Africa Infodemic Response Alliance

A WHO-HOSTED NETWORK



AIRA Infodemic Trends Report September 12 (Weekly Brief #38 of 2022)



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Key COVID-19 Misinformation Trends

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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 September 3-9, 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-19 vaccine placebos

CONTEXT: Claims have developed in social messaging apps that those that have not experienced any kind of negative reactions to the COVID-19 vaccination were likely given a placebo dose as there are currently "ongoing trials" for the vaccines.

DRC, Kenya, Mozambique, South Africa, Uganda

- COVID-19 vaccination discussions were significantly higher over the last week in social messaging apps in comparison to the previous two months. The predominant focus was in regard to complications from the COVID-19 vaccine and how there is a large cohort of individuals that only received the placebo dose during the global vaccine effort. The claim has seen significant support as many believe that this is a viable explanation for individuals that still contracted the disease even after vaccination.
- Additionally, the placebo vaccination claim has been tied to the vaccine-shedding narrative. As fact-checking organizations have been consistently working to debunk any vaccine-shedding misinformation narratives, anti-vaccine groups have also continuously found new ways to counter accurate information to support their claims.
- In this narrative, online users have claimed that the reason **not all vaccinated individuals shed following vaccination** is based on the use of the placebo vaccine. Therefore, those that have not gone through the vaccine shedding phase (according to the anti-vaccine sources can last indefinitely) is simply because they did not receive the real vaccine dose. This allows pharmaceutical companies and public health bodies to "claim success" as there is a placebo group failsafe in place.

Why is it concerning?

• Attacking the pharmaceutical companies that developed the vaccines has been successful in the past and based on the reaction to the claims this narrative will continue to garner an audience for the next several weeks. The second component of the narrative, which claims there is still ongoing testing of the vaccine, has also proven to be impactful among African audiences online.

What can we do?

• Provide clarity on the testing that went into the vaccine development *before* being released to the public to ensure testing is not done during the campaign.



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Menstrual irregularities cause by vaccine shedding

CONTEXT: Anti-COVID-19 vaccine groups have warned against any contact with individuals that have received the COVID-19 vaccine as their shedding stages have shown to infect non-vaccinated and have led to women experiencing menstrual irregularities.

Kenya, Nigeria, South Africa

- The focus on vaccine shedding over the last week has also driven additional discussions around the impact of the shedding on those coming into contact with vaccinated individuals. There has been a shift in the narrative around the complications faced by those impacted by the shedding, which now highlights a less severe set of symptoms. There are two pertinent components on why this is garnering greater interaction from African online communities.
 - First, the less severe set of symptoms are also much more common and therefore many more individuals can relate to the "side effects" that are caused by vaccine-shedders.
 - Secondly, the claim that vaccine shedders are having an impact on menstrual cycles is one that touches on an extremely delicate social issue, and can quickly draw in a large audience. There are over 200 individual claims in social messaging apps from users that state they have experienced some sort of menstrual irregularity or complication after all levels of exposure to vaccinated people. These exposure scenarios included sharing living quarters, sexual partners, sharing public transit, and going to healthcare facilities with vaccinated individuals.

Why is it concerning?

• Fertility issues have been of high concern in regard to the COVID-19 vaccine throughout the pandemic. Anti-vaccine groups have exploited this concern multiple times in the past, and even as that information is debunked and addressed, the topic remains a powerful motivator to deny the vaccine.

What can we do?

• Continue to address fertility and menstruation issues with increased frequency. Anti-vaccine groups continue to target this narrative, and accurate, vetted information needs to be consistently accessible on social media/messaging platforms for interested online users.



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 <u>here</u>)

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 the monkeypox vaccine available?

Monkeypox misinformation has slightly waned in the last week, however questions remain around protection against monkeypox as concerns about contracting the disease remained prevalent in social media. One rather significant information gap continues to revolve around the availability of monkeypox vaccines. A large share of media coverage shared on African social media platforms follows developments in the United States regarding its Federal Drug Administration's processes in making vaccines available to its public. However, these reports are causing confusion in African online communities as to what is available within their own countries or neighboring countries. African social media users are questioning where and when they can receive the monkeypox vaccine, and following some investigation into available resources in Africa, there is often limited information that makes it clear vaccines are *not available* in some regions.



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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;



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• 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:

