

# Africa Infodemic Response Alliance

A WHO-HOSTED NETWORK



AIRA Infodemic Trends Report  
**June 27** (Weekly Brief #27 of 2022)



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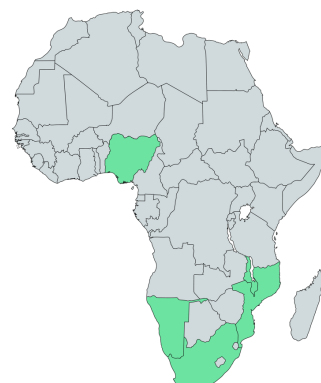
## Public Health Infodemic Trends in the African Region

This report seeks to communicate operational recommendations based on social media monitoring from June 17 - 24, 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 COVID Vaccine-Induced Shingles

*CONTEXT: Claims have circulated that the WHO's statement that it will rename Monkeypox is setting the stage for the organization to admit that the disease is instead COVID vaccine-induced shingles.*



**Malawi, Mozambique, Namibia, Nigeria, South Africa**

- Monkeypox being labeled as COVID Vaccine-induced shingles is not a new rumor, but the statements made by the WHO that it will rename the disease have led to speculation that the organization will admit that it is shingles stemming from the vaccine rather than the standard monkeypox. The statement made by Dr. Tedros Adhanom Ghebreyesus regarding a potential PHEIC being declared furthered this narrative, as many believed it would likely serve as a time to decide if they should announce the error.



### Why is it concerning?

- Monkeypox issues have been intertwined into the misinformation regarding COVID-19, and this serves as a clear example of how many public health issues will be received in online communities in the future.

### What can we do?

- Communicate that monkeypox is not related to issues caused by the COVID-19 vaccine and that it is not a new disease.
- Reiterate that the WHO has not yet declared that the monkeypox outbreak is a PHEIC and the name change will not reflect a COVID-19-related issue or disease.



## Only Countries Receiving Pfizer Vaccine have Monkeypox

*CONTEXT: New claims have surfaced that the COVID-19 vaccine, particularly the Pfizer jab, has damaged vaccinated individuals' immune systems and their ability to fight diseases leading to global cases of monkeypox for those that have taken the Pfizer vaccine.*



**Democratic Republic of Congo, Kenya, Nigeria, South Africa**

- The Pfizer COVID-19 vaccine has been a target of African misinformation consistently throughout 2022 and has recently been associated with monkeypox cases as the reasoning behind the low number of cases across the African continent.
- Rumors in social messaging apps underscore the relationship between where Pfizer vaccines have been distributed most predominately and claim that there is a strong correlation with the highest cases of monkeypox.



### Why is it concerning?

- Fears are mounting around the monkeypox virus as cases continue to grow globally. Explanations around why monkeypox is so prevalent after decades of relatively low cases year to year have driven an information gap that is being filled with misinformation that has found receptive audiences.
- The unfortunate spike of monkeypox has emboldened African social media communities regarding the negative impacts of COVID vaccines as monkeypox cases are not as prevalent in Africa to date.

### What can we do?

- Clarify vaccination side effects regarding immune system deficiencies.



## Children are More Susceptible to Vaccine Side Effects

*CONTEXT: Recent US CDC approvals for children of five years of age and under have sparked fears in some African online communities that forced vaccinations will become customary in Africa. This has led to an increase of misinformation regarding children being more susceptible to side effects from the vaccination.*



### Nigeria, South Africa

- The most popular quote that has been circulated widely in Telegram and Whatsapp reads as follows:
  - **“According to an analysis by Steve Kirsch, an engineering graduate from MIT who is himself doubled vaxxed with the Moderna shot, as of December 12, 2021, the jab had killed nearly twice as many children as the illness.”** (The original source of this has been traced back to this US-based [article](#). The article’s author, Dr. Joseph Mercola, has been described by the New York Times as *The Most Influential Spreader of Coronavirus Misinformation Online*.)

### Why is it concerning?

- Concerns regarding child vaccinations, including those administered to children at schools without the expressed consent of their parents, have been very persistent for several months. This announcement of vaccinating younger children and infants has driven stronger and more visceral negativity in African social messaging conversations. Most notably, online users have expressed concerns about their children facing more severe side effects as they will be unable to fight off the issues caused by vaccination.
- Some users claim this is the next phase in the WHO’s and Europe’s plan to institute population control measures by harming children and therefore mitigating the future of Africans at an earlier age.

### What can we do?

- It is important to clarify each country’s status of vaccine availabilities and for what ages they are in supply.
- Promote factual information around child vaccination plans and requirements, if pertinent to the country’s vaccination plan.





## 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 a Public Health Emergency of International Concern (PHEIC)?**

- Confusion and fears have emerged around the monkeypox outbreak as the World Health Network (WHN) made the declaration on Thursday, June 23rd. The World Health Organization (WHO), however, declined to declare the monkeypox outbreak a PHEIC which led to confusion on African social media channels.
- Additionally, some social media users in Africa have claimed that a new pandemic will be declared strictly to go back to enforcing pandemic preventative measures and allow the WHO to apply their newly defined powers from the proposed "pandemic treaty."



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### **COVID-19 VFA content**

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

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### **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