Different disease similar story?

How global trends identified in the COVID-19 rumor landscape influence conversations around the Monkeypox outbreak

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About Rooted in Trust

Rooted in Trust is a global pandemic information response program countering the unprecedented spread of rumors and misinformation related to COVID-19 in multiple humanitarian contexts. Rooted in Trust works alongside more than 26 media, health and humanitarian organizations to identify harmful misinformation and support their role as trusted information providers in their communities.

Rooted in Trust aims to ensure communities have access to accurate, timely and actionable information about COVID-19 and COVID-19 vaccines, delivered in the languages and formats they prefer, to support well-informed decision making.

This project works in Afghanistan, Brazil, Colombia, the Democratic Republic of Congo, Iraq, Lebanon, Mali, South Sudan, Sudan, and Zimbabwe. Rooted in Trust is a project of the Internews Network, generously funded by the USAID Bureau of Humanitarian Assistance.

Since 2020, Rooted in Trust has tracked more than 23,000 rumors about the virus across 20+ languages, reaching over 81 million people with accurate and relevant information. In response to the unique rumors sourced from each country context, the project has produced a total of over 130 rumor analysis bulletins, 500 radio broadcasts, and 480 other media stories to connect communities directly with timely and accurate COVID-19 information.
The goal of this Global Thematic Paper is to provide an overview and analysis of global trends identified in the rumor landscape related to COVID-19 that appear to play a role in influencing conversations around the monkeypox outbreak.

The paper is based on qualitative data collected both online and offline in Afghanistan, Brazil, Colombia, Democratic Republic of Congo, Iraq, Lebanon, Mali, South Sudan, Sudan, and Zimbabwe between May and June 2022. Because of the different timelines for the rollout of the project, offline data was not available in all project countries at the time of writing. Summary statistics are available in the beginning of each country section indicating the number of observations collected from social media and the number of observations collected offline, and whether the subsequent analysis is mainly based on social media or offline data.

The aim of this paper is to provide public health decision-makers with an overview of the rumor trends and the most common rumors discussed in each country related to the overlap of COVID-19 and monkeypox. Based on a section on commonalities and trends observed globally, recommendations will be given on how to adjust information policy related to health and respond to the continuing monkeypox outbreak around the world.
Introduction

The health, social and economic consequences of the COVID-19 pandemic were still present in many countries across the globe when a new multi-country virus outbreak broke the news in early May 2022. The first monkeypox cases in non-endemic countries were reported in the European region, setting off the alarms of public authorities, global health bodies and communities around the world.

The virus has been endemic for several decades in some countries in West and Central Africa, where the transmission to humans is normally recorded after close contact with infected animal reservoirs. In contrast, the recent outbreak has been identified in non-endemic areas with most infections occurring through human-to-human spread without a recent history of contact with animals or travel to endemic regions.¹

Monkeys are spreadable to anyone who has close contact with a person or a human who is infectious. Monkeypox is spread by coming into direct contact with:

- Monkeypox rash, scabs, or body fluids from a person with monkeypox.
- Objects, fabrics (clothing, bedding, or towels), and surfaces that have been used by someone with monkeypox.
- Respiratory secretions.
Transmission generally requires a close level of contact, generally being recorded at the household level or among caregivers. However, the recent outbreak has drawn attention to other modes of transmission such as intimate contact with infected individuals during sexual activity.

News on monkeypox has been intensely shaped by stigma around the groups in which the virus has been identified. To date, many cases of monkeypox have been recorded among gay, bisexual or men who have sex with men (MSM). This has led to increasing public perceptions that monkeypox is a disease of concern only to gay men. However, it is important to emphasize that the risk of monkeypox is not limited to these groups and the epidemiological data so far may not represent the full spread of the virus in other groups who may be at risk but have not been perceived as vulnerable. For example, given that many of the cases identified in this outbreak relate to sexual encounters, sex workers are a group that is being closely monitored. Communities also talk about the “African virus”, a misleading and stigmatizing understanding of the virus spread that harms the perception of African communities, as well as the virus being something that only affects MSM.

While monkeypox is a known virus, there are still many uncertainties about this recent outbreak. The anxiety around it, so soon after the COVID-19 pandemic, has triggered conversations and new questions across social media platforms, news outlets and family dinners. Misinformation is also circulating as communities try to make sense of this unexpected turn of events, while still facing information voids and frustrations around COVID-19.

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1As of September 8th, 2022, the monkeypox virus was detected in 103 countries (7 of them had historically detected monkeypox while 96 od them had not reported a monkeypox case prior to this outbreak). For updated information, please visit 2022 Monkeypox Outbreak Global Map at https://www.cdc.gov/poxvirus/monkeypox/response/2022/world-map.html
The data for this analysis was collected alongside the usual COVID-19 rumor tracking activities in Rooted in Trust’s 10 project countries, namely Afghanistan, Brazil, Colombia, the Democratic Republic of Congo, Iraq, Lebanon, Mali, South Sudan, Sudan, and Zimbabwe.

The data analyzed for this report cover the period between May 21st, 2022 — the date the first monkeypox rumor was captured in the data collected — and June 30th, 2022. In this period, a total of 2,250 rumors were captured by all country teams mentioned above, of which 438, or 19.4%, were in relation to monkeypox.
Percentage of monkeypox-related rumors in each country

Figure 1 shows the percentage of monkeypox-related rumors in each country. The data shows that Afghanistan, Colombia, Lebanon and Sudan were the countries that had the highest percentage of monkeypox related rumors in the overall data, while Zimbabwe had the lowest.

% of rumours per country

Distribution of rumors across platforms

Social media listening activities were conducted across a range of social media platforms. Of the rumors collected, 64.3% came from Facebook, 28.1% from Twitter and 5.1% from Telegram as shown in Figure 2.

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*Internews defines a ‘rumor’ as “a piece of unverified information that may or may not later turn out to be true.”*
The most common terms or keywords co-occurring with the term ‘monkeypox’ and the frequency of their co-occurrence, across the entire dataset were identified using a word cloud application.

The word cloud in Figure 3 shows that the term COVID-19 frequently co-occurs with the term ‘monkeypox’ in the data analyzed. It also shows that many of the terms that clustered with COVID-19 in data generated during the COVID-19 pandemic, such as ‘vaccines’, ‘spread of the disease’, ‘immunity’, ‘potential to cause a new pandemic’, and ‘treatment’, are also co-occurring with instances of the term ‘monkeypox’. This suggests that the broad themes that community members are discussing in the context of the monkeypox outbreak are similar to the ones they have been discussing in the context of the COVID-19 pandemic and that information needs might be similar in terms of broad trends.
Sub-themes represented in the data

A sub-theme analysis illustrates further similarities with patterns observed in earlier analyses of data pertaining to COVID-19 in the Rooted in Trust project. Figure 4 shows the sub-themes represented in the monkeypox data. The most common sub-themes detected in relation to monkeypox pertain to Political Agenda/Disinformation and Hoax, both of which were found to co-occur with narratives that featured in the COVID-19 related data collected in the same countries during the present phase of the Rooted in Trust project. These similarities will be discussed in the following sections. A detailed description of all sub-themes is given in Annex II. Methodology.
This section presents four global trends that the data has shown across project countries. In this paper, trends are defined as “general patterns of similarities and differences in the content of the rumors collected related to the monkeypox outbreak” and have been mapped out through a contextual and qualitative approach.

**This section will present four Global Trends:**

01. Newly emerging conspiracy theories surrounding the monkeypox outbreak are fueling the already existing conspiracy theory narratives around COVID-19

02. The cause or origin of the monkeypox outbreak is linked to the COVID-19 vaccines

03. The monkeypox outbreak exacerbates people’s mistrust in public health authorities and triggers fears of the respective governments not being able to control the monkeypox outbreak

04. The monkeypox outbreak is used to further stigmatize members of LGBTQ+ communities
Newly emerging conspiracy theories surrounding the monkeypox outbreak are fueling the already existing conspiracy theory narratives around COVID-19

In this paper, conspiracy theories are defined as “an explanation, either speculative or evidence-based, which attributes the causes of an event to a conspiracy or a plot.” Conspiracy theories gain traction when people try to recover control of their lives and make sense of the situation after or during adverse events. For communities affected by crises or increased vulnerabilities, conspiracy theories become a mechanism of compensation against the losses faced and the pains suffered, as people attempt to regain a sense of order and control over their lives.

Either as a spontaneous mechanism by communities to cope with adversity or an intentional campaign orchestrated by malign actors to undermine social cohesion, the spread of conspiracy theories is often rooted in the beliefs of communities and their experiences faced in the past. It is for this reason that conspiracy theories evolve very effectively to encompass new health, political and social events as they unfold at the global or local level. This was already observed in past public health crises such as Zika or Ebola. Recent research and analysis on rumor data on the 2022 Russian Invasion of Ukraine suggest similar trends.

It is thus not surprising that conspiracy theories ran rampant in the early days of the COVID-19 pandemic when public health experts, governments and scientists faced huge uncertainties to guide communities. Prevention measures and general lockdowns may have also created favorable conditions for the development of conspiratorial beliefs as people felt increasingly vulnerable to the situation, either physically, psychologically or financially. Moreover, the confinement allowed people to consume content online more often and discuss with their peers, often producing echo chambers of information.

In this regard, popular conspiracy theories identified at the start of the COVID-19 pandemic (and still present nowadays) included that the COVID-19 pandemic was a hoax and planned by powerful actors or organizations to gain control over the population. These narratives are developed in line with what is often understood as ‘conspiracism,’ a phenomenon by which people are convinced that any major events are secretly organized by powerful elites. For example:

- Bill Gates and the Bill and Melinda Gates Foundation were blamed for the COVID-19 outbreak and said to be financially profiting from it as the Gates Foundation is a major supporter of vaccination programs around the world.
- Large pharmaceutical companies have caused the COVID-19 pandemic in order to leave the public dependent on their pharmaceuticals or vaccines.
- The COVID-19 pandemic is part of the World Economic Forum’s ‘The Great Reset’ (of the economy and society after the pandemic) and is therefore a planned pandemic.
- The COVID-19 pandemic is a hoax and has been staged by the global elites in order to introduce a totalitarian dictatorship and gain control over the population.
- The COVID-19 virus is in fact an ‘ordinary flu’ that has been manipulated to appear like a dangerous and deadly disease in order to exercise control and force the world’s population into obedience.
Our data showed that the above-mentioned narratives reappeared on social media in the context of the monkeypox outbreak and are dominating the information landscape. Figure 5 shows the percentage of conspiracy theories related to the above rumors by country. In Mali, all the monkeypox-related rumors that the country teams collected were conspiracy theory-related. In Colombia and Iraq, conspiracy theory-related rumors made up 68.25% and 75.86% of total monkeypox related rumors collected, respectively. In Brazil and Sudan, just below half of all monkeypox rumors were conspiracy theory-related (46.67% and 42.59% respectively). Conspiracy theory-related monkeypox rumors were less predominant in Afghanistan (34.91%), DRC (33.33%), Lebanon (25%), and Zimbabwe (37.5%).

Fig 5.

Percentage of conspiracy theory related rumors by country

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Rooted in Trust's analysis of rumor data pertaining to the COVID-19 pandemic, the Monkeypox outbreak and the Ukraine conflict suggests this to be true. This was also observed in past public health crises such as Zika or Ebola.


