400325449922793478) (News, Facebook and Twitter)

↪ [comment](https://twitter.com/CryptoTrucker5/status/1400328257527033859) about a man experiencing heart palpitations since receiving the jab

* Circulating in francophone target countries [here](https://www.facebook.com/1453950118203438/posts/2857552811176488)
* South Africa
	+ Claim that women in the U.S. have **lost their unborn babies** due to the vaccine [here](https://www.facebook.com/110820310534585/posts/316762723273675) (Facebook)
	+ Claim that vaccines could trigger an “avalanche of neurological diseases” [here](https://twitter.com/Bob_A_79807/status/1401141687481769985) (Twitter)
	+ Claim that there is no evidence of good and only evidence of harm from vaccines [here](https://twitter.com/NickHudsonCT/status/1401435363269398530) (Twitter)
* Ivory Coast
	+ Claim that vaccines cause clots, complications, strokes, thrombosis, heart attacks, and coagulation problems, and that vaccinated people can therefore no longer take the plane [here](https://profidecatholica.com/2021/05/31/etes-vous-vaccines-si-oui-vous-ne-pourrez-plus-prendre-lavion/) (circulating on WhatsApp)
* DRC
	+ Post about **Johnson & Johnson paying damages** after a court case claimed their talc was responsible for patients’ cancer [here](https://www.facebook.com/100045405788649/posts/331338571723000) (Facebook)

↪ in the comments, several people are worried that the same company is producing vaccines

* Burkina Faso
	+ Post about a woman dying from blood clots after being vaccinated with AZ in Austria, and about the vaccine being banned in other EU countries [here](https://www.facebook.com/watch/?v=2874506926151214)
	+ Similarly to last week, comments on [this post](https://www.facebook.com/1457264214526173/posts/2803281549924426) (Facebook) continue to include widespread **concerns about receiving a vaccine that Europeans have rejected**, as well as demands that politicians be vaccinated first
	+ According to the UNIC in Burkina Faso, a video of a man named Philippe Merle is circulating on WhatsApp. In the video, he states that the AZ jab caused the death of his only son, due to multiple thromboses
* Kenya
	+ On a post about Denmark donating vaccines to Kenya, a person commented that Denmark had stopped administering AZ and J&J due to side effects [here](https://twitter.com/Kaiontour2020/status/1401103675435667458) (Twitter)

**Why is it concerning?**

* Concerns over safety and side effects drive vaccine hesitancy & refusal in the region
* Comments on these and other posts in the region illustrate increasingly prevalent links between news on side effects and vaccine hesitancy & refusal
* Vaccine acceptant people also appear to be changing their minds about vaccination in response to the content listed above
* Reports of blood clots and side effects are particularly associated with AZ and J&J; AZ is the most widely used vaccine in Africa

**What can we do?**

* Create clear, consistent messaging about vaccine developments and communicate often about what is known and unknown (from US-CDC J&J Rapid Report)
* Emphasize [**hopeful messages**](https://theconversation.com/covid-19-public-health-messages-have-been-all-over-the-place-but-researchers-know-how-to-do-better-150584) highlighting vaccines are crucial ending the pandemic
* Produce content explaining **why vaccines are considered safe and effective**

↪ Viral Facts example [here](https://twitter.com/WHOAFRO/status/1380085301641682945)

* Consider emphasizing that **rollout pauses are precautionary measures**. The fact that health institutions are transparent and implement them show that they are thorough. This could help reinforce rather than undermine trust

↪ Viral Facts example [here](https://twitter.com/viralfacts/status/1393079891533484033)

* Consider providing **country-specific vaccine safety information** based on the vaccine being disseminated nationally, particularly in relation to the AZ vaccine
* Produce video content **outlining ongoing monitoring and risk management processes** (*WHO EPI-WIN report recommendation)*

↪ Viral Facts example [here](https://twitter.com/viralfacts/status/1393178071876911105)

* Clarify **indicators of potential side effects** for people to watch out for and **how to respond**(*WHO EPI-WIN report recommendation)*

↪ Viral facts example [here](https://twitter.com/viralfacts/status/1369297394605654018)

* Produce content for journalists on Adverse Events Following Immunization (AEFI) reporting and best practices, including using non-scientific language that is clear and understandable
* Communicate clearly around the relationship between vaccines and changes in the menstrual cycle

↪ Viral Facts example [here](https://twitter.com/viralfacts/status/1399266913142857731)

* + Include answers that address this misinformation in FAQ documents, call centers scripts, and help chat-bots made available to the public
* **Continue to manage expectations around possible side effects**, underlining the safety profile of different vaccines and providing information on the systems public health practitioners use to investigate AEFIs (*UNICEF ESARO Feb recommendation)*
* Continue to advocate for trusted public figures and politicians to take the vaccine
* Continue to encourage community engagement to address concerns as they arise, and continue to mobilize the healthcare worker community
* Ensure any of the above content is widely circulated and shared on **Facebook** and/or on any trusted communication channels. **Choose accepted and trusted organizations and messengers** to share the content, including **local** sources and unofficial channels

**Claims that COVID does not exist, was manufactured, or is exaggerated**

**Where have we observed this trend?**

* South Africa
	+ Question about why homeless people don’t die from COVID [here](https://twitter.com/KaConfessor/status/1399399386136907781) and responses suggesting COVID is a scam (example [here](https://twitter.com/07372145stix/status/1399451890635743238/photo/1)) (Twitter)
	+ Post stating that there is no proof that COVID exists [here](https://twitter.com/Lephutshe/status/1398970489268285444) (Twitter)
	+ Post stating that COVID is a scam [here](https://twitter.com/GLekhuleni/status/1399109403375292423) and [here](https://twitter.com/sixty019/status/1399401142828867585) (Twitter)
	+ Comment stating COVID’s level of danger is exaggerated [here](https://twitter.com/DonovanMekgwe/status/1400332740336271367) (Twitter)
* Burkina Faso
	+ Similarly to last week, multiple comments [here](https://www.facebook.com/1457264214526173/posts/2803281549924426) and [here](https://www.facebook.com/100046863196666/posts/322693569302747) (Facebook) feature claims that COVID does not exist in Burkina Faso, or that the country faces worse threats (including Malaria, poverty and droughts)
* DRC
	+ Comments on [this post](https://www.facebook.com/189307321618086/posts/896839887531489) about the third COVID wave (Facebook) include claims that COVID does not exist, that people are only getting sick because it’s the dry season, and/or that COVID allows governments to make money

**Why is it concerning?**

* These beliefs may drive people to adopt high-risk behaviours, such as dismissing protective measures (wearing masks, distancing, testing, etc.)
* This, in turn, puts them at risk of contracting and spreading COVID-19
* These beliefs are also likely to drive vaccine hesitancy and refusal in the region

**What can we do?**

* Emphasize/ circulate personal stories of people affected by the disease
	+ **Personal COVID stories** and posts encouraging/discouraging people from getting vaccinated are extremely powerful

↪ Viral Facts example [here](https://twitter.com/WHOAFRO/status/1400774549122191361), [here](https://twitter.com/WHOAFRO/status/1401868352377786375), [here](https://twitter.com/WHOAFRO/status/1401499109257879553) and [here](https://twitter.com/WHOAFRO/status/1401868352377786375)

* Tailor messages reiterating that no one is immune to the virus, even if the severity of symptoms varies
* Explain the risk of complacency to infection prevention and control
* Create communication content emphasizing collective responsibility at the household, community and national level to comply with COVID-19 preventive measures
	+ To help reduce transmission
	+ To facilitate the recovery from the pandemic’s economic and social impacts
* Communicate clearly around the origins and impacts of COVID variants
* If possible, outline scientific processes required for identifying and communicating new COVID waves

