COVID-19 Infodemic Trends in Africa – May 2021

Scope

This report presents operational recommendations based on monthly COVID-19 online and offline community feedback trends analysis in Africa. It aims to enable evidence-based decision-making at regional and national levels.

Methodology

Partners contributing to the report meet on a monthly basis to review trends and identify shared recommendations. They also discuss themes and related recommendations on a bi-weekly basis during Africa Infodemic Response Alliance (AIRA) meetings, as well as the RCCE community feedback working group meetings.

The report is based on online social listening feedback from UNICEF ESAR and AIRA, as well as online and offline community feedback provided by a broad network of partners who contribute to the RCCE ESAR Sub-Working Group. Monitored online channels include Facebook, Twitter, Instagram, digital news, and any WhatsApp messages forwarded to the researchers. Online and offline information is also obtained through the community feedback form that RCCE partners fill out on a monthly basis.

For each trend, the report specifies the countries in which relevant content was tracked. This information may nonetheless be circulating in other African countries not mentioned in this report.

Four key themes related to COVID-19 emerged from social listening and community feedback this month, in large part related to the COVID-19 vaccine rollout:
1. Vaccine access and uptake
2. Vaccine safety
3. Vaccine efficacy
4. COVID Risk

#1 - Vaccine Access and Uptake

Botswana, Rwanda, Madagascar, Namibia, South Africa, Kenya
- Concerns about **vaccine availability** in the region and global **vaccine equity**
- Perception that the government is not **prioritizing vulnerable groups**
- Concerns about teachers' ability to access the vaccine as a priority group, particularly as reports of teachers dying of COVID circulate in the region

Recommendations
o Regularly provide updated information on vaccine rollout status & eligibility

o Develop communication templates to help disseminate country-level eligibility updates
o Communicate eligibility and access routes for teachers and school personnel. Explore social and behavioral drivers of vaccine acceptance (see BeSD survey tool for teachers)
o Showcase government and partner efforts in making the vaccine available
o Communicate vaccine delays in a transparent and timely manner to maintain trust
o Advocate for governments and ministries of health to counter private vaccine sales (thus ensuring priority groups can obtain the vaccine)

#2 - Vaccine Safety

Kenya, Nigeria, South Africa, Zimbabwe, Mali, Ivory Coast, Senegal, Botswana, Lesotho, Namibia, Tanzania, Zambia, Madagascar

- Concerns about **side effects** specifically associated with the **AstraZeneca and Johnson & Johnson** vaccines following AEFI[1] reports, including blood clotting
- Concerns over receiving **expired vaccines** (and notion that they are unsafe)
- Concerns that vaccines are harmful, including fear that vaccines are magnetic, will cause death or impact women's menstrual cycles, and depopulation claims

Recommendations
o Share vaccine safety data to put individual reports of adverse effects into perspective
o Convey hopeful messages emphasizing that vaccines are crucial to ending the pandemic engaging credible influencers (Ask Dr Ben examples here)
o Provide country-specific vaccine safety information based on locally available vaccines
o Continue to manage expectations around possible side effects, underlining the safety profile of different vaccines and providing information on the systems to investigate AEFIs
o Convey clear information on how to safely mitigate vaccine side effects
o Produce content for journalists on AEFIs reporting and best practices, including using non-scientific language that is clear & understandable
o Address concerns about receiving expired vaccines by providing clear, updated, country-level information based on recent and relevant data and news

#3 - Vaccine Efficacy

Namibia, South Africa, Uganda, Ivory Coast, Kenya, Nigeria, Burkina Faso, Zambia

- Questions about **immunity** (if I have had COVID, do I need the vaccine?)
- Question around general **efficacy**
  - Why are cases increasing if the rollout is advancing?
  - Why do people get COVID even after receiving the vaccine?
  - News of rising COVID cases in Seychelles despite the advanced vaccination rollout gained traction in the region; most infected people had not in fact been vaccinated

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[1] Adverse Events Following Immunization

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- **Vaccine preferences** (notion that one vaccine is better than another)
- Concern that people are receiving expired (and non-efficacious) vaccines

Recommendations
○ Consider circulating content outlining the limitations of vaccine efficacy measures
○ Emphasize vaccine efficacy data on death and hospitalization prevention
○ Amplify testimonies of vaccinated individuals who later tested positive for COVID-19 to show effectiveness in preventing severe disease
○ Produce content that emphasizes the benefits of accessing any vaccine compared to risks of having no vaccine[2] (Viral Facts example here and here)

#4 - COVID Risk

Countries: South Africa, Kenya, Burkina Faso, DRC
- **Claims that COVID does not exist**, was manufactured, or is exaggerated
- Complacency and **non-compliance around safety measures**

Recommendations:
○ Emphasize stories of people affected by COVID
(Viral Facts examples here, here, here, and here)
○ Explain complacency risks for COVID prevention & control while acknowledging pandemic fatigue
○ Create communication content emphasizing collective responsibility at the household, community and national level to comply with COVID preventive measures (to help reduce transmission and facilitate recovery from the pandemic's economic and social impacts)
○ Communicate clearly and proactively around the origins and impacts of COVID variants

Report Focal Points

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[2] *WHO EARS and EPI-WIN report recommendations*