The majority of the conspiracy theories make use of the already existing narratives of conspiracy theories surrounding COVID-19, focusing on the timing of the outbreak, the origin of the virus and the question of who benefits from the outbreak. Many of the conspiracy theory rumors analyzed assert that monkeypox is man-made and part of the plan of the global elite to gain control over populations and change the global world order. The specific actors singled out for blame depend on the country context but often include the World Health Organization (WHO), Bill Gates, pharmaceutical companies or foreign and local governments.

For example, a Facebook user in Sudan stated that both monkeypox and COVID-19 are lies:

“...You want to keep people busy, because you know that the corona lie is not working anymore so you came up with monkeypox.”

Sudan, Facebook, Arabic, June 2022

Another Facebook user in Iraq suggested that the monkeypox outbreak was planned by Bill Gates:

“It’s already planned, according to the documents in Munich conference in the year (2021)) the participation of the charity of Bill Gates, they talked about the appearance of the disease of the monkey. And in the documents, it is mentioned like this: It will appear on the 15th of May 2022 It will end in December 2023 The ratio of infection is 3.10 billion people The death rate is 271 million people.”

Iraq, Facebook, Kurdish, May 2022
The conspiracy theories surrounding monkeypox are often a continuation of already existing conspiracy theories around COVID-19 and follow a similar narrative that can quickly be adapted to other health concerns.

🌟 A Twitter user in Mali stated:

"After mad cow, avian and swine flu, there was that damn Covid (supposedly bat malaria ). Now they've brought us monkey pox. Waiting for feline diarrhea, crustacean polio and soon probably reptilian measles. Caution".

*Mali, Twitter, French, May 2022.*

The Rooted in Trust country teams have also reported that these conspiracy theories related to monkeypox are often being shared by the same accounts that shared COVID-19 conspiracy theories in the past. This suggests that the narrative shaping these conspiracy theories will persist and reappear as an explanation for other emerging health topics.

In some countries, the conspiracy theories surrounding the monkeypox outbreak take a more local focus and social media users are making connections with other issues in the country. For example, in Colombia, a user is blaming Gustavo Petro for the COVID-19 pandemic and the monkeypox outbreak:

"Petro hasn’t taken office and already the dollar went up, the stock market in Colombia fell, the neighbor got covid, ah! how did I forget!!!! Also the pandemic and the monkey pox IS PETRO’S FAULT AY NOO what a panic!!! we will be Venezuela God!!!.”

*Colombia, Twitter, Spanish, June 2022*
Global Trend 2

The cause or origin of the monkeypox outbreak is linked to COVID-19 vaccines

The second identified trend links the cause of the monkeypox outbreak to the rollout of COVID-19 vaccination programs and some vaccine brands, in particular. It is not surprising that the rapid (and unequal) mass rollout of COVID-19 vaccines continues raising questions and suspicions amongst people, especially vulnerable communities or people living in humanitarian crises – with many of them not having yet had access to it.

It is normal for people to continue asking themselves how vaccines were developed in such a short timeframe, what quality control processes they followed and why or how decisions were made about which countries vaccines were distributed to and how many they each got. The focus on boosting the COVID-19 vaccine uptake in contexts where competing health needs are acute and vaccines for other endemic and lethal diseases are unavailable also left people wondering about the intentions behind such efforts. Communities in the Global South expressed fears that the vaccine had been created to sterilize or eliminate populations, or that mass vaccination campaigns supported by pharma industries and Western countries were being used to profit off the poor. In all these cases, inequality or memories of a colonial past or histories of medical experimentation remained strong drivers to question the why and how of health policies and global responses to the pandemic. For example, in January 2021, the late Tanzanian president John Magufuli claimed “vaccines are not good. If they were, then the white man would have brought vaccines for HIV/AIDS”, making a clear statement to the competing health needs in the region and the mistrust placed in the intentions behind these newly developed vaccines.

This seed of distrust continues to trigger conversations on vaccine safety or vaccine ingredients, especially when efforts to communicate about them are discontinued as funding for COVID-19 responses decrease and competing priorities and crises take center stage. Communities stranded in humanitarian crises face multi-layered needs that need to be addressed. Yet, it is important to continue considering the interlinkages that COVID-19 misinformation and information voids still have on communities’ health risks.

14 Rooted in Trust identified many rumors across social listening data pointing at these kind of fears. Below is an example for one found in Lebanon in February 2021: “A leak from a CIA agent: After the virus failed in bringing the intended results, the world’s richest countries agreed to create a vaccine to kill half of the global population”. Read more in Internews (2021) Rumor Bulletin for Humanitarians. Available at: https://internews.org/wp-content/uploads/legacy/2021-02/2021-02-13_Humanitarian_Bulletin_06_EN.pdf

15 “We are not guinea pigs” was a motto used among South African anti-vaccine protesters in the rallies that took the streets of Johannesburg in mid 2020, soon after some human trials started for COVID-19 vaccines. Like them, many communities in Africa expressed fears of being used for experimenting vaccines or treatments. For example, in 2021, a picture of a medicine box with a label that stated “not for distribution in the US, Canada or EU” circulated on social media in East Africa, with many claiming it was the COVID-19 vaccine that would only be given to Africans who were being used as “experiments”. More information available at: https://www.africaportal.org/features/myths-and-models-whats-driving-vaccine-hesitancy-in-africa-and-how-can-we-overcome-it/

16 In 1996, news on the death of eleven children following human trials of an experimental antibiotic against meningitis in the Muslim state of Kano in Northern Nigeria sparked a series of protests led by Muslim religious leaders. They claimed that Pfizer and “the West” were trying to kill Muslims with medicine and called for boycotts of vaccinations among Muslims. This resulted in a setback of global polio eradication efforts by over a decade as Muslim mothers in the country reduced routine vaccinations for their children. For more information, please read Archibong, B. and Annan, F., ‘We Are Not Guinea Pigs’: The Effects of Negative News on Vaccine Compliance (January 29, 2021). Available at SSRN: https://ssrn.com/abstract=3765793 or http://dx.doi.org/10.2139/ssrn.3765793

The data suggests that concerns about COVID-19 vaccines may have the potential to prompt additional questioning or even resistance to the monkeypox outbreak response and the vaccines currently being administered. Concerns about one vaccine prompting questions and hesitancy regarding other vaccines has already been recorded in the Philippines (risks associated with Dengvaxia contributed to a decrease in measles vaccination) and in Denmark (reported symptoms after HRV vaccines resulted in drops in MMR vaccination).\textsuperscript{18}

As such, we have identified common rumors across all country datasets stating that the weakened chimpanzee adenovirus contained in the AstraZeneca vaccine has caused the monkeypox outbreak. Some rumors overlap with the conspiracy theories discussed in the previous section, with some social media users pointing to the inclusion of the adenovirus in the COVID-19 vaccine as evidence that the monkeypox outbreak was planned:

“The FDA already approved a monkeypox vaccine on September 24, 2019, which shows that they also planned for this virus.”

\textit{Colombia, Twitter, Spanish, May 2022}

Leading to vaccine hesitancy:

“I didn’t get the bat virus vaccine, I won’t get the monkey virus vaccine.”

\textit{Brazil, Telegram, Portuguese, May 2022}

Some people also state that the monkeypox outbreak is in fact a covered up side effect of the COVID-19 vaccine:

“Monkeypox fever affects those vaccinated with AstraZeneca, Cansino, Sputnik and Jansen Johnson and Johnson. The others applied for heart attack, stroke, autoimmune disease, etc.”

Colombia, Twitter, Spanish, May 2022

There also seem to be some genuine concerns around vaccine safety and possible side effects within the communities that are informed by misinformation and unaddressed questions. In these cases, there is no reference being made to a conspiracy or a plot being behind the content of the rumor. However, these rumors still contribute to hesitancy and disbelief in public health efforts. We have observed this is also expanding to other vaccination programs:

“Having Polio vaccine will cause symptoms of Monkeypox for the rest of the life. A good example is Polio vaccine in Afghanistan.”

Afghanistan, Facebook, Pashto, May 2022.
Moreover, our sentiment analysis has shown that most of the vaccine-related monkeypox rumors were motivated by anger/frustration (53%) and fear (21%) within the communities. This is highly relevant to consider when designing risk communication or community engagement activities that aim to address questions on this outbreak or broader vaccine hesitancy concerns. As above mentioned, conspiracy theories and frustrations about the COVID-19 pandemic management seem to have a direct connection to the mistrust shaped around the monkeypox news, which can ultimately increase vaccine hesitancy.

Figure 6 shows that vaccine-related rumors are especially prevalent in Brazil and Iraq, where they make up more than 50% of all monkeypox-related rumors.

Percentage of vaccine-related Monkeypox rumors
Global Trend 3

The monkeypox outbreak exacerbates people’s mistrust in public health authorities and triggers fears of another lockdown

Trust in the government, public institutions and the health care system seems to have eroded in a variety of contexts. In Colombia, the DRC, Lebanon, and Zimbabwe, the data has shown that the emerging monkeypox outbreak has triggered people’s fears of another lockdown as a result of the government not having the situation under control and not being able to adequately protect the population from another disease outbreak. For example, a Twitter user in Lebanon expressed his concerns around a lack of emergency preparedness:

“Where is the Ministry of Health from the arrival of monkeypox to Lebanon? Why after we have healed and do not move. Of course, we are waiting for you, like the time of Corona. Fuck this country.”

Lebanon, Twitter, Arabic, May 2022.

Another Twitter user in Lebanon expresses his fear around the government not taking the necessary precautions:

“#monkeypox The government must take all necessary precautions not to spread,# monkeypox as Corona spread, and the reason is not to take the necessary precautions, especially opening the airport door to foreign guests without conducting special examinations for this epidemic. Avoid the spread of this epidemic #Lebanon #Lebanese #monkeypox”

Lebanon, Twitter, Arabic, June 2022.
In Lebanon, these types of rumors and concerns are particularly prevalent due to the general distrust and obvious frustration with the local government’s ability to control the COVID-19 pandemic amidst a major economic crisis.¹⁹

In Colombia, there is already a history of low trust in the national government entities due to a lack of consistent messaging by politicians, disagreement with government policy-making, a lack of solutions for vulnerable groups, institutional violence, and impunity,²⁰ as well as a history of corruption. Two overarching factors—state absence and impunity—have combined to send Colombia, one of the most economically disparate places on the planet, through repeated cycles of violence while illegal economies thrive. The government and media are characterized as unethical and incompetent, further reinforced by the COVID-19 related infodemic, the rise in fake news on media platforms, and former President Duque’s lack of commitment to implement the peace deal of 2016 during his administration. Colombia ranks fourth as one of the nations with the greatest distrust in the government, 20 points below the global average of 53%. At the same time, the country ranks fifth as one of the nations with the greatest distrust of the media, 12 points below the global average of 51%.²¹

⭐ A Twitter user expresses his frustration:

“In Colombia we have two pandemics, the Uribista and the COVID, now comes the monkeypox, in Colombia the Uribestia Pandemic doesn’t even get upset, the citizens don’t care.”

