Africa Infodemic Response Alliance

A WHO-HOSTED NETWORK

AIRA Infodemic Trends Report

June 20 (Weekly Brief #25 of 2022)

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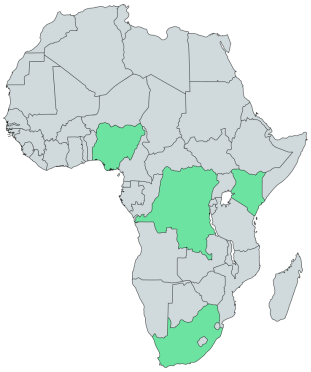
Quick Reference Guide

Public Health Infodemic Trends in the African Region

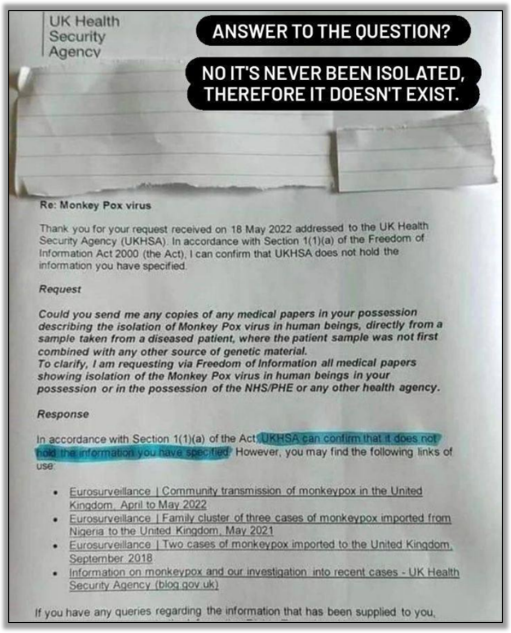
This report seeks to communicate operational recommendations based on social media monitoring from June 11 - 16, as well as relevant information on current mis/disinformation. Target countries include Angola (PT), Kenya, Nigeria, South Africa (EN), Burkina Faso, Cameroon, Democratic Republic of Congo (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 Does Not Exist



CONTEXT: Most notably, an alleged letter from the UK Health Security Agency claims that monkeypox has never been isolated which suggests the disease does not exist and it is a fabrication of public health agencies and governments.

Democratic Republic of Congo, Kenya, Nigeria, South Africa



- Over the last several days this narrative has picked up traction in WhatsApp and Telegram as social messaging groups push the claim that Monkeypox is not actually spreading across the globe.
- Some users have stated that there are no cases in Africa and the monkeypox outbreak is serving as a new way to discriminate and stigmatize African countries in which the disease is endemic.
- Others are comparing the outbreak to the COVID-19 pandemic and are encouraging Africans not to buy into the claims of a new disease outbreak.

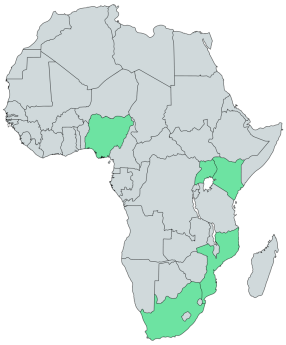
Why is it concerning?

- In three days this document has been shared on 15 Telegram channels (100k+ views) and found in WhatsApp channels in three different countries. This rapid share of this content suggests there is a large audience that supports the claim.
- A known disease with decades of outbreaks is facing a new level of disbelief that is linked to the issues of misinformation stemming from the COVID-19 outbreak. These narratives illustrate a vivid picture of pushback from the general public against diseases that have long been established in Africa.

What can we do?

- Historical evidence of monkeypox outbreaks in Africa and globally combined with response efforts that have mitigated and eliminated outbreaks in the past should serve as evidence that this is a real disease.
- Debunking the “isolation” claims early as the UK letter picks up traction should slow the spread of the misinformation.

Monkeypox Cases (Quarantines and Ring Vaccination)



CONTEXT: Facebook personality Dr. Young Tello, a conspiracy theorist that has made many misinformed claims about COVID-19, has ignited concerns regarding a new strategy of public health response to address monkeypox that will be discreet in its approach as to not incite protests from the general public.

Kenya, Mozambique, Nigeria, South Africa, Uganda

- The statement reads as follows:

