

Africa Infodemic Response Alliance

A WHO-HOSTED NETWORK



AIRA Infodemic Trends Report
July 4 (Weekly Brief #28 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 25 - July 1, 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.



COVID Resurgence is a Fear-Mongering Tactic

CONTEXT: Reports of increases in COVID-19 cases in some African countries continue to be met with skepticism and outright denial as online users claim that governments and public health organizations are trying to stoke fear without merit.



Mozambique, South Africa, South Sudan, Uganda

- Reports of COVID-19 cases have been met with negativity and criticism continuously over the last several months, however, a **new wrinkle in online conversations has emerged as online users claim governments and public health organizations have switched tactics from trying to drive fear with monkeypox back to raising concerns over COVID-19.**
- Specifically, some online messaging communities have highlighted that because many Africans refused the COVID-19 vaccine and are not at a greater risk for monkeypox than countries that have been more widely vaccinated, there was no concern for monkeypox. This has led **public health organizations and governments to return to claims that COVID-19 cases are increasing to hopefully move back to pandemic preventative measures** and “regain control” of African populations.
- It is also noteworthy that reports of COVID-19 cases, whether it increases from the average or normal levels of new cases, have been met with fervent disbelief. This trend has been present over the last several months but has become increasingly visible over the last two weeks.

Why is it concerning?

- The lack of concern for COVID-19 cases and the belief that they are being used as a ploy against African citizens highlights a **concerning lack of trust for public health organizations and governments** as it pertains to public health,
- The development of new strains or significant waves of cases may be met with a refusal to once again adhere to preventative measures to mitigate the spread.

What can we do?

- Revisit the way COVID-19 continues to infect individuals, even if vaccinated, and how vaccination can help slow and eliminate new waves or surges of the disease.



Using Ivermectin with COVID-19 vax helps side effects

CONTEXT: A claim has resurfaced that suggests side effects of the “ineffective” vaccine that should be taken only for the vaccine card can be minimized by taking a dose of ivermectin before and after receiving the dose.



Democratic Republic of Congo, Nigeria, South Africa

- The claim seems to have surfaced from an [article](#) published in August of 2021 and reads as follows:
 - *“If you are forced to get one of the US vaccines, using .2mg/kg of ivermectin the day before, the day of, and the day after will reduce your chance of side effects by 95% according to a prominent researcher in Brazil we know. Of course, the FDA and AMA are trying their best to block your access to ivermectin, a new low for medicine. The mainstream medical community are cheering them on.”*
- The quote has been shared on WhatsApp (Democratic Republic of Congo-French, and Nigeria) and Telegram (South Africa) over the last several days. **Some users have claimed to have used this method and did not experience any side effects following vaccination.**
- The original article did not receive widespread coverage, but as many individuals have raised concerns that forced vaccinations are looming new remedies similar to this claim have become more prevalent in online communities.

Why is it concerning?

- While this is not a new piece of misinformation, ivermectin has been cited as a reliable way to prevent COVID-19 by a wide range of sources. New demand for ivermectin is a possibility, but remedies that are not sanctioned by public health organizations could lead to complications and **potentially new waves of inaccurate information from adverse reactions to self-prescribed treatments.**

What can we do?

- Address the real side effects of COVID-19 vaccinations and highlight the real statistics on severe cases. Additionally, clear up the impact of ivermectin on COVID-19 and how vaccines do not require supplemented treatment.



Monkeypox is Mutating in Vaccinated Individuals

CONTEXT: A recent scientific study found in Nature Medicine has been widely cited by international media as the source for the claim that monkeypox is mutating 12 times faster which has bolstered the rumor that COVID-19 vaccinated individuals are at a greater risk.



Nigeria, South Africa

- The [Nature Medicine](#) findings have been taken out of context and have been cited as proof that monkeypox is affecting the weakened immune systems of COVID-19 vaccinated individuals. The misinformation narrative goes on to suggest that because of more individuals harboring the disease it is able to mutate at a much more significant rate.
- More notably, there is a belief that as long as individuals are not vaccinated with the COVID-19 vaccine and do not have their immune system compromised by its mRNA components, they are safer from both monkeypox strains and COVID-19 strains in the future.

Why is it concerning?

- The continuous influx of scientific findings that are strategically repurposed to support misinformation claims is increasingly timely and well produced. The narratives are being more widely viewed with each layer of “evidence” provided and the claims are vastly outpacing accurate, vetted information.
- This particular narrative has the potential to embolden those that have not been vaccinated to stick to their decision and turn indecisive individuals away from accepting the vaccine altogether. At this stage, as was pointed out by vaccine critics in social messaging apps this week, there should be scientific evidence supporting the vaccine that is just as prevalent as the content that shows the dangers of getting vaccinated. Though that may be the case, it is not widely disseminated as compared to misinformation surrounding the issue.

What can we do?

- Continue to establish the lack of a relationship between COVID-19 vaccines and monkeypox cases as they are becoming commonly linked in misinformation narratives.
- Promote factual information on mRNA components of the vaccine and its impact on the immune system.



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: Are the monkeypox strains more dangerous?

- Reports of the monkeypox disease mutating at a more accelerated rate than previously seen have led to concerns that monkeypox may be more dangerous in its new variations than has been in outbreaks seen in countries for decades that have been designated as endemic for the monkeypox virus.
- The information that has been shared regarding the severity of monkeypox continues to state that it is generally not a lethal disease, but **reports of the USA and European countries moving to vaccinate their citizens have led to a few concerns that the disease variants are indeed much more serious** and Africans may be left behind in vaccination efforts.



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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**