*Colombia, Twitter, Spanish, May 2022.*


Global Trend 4

Stigmatization of LGBTQ+ communities

The fourth trend identified is the use of the monkeypox outbreak to further stigmatize members of the LGBTQ+ community. The fact that at the time of the report most of the recent monkeypox cases have been mainly detected among networks of men who have sex with men (MSM) has resulted in the general perception that monkeypox is a disease only affecting MSM, awakening old fears connected to the mislabeling of AIDS in the early 1980s as a 'gay-related immune deficiency'. In some contexts, such as Colombia, beliefs on the spread and origin of COVID-19 also took shape in this direction, with rumors suggesting that the uptake of the vaccine would turn the person homosexual.

During times of crisis — particularly pandemics, minorities are often at the highest risk of stigmatization. Narratives like those listed above contribute to further ostracizing these communities, imposing additional barriers for them to receive timely diagnoses and treatment while also sowing complacency for other groups who could still be at risk.

This trend has been identified in Afghanistan, Lebanon and Sudan where prejudice against members of the community is especially strong and openly expressed. In Sudan, for example, some of the rumors identified express that the spread of monkeypox is a punishment for the existence of homosexuality in the world and was brought to Sudan by gay Americans:

“We didn't believe, we got rid of Corona, gay Americans brought us #monkeypox. May God protect us. May God protect us all. This is a divine punishment for any homosexual in the world. He awaits and does not neglect. [...]”

Sudan, Twitter, Arabic, May 2022
These narratives have a resonance in other countries such as Iraq, where one of the most influential Shia clerics shared the same ideas in his public Twitter account in late May 2022. The hashtag #notohomosexuals remained a trend on the social media platform for days. In some countries, such as Afghanistan, the narratives were shaped around beliefs that homosexuality was not present in the country, assuming and spreading the idea that this disease would only affect this specific group. A Facebook user states:

“"In Afghanistan, there are rarely any homosexuals or don’t exist... It will be very difficult to transmit the [Monkeypox] disease.”

Afghanistan, Facebook, Dari, June 2022.

Adding up to the extreme marginalization of these communities in the country, these kinds of rumors are additionally dangerous as they drive the focus away from other groups who could potentially acquire the virus through differing modes of transmission, for example, contact with blisters and scabs or body fluids from an infected person, contact with infected materials or animals.

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Conclusion

The analysis of these global trends is shows that many of the concerns shared in the context of the COVID-19 pandemic have been reappearing during the period of the monkeypox outbreak. Conspiracy theories surrounding monkeypox are often a continuation of already existing conspiracy theories around COVID-19 and follow a similar narrative that can quickly be adapted to other health concerns. It is important that the resulting weakening of the information ecosystem is addressed by increased and improved two-way communication that allows for questions and provides the information needed.

The global trends have also shown that the rapid mass rollout of the COVID-19 vaccines continue to raise questions and concerns, especially among vulnerable populations and people living in humanitarian crises where there are competing health needs that remain unaddressed. Some of these questions and concerns result in an erosion of trust and the rise of misinformation, which has the potential to also affect other health priorities. It is therefore important that healthcare workers recognize the role that persistent concerns about the COVID-19 vaccines play and address the questions and concerns of communities to help build strong information ecosystems and prevent further erosion of trust in the healthcare system.

The monkeypox outbreak has further triggered fears among communities that governments and healthcare authorities will not be able to respond to a healthcare emergency in a timely and appropriate manner and has exacerbated already existing mistrust in governments and healthcare systems. When addressing these fears, it is important that inequality, geopolitical tensions or experiences of marginalization are considered. There is also a need for building understanding among local journalists and media about health systems, broader health emergency response plans and the essentials of communicable diseases for enhanced preparedness.

Lastly, the monkeypox outbreak has increased stigma among LGBTQ+ populations and has been shifting the focus of communities to marginalization of the LGBTQ+ community and away from disease prevention and emergency preparedness. To avoid putting vulnerable groups at risk and give the communities the information needed to prevent further spread of the disease, it is important to address misinformation in an accurate and timely manner.
Recommendations

The following recommendations for humanitarian and health actors are intended to guide risk communication and community engagement responses within the current multi-country monkeypox outbreak. Some of the recommendations are meant to guide direct responses to the above trends while others aim at guiding humanitarian and public health practitioners to create solid structures and processes to strengthen the information ecosystems amidst and prior to health emergencies with the voices of communities at the center.

**Address conspiracy theories through increased and improved two-way communication that allows for questions and negotiation of the information provided**

Responding to questions with facts is important to enhance understanding of the monkeypox emergency. However, the facts, information, and guidance provided must resonate with their immediate hyperlocal reality and must be open to feedback and negotiation in the context of the community.

Hence, in the context of the monkeypox outbreak, we suggest that humanitarian and health organizations:

01. Establish and maintain two-way dialogues that allow for questions, feedback and learnings from the community — directly engaging in their realities and ensuring systematic listening will allow for timely responses that are relevant for their needs.

   Engage with volunteers, community leaders or youth leaders to guide social listening sessions or broader community engagement activities — these insiders to the communities are best positioned to listen and respond in a way that is relevant to the communities’ beliefs and norms, while still identifying additional concerns that require extra communication efforts.

03. Ensure that other relevant actors within the local information ecosystem are in the loop of community feedback and questions on monkeypox — sharing data with media and community-based organizations on a regular basis will help them in designing their communications in line with people’s information needs, ultimately contributing to a broader sense of accountability that considers the local structures and know-how of communities.
Acknowledge inequality, geopolitical tensions or experiences of marginalization when addressing conversations that express fear

Communities will continue trying to understand the why behind unexpected events within their belief systems and day-to-day experiences. The sub-themes identified throughout our monkeypox rumor data suggest that global and local inequalities, ideological and cultural wars, as well as histories of marginalization and colonialism, continue playing a relevant role in the articulation of people’s frustrations in humanitarian contexts. With these rumors often targeting Western-supported health programs or global agencies and pharma industries, it is especially important to openly acknowledge and talk about these frustrations.

Hence, in the context of the monkeypox outbreak, we suggest that humanitarian and health organizations:

01. Listen to communities and acknowledge the inequality that may be triggering rumors and conspiracy theories directly in the conversations with communities, in the data analysis and in the subsequent information and communication products. Working with partners from the community won’t only help to properly analyze, translate and support this work in a way that is relevant for the communities, but it will also help in bridging the trust gap on outsiders.

02. Ensure discussions with communities cover the intentions behind each planned intervention at the global or national level — discuss the role, mission and scope of work of different actors such as WHO, INGOs, Ministry of Health or mistrusted figures such as Bill Gates. Be transparent about the abilities and limitations of each one of these actors to respond to the outbreak.

03. Unpack the reasons why global actors have moved ahead to declare monkeypox a Public Health Emergency of International Concern so soon after the COVID-19 – when doing so, highlight the importance of prevention and timely response in health emergencies, especially amidst uncertainty. We invite you to read this entry from the Social Science in Humanitarian Action Platform to get more acquainted with the key considerations driving these decisions.
Recognize the role that persistent concerns about the COVID-19 vaccine roll-out play in new health emergencies, including the current monkeypox multi-country outbreak

As identified through our monkeypox rumor data, communities are expressing their fears to be forced to receive an unknown vaccine again, very shortly after they were mobilized to receive COVID-19 shots. Questions about safety, quality control and ingredients of COVID-19 vaccines continue eroding communities’ trust on broader vaccination efforts and health decision-making, while other old resistances are reemerging against measles or polio vaccines (among others).

Hence, in the context of the monkeypox outbreak, we suggest that humanitarian and health organizations:

01. Keep conversations open and ongoing about monkeypox, understanding that they are not isolated from the COVID-19 infodemic and the frustrations that emerged in the unequal distribution of vaccines. For example, discuss the acute differences in the transmission of monkeypox and COVID-19, the different populations at risk and the differing needs for vaccination for each one of the emergencies, applying two-tiered communication strategies that talk about risk to the differing populations (mass vaccination for COVID-19 is an essential strategy to halt the rapid spread of the virus, while vaccination for monkeypox is only to be administered to targeted populations at risk).

02. Consider, once again, the local reality of people, the stage of the monkeypox outbreak in the country and the competing health priorities or differing vaccination efforts — this changing environment needs to be constantly acknowledged to avoid unnecessary public alarm and instilling additional fears to communities that are increasingly mistrusting public health interventions. For example, a good practice would be to organize regular meetings with the communities to discuss evolving concerns around monkeypox, COVID-19 vaccines and others immunization efforts relevant in the area, as well as access to health services. Understanding how all these concerns connect to one another in the specific context will allow organizations to address fears, mistrust and broader vaccine hesitancy in a more localized and targeted way.
Ensure health care workers can address the misinformation and questions circulating in the community while contributing to increase trust in the health system

Health care workers have traditionally been trusted figures within communities. Findings from the Wellcome Global Monitor of 2018 suggest 73% of respondents in 140 countries trusted a doctor or a nurse more than other sources. In 2020, COVID-19 broke out and the increasing mistrust in public health actors, global health bodies and Ministries of Health became acknowledged as one of the main challenges to address the pandemic. However, doctors, nurses and other health workers seem to remain the most trusted sources for health information. In this regard, some of our research data suggests that health care workers who live and work close to communities are more trusted (62% of respondents highlighted having a good or absolute trust in health care workers, with an additional 20% responding they had some level of trust) than international aid organizations (52%) or national government authorities (42%), which are considered far off from people's needs and realities. Yet, many health care workers throughout the pandemic were themselves relevant sources of misinformation talking to hundreds of people showing up in TV, radio or becoming social media ‘stars’.

Taking this into consideration, in the context of the monkeypox outbreak, we suggest that humanitarian and health organizations:

01. Identify the information gaps of health care workers on the specificities of this monkeypox outbreak and provide them with the necessary materials to respond to the communities in a timely manner – it is important to maintain this approach on a regular basis, listening to the concerns of these health information messengers and providing them with updates as the outbreak evolves in each context. Reaching out to medical associations and local health authorities may be a good entry point to these networks.

02. Train health care workers, including vaccination and outreach teams, in the identification and response to misinformation – health and humanitarian organizations, as well as health managers and authorities, could consider the creation of toolkits to guide doctors and nurses on the importance of fact-checking rumors, consult relevant sources and make a responsible use of social media. Otherwise, encouraging health professionals to dispel misinformation without providing some guidance could result in the further spread of rumors. A good example of this approach developed for COVID-19 can be found here.
03. Ensure continuous social listening and community feedback guides any training or information support to health care workers (like the ones mentioned above). Listening to communities will help in pinpointing the information gaps, tensions and rumors circulating within the ecosystem. Regular updates or bulletins shared with health care workers must be shaped around those trends so they can inform their patients in a timely manner.

* Build capacity among local journalists and media on health systems, broader health emergency response plans and the essentials of communicable diseases for enhanced preparedness.

One of the main results of a global survey conducted by Internews among 50+ journalists across 9 countries (including all the countries highlighted in this report) suggests that journalists felt quite unprepared to report on health, health responses, or complex humanitarian issues when the COVID-19 pandemic broke out. These concerns translated into gaps in information and further misinformation spreading even in the main national media outlets. For smaller media outlets and journalists speaking languages other than English, the access to sources and experts became even more difficult as they attempted to make sense of a fast-evolving science without the needed support. The intermittent access to health and humanitarian sources and the challenges faced by journalists to get responses in a timely manner also hindered the process to provide accurate and relevant information to their audiences.

