Africa Infodemic Response Alliance

A WHO-HOSTED NETWORK



AIRA Infodemic Trends Report

22-29 July 2024

Weekly brief #129

Top concern

Confirmation of mpox cases in Burundi and Rwanda triggers questions about the disease, its symptoms and treatment.

A surging outbreak of mpox across countries neighboring the democratic republic of congo highlights the risk of cross border transmission and the increase of human-to-human transmission of Mpox

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Public Health Infodemic Trends in the African Region

This weekly report provides key highlights and operational recommendations based on social listening data from 22-29 July 2024 in Africa.

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Rwanda, Burundi

Confirmation of mpox cases in Burundi and Rwanda triggers questions about the disease, its symptoms and treatment.

Engagement: 17 posts, 2059 likes, 303 comments

Rwa	nda		
	In the analysis of social media posts regarding Mpox, Rwandan online media		
	agencies highlighted key concerns and advice about the disease outbreak.		
	Online users who commented on <u>IGIHE</u> , a Kigali-based news and media agency,		
	reported fear of touching individuals infected with Mpox, reflecting anxiety over		
	potential transmission through casual contact.		
] Umuseke is another Rwandese media company that focuses on social,		
	entrepreneurship, educative, peacemaking news. Online <u>commentary</u> featured		
	some users asking questions around symptoms, travel guidance (to DRC), while		
	others shared guidance on Mpox prevention, emphasizing the importance of		
	avoiding unnecessary travel, refraining from kissing and sexual contact outside		
	of marriage, and maintaining frequent hand washing.		
	Online users were also concerned about the perceived dangers of Mpox and had		
	questions about its symptoms, treatment, and potential cure.		
Burundi			
	Online commentary on <u>BBC News Gahuza</u> (Gahuza language is made up of		
	Kinyarwanda and Kirundi, the official languages of Rwanda and Burundi		
	respectively) indicated numerous public inquiries about Mpox symptoms and		
	challenges in maintaining proper hygiene.		
	Similarly, a comment on Burundian radio Radio-Télévision Isanganiro RTI 's		
	Facebook post suggests anti-western narratives including that Mpox was		
	introduced by white people, alongside concerns about clean water availability		
	and questions about the nature of the disease.		
	Additionally, an online user raised questions about the modes of Mpox		
	transmission on the post of Yann Santanna, a Burundian journalist.		
Why is it concerning?			
] The ministries of health in Burundi and Rwanda have both declared the		
	outbreak and disseminated preventive measures as well as symptoms of the		

	disease [LINK, LINK]. According to the Mpox situation in Africa report by Africa
	CDC, on 25 July 2024, the Rwandan ministry of health reported two confirmed
	cases of mpox in the Gasabo and Rusizi districts. Both cases have travel history
	to the DRC. This is the first outbreak of mpox reported in Rwanda. Sequencing
	results revealed mpox Clade Ia sublineage. As of July 28 2024, a total of eight
	confirmed cases and no deaths have been reported from Burundi. This is the
	first outbreak of mpox reported in Burundi.
	Questions and concerns expressed by users indicate possible information voids
	amongst population groups including those who may live in border communities
	and point to a need to ensure mpox-specific information is accessible and
	available to those who need it.
	According to WHO, South Kivu province, which reported Mpox cases in late
	2023 and borders Burundi and Rwanda, is facing severe challenges.
	These include conflict, displacement, food insecurity, and difficulties in
	delivering adequate humanitarian assistance. These conditions profoundly affect
	the local population, especially vulnerable groups, and may provide fertile
	ground for the further spread of Mpox [LINK].
	John Claude Udahemuka, lecturer at the University of Rwanda, said that the
	mutated version of the clade I mpox endemic in Congo for decades is extremely
	dangerous. It has fatality rates of around 5% in adults and 10% in children
	[LINK, LINK]
	The DRC has validated two vaccines for Mpox and is working to secure supplies.
	However, no vaccines are currently available. Negotiations are ongoing with
	various countries to obtain doses, and priority areas for vaccination are being
	identified [LINK].
What	can we do?
	Develop and enhance cross-border risk communication and community
	engagement strategies to reduce transmission at borders. This includes
	coordinated public health messaging, and community outreach programs.
	Continuously monitor public questions and misinformation as the disease
	spreads, addressing concerns and debunking myths promptly to prevent panic
	and ensure accurate information dissemination. Focusing on vulnerable groups,
	ensuring they receive necessary support and protection is crucial.
	Develop and implement strategies to address stigma and discrimination
	associated with Mpox. Build trust within communities by promoting inclusive

	health messages, ensuring transparent communication, and providing support to affected individuals. Focus on high-risk congregate settings such as displacement camps, markets ensuring they have adequate infection control measures, providing age-appropriate health education as well as their parents.
Гrer	nd to watch
doz a	mbique to introduce malaria vaccine in August
	According to Radio Mozambique, Mozambique will introduce the malaria vaccine in August. Immunization will take place in phases and the province of Zambézia will be a pioneer. The announcement was made by the permanent secretary of the Ministry of Health, Ivan Manhiça, at the opening of the 14th National Meeting of the National Program to Combat Malaria, in the city of Beira. According to SSHAP's Key Considerations: Socio-Behavioural Insight For Community-Centered Cholera Preparedness And Response In Mozambique, 2023, "It is common for Mozambicans to trust traditional healers and religious leaders in matters related to their health, and there has been successful engagement through them – and community leaders – in the Cabo Delgado cholera response" therefore collaborating with religious leaders because they are trusted sources of information in Northern Mozambique may encourage people to take and endorse the vaccine.
orr	rection
	We would also like to correct a factual error mentioned in last week's report: Several African countries (including Burundi, Ghana, and later Kenya and Malawi) are preparing to introduce the malaria vaccine into their vaccination schedules.
	Correction: Ghana, Kenya and Malawi have been providing malaria vaccine in childhood immunization in pilot introduction and now via Gavi support since 2019 (WHO QA Malaria vaccines (RTS,S and R21).
	Rollout of the RTS,S and R21 malaria vaccines is well underway. As of 18 July 2024, 10 countries in Africa (Benin, Burkina Faso, Cameroon, Côte d'Ivoire, Ghana, Kenya, Liberia, Malawi, Sierra Leone and South Sudan) offer malaria vaccines as part of their childhood immunization programmes, and according to their national malaria control plans. A total of 15 countries are expected to

introduce RTS,S and R21 malaria vaccines this year.

Key resources

Mpox

WHO, Strategic framework for enhancing prevention and control of mpox
WHO, Mpox in the Democratic Republic of Congo
<u>VFA</u> , Mpox social media kit
$\underline{\text{WHO}}\text{, Risk}$ communication and community engagement (RCCE) for mpox
outbreaks: Interim guidance, 24 June 2022
Africa CDC, Mpox situation in Africa

Methodology

The social media listening process relies on a combination of social media analyses conducted for French, English and Lusophone-speaking countries.

The shift from a social media listening and monitoring conducted by only one person for the entire African region, to a combined one based on 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, and 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, Crowdtangle, Google Trends and UNICEF Talkwalker dashboards, as well as the WHO EPI-WIN weekly infodemic insight reports.

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.