



Territorial Dialogues

Newsletter for humanitarian organizations

Eleventh edition

Central subjects in this edition

Dog from hell?

New variants...

New Rumors

Introduction

On November 28, WHO began using the term “m-pox” (or “m-pox”) instead of monkeypox, following its Manual of Best Practice, which states the importance of **“minimizing the unnecessary negative impact of disease names on trade, travel, tourism or animal welfare, and avoiding offending any cultural, social, national, regional, professional or ethnic group.”**

Far from going unnoticed, this change in language should invite us to think about the possible implications of the communication of medical and public health concepts in communities, **even more so in times when rumors and pieces of misinformation that reproduce feelings, values, and emotions such as fear, and stigmatization easily go viral.**



Organización Mundial de la Salud

Temas de salud ▾ Países ▾ Centro de prensa ▾ Emergencias ▾

Acceso / Comunicados de prensa / La OMS publica un conjunto de prácticas óptimas para la denominación de nuevas enfermedades infecciosas humanas

La OMS publica un conjunto de prácticas óptimas para la denominación de nuevas enfermedades infecciosas humanas

8 de mayo de 2015 | Nota para los medios de comunicación | GINEBRA

8 de mayo de 2015 | GINEBRA - La Organización Mundial de la Salud (OMS) ha invitado hoy a los científicos, las autoridades nacionales y los medios de comunicación a seguir una serie de prácticas óptimas para la denominación de nuevas enfermedades infecciosas humanas, con el fin de minimizar los efectos negativos que una designación inadecuada puede conllevar innecesariamente para las naciones, las economías y las poblaciones.

This is the case of "hellhound"

the name with which Internet users have nicknamed two new sub-variants of COVID-19 that have already arrived in Colombia and about which we have identified some rumors.

Therefore, we offer some data and verified information that we hope will be useful to guide communication and fill information gaps that may arise at the community level during the coming weeks.



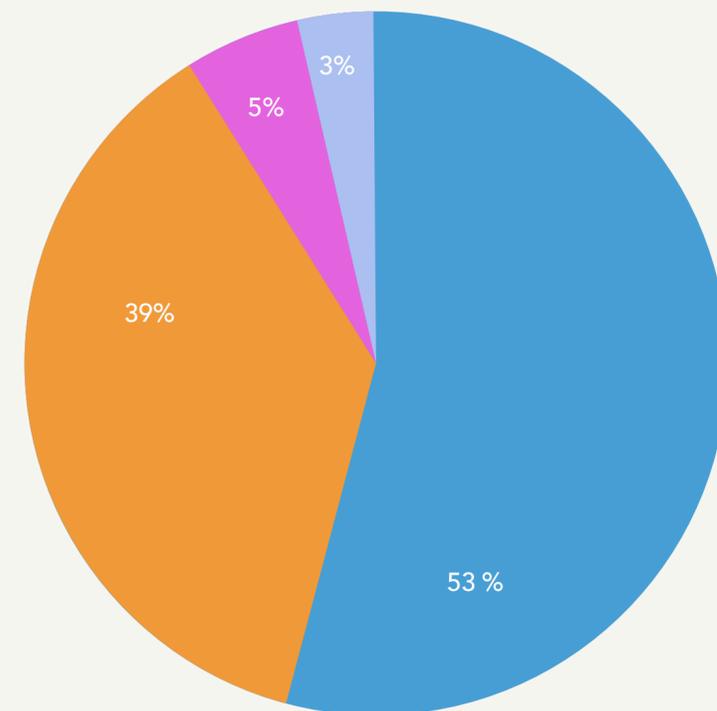