While organizations have reacted more quickly to coordinate resources and provide guidance, the current monkeypox outbreak and the uncertainties emerging thereof are also awakening questions amongst journalists. The issue of stigma has been put at the forefront by international organizations, as public reporting and commentary initially used problematic language and imagery of MSM communities and African people, reinforcing homophobic and racist stereotypes.

Learning from these challenges is necessary to consider long-standing measures to improve and strengthen the collaboration of humanitarian and health actors with media, understanding that they are also first responders to a health emergency. Setting regular structures for information exchange and ensuring continuous conversations will help in identifying needs and priorities for all sides of a health response while reinforcing the information ecosystem preparedness for health emergencies.
Taking this into consideration, in the context of the monkeypox outbreak, we suggest that humanitarian and health organizations:

01. Train journalists on the essentials of health systems, health emergency response and communicable diseases to be ready to report on this outbreak and the ones to come. This will provide them with the tools to properly assess and report on the information provided amidst a pandemic, with the necessary nuance to talk about the needs for prevention and timely responses. This will ultimately impact the way they guide communities throughout the different stages of this outbreak or potential future outbreaks. For example, with the current sentiments of mistrust that monkeypox news awakens, such initiatives can help journalists to better explain why monkeypox has become an emergency of public health concern now despite being endemic in many countries for decades.

02. Invite media practitioners and journalists to relevant coordination platforms so they are aware of the priorities and needs of the monkeypox response. Organizations should consider setting up permanent media task-forces where media, humanitarian and health organizations can engage with one another in a flexible way. This can help in fostering trust, coordination and easier information exchange amongst these two actors. For example, the Eastern and Southern Africa RCCE Media Sub-working group is an excellent model of cooperation amongst relevant actors to support media needs to report on health emergencies in the region. You can check the media dialogue hosted by the group where WHO and partners ensure a transparent conversation with journalists in order to respond to their questions in a timely, relevant and localized manner for the region.

03. Continue engaging with health journalists, so that they can report to a general audience and provide at-risk groups with the necessary guidance without further stigmatizing them. Media and journalists may often miss the nuances and complexities of public health responses, including the implications of intersectional responses that incorporate concerns on gender, protection and inclusion. Health organizations must support media practitioners so they can include science references that are not so broad as to be meaningless for the groups at-risk but not so specific or incorrect as to be stigmatizing. You can hear more about the media’s role in mitigating stigma while increasing public awareness in the latest Internews’ Health Journalism Network event. You can also share the Toolkit on How to Report on Monkeypox among your local journalists’ networks.

04. Be conscious of journalists’ demands and constraints, related to newsroom cycles, deadlines and the need for immediacy and brevity. By networking regularly with journalists via the training and platforms for exchange mentioned above, you will have become aware of their very particular information and engagement needs. They work to unforgiving deadlines sometimes and are accountable to editors and to their audiences. The deadline and publication schedule of news outlets and requests from editors mean that they may need your availability for an interview or comment at short notice. Their accountability role may mean that they need to ask critical and difficult questions about the work of the health and humanitarian community. A constructive relationship between health and humanitarian actors and the media means mutual respect for the complementary role these actors play in serving the community. In short, please be accessible to journalists, including for difficult questions. This fosters the flow of trusted information.
Monitor misinformation that puts vulnerable groups at risk – and respond in a timely and contextually-specific manner.

The monkeypox outbreak has shown one more time how certain communities are more prone to suffer stigmatization amidst a public health threat or crisis. In the current monkeypox outbreak, gay and bisexual men and MSM communities are being specifically targeted. This not only puts members of those communities at risk of threats or violent attacks but it can also delay or halt the outbreak response if people suffering symptoms avoid seeking healthcare. This has been observed in several contexts throughout the COVID-19 pandemic and more acutely in the Ebola 2014-2016 response, where people recovering from the disease and their families were expelled from communities.\(^\text{30}\) In this regard, experience shows that stigmatizing rhetoric can quickly disable evidence-based responses by promoting cycles of fear and anxiety, driving people away from health services and information, impeding efforts to identify and respond to cases, and encouraging violent responses against specific groups.

Taking this into consideration, in the context of the monkeypox outbreak, we suggest that humanitarian and health organizations:

01. Closely monitor high-risk rumors that put people's health and protection at risk. Organizations must ensure the proper protocols are in place to adapt their broader programming if they identify community conversations that prevent people from acting on their health or put certain groups at risk of violence or discrimination. This approach should be a core part of AAP practices across all sectors, ensuring the proper coordination at the inter-agency level.

02. Design communications emphasizing the modes of transmission and protection measures rather than isolating and pointing at a specific group. This is especially important to consider in contexts where gay, bisexual or MSM communities face high discrimination or anti-homosexuality laws, as this may deter them from seeking care or even looking for/sharing relevant information with their loved ones.\(^\text{32}\) Moreover, an extra emphasis on this group may minimize the risks faced by other high-risk groups such as sex workers, untreated HIV/AIDS or intimate contacts with infected persons.

03. Place additional effort on promoting non-stigmatizing risk communication responses that are properly tailored to local realities, understanding the real implications of stigma on vulnerable groups.\(^\text{33}\) For such purpose, it is essential to work closely with LGBTQ+ activists or human right organizations who are experts in engaging their peers on these sensitive issues, campaigning against stigma and discrimination. It is equally relevant to engage with these networks in order to properly engage with at-risk communities, especially in those settings where potential criminal charges push gay, bisexual or MSM to hide from the public eye and prevent them from accessing health services.


This report (publication forthcoming) focuses on identifying the challenges and gaps faced by +50 journalists/media practitioners and +50 staff from humanitarian and health organizations in the communication and engagement with one another throughout the COVID-19 pandemic, ultimately affecting their potential for response to the infodemic.


For more information and guidance, please visit: Social Science in Humanitarian Action Platform (2022) RCCE Strategy in Monkeypox Outbreak. Available at: https://www.socialscienceinaction.org/resources/rcce-strategies-for-monkeypox-response/
## Annex I.

Country-level analysis of monkeypox rumor data landscape

### Afghanistan

<table>
<thead>
<tr>
<th>Total number of monkeypox-related rumors</th>
<th>Monkeypox related rumors as percentage of total rumors</th>
<th>Conspiracy theory related rumors as percentage of total rumors: 34.91%</th>
<th>Reported monkeypox cases as of 30th June 2022: 0</th>
</tr>
</thead>
<tbody>
<tr>
<td>Online: 232</td>
<td>Online: 0,85%</td>
<td>Non conspiracy theory related rumors as percentage of total rumors: 65.09%</td>
<td></td>
</tr>
<tr>
<td>Offline: 0</td>
<td>Offline: 0%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Fig 7. Data overview Afghanistan
Fig 8.
Top 5 subthemes Afghanistan

Hoax
3.9%
Access to
7.3%

Communicable
86.6%

Fig 9.
Platforms used in Afghanistan

Facebook
State of the Monkeypox Outbreak in Afghanistan

According to the Ministry of Public Health, there are no confirmed cases of monkeypox in Afghanistan. Though two suspected cases were recorded but after testing, they turned out to be negative.

Monkeypox Rumor Landscape

The monkeypox rumor landscape in Afghanistan is heavily dominated by conspiracy theories. Many people who have not contracted COVID-19 during the past two years think that both COVID-19 and monkeypox are a myth and do not pose a threat to human life.

Many of the rumors collected state that COVID-19 and monkeypox are man-made. The rumors range from statements that both viruses are biological weapons used by superpowers in biological warfare, to rumors blaming China and the USA, or the WHO for creating the viruses. There are also social media users who state that both viruses are propaganda to draw in foreign financial and non-financial aid.

Most Afghans furthermore express that monkeypox has two causes that are uncommon in Afghanistan, leading them to neither take monkeypox nor COVID-19 seriously. They are suggesting that because of lack of close interaction with animals and the (perceived) absence of an LGBTQ+ community in Afghanistan, Afghans will not contract the virus.

There is also significant misinformation concerning the COVID-19 vaccines circulating as social media users suggest that the COVID-19 vaccine was risky and untested, and that monkeypox is a side effect or result of the COVID-19 vaccination program. Some people are even making connections with other vaccination programs such as polio.

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34 ATN News (2022). IEA denies reports of Monkeypox in Afghanistan https://bityl.co/CzBJ

35 ATN News (2022). First suspected Monkeypox cases reported in Nimroz https://bityl.co/CzAx
Top Rumors

“So when they [non-Muslims] marry monkeys, there should be a disease like this [monkeypox]. I wish all non-Muslims get this virus. Amen.”

Facebook, Dari, May 2022

“Having Polio vaccine will cause symptoms of monkeypox for the rest of the life. A good example is Polio vaccine in Afghanistan.”

Facebook, Pashto, May 2022

“The disease [monkeypox] is caused by sexual contact with monkeys.”

Facebook, Pashto, May 2022
### Brazil

<table>
<thead>
<tr>
<th>Total number of monkeypox-related rumors</th>
<th>Monkeypox related rumors as percentage of total rumors</th>
<th>Conspiracy theory related rumors as percentage of total rumors: 46.67%</th>
<th>Reported monkeypox cases as of 30th June 2022: 17</th>
</tr>
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<tbody>
<tr>
<td>Online: 15</td>
<td>Online: 2.12%</td>
<td>Non conspiracy theory related rumors as percentage of total rumors: 53.33%</td>
<td></td>
</tr>
<tr>
<td>Offline: 0</td>
<td>Offline: 0%</td>
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<td></td>
</tr>
</tbody>
</table>

**Fig 10.**
Data overview Brazil
**Fig 11.**
Top 5 subthemes in Brazil

- Safety/Side Effects: 26.7%
- Hoax: 26.7%
- Vaccine Agenda: 13.3%
- Infectious diseases: 13.3%
- Treatment/Cure: 6.7%
- Political: 6.7%
- Origin/cause: 6.7%

**Fig 12.**
Platforms used in Brazil

- Telegram: 80.0%
- Twitter: 20.0%
State of the Monkeypox Outbreak in Brazil

As of 26 June 2022, the Brazilian Ministry of Health confirmed 17 cases of monkeypox in the country. The majority of cases (11) were registered in Sao Paulo, others were registered in Rio Grande do Sul and Rio de Janeiro. Some of the cases were imported cases, others have been traced back to local transmission, suggesting that monkeypox is starting to spread locally in Brazil. 36

The National Health Surveillance Agency (ANVISA) issued a statement recommending the use of masks and social distancing to avoid the spread of the virus; already used to slow the spread of COVID-19. ANVISA works with the Ministry of Health to monitor the situation. Specifically, the Ministry created a ‘situation room’ on May 23 to track the overall progress of the disease, elaborate an action plan and define criteria for clinical and laboratory diagnosis. 37 Additionally, the Ministry of Science, Technology and Innovations is lending its ‘VirusNetwork’, a network of laboratories created in 2020 to assist in the COVID-19 response. The idea of the network is to work with experts and provide structure for research, genetic sequencing of the virus, epidemiological monitoring of animals, and more. 38

Monkeypox Rumor Landscape

The majority of the rumors mentioning monkeypox collected in Brazil are related to conspiracy theories. A popular theory shared by several social media users includes one that the monkeypox outbreak is the beginning of the “next pandemic”, implicating actors such as the WHO, the Davos Forum (the World Economic Forum) and Bill Gates as the Svengalis. Similarly, many users make links with the COVID-19 pandemic, suggesting that as the COVID-19 Pandemic was not enough to re-establish the global world order the monkeypox outbreak is now occurring.