**Frustration with slow vaccine rollout/ second jab distribution**

**Where have we observed this trend?**

* South Africa
	+ Frustration with some countries beginning to vaccinate children while South Africa still struggles to vaccinate its seniors [here](https://twitter.com/Sentletse/status/1400320015367352322) (Twitter)
	+ Frustration with government management of vaccine rollout [here](https://twitter.com/ShabirMadh/status/1399754842428645381) (Twitter)
* Kenya
	+ Frustration with how few people have received the vaccine [here](https://twitter.com/japhe_ke/status/1400157309817458695) (Twitter)
	+ Concern over getting second vaccine doses as soon as possible [here](https://twitter.com/ajfactual52/status/1401486576417480708) (Twitter)
	+ Urgent call for the COVID vaccine [here](https://twitter.com/jaydenkanono_/status/1399946840561401858) (Twitter)
* Nigeria
	+ This week’s WHO EARS reports notes frustrations with vaccine shortages (Twitter)

**SPECIFIC CONTENT TO CONSIDER**

* **SOUTH AFRICA (ENG)**



Skepticism about **inconsistency of protective measures** [here](https://twitter.com/kevinho28386207/status/1399088704845758464)



Video from Ireland with multiple false claims about the mRNA vaccines (including that people over 70 who take the vaccine will die in a few years, that people in their 30s will likely die in 5-10 years and that the vaccine causes infertility) [here](https://twitter.com/Skhumza/status/1399228639762391042)

Claim that the **vaccine is not useful if you can still get COVID** [here](https://twitter.com/SeanGoss31/status/1399984583123386369) 

Post about people with co-morbidities struggling to get vaccinated [here](https://twitter.com/carap_izza/status/1400050365664567310)

Endorsement of the **COVID “lab leak hypothesis”** [here](https://twitter.com/A_C_D_P/status/1399378084151898115)



Claim that there are microchips in vaccines debunked [here](https://www.facebook.com/10227041841/posts/10159750278646842)



Post on effectiveness of ivermectin, steaming and herbal remedies [here](https://www.facebook.com/1314995035221671/posts/4082540555133758)

* [This news article](https://www.businessinsider.co.za/trending/walk-in-vaccinations-are-now-limited-to-medical-aid-members-at-private-sites-2021-6) notes that no walk-ins will be allowed at private vaccination sites for people who don’t have medical aid

↪ this week’s South Africa report notes **confusion over changing vaccination walk-in rules**

* **KENYA (ENG)**



Cabinet Secretary Kagwe raises red flag over clinics charging for COVID-19 jab, stating that they could be “vaccinating with water” [here](https://www.facebook.com/261061365404/posts/10165649334540405) and [here](https://www.facebook.com/100044484967564/posts/328998795259617)

↪ **this is fueling concerns about being vaccinated with water** [here](https://twitter.com/DaCofeeguy/status/1401399893844017153) and [here](https://twitter.com/bonnie_momanyi/status/1401485424548274176)



Comments on Denmark’s vaccine donations to Kenya feature **concerns over expired vaccines**

* + Comments on [this post](https://www.facebook.com/105983259496/posts/10159786615074497) stated that donated vaccines must be expired, and that Kenya is being used as a “dump site” (Facebook)
	+ Comment stating donated are “expired rejects” [here](https://twitter.com/kechhilda/status/1401198545911353354) (Twitter) 

Post about inconsistency in reported COVID numbers [here](https://twitter.com/gabrieloguda/status/1400316403434012677)



Statement about COVID regulations being applied in a discriminatory way [here](https://twitter.com/NelsonHavi/status/1399621354610212866)

Skepticism around the purpose of curfews as crowds gather during the day [here](https://twitter.com/_fels1/status/1399676754508324868)