Dr Young Tello:
ENDTIMEAPOCALYPSE UNFOLDING.. EVERYTHING THE PUBLIC NEED TO KNOW 👉Some people are expecting the Monkey Pox scam to play out exactly like COVID (with lockdowns and vaccine mandates for employment and venues. This is a mistake. The enemy has adjusted their strategy. Many will be caught off guard. Instead of the general lockdowns and mandates we saw during covid, this time they will track and trace extensively; targeting individuals and their contacts with long quarantines and ring vaccination. The psychology used will be formidable and much more difficult to resist. Many who refused to comply in round one will fold.
Ring vaccination means that anyone caught up in their contact tracing will be detained by specially trained teams, isolated and pressured / forced to take the vaccine. In some countries force will be used early on, but even in jurisdictions where one is not legally obligated to comply the pressure that these teams apply will be extreme. The long quarantines will add an additional incentive to give in. When the only way to avoid extended house arrest (and eventually quarantine camps) is to accept the jab, compliance can be achieved without general mandates (though we may see these in some jurisdictions). This targeting and isolation of individuals is nefarious for a number of reasons. While general mandates and lockdowns tend to evoke widespread outrage, they know people won't take to the streets en masse if they aren't personally affected at the moment. They intend to pick you off one at a time starting with the least resistant. This is why they are focused on the gay community in the opening act. The gay community is overwhelmingly left wing. Most of this demographic will accept the vaccine without hesitation as will the majority of those in their social circles. This will allow the enemy to work out the kinks in the system before addressing the trouble makers.
Some of you might be wondering how on earth they will be able to take this clown show to such extremes. After all, Monkey Pox is very mild and only lasts a few weeks. However, the narrative is already being cultivated that there is something unusual about this particular strain. It's "spreading" faster than previous variants, and some of the symptoms are unusual. Those of you who have been paying attention know that this is a cover for the side effects of COVID-19 vaccination. There are a multitude of auto-immune skin issues showing up that look like pox, and with immune systems decimated, the vaccinated are experiencing a resurgence of latent viruses, with shingles being one of the most common symptoms. Since diagnosis comes down to a fraudulent PCR test, all of this can be attributed to Monkey Pox.

Here's where it gets nasty. The long term side effects of the initial COVID jabs are just beginning to reveal themselves, and all cause mortality among the vaccinated is already becoming impossible to hide. What this means is that while COVID started as a bad flu and ended as a mild cold, Monkey Pox will made to look like it is evolving into something absolutely horrific. People will get sick and stay sick. Others will die suddenly. The fear this will generate (and the resulting mass psychosis) will make you miss the good old days of COVID.

The food and energy shortages that are kicking off at the same time are an important part of the equation. Not only will rationing give those in power far more more leverage, malnutrition and cold will also weaken the population physically and make them more susceptible to disease. Electricity and internet blackouts will make it much harder to organize resistance and will provide cover for the worst abuses.

For years we have warned people to get out of the cities. Now you know why. This is the final window for that move. There will be no fuel for vehicles soon (and you can only walk so far when you are starving). Do you understand?

- Dr. Young Tello has been restricted on Facebook but has used social messaging apps to continue to create private groups that have over 40k+ followers from multiple countries and have been sharing his message across different platforms.
- Dr. Young Tello is also using other misinformation that has been circulating on social media about monkeypox strategically, as he claims that purposeful misinformation regarding a cultivated narrative that suggests the monkeypox strain spreads faster with unusual symptoms has been created to allow extreme measures to be justified in the public health's alleged secretive and heavy-handed response.

Why is it concerning?

- Dr. Young Tello has moved away from public debunking by shifting his followers over to Telegram where it is much easier to spread misinformation without pushback. He has shared links to different Telegram pages over the last year in order to continue to spread his narratives and has had success in gaining followers.
- By using known misinformation about the dangers of monkeypox, Dr. Young Tello is effectively showing he understands misinformation is out there and shows he is able to differentiate between false claims and reality, albeit inaccurate.

What can we do?

- Immediately address public health responses and give clarity to actual measures in place to negate these claims.

COVID-19 Vaccine Deaths

CONTEXT: Multiple vaccine narratives have reemerged over the last week following an alleged hack of pharmaceutical companies' databases that revealed all of the data regarding severe complications and deaths from COVID-19 jabs.

Nigeria, South Africa

- The site https://www.howbad.info/ has been circulated through social messaging apps with claims that individuals can now look up their individual batch code numbers to see if the vaccine batch was ineffective or caused others severe side effects or death.
- This page has reignited the claims of a widespread coverup of vaccine deaths that has been persistent through the last several months. In this particular week, the vaccine death narrative has reached similar levels to that of the end of February and early March during which false data was published under the guise of a fake Johns Hopkins University tag that led to significant misinformation claims.
- Fortunately, there is a significant share of individuals that are already stating the site is fake, however, social messaging users are still claiming that the vaccine deaths are real and have just not been shared in full to date.

Why is it concerning?

- The vaccine deaths narrative has a substantial following and has shown relatively strong staying power over the last several months.
- This negativity toward vaccines has also impacted other vaccine narratives, most notably monkeypox as some African citizens are concerned that public health agencies are once again using Africa as a testing ground for vaccine efficacy and safety for use in the USA and European countries. [LINK]

What can we do?

- Continue to circulate accurate information regarding vaccine side effects and severe complications. Compare this content with the number of severe complications for individuals that have not received a vaccine to highlight the need for vaccination as some African countries are facing a sixth wave.

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

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Information Gaps: Is monkeypox airborne?

- Confusion around the need for masking remains as multiple narratives around monkeypox being airborne. Messaging from US Media and US CDC that contradicts each other regarding monkeypox being airborne has trickled into African narratives increasing the confusion, while the WHO has been cited stating that medical professionals should mask when dealing with potential cases but has not called on the general public to do the same.
- This has left the monitored information environment in Africa in a state of differing narratives that are both supported by reputable sources. This, in turn, can be discrediting to both sides of the argument, and clarity on the matter is important to garner trust for public health expertise over media during this outbreak.

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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 (siloed 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:

crowdtangle NEWSWHIP TweetDeck Talkwalker

WHO social listening tools:

COVID-19 Infodemic Insight Report

EARS Early AI-supported Response with Social Listening