Some social media users are also making a link between monkeypox and the AstraZeneca vaccine, which contains a weakened chimpanzee adenovirus. This is a rumor that has been observed globally. Some people are making a connection with conspiracy theories and say that monkeypox is being spread globally through the rollout of the AstraZeneca vaccine. Other users are concerned that those who have taken the AstraZeneca vaccine have an increased risk of contracting monkeypox as well within the next year. These rumors might be based on misinformation circulating online and general concerns about the safety of COVID-19 vaccines, rather than being directly influenced by conspiracy theories and actors spreading disinformation. However, it is not possible to verify this using the data available and the information would have to be confirmed through direct discussions with the communities.

Top Rumors

“What’s up Guys...? Infected patients who have not had travelled where monkeypox is endemic.... I wonder if there is any relation to vaccines, chimp adenovirus in AstraZeneca and Johnson and Johnson, is there any relation???”

Telegram, Portuguese, May 2022

“For the awful subliminal messages, pay great attention to what is happening behind the scenes. Everyone is seeing the photographs of the initial instances with numerous pustules. Everyone will want to get immunized as fear sets in, but this time it will be a chip rather than a card. Nothing, not even the cell phone, will contain it. Additionally, this chip has various applications. So, we have to be extremely careful with the narratives. Fighting against the vaccine passport or mandatory vaccinations now, in 2022, is pointless because that is not the issue at hand. The problem is substantially worse.”

Telegram, Portuguese, May 2022

“NEW FRAUDEMY pandemic in sight? In this video Dr. Heleine Almeida brings all the chronology of the implementation of this agenda aims to control population and overthrow the sovereignty of countries at any cost! Knowledge is important not to be caught by surprise! It is better to go to war prepared! People urgently need this information!”

Telegram, Portuguese, May 2022
Colombia

<table>
<thead>
<tr>
<th>Total number of monkeypox-related rumors</th>
<th>Monkeypox related rumors as percentage of total rumors</th>
<th>Conspiracy theory related rumors as percentage of total rumors: 68.25%</th>
<th>Reported monkeypox cases as of 30th June 2022: 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Online: 63</td>
<td>Online: 8.14%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Offline: 0</td>
<td>Offline: 0%</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Non conspiracy theory related rumors as percentage of total rumors: 31.75%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Fig 13. Data overview Colombia

42
Fig 14.
Top 5 subthemes in Colombia:
- Target population: 1.6%
- Government: 3.2%
- Safety/Side Effects: 3.2%
- Transmission: 4.8%
- Infectious diseases: 6.3%
- Other: 11.1%

Political: 60.3%

Fig 15.
Platforms used in Colombia:
- Twitter
State of the Monkeypox Outbreak in Colombia

The National Institute of Health (INS) reports that there are three confirmed cases of monkeypox in Colombia. According to the institute, Colombian health officials are working on the study and follow-up of any case that meets the profile defined in the guidelines given to health service providers. INS also confirmed two cases registered in Bogota with a history of travel to Europe. The other patient is in Medellin, where a young adult was also isolated, and contact tracing has been completed. The director of public health surveillance of the INS said that the institute gave guidelines to health services and reinforced surveillance for the disease.

In Colombia, work is focused on fine-tuning the Public Health Surveillance System. The INS has reinforced monitoring of diseases or outbreaks that cause rashes or skin eruptions.

The social media data collected does not suggest that the communities currently have a specific concern about the spread of the disease. Listening groups conducted by Internews’ local partner Caribe Afirmativo have suggested that thus far there have been no rumors stigmatizing the LGBTQ+ community in relation to monkeypox and health monitoring similar to the ones observed in other countries.

Monkeypox Rumor Landscape

The topics discussed on social media concerning the monkeypox outbreak in Colombia are varied. While similar trends to those in Brazil can be observed based on the qualitative analysis conducted, where social media users are stating that the monkeypox outbreak is the beginning of “the next pandemic” carried out by the WHO, Bill Gates and the global elites, we also see an adaptation to the Colombia context mentioning that the monkeypox outbreak was planned by Colombia politicians to divert attention away from the elections, and linking it to neighboring Venezuela. There are also rumors that consider the monkeypox virus to be a plan to financially benefit pharmaceutical companies.

There is a correlation between COVID-19 misinformation circulating both online and within the communities and the topics discussed in the context of the monkeypox outbreak. The topics discussed in relation to monkeypox are very similar to the topics that social media users previously discussed in the context of the COVID-19 vaccination rollout. For example, in these rumors social media users are questioning the effectiveness of previous vaccination programs not just against COVID-19, but also against smallpox and measles. They are also questioning why there is a vaccine against monkeypox available already and taking this as proof that both COVID-19 and monkeypox are in effect “Plandemics”.

Social media users in Colombia have also been comparing the arrival of monkeypox to the situation in 2020, when the COVID-19 pandemic started. People share their fears about a potential second pandemic which would cause a lockdown and result in further economic downfall in the country. Furthermore, there have been rumors that portray Afro-Colombians and LGBTQ+ people as hosts of the virus, reinforcing homophobic and racist stereotypes and exacerbating stigma with claims around the new pandemic.

“Monkeypox fever affects those vaccinated with AstraZeneca, CanSino, Sputnik and Jansen Johnson and Johnson. [...]"

*Twitter, Spanish, May 2022*

“They use adenovirus viral vectors as Sputnik, Jansen Johnson and Johnson, CanSino, and AstraZeneca, and then they are shocked because AIDS, hepatitis, and smallpox appear. Blame it on the monkey’s egg #BillGatesBioTerrorist #TedrosCriminal”

*Twitter, Spanish, May 2022*
### Democratic Republic of Congo

<table>
<thead>
<tr>
<th>Total number of monkeypox-related rumors</th>
<th>Monkeypox related rumors as percentage of total rumors</th>
<th>Conspiracy theory related rumors as percentage of total rumors: 33.33%</th>
<th>Reported monkeypox cases as of 30th June 2022: 1284</th>
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</thead>
<tbody>
<tr>
<td>Online: 6 Offline: 0</td>
<td>Online: 2.11% Offline: 0%</td>
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</tbody>
</table>

**Non conspiracy theory related rumors as percentage of total rumors: 66.67%**
Fig 17. Top 5 subthemes DCR

- Hoax: 33.3%
- Transmission: 33.3%
- Infectious diseases: 16.7%
- Other: 16.7%

Fig 18. Platforms used in DCR

- WhatsApp: 50.0%
- Twitter: 50.0%
The Democratic Republic of Congo reported 1284 suspected cases and 58 deaths (with a case-fatality rate of 4.5%) in 87 health zones in 18 provinces between January 1st and May 8th 2022. The most affected provinces represent 71% of the total cases reported in 2022: Sankuru (468 cases, 36.4%), Tshopo (169 cases; 13.2%), Equateur (168 cases; 13.1%), and Tshuapa (108 cases; 8.4%). Of the 19 cases sampled, 10 were confirmed positive for monkeypox.\(^\text{40}\)

On June 9th 2022, at a press briefing held during the visit of the Belgian royal couple to the office of the National Institute for Biological Research (INRB), the director of this institution, Dr. Muyembe Tamfum, announced that the DRC currently has 95% of the world’s cases of monkeypox (see video posted on various online media).\(^\text{41}\)

In DRC, many social media users are linking monkeypox to conspiracy theories stating that the COVID-19 pandemic has come to an end, and that is why the government and humanitarian actors have created another virus to financially benefit from it. There are also social media users who are worried about the severity of the disease and expressing their concerns about how it will be managed by the government and the healthcare sector.


Top Rumors

“It won’t work anymore, covid died a long time ago, Monkeypox tries if its luck will work”

*Twitter, Lingala, May 2022*

“After the Covid 19 pandemic. How will we survive? After Covid19, the Monkeypox Virus is already in Kinshasa. And this disease is very dangerous even more than the Coronavirus. And the treatment so far, no treatment seems” (WhatsApp, Lingala, May 2022)

*WhatsApp, Lingala, May 2022*

“Monkeypox is worse than Covid”

*Twitter, English, May 2022*
<table>
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<tr>
<th>Total number of monkeypox-related rumors</th>
<th>Monkeypox related rumors as percentage of total rumors</th>
<th>Conspiracy theory related rumors as percentage of total rumors: 75.86%</th>
<th>Reported monkeypox cases as of 30th June 2022: 0</th>
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<tr>
<td>Online: 29 Offline: 0</td>
<td>Online: 3.27% Offline: 0%</td>
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<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Non conspiracy theory related rumors as percentage of total rumors: 24.14%</td>
<td></td>
</tr>
</tbody>
</table>

**Fig 20.** Data overview Iraq
Fig 21. Top 5 subthemes in DCR

- Hoax: 37.9%
- Vaccine Agenda: 34.5%
- Experimentation: 3.4%
- Doses: 3.4%
- Other: 3.4%
- Safety/Side Effects: 17.2%

Fig 22. Platforms used in DCR

- Facebook: 44.8%
- Twitter: 20.7%
- Telegram: 34.5%
## State of the Monkeypox Outbreak in Iraq

The first news about monkeypox in Iraq was captured on May 19th 2022, through different media outlets and shared by social media users. On May 26th 2022, the Director of Public Health Abdul Amir Al-Halfi stressed that the Iraqi Ministry of Health will take precautionary measures, including submitting recommendations to the Supreme Committee for Health and National Safety, mostly, preventing the import of animals, especially monkeys.

On June 3rd 2022, Dr. Saman Barznji, Minister of Health in the Kurdistan Region of Iraq, responded to the circulating news: “We are currently monitoring the situation, and we receive daily reports from the World Health Organization, but we have not made it a media topic, because there is no need to cause panic among citizens when it does not reach this level”.

On the other hand, Thi-Qar and Basra governorates have taken measures including prevention of importing monkeys. Also, committees were formed to visit animal stores with monkeys to verify if they carry an examination certificate or not.

## Monkeypox Rumor Landscape

The May 19th announcement of the arrival of monkeypox in Iraq was followed by a rapid spread of rumors inside the Iraqi community on social media, particularly on Facebook. Conspiracy theories dominate the rumors collected in Iraq mentioning monkeypox. Such rumors state that as the COVID-19 pandemic has come to an end, the global elites including Bill Gates and Pfizer have created a new virus to enable them to control the population, and a new vaccine which they can force people to take.

---


Top Rumors

“As we told you, there’s no monkeypox. Rather, it is a cover for side damage of the failed vaccines and this report confirms that those who received covid vaccines developed skin symptoms similar to monkeypox but were jammed.”

Telegram, Arabic, May 2022

“After Corona, hemorrhagic fever and monkeypox, Germany records cases of the rare disease “sad horse” BDV virus and warns against its spread, which causes inflammation in the brain when infected with it in humans. and it goes on and on.”

Twitter, Arabic, June 2022

“Rumors have been formed and created since the 1940s as there are political and business factors behind it, until now it’s continuing for any kinds of pandemics, such as Corona, Monkeypox, etc.”

Listening Group, Arabic, June 2022
## Lebanon

<table>
<thead>
<tr>
<th>Total number of monkeypox-related rumors</th>
<th>Monkeypox related rumors as percentage of total rumors</th>
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</tr>
<tr>
<td></td>
<td>Non conspiracy theory related rumors as percentage of total rumors: 75.00%</td>
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</tbody>
</table>

**Fig 23.** Data overview Lebanon
State of the Monkeypox Outbreak in Lebanon

News about monkeypox first started to reach news and social media platforms on May 20th 2022 when rumors began to circulate as identified by Social Media Monitors. Shortly after, on June 14th 2022, the Lebanese Ministry of Public Health (MoPH) announced that a possible case of monkeypox was being investigated and that samples were being sent to France for testing. On June 20th 2022, the MoPH confirmed the first official case of monkeypox in Lebanon, noting that the diagnosed woman was isolating at home and that she was medically stable. The MoPH have been following up on and identifying any of her close contacts. No information has been provided on where she could have contracted monkeypox from.

The Government of Lebanon is currently advising people to maintain a safe distance with infected people, not to share personal items, to avoid contact with animals in countries where the disease is endemic, and to avoid eating wild animal meat. People can also call the hotline 1787 for more information on monkeypox.

Doctors in Lebanon have also been informed that they are not allowed to make media appearances talking about monkeypox without obtaining prior permission from the Lebanese Doctors Syndicate in Beirut, otherwise they will be subject to disciplinary prosecution.

Monkeypox Rumor Landscape

In relation to monkeypox, in Lebanon people are talking about trust in institutions and emergency preparedness on social media. Many rumors on social media reflect worry that the government is not going to take the monkeypox outbreak seriously, potentially resulting in a high number of deaths, like during the COVID-19 pandemic.

There is also some misinformation circulating on social media around the COVID-19 vaccines, suggesting that monkeypox is the name for a new disease essentially used to cover up the side effects people experienced from the COVID-19 vaccine.

Some rumors reflect stigmatization of the LGBTQ+ community in Lebanon, suggesting they are potential transmitters of the monkeypox virus.

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44 Republic of Lebanon Ministry of Public Health (2022). The reported possible cases of monkeypox are being investigated and samples are sent for testing. [https://www.moph.gov.lb/en/Pages/127/62350/the-reported-possible-cases-of-monkeypox-are-being-investigated-and-samples-are-sent-for-testing](https://www.moph.gov.lb/en/Pages/127/62350/the-reported-possible-cases-of-monkeypox-are-being-investigated-and-samples-are-sent-for-testing)


Top Rumors

“Cancer, AIDS, monkeypox and all diseases as a result of vaccines given to the innocent and fools under the pretext of the Sheikh Corona virus (influ)! It happened and there is nothing wrong with it!“

Twitter, Arabic, May 2022

“Where is the Ministry of Health from the arrival of monkeypox to Lebanon? Why after we have healed and do not move. Of course, we are waiting for you, like the time of Corona. Fuck this country.”

Twitter, Arabic, May 2022

“US government reports have proven that vaccines against the Corona virus caused the acquired immunodeficiency syndrome.. This is why we are witnessing “sudden deaths” and “monkeypox” ..”

Twitter, Arabic, June 2022

“Scientists say they have found parts of the monkeypox virus in the semen of a few patients in Italy, raising questions about whether sexual transmission of the disease is possible.”

Facebook, Arabic, June 2022
### Total number of monkeypox-related rumors

<table>
<thead>
<tr>
<th></th>
<th>Online:</th>
<th>Offline:</th>
<th>Online:</th>
<th>Offline:</th>
<th>Non conspiracy theory related rumors as percentage of total rumors: 0%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monkeypox related rumors as percentage of total rumors</td>
<td>7</td>
<td>0</td>
<td>1.37%</td>
<td>0%</td>
<td></td>
</tr>
<tr>
<td>Conspiracy theory related rumors as percentage of total rumors</td>
<td>100.00%</td>
<td>0%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reported monkeypox cases as of 30th June 2022</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Fig 26.** Data overview Mali
Fig 27. Top 5 subthemes in Mali

- Hoax: 42.9%
- Political: 57.1%

Fig 28. Platforms used in Mali

- Twitter

59
State of the Monkeypox Outbreak in Mali

The Malian authorities are conscious of its existence, although as of yet no case has been officially identified. The Ministry of Health have issued a statement dated May 23rd 2022, about the steps to be taken by the Regional Health Departments at this time:

- Strengthen epidemiological surveillance at all levels of the health pyramid,
- Ensure the strict application of national guidelines in the fight against this disease.

Monkeypox Rumor Landscape

The first rumors began to appear and circulate around May 19th 2022, and the news and social media became aware of it at the same time.

Social media users in Mali are making connections between the appearance of monkeypox and conspiracy theories. Users are implying that the disease was invented by those who invented COVID-19, observing that just as they are almost finished fighting COVID-19, this new disease has appeared. One social media user even makes connections between BSE, avian and swine flu, COVID-19 and monkeypox, implying that it was all planned.
Top Rumors

“After the battle against COVID-19, now it’s all about monkeypox, which is claiming victims in several European countries. The microorganisms are crusading against humanity where there are invisible hands last, conspiracy?”

Twitter, French, May 2022

“After mad cow, avian and swine flu, there was that damn Covid (supposedly bat malaria 😂). Now they’ve brought us monkey pox. Waiting for feline diarrhea, crustacean polio and soon probably reptilian measles. Prudence Total”

Twitter, French, May 2022

“On May 27, the Russian military released evidence that the U.S. was operating four biological laboratories in Nigeria, where monkeypox outbreaks have occurred, and several in Ukraine.”

Twitter, French, June 2022

“After Covid-19, and monkeypox, France is now shaken by an “epidemic of qamis and abayas” in high schools. The news channels have been on a loop since this morning. The threat seems serious and credible. Be careful, oil drinkers, you have been spotted.”

Twitter, French, June 2022
<table>
<thead>
<tr>
<th>Total number of monkeypox-related rumors</th>
<th>Monkeypox related rumors as percentage of total rumors</th>
<th>Conspiracy theory related rumors as percentage of total rumors: 42.59%</th>
<th>Reported monkeypox cases as of 30th June 2022: 24</th>
</tr>
</thead>
<tbody>
<tr>
<td>Online: 54 Offline: 0</td>
<td>Online: 4.43% Offline: 0%</td>
<td>Non conspiracy theory related rumors as percentage of total rumors: 57.41%</td>
<td></td>
</tr>
</tbody>
</table>

Fig 29. Data overview Mali
Fig 30.
Top 5 subthemes in Sudan

- Endemic: 29.6%
- Hoax: 24.1%
- Other: 5.6%
- Vaccine Agenda: 7.4%
- Political: 11.1%
- Prejudice/stigma: 5.6%
- Post-vaccination: 3.7%
- Safety/Side Effects: 3.7%
- Death: 1.9%

Fig 31.
Platforms used in Sudan

- Facebook: 57.4%
- Twitter: 42.6%
State of the Monkeypox Outbreak in Sudan

In Sudan, there are no official reported cases for monkeypox. The Sudanese Ministry of Health has been active since May 22nd 2022 regarding the monkeypox virus and communicated with the public early on through their Facebook page. The Ministry of Health is providing and disseminating information on how the virus spreads and the available treatment, as well as disseminating public health messages on how people can prevent and protect themselves from contracting the virus.

On June 24th 2022, the Ministry of Health announced 24 suspected cases of monkeypox in Sudan and recently they have announced all cases have tested negative for the virus.

Monkeypox Rumor Landscape

The rumor landscape in Sudan is also dominated by conspiracy theory content. Social media users are saying that similar to the COVID-19 pandemic, the monkeypox outbreak was planned by the global elites. A common rumor states that the monkeypox virus was made in a biological lab. There are also some people that are stating that monkeypox is a new variant of COVID-19. Many are also denying the existence of both COVID-19 and monkeypox. Some social media users are blaming foreigners for bringing diseases to Sudan or for turning a harmless disease into a dangerous threat. There are also rumors saying that the spread of monkeypox is a punishment for the existence of homosexuality in the world.

To a lesser extent, there are rumors stating that monkeypox originates from the adenovirus in the AstraZeneca vaccine.

Social media users also appear to be linking the virus to sexual orientation. A common rumor is that only LGBTQ+ people can get the disease. For example, in a Sudanese social media group where women share their personal problems or seek advice, a woman posted: “Any women that suspects her husband might have the monkeypox virus, should leave him immediately because it’s a gay people disease”. These types of posts have the potential to create stigma which could push people to hide their infections.
“I believe COVID-19 and Monkeypox are made for an agenda”

*Facebook, Arabic, May 2022*

“#Monkeypox Another round of biological warfare battles. a renewed nonsense to drag people into the quagmire of medical fascism under the umbrella of the New World Order! We know that the collapse of the immunity of the Corona vaccine recipients makes them susceptible to herpes disease, which has similar symptoms to this alleged monkeypox!”

*Facebook, Arabic, May 2022*

“Same as Chickenpox with very high and bad fever, I was infected last year and there are people who say COVID comes as chickenpox, may God protect us”

*Facebook, Arabic, June 2022*
### Monkeypox Global Thematic Paper

**South Sudan**

<table>
<thead>
<tr>
<th>Total number of monkeypox-related rumors</th>
<th>Monkeypox related rumors as percentage of total rumors</th>
<th>Conspiracy theory related rumors as percentage of total rumors: 25,00%</th>
<th>Reported monkeypox cases as of 30th June 2022: 1</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Online:</strong> 0</td>
<td><strong>Offline:</strong> 4</td>
<td><strong>Online:</strong> 0%</td>
<td><strong>Offline:</strong> 1.97%</td>
</tr>
</tbody>
</table>

---

**Fig 32.**

Data overview South Sudan
Fig 33.
Top 5 subthemes
South Sudan

Hoax
25,0%

Transmission
50,0%

Symptoms
25,0%
State of the Monkeypox Outbreak in South Sudan

In the middle of June 2022, claims of a suspected monkeypox case in Kapoeta county - Eastern Equatoria State were reported by the International Rescue Committee medical personnel on social media. At that time, the Governor of the state Louis Lobong Lojore said his office was yet to receive an official report from the relevant health authorities but revealed that the Government had dispatched a team of health officials to Kapoeta County to conduct investigations.

On June 23rd 2022, the trusted media house Eye Radio confirmed on its Facebook page that the Rescue Committee’s report about monkeypox is fake, stating that “Health authorities in Eastern Equatoria State find no prevalence of monkeypox in the Kapoeta areas, as alleged on social media”.

The National Ministry of Health maintains that South Sudan is, as of now, free from the viral skin disease.

Monkeypox Rumor Landscape

According to observations made by the country teams, in South Sudan there is less conversation about monkeypox than in other countries, but rumors are being shared in both online and offline spaces. The most common rumors state that, similar to COVID-19, monkeypox is a harmless disease that is converted into a big threat by Western countries in order to control African countries and take financial advantage of them by selling tailor-made vaccines.

Some misinformation circulating is saying that the adenovirus used in the AstraZeneca vaccine is the cause of the monkeypox outbreak. There are also rumors questioning the way in which monkeypox is transmitted.