* **NIGERIA (ENG)**



Pastor Chris continues to spread false claims around vaccines, including the idea that vaccines contain microchips that can connect to 5G [here](https://www.facebook.com/110662500425902/posts/328224612003022)

A person claiming they will have to take the vaccine for work asks Pastor Chris if its effects can be nullified [here](https://www.facebook.com/752854234727293/posts/4323614954317852) 

**Warning about self-medicating** during the pandemic [here](https://twitter.com/daily_trust/status/1400352809644703750)



False claim that virologist Luc Montagnier stated people would die two years after taking the vaccine (flagged in last week’s report) was debunked [here](https://www.facebook.com/759901690763957/posts/4018104871610273)



This week’s WHO EARS report notes questions around **where Nigerians can obtain their vaccines**

* Claim that vaccines cause infertility debunked [here](https://thenationonlineng.net/fact-check-does-covid-19-vaccine-cause-infertility-in-men-women/) and claim that the Christian community is avoiding the vaccine debunked [here](https://independent.ng/bauchi-can-debunks-rumour-of-christians-avoiding-covid-19-vaccine/)
* **BURKINA FASO (FR)**



Comments on the Minister of Health’s vaccination video include questions about why healthcare workers did not wear gloves to vaccinate him [here](https://www.facebook.com/298380080180122/posts/5950937334924340)



Post claiming that vaccines contain GMOs, are not effective against variants or transmission, don't provide full immunity [here](https://www.facebook.com/2014823565429970/posts/2943419005903750)



Claim that all football match attendees at the ADO stadium must be vaccinated ([here](https://www.facebook.com/2051951218232313/posts/4028665777227504)) was countered [here](https://www.facebook.com/273334749736849/posts/1109484826121833)

According to the UNIC in Burkina Faso, videos about vaccines having **magnetic properties**, about virologist **Luc Montagnier** allegedly stating that vaccines cause variants and COVID case increases, and about vaccines not having undergone adequate testing circulated on WhatsApp 

* **DRC (FR)**



Question about why the Wuhan “lab leak theory” is no longer dismissed [here](https://www.facebook.com/228376783941849/posts/3936520759794081)

Outside of target countries

* **Zimbabwe (ENG)** 

Claim that people are being [inoculated with toxins](https://www.operanewsapp.com/zw/en/share/detail?news_id=7e3f97f15936b02a50bb5d713d148816&news_entry_id=652097cc210601en_zw&open_type=transcoded&from=iosnews&request_id=share_request) circulated on a news site

**PERSISTING ONLINE TRENDS**

\* any trends in blue are newly included this week

\*\* bolded trends appear to circulate more this week

* Vaccine deaths will be logged as COVID deaths
* I would rather die of COVID than of the vaccine
* Vaccines don’t prevent death or the virus’ spread / vaccines are not effective
* COVID palliatives are being hidden/ denied to citizens
* COVID/ the vaccine is intended to control/ reduce the African population
	+ According to the Africa CDC February Vaccine Perceptions report, almost 1 in 2 respondents believe that COVID 19 is a planned event by foreign actors
* Lockdowns are not an effective way of controlling COVID
* **Frustration with double standards around health and safety measures (e.g. politicians not wearing masks)**
* Questions and concerns around forced vaccinations
* Politicians have taken fake vaccines
* **Clinical trials were rushed**
* Africans are lab rats or being used to test vaccines (Viral Facts response [here](https://twitter.com/viralfacts/status/1384779123302752257))
* **New pandemic waves/ COVID are caused by vaccines**
* **Other issues and/or diseases are more important than vaccination**
* Vaccines won’t stop the need for protective measures, why bother (Viral Facts response [here](https://twitter.com/viralfacts/status/1377241510039683073))
* **COVID case numbers/ mortality rates are exaggerated**
* **Foreign companies or governments profit from the vaccine rollout in Africa**
* **Fear of vaccine side effects/ long-term effects**
* **COVID does not exist (Viral Facts response** [**here**](https://www.facebook.com/WHOAFRO/videos/1059407544571240/)**)**
* Effectiveness of herbal remedies (Viral Facts response [here](https://twitter.com/viralfacts/status/1389878262743060483))
* Effectiveness of ivermectin and alternative remedies (particularly in South Africa) (Viral Facts response [here)](https://twitter.com/WHOAFRO/status/1394643247272706051)
* **Frustration with looting and mismanagement of COVID funds**

