

Africa Infodemic Response Alliance

A WHO-HOSTED NETWORK



AIRA Infodemic Trends Report
August 16 (Weekly Brief #34 of 2022)



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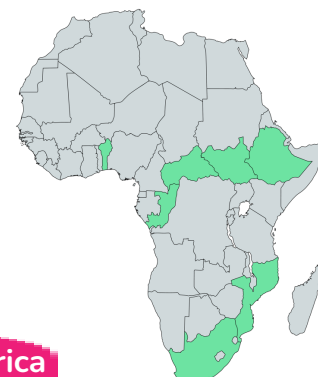
Public Health Infodemic Trends in the African Region

This report seeks to communicate operational recommendations based on social media monitoring from August 6 - 12, 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.



Only Men can Contract Monkeypox

CONTEXT: As cases of monkeypox slowly began to increase in African countries following the Public Health Emergency of International Concern (PHEIC) declaration, there have been claims that only men have contracted the disease as minimal reporting on women with the disease has been shared in African media.



Benin, C.A.R., Congo, Ethiopia, Mozambique, South Sudan, South Africa

- As media coverage has shifted from COVID-19 to monkeypox in health-related coverage in African social communities, there are large shares of social media users that have remained steadfast in the belief that monkeypox causes a minimal threat to the general population. A key component of the lack of concern for the growing outbreak of monkeypox is a widespread belief that only men contract the disease and that it has only been spread through MSM.
- It is notable that there is a significant share of individuals that believe only men contract the disease that do not relate this stance to MSM and claim that the disease does not serve as a threat to women at all.
 - “If it is just th [sic] rash and it do not go to women or the children it does not kill and is going on before corona then we do not have fear”
 - “When do they try to use a disease we know? it was always for eating the meat and men in the bush. now it is bad?”
 - “Ja this is the covid time again but only men in US get this because it is new”
- The official messaging around monkeypox from public health organizations and health ministries of African countries have shared minimal content regarding cases affecting women, likely inadvertently encouraging these narratives.

Why is it concerning?

- The focus of monkeypox has been very male-oriented over the last several weeks in African media, with little coverage explaining the risk for women, including pregnancy concerns.

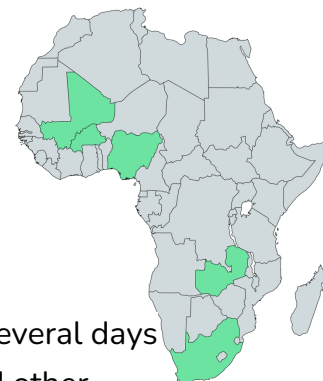
What can we do?

- Engage with female audiences and address the risk of monkeypox for women and what issues pregnant women may face.



Monkeypox Vaccines are being withheld from Africa

CONTEXT: Conversations in social messaging apps have highlighted the large number of vaccinations that have allegedly been stockpiled by Europe and the U.S. over the last several years while countries in Africa have been without full-scale vaccine campaigns for the disease.



Burkina Faso, Mali, Nigeria, South Africa, Zambia

The most significant conversations around vaccinations over the last several days have focused on the vaccine ACAM2000, with claims that the U.S. and other European countries have been hoarding this vaccine for decades and not using it to quell the endemic monkeypox cases in African nations.

- ACAM2000 is a smallpox vaccine that has recently been mistaken for an active monkeypox prevention tool in social media conversations. The U.S. did stockpile the vaccine and stored around 300 million doses stemming from the early 2000's, but this was not in preparation for monkeypox. Additionally, the U.S. is still only in conversations and early testing to get to full confidence in using ACAM2000 for mitigating monkeypox and it serving as the standardized vaccination.
- However, some online users have misinterpreted the conversations around ACAM2000 and have shared claims it is a viable solution that the U.S. and Europe are withholding currently.
- Others have raised concerns that ACAM2000 is dangerous and untested, citing complications discovered in scientific studies that were taken out of context and often not related to treatment or prevention of monkeypox in the scope of the research.
 - To date, ACAM2000 is not mentioned as a vaccine to be distributed for use in African countries to combat the spread of monkeypox.

Why is it concerning?

- Continued misinformation focused on vaccines and treatments that are not active in African countries highlight a strong audience for any negativity towards public health solutions for responses to the monkeypox outbreak.

What can we do?

- Explain current strategies and methods for mitigation of monkeypox in Africa.



Persistent Rumors

Rumor: Vaccines contain mRNA which is leading to an increase in monkeypox

- 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](#))

Information Gaps: Is Monkeypox fatal?

- New reports of cases in Africa have drawn some concerned remarks from netizens in social media conversations, but reports of monkeypox-related deaths have exposed a critical information gap in standard public health messaging around the disease.
- Previous to the reports of a monkeypox fatality (conversations ranging from early 2022 to mid-June 2022) monkeypox was widely being referred to as a disease that was of minimal threat to African populations. However, following the deaths getting global media coverage, many have raised questions about the accuracy of the reports and if this is a lethal monkeypox strain that has not been faced by African countries in their battles with previous outbreaks of the disease.



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COVID-19 VFA content

- Flu & COVID vaccines [[LINK](#)],
- Ivermectin to treat COVID-19 [[LINK](#)]
- Childhood vaccination safety [[LINK](#)]
- Fertility and Covid19 vaccine [[LINK](#)]

Monkeypox content

- Latest Monkeypox VFA content: Monkeypox explainer [[LINK](#)]
- WHO Monkeypox FAQ and Factsheet [[LINK](#)]

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