In addition to this, during the RiT 2.0 offline feedback collection by partners, one respondent said that monkeypox cases are a result of the AstraZeneca COVID-19 vaccine.

For more information and guidance, please visit: Social Science in Humanitarian Action Platform, RCCE Strategies  https://www.socialscienceinaction.org/resources/rcce-strategies-for-monkeypox-response/
Top Rumors

“Monkeypox is not a threat, and it is not sexually transmitted”

Other, English, June 2022

“Cases of monkeypox are side effects of AstraZeneca covid19 vaccine.”

Assessment/survey, English, June 2022

“Now that coronavirus is losing value in the market, these good for nothing kawajat have started introducing another product to the market called Monkey pox.”

Social media, English, June 2022
<table>
<thead>
<tr>
<th>Total number of monkeypox-related rumors</th>
<th>Monkeypox related rumors as percentage of total rumors</th>
<th>Conspiracy theory related rumors as percentage of total rumors: 37,50%</th>
<th>Reported monkeypox cases as of 30th June 2022: 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Online: 8 Offline: 0</td>
<td>Online: 0,65% Offline: 0%</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Non conspiracy theory related rumors as percentage of total rumors: 62,50%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Zimbabwe**

![Data overview](Fig34.)

Data overview Mali
Fig 35. Top 5 subthemes in Mali

- Hoax: 42.9%
- Political: 57.1%

Fig 36. Platforms used in Mali

- Twitter
State of the Monkeypox Outbreak in Zimbabwe

Zimbabwe has not recorded any official cases of monkeypox. South Africa, a neighboring country to Zimbabwe, has recorded two local cases as of June 30th, 2022. The outbreak of monkeypox in South Africa will have a big impact as Zimbabwe and South Africa have strong relations with over 1 million Zimbabweans living in South Africa. The Zimbabwe government announced that they have put in place surveillance mechanisms and testing structures as they are in high alert for monkeypox.

Monkeypox Rumor Landscape

Like other countries, social media users in Zimbabwe have been talking about the monkeypox outbreak being a consequence of the adenovirus contained in the AstraZeneca vaccine. There are also fears over monkeypox causing another lockdown, similar to the situation during the COVID-19 pandemic. Some people are making references to religion and say that they have nothing to fear because God protected them from COVID-19 and will therefore also protect them from monkeypox. In addition, many Zimbabweans have been looking at monkeypox as a disease that only affects people with a different sexual orientation.

At the same time, some health officials are sharing the view that the monkeypox disease is being exaggerated because it is affecting the Western world.

To a lesser extent, there are also rumors that are making references to conspiracy theories. For example, people are saying that COVID-19 did not kill enough people and that is why the elites have initiated a monkeypox outbreak now.
Top Rumors

“Fervently hoping to use the first case of monkeypox to close the political space and victimize opposition politicians and supporters!”

Twitter, English, June 2022

“Another scam like covid is coming. Money mongers you will see how Africans will be scared of this disease......”

Facebook, English, May 2022

“I'm not scared of anything, God has protected me from Aids, Corona and what will stop him from protecting me from this Monkeypox.”

Facebook, Ndebele, May 2022
Annex II.

Methodology

Internews is following a social media listening as well as an offline rumor collection methodology to collect data for Rooted in Trust and similar projects.
Social Media Listening Methodology

The social media listening approach involves tracking content that individuals are posting to analyze community perceptions, questions, concerns, rumors and sentiments. This is done both manually, involving local social media monitors copying and pasting content, and via automated tools such as Talkwalker and Crowd-Tangle. Generally, the social media data collection involves a variety of platforms, such as Facebook, Twitter, WhatsApp, Telegram, TikTok, and others, depending on the local context and the communication preferences of the local communities. The manual social media data collection is able to access both public and private channels, whereas the automated social media data collection faces more restrictions due to the privacy policies of different platforms and is hence limited to public channels only. The sources for the social media data collection are all the potential channels identified where people from the Rooted in Trust target communities discuss and share information and they are regularly updated. The exact focus depends on the country context but Rooted in Trust aims to ensure that a diverse group of social media users are represented in the list of sources, including women, displaced people, LGBTQ+, minorities and others depending on the country context.

Offline Rumor Collection Methodology

Rooted in Trust’s offline rumor collection follows Internews’ Rumor Tracking Methodology. Any Internews’ rumor tracking project starts with an Information Ecosystem Assessment and discussing information needs with the community, including the language the affected community uses, who they trust etc. In all phases of the project a diverse group of the affected community is included in the decision making. Internews aims for equal gender representation and good variation of age, (dis-)ability etc. The aim is to collect qualitative community data to represent diverse community voices using open questions in the language with which the affected community is most comfortable with.

In Rooted in Trust, community data is collected in places in which members of the community frequent. The locations where data collection takes place are camp blocks, churches/mosques/religious centers, clinics, community centers, banks, bars/night clubs, homes (indoors/door to door), schools, markets, radio stations, residential compounds (outdoors), informal settlements, receptions/transit centers, complaint/feedback phone-in lines, other and unknown.

The formats in which data is collected are community meetings, call-in (radio/TV), call-in (hotline), informal meeting, listening group/focus group discussion, SMS/messaging services, door-to-door, assessment/survey, distribution, social media, and other.

Additionally, family and friends of Internews staff have the opportunity to submit rumors they have heard in their own communities.
Data Tagging

The data is tagged according to themes and subthemes, risk level and the sentiment that most likely motivated the rumor.

Themes

Table 1 shows the definition of themes, after which a subtheme is selected.

<table>
<thead>
<tr>
<th>Themes</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>COVID-19 Vaccine</td>
<td>For any content that relates to COVID-19 vaccines and explicitly mentions the word vaccine or the roll out or distribution of them</td>
</tr>
<tr>
<td>COVID-19 General</td>
<td>For any content that relates to COVID-19 more generally and does not mention the vaccines</td>
</tr>
<tr>
<td>Other Health Topic</td>
<td>For any content that is health related, but not COVID-19 related</td>
</tr>
<tr>
<td>Other Non-Health Non-COVID-19</td>
<td>For any content that is neither COVID-19, nor health related, but is being recorded because it is a high-risk rumor</td>
</tr>
</tbody>
</table>
# COVID-19 Vaccine Subthemes

The subtheme is chosen according to the main topic that the content collected is about. Table 2 shows the subthemes for the COVID-19 Vaccine theme.

<table>
<thead>
<tr>
<th>Access rights</th>
<th>Vaccine Passport to access public spaces, public transport, vaccinations requirements to be able to go to work</th>
</tr>
</thead>
<tbody>
<tr>
<td>Example</td>
<td>“Do you know what the vaccination passport is for? To ensure that you can enter an establishment with covid and pass it on to other people legally.” (Portuguese, Brazil, January 2022)</td>
</tr>
<tr>
<td>Children</td>
<td>Rumors from anti-vaccine people on social media talking about possible adverse effects on children from parents and non-parents. For example, they can also be women of reproductive age who are not pregnant and do not have children but are vaccine hesitant because of concerns around the potential children they might have in the future</td>
</tr>
<tr>
<td>Example</td>
<td>“In 2 years of Pandemic, tens of millions of deaths worldwide, about 300 children died, where the vast majority already had a serious systemic problem before. I ask: WHAT IS THE EMERGENCY OF APPLYING SOMETHING EXPERIMENTAL IN CHILDREN WHO ARE WELL? Who will be responsible? Currently according to the CDC in the US, more than 70% of vaccine deaths, looking at the past 250 years, are from the Covid vaccine, that has been applied over 1 year. Millions of side effects! When will you wake up? How long will pharmaceutical companies that profit billions define vaccination health policy? Children need us! When they grow up, they will thank everyone who were there demonstrating AGAINST this nonsense about passports for children too! Please share, spread the word, make tracks, and let’s go! For FREEDOM!” (Portuguese, Brazil, January 2022)</td>
</tr>
<tr>
<td>Corruption</td>
<td>Any content related to perceptions of corruption by government, healthcare actors, businesses, etc.</td>
</tr>
<tr>
<td>Example</td>
<td>“Corrupt because they ignore the real science, because they benefit from dangerous drugs and now they want to experiment on children. It is unacceptable that those mandates will one day have to answer for everything they are doing.” (Spanish, Colombia, January 2021)</td>
</tr>
<tr>
<td>Death</td>
<td>Anything that mentions death, if you get the vaccine you will die</td>
</tr>
<tr>
<td>Example</td>
<td>“We’ve received news that someone died from taking the vaccine.” (Arabic, Sudan, January 2022)</td>
</tr>
<tr>
<td>Distribution</td>
<td>Where to get your vaccine, distribution, or questions/concerns about where vaccines are being distributed</td>
</tr>
<tr>
<td>Category</td>
<td>Example</td>
</tr>
<tr>
<td>--------------------------</td>
<td>--------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Doses</td>
<td>“How many doses will it take to immunize her, or will it not immunize her even if she takes the 1000th dose?” (Portuguese, Brazil, January 2022)</td>
</tr>
<tr>
<td>Efficacy</td>
<td>“Ok question. If vaccination does not prevent COVID-19, so why do you tire us with it and make us sick to taking it, or this because the masters in the West want to reduce the number of people in the world?” (Arabic, Sudan, January 2022)</td>
</tr>
<tr>
<td>Experimentation</td>
<td>“Think of a big mistake. Application of expired vaccines to children in PB. If this Genocidal experimental toxic poison is already a threat to life, think about expired!” (Portuguese, Brazil, January 2022)</td>
</tr>
<tr>
<td>Individual access/</td>
<td>“We took the first dose of Astrazenica and now it’s been two months and it’s not available and we cannot take another type of vaccine nor the second dose… this is a huge dilemma… we miss Dr. Akram.” (Arabic, Sudan, January 2022)</td>
</tr>
<tr>
<td>Affordability</td>
<td>Overarching conspiracy theory content - including population control, media being controlled, international agenda to decrease global population, business agenda - vaccines were ready even before the outbreak and now are being released to make money for some people and certain countries</td>
</tr>
<tr>
<td>Post-vaccination behavior</td>
<td>“So you have been deceived, you handed over your health to the West, and they made the virus for the sake of the vaccine. Glory be to God. Is it not enough for you to trust in God, the Creator of the virus, and you guys are scared of the virus, and surrender your bodies to the enemy of God? God suffices me.” (Arabic, Sudan, January 2022)</td>
</tr>
</tbody>
</table>
### COVID-19 General Subthemes

Table 3 shows the definition of subthemes for the COVID-19 General theme.