**TRENDS TO WATCH**

* In comments on posts about African countries receiving vaccines from European countries this and last week, comments featured concerns over **receiving expired vaccines**, and questions about **why Africans should accept a vaccine that Europeans have rejected**. Ongoing vaccine donations, including France’s [AZ donations to Senegal](https://rifnote.com/2021/06/04/france-donates-184000-astrazeneca-doses-to-senegal-via-covax-world/) may continue to trigger these concerns
* The U.S. is [still determining](https://www.news24.com/news24/southafrica/news/no-teachers-will-get-jj-jabs-this-week-the-us-first-has-to-rule-that-the-shots-are-safe-20210606) whether the J&J shots it planned to send to South Africa have been contaminated
* The [Nigerian government banned Twitter](https://edition.cnn.com/2021/06/04/africa/nigeria-suspends-twitter-operations-intl/index.html) after the company deleted one of the president’s tweets
* The [WHO approves China’s Sinovac vaccine for emergency use, but South Africa’’s regulator is still silent after 2 months](https://www.businessinsider.co.za/trending/china-sinovac-vaccine-approval-in-south-africa-2021-6)
* Ongoing [vaccine shortages](https://allafrica.com/stories/202106020392.html) and delays in Kenya are likely to fuel ongoing public discontent

* News that France will [begin to vaccinate teenagers](https://citizen.co.za/news/covid-19/2511869/france-to-start-vaccinating-teens-against-covid-19/); UK [approves Pfizer vaccine](https://independent.ng/uk-approves-pfizer-biontech-covid-19-vaccine-for-12-to-15-year-old-kids/) for 12-15 year-olds
* Claim that [COVID mutated over 30 times in an HIV-positive woman](https://twitter.com/cobbo3/status/1401482496676618241) is causing concern online and in the media about the [collision between HIV/AIDS and COVID](https://www.latimes.com/science/story/2021-06-03/why-reaching-herd-immunity-in-the-u-s-wont-be-enough-to-protect-us-from-covid-19)
* Chinese scientists are developing an [inhalable COVID vaccine](https://citizentv.co.ke/news/chinese-scientists-developing-inhalable-covid-19-vaccine-11784863/)
* Question about whether [foetal tissue is used in the manufactured COVID vaccines](https://www.standardmedia.co.ke/adblock?u=https://www.standardmedia.co.ke/fact-check/article/2001414964/is-foetal-tissue-used-in-the-manufacture-of-covid-19-vaccines)
* Canada says it is [ok to mix vaccine brands](https://twitter.com/citizentvkenya/status/1399991734734626816)
* [Senegal aims to make COVID vaccines](https://www.reuters.com/world/africa/exclusive-boost-africa-senegal-aims-make-covid-shots-next-year-2021-06-06/) by next year
* The WHO has [announced new names for COVID variants](https://www.nature.com/articles/d41586-021-01483-0)
* Questions have emerged around [whether it is possible to have COVID three times](https://www.msn.com/fr-fr/actualite/technologie-et-sciences/covid-19-est-il-possible-d%C3%AAtre-contamin%C3%A9-trois-fois-ou-plus/ar-AAKDpVR?ocid=BingNewsSearch)

*Methodology*

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 (siloed engagement).

The monitoring reports are produced using NewsWhip Analytics, TweetDeck, Crowdtangle, UNICEF Talkwalker dashboards as well as the 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.

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.