The Sudan Rooted in Trust Project aims to address COVID-19 rumors and misinformation by collecting and analyzing rumors found on Sudanese social media. This bulletin is based on an analysis of 408 posts collected in Arabic between 8 May and 8 June 2022, from Facebook and Twitter. In this special edition of the Community Rumor Bulletin, we will debunk rumors about COVID-19 and Monkeypox, which were trending during the past month. This bulletin aims to support humanitarians and public health responders in addressing common misconceptions and rumors about COVID-19 amongst vulnerable communities and people affected by conflict and displacement.
Monkeypox, like COVID-19, can infect anyone, regardless of ethnicity, nationality or race. Although Monkeypox was first discovered in the Democratic Republic of Congo in Africa, cases have also been reported around the world, and most recently in European countries. The first Monkeypox outbreak outside of Africa was in the United States in 2003, where more than 70 cases were reported then. Cases have also been reported in the United Kingdom in 2018, and Singapore in 2019.

According to Hassan Berkia, Sudanese journalist and Analyst, stigma associated to certain diseases may circulate widely, and even go viral because often media outlets share the same news without conducting thorough research, especially for a disease like Monkeypox which is not widely known. Berkia reveals that associating Monkeypox with Africans, is reminiscent of people associating COVID-19 with Chinese people because of where these viruses were first detected.

In a statement condemning the use of images of black people in media stories about Monkeypox in Europe and North America, the Foreign Press Association, Africa emphasized: “No race or skin complexion should be the face of this disease”. Moreover, Berkia explains that currently circulating images in the media depicting black-skinned people with lesions, may stigmatize Africans and thus associate the disease with a certain ethnicity or race.

Berkia explains that stigma is especially worse for individuals infected by a disease that develops visible symptoms, such as skin lesions for those infected with Monkeypox. This can have a strong negative impact on stigmatized groups, and people may feel lonely, isolated and even abandoned by their community.

To learn more about Monkeypox and how it’s transmitted, please refer to the World Health Organization’s fact sheet. Also, to help fight stigma within your community, please refer to this UNICEF article. You can also rely on Internews Guide on Ethics of Image Journalism to help inform local journalists in your area.

RUMOR

“For those who say that the disease appeared in Africa first, so they put the image of an African, do they when talking about Corona put the image of a Chinese man?” Man -Twitter
If they announce monkeypox, the first question that will concern me is: did the patient receive the Covid needle?” Woman -Twitter

According to the Centers for Disease Control and Prevention, Monkeypox disease is caused by the Monkeypox virus. The virus spreads through prolonged face-to-face contact, contaminated materials, and animals that may be harboring the virus.

According to Reuters, “Monkeypox is an infectious disease, not an Autoimmune Blistering Disease”. In addition, in an email response sent by a Pfizer representative to Reuters commenting on a similar rumor that connects Monkeypox to Pfizer’s COVID-19 vaccine, stated: “The COVID-19 vaccine does not contain any live virus and is completely synthetic”. Therefore, the vaccine cannot infect you with the Monkeypox disease.

According to Dr Mohsin Alneemah, Health Advocate and Emergency Doctor, Monkeypox and COVID-19 are completely two different viruses, and Monkeypox is not a new virus unlike COVID-19.

However, there’s an outbreak occurring in multiple non-endemic countries, which makes Monkeypox a newer disease in these places and that is leading to speculation and misinformation. Dr Alneemah also clarifies that Monkeypox is not a side effect of the COVID-19 vaccines, in fact, COVID-19 vaccination rates where Monkeypox is considered endemic are very low.

Also, VERIFY, a US-based fact checking website tackling misinformation spoke to Dr Ilhem Messaoudi, Viral Immunologist and Professor at the University of Kentucky College of Medicine, who stated that there is no connection between the Monkeypox virus and COVID-19 vaccines as they come from completely two different families of viruses. Therefore, the COVID-19 vaccines cannot cause Monkeypox, or any other pox infection.
Dr Mohsin Aneemah, Sudanese Health Advocate and Emergency Doctor at Alfaisal Specialized Hospital, clarifies that although Monkeypox and Chickenpox are under the same virus family, they are different diseases. Monkeypox is a rare and zoonotic viral disease (the virus was first transmitted from animals to humans). It was first discovered in a Danish laboratory in 1958. The first human case was identified in the Democratic Republic of the Congo in 1970. Symptoms of human infection are similar to those seen in patients with smallpox in the past but are less severe. Monkeypox is endemic in some parts of Africa, including in Benin, Cameroon, the Central African Republic, the Democratic Republic of the Congo, Gabon, Ghana (identified in animals only), Ivory Coast, Liberia, Nigeria, the Republic of the Congo, Sierra Leone, and South Sudan.

Dr Mohamed Qurashi, Sudanese Dermatologist who is also debunking health-related rumors on Sudanese social media, clarifies that there are two strains of the Monkeypox virus; the West African strain which is mild and it is currently spreading in many European countries, and the Central African strain which is more severe. Dr. Qurashi also added that the virus is transmitted after the symptoms of the disease appear, including the enlargement of the lymph nodes, body ache, fever, and then the appearance of a Chickenpox-like rash.

According to Mayo Clinic, children and babies can develop a rash due to a COVID-19 illness. On adults, Chickenpox-like rashes have also been observed with a COVID-19 infection. Usually, the rash itself is not contagious, and often lasts only for 2 to 12 days.

If you develop Monkeypox symptoms, please isolate yourself and report your infection by calling the pandemic and health hotline at 9090.
RUMOR

“We have read that this will be the new pandemic to replace COVID-19 after December 2022, and it will take over 30% from the human especially in Africa and the spreading will be more and could be through the air and the breathing, do you think this is a prelude to these events from the World Health Organization?”

Woman -Facebook

Dr Mohsen also stated that Monkepox’s transmission is much slower than COVID-19. The major difference between the two diseases is in transmission, COVID-19 is an airborne virus while Monkepox is not and requires skin-to-skin contact. Therefore, Monkepox has a lower impact because of its slower transmission rate.

Monkepox was first discovered in humans in 1970 in the Democratic Republic of the Congo. The virus is considered endemic in several places of Africa as cases emerge from time to time. Up to date, no country where the virus is considered endemic reported a 30% death rate of its population or amongst patients as the fatality ratio for the virus has been around 3 to 6%. According to the Ministry of health, so far there are no Monkepox cases in Sudan.

Dr Mohsen Alneemah, Sudanese Health Advocate, explains that Monkepox is a zoonotic disease (originated from animals) it affects rodents and primates. Sometimes it is transmitted from animal to human, while its transmission from one person to another is much lower.

Dr Mohamed Qurashi, Sudanese Dermatologist, explains that Monkepox is not airborne like COVID-19, and it has a much slower transmission rate than COVID-19. Therefore, Monkepox is unlikely to become a global pandemic, as it is far less contagious than COVID-19.

Dr Mohsin Alneemah, Sudanese Health Advocate, explains that Monkepox is a zoonotic disease (originated from animals) it affects rodents and primates. Sometimes it is transmitted from animal to human, while its transmission from one person to another is much lower.

Dr Alneemah highlights that there are few things we can do to protect ourselves from contracting the Monkepox virus, including wearing a face mask, washing our hands, and avoiding close contact with sick people, animals and contaminated materials that could be harboring the virus such as bedding. If you suspect that you have Monkepox, you should immediately self-isolate and contact the Ministry of Health hotline at 9090.
Nile mud is widely used in Sudan as a remedy for Chickenpox, as some people consider this type of mud to have anti-inflammatory properties. However, Nile mud is not a cure for Chickenpox or Monkeypox. Currently there is no cure for Monkeypox or Chickenpox. Some people on social media are confusing Chickenpox with Monkeypox, while the two viruses share similar symptoms, such as fever, backache, muscle ache, headache, and chills, swollen lymphoid were only reported in people who contracted the Monkeypox virus.

Chickenpox is more transmittable than Monkeypox, as Monkeypox requires prolonged face-to-face contact or touching contaminated materials. To protect yourself against Monkeypox you can follow preventative measures, such as avoiding contact with sick animals and humans, or materials that could be harboring the virus, and wearing a face mask in crowded areas.

Although cumin and sesame oil are known to have nutritious value and are popular home remedies in Sudan, there are no studies suggesting that either sesame oil or cumin can cure a COVID-19 infection. We can protect ourselves against the virus by following the preventative measures set by the Sudanese Ministry of Health and seeking a COVID-19 vaccination at the nearest health center. To access the updated list of vaccination centers, please refer to the Ministry of Health’s Facebook page.
RESOURCES
TO FIND OUT MORE ABOUT THE MONKEYPOX VIRUS PLEASE VISIT:

WORLD HEALTH ORGANIZATION
MINISTRY OF HEALTH
CENTERS FOR DISEASE CONTROL AND PREVENTION

COVID-19 Hotline - Serving all areas of Sudan: 9090

About Rooted in Trust
The Rooted in Trust project aims to promote a healthy information ecosystem, by dispelling rumors and misinformation about COVID-19 and vaccines by collecting and analyzing community feedback found on social media. We aim to address the information needs of vulnerable communities impacted by armed conflict and other humanitarian crises, such as people with disabilities and displaced people. By collecting community feedback and sharing people’s questions, complaints, and comments, together with humanitarians and public health responders we can address information voids and cater our programs and activities so that they are relevant and responsive to communities’ needs.

We welcome your feedback, questions, and suggestions.
Please contact:
Mustafa Omer - Data Analyst - momer@internews.org