<table>
<thead>
<tr>
<th>Subtheme</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Approved Antivirals</td>
<td>Anti-viral pills and treatments like molnupiravir and Paxlovid</td>
</tr>
<tr>
<td>Corruption</td>
<td>Any content related to perceptions of corruption by government, healthcare actors, businesses, etc.</td>
</tr>
<tr>
<td>Disease severity</td>
<td>Questions how severe the disease is and downplays risk (overlaps with hoax)</td>
</tr>
<tr>
<td></td>
<td><em>Example:</em></td>
</tr>
<tr>
<td></td>
<td>“Corona is a normal flu and it hit all of Sudan why are you making a big fuss out of it.” (Arabic, Sudan, January 2022)</td>
</tr>
<tr>
<td>Endemic</td>
<td>For any content saying that COVID-19 is not a big deal anymore and has become endemic.</td>
</tr>
<tr>
<td>Government</td>
<td>Government actions and policies</td>
</tr>
<tr>
<td>Healthcare</td>
<td>For any content about healthcare options, status, etc.</td>
</tr>
<tr>
<td>Hoax</td>
<td>For any content that claims COVID-19 is not an issue or never was or that the pandemic is not real</td>
</tr>
<tr>
<td></td>
<td><em>Example:</em></td>
</tr>
<tr>
<td></td>
<td>‘When I went to the minimarket yesterday, I heard an older man said that ‘why are you wearing a mask? You are being lied to by the country, no such thing as corona, corona is a hoax. Our country is in a crisis, the government said corona is here because then no one would want to open the dead bodies and just immediately bury them, while the truth is their organs had been sold to other countries.’- Bahasa Indonesia</td>
</tr>
<tr>
<td>Immunity</td>
<td>Immunity against COVID-19</td>
</tr>
<tr>
<td>Long-COVID</td>
<td>Long-covid and persisting COVID-symptoms</td>
</tr>
<tr>
<td><strong>Masks</strong></td>
<td>For any content about masks and their use</td>
</tr>
<tr>
<td>-----------</td>
<td>-----------------------------------------</td>
</tr>
<tr>
<td><strong>Example:</strong></td>
<td>“The mask is important because it serves as a psychological effect in the mind of the individual, of subversion to the state and permanent reminder of the cavity and to be afraid. It doesn't protect from contagion and it serves no purpose.” (Spanish, Colombia, January 2022)</td>
</tr>
<tr>
<td><strong>Origin/Cause</strong></td>
<td>How COVID-19 emerged, was created</td>
</tr>
<tr>
<td><strong>Prejudice/Stigma</strong></td>
<td>Xenophobic, racist or prejudicial content about a particular group spreading the virus</td>
</tr>
<tr>
<td><strong>Prevention</strong></td>
<td>Means or substances for prevention</td>
</tr>
<tr>
<td><strong>Reinfection</strong></td>
<td>COVID-19 reemergence or relapse</td>
</tr>
<tr>
<td><strong>Religion</strong></td>
<td>For any content related to religion and religious beliefs that does not fit into other categories.</td>
</tr>
<tr>
<td><strong>Example:</strong></td>
<td>“The reason for this is because people steered away from Allah, we should get closer so that God removes this sickness from us.” (Arabic, Sudan, January 2022)</td>
</tr>
<tr>
<td><strong>Secondary Impacts</strong></td>
<td>For other impacts of COVID-19 like job and education disruptions</td>
</tr>
<tr>
<td><strong>Symptoms</strong></td>
<td>Symptoms of the virus</td>
</tr>
<tr>
<td><strong>Testing</strong></td>
<td>Test results, test kits, anything related to testing</td>
</tr>
<tr>
<td><strong>Transmission</strong></td>
<td>Transmission and spread of COVID-19</td>
</tr>
<tr>
<td><strong>Travel</strong></td>
<td>Travel bans, restrictions or transmission via travel</td>
</tr>
</tbody>
</table>
| Treatment/Cure | Treating or curing covid  
| Example: | “don’t worry nothing will happen to him do these and drink with him as well.. ginger + honey + lemon in a boiled water bowl. Clove, cumin, ginger, acasia, boil them in hot water and cover them in a container, and after you take it out of the container and squeeze half a lemon on it, and you can also mix it with honey. You can also make red tea and cloves. Take effervescent vitamin C 1000mg per day, after eating, if they have problems with fluidity. Penadol when you feel a headache. may god heal you both.” (Arabic, Sudan, January 2021) |
| Variants | COVID-19 variants, also known as strains  
| Example: | “Anyone, I want information about the sub-mutant of Omicron (IB2), is it really more deadly than all the other mutants?” (Arabic, Sudan, January 2021) |
| Other | Other rumors |

COVID-19 General Subthemes

Table 4 shows the subthemes for the Other Health Topic theme.

<p>| Availability of healthcare | Any rumors talking about the general availability or non-availability of healthcare, |
| Access to healthcare | Any rumors talking about specific groups having or not having access to health care. This is different from availability in the sense that healthcare might be available, but certain marginalized groups do not have access to it. |
| Communicable diseases | Anything related to communicable diseases – could be Monkeypox, Ebola, Measles, Malaria, Dengue, etc. Please make use of the comment section to specify the specific communicable disease in the rumor. |
| Chronic diseases | Anything related to chronic diseases – for example cancer, stroke, diabetes, heart diseases, etc. |
| Child health | Anything related to child health and child health concerns. |</p>
<table>
<thead>
<tr>
<th><strong>Healthcare workers</strong></th>
<th>Anything about medical professionals and healthcare workers, for example the availability of healthcare workers, staffing levels of health centers, trust in healthcare workers, etc.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Hygiene</strong></td>
<td>Anything related to hygiene issues or concerns, particularly in IDP camps.</td>
</tr>
<tr>
<td><strong>Malnutrition</strong></td>
<td>Anything related to malnutrition.</td>
</tr>
<tr>
<td><strong>Maternal health</strong></td>
<td>Anything related to the health of pregnant women or new mothers.</td>
</tr>
<tr>
<td><strong>Mental health</strong></td>
<td>Anything related to mental health.</td>
</tr>
<tr>
<td><strong>Sexual and reproductive health</strong></td>
<td>Anything related to sexual and reproductive health.</td>
</tr>
<tr>
<td><strong>Vaccination programs</strong></td>
<td>Anything related to vaccination programs other than COVID-19 or general references to vaccination programs.</td>
</tr>
<tr>
<td><strong>Other</strong></td>
<td>Any other health topic that doesn't fit into the above categories.</td>
</tr>
<tr>
<td><strong>Emergency preparedness</strong></td>
<td>Anything related to emergency preparedness, this can include emergency preparedness for future disease outbreaks, but also preparedness for other health crises.</td>
</tr>
<tr>
<td><strong>Emerging outbreaks</strong></td>
<td>Anything talking about the possibility of having a new disease outbreak.</td>
</tr>
</tbody>
</table>

**COVID-19 General Subthemes**

The Non-Covid Non-Health theme does not have subthemes. Non-Covid Non-Health rumors are only collected if the social media monitors notice high-risk rumors that need to be escalated. The risk level is determined based on potential to cause harm and other negative impacts it could have on individuals, communities or service providers. A high-risk rumor is defined as a rumor that is likely to be believed, and if acted upon would cause significant and immediate danger to an individual, group, or the wider community.
**Risk levels**

The data is tagged according to whether the rumor is low, medium or high-risk. Table 5 shows the definition of risk levels.

<table>
<thead>
<tr>
<th>Low risk</th>
<th>Posts that, if they are believed, do not pose an immediate and severe danger to an individual or the community.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medium risk</td>
<td>Posts that have more traction and have the potential to have a larger impact on the community.</td>
</tr>
<tr>
<td>High risk</td>
<td>Posts that are likely to be believed, and if they are acted upon, will cause significant and immediate danger to an individual, group, or the wider community.</td>
</tr>
</tbody>
</table>

Internews has a risk escalation process requiring all high-risk rumors to be flagged to project management staff immediately.

**Sentiment Analysis**

Sentiment analysis looks at the emotions expressed in a text. In Rooted in Trust, rumors are tagged according to which sentiment or dominating emotion is behind the rumor. The motivation behind this is to see why certain rumors might become sticky and receive increased engagement. Table 6 shows the definitions of emotions for the sentiment analysis. These are based on a literature review and a sample data set from the first phase of Rooted in Trust.

<table>
<thead>
<tr>
<th>Anger/Frustration</th>
<th>Anger at the pandemic/current situation/government measures/vaccine distribution etc., blaming others</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fear</td>
<td>Fear and worry about getting infected, not receiving a vaccine, worried about consequences of the pandemic etc.</td>
</tr>
<tr>
<td>Shocked/surprised</td>
<td>Both in a positive and in a negative way, reaction to something that people didn’t expect to happen</td>
</tr>
<tr>
<td>Emotion</td>
<td>Description</td>
</tr>
<tr>
<td>-----------------</td>
<td>---------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Confusion</td>
<td>Confused about the current situation, confused about what to do, confused about what is happening, this also includes questions if they can't be put into another category and if they are not rhetorical questions</td>
</tr>
<tr>
<td>Sadness</td>
<td>Sadness about what is happening</td>
</tr>
<tr>
<td>Hopeful/Excited</td>
<td>Hopeful that things will get better in the future, excited about things that will improve the current situation</td>
</tr>
<tr>
<td>Happiness</td>
<td>Happiness about the current situation; be careful not to confuse hopeful and happiness, hopeful focuses on things improving in the future, happiness refers to positive things in the current situation</td>
</tr>
<tr>
<td>Not able to tell</td>
<td>Not able to tell which emotion is behind the rumor</td>
</tr>
<tr>
<td>Apathy/Indifference</td>
<td>Indifference about the situation, does not care anymore</td>
</tr>
</tbody>
</table>

**Limits of the Methodology**

Rooted in Trust collects data that is targeted, meaning that it listens to engage with specific vulnerable and marginalized groups. Through Internews’ rumor tracking approach, the community is involved in collecting the data and driving the discussion. For this reason, the data collected does not aim to be comprehensive. The project does not collect rumors at the national level and does not aim to collect all perceptions around the viruses. The data also does not intend to be statistically representative – the objective is to be representative of diverse voices through the Rooted in Trust data collection practices.

Social media data collection is typically less time-consuming than offline data collection and social media monitors can simultaneously listen, collect and engage on multiple platforms at once. Rumors can be collected, and their spread can be observed without the social media monitor having to engage with the authors of the posts, including people who may be aggressive.

At the same time, our data is limited by the digital divide, since not everyone has access to electronic devices, the internet and social media. Especially among marginalized communities, conversations may happen in private spaces such as messaging apps and private groups that social media monitors may not necessarily be able to access. Further limi-
tions are that people might use social media to source information rather than to share it. The content they share might also depend on the perceived opinions of others, as people might share content just to get engagement, clicks and forwards and might feel more comfortable sharing controversial opinions if they feel like their followers will agree with it.

Automated social media data collection comes with its own challenges. Due to platform limitations in terms of what content may be accessed using automated tools, the data that can be obtained is limited to public channels, that is, Twitter accounts, business profiles and public groups. Other more private channels remain inaccessible. It is difficult to listen to specific vulnerable groups and the choice of language that data can be collected in is limited by the languages that the automated tool supports, which tends to be biased towards majority languages.

Offline data collection has the advantages that it is easier to build trust between the field data collector and the respondent, information can be shared, misinformation can be corrected immediately, and it is possible to ask follow up questions and clarify what respondents mean by their statement. The project can be specific about which people, groups and locations the data is collected from, and also occur in a setting more people can access given that no internet connection is required.

At the same time, the data collected is limited by the number of observations available as the data collection is time-consuming and not all of the members of the community may be reached. Additionally, some community members might not feel comfortable sharing their opinions with the field collector or might not be able to access the location where the data collection takes place.

For a full overview of the data collected, please access our Monkeypox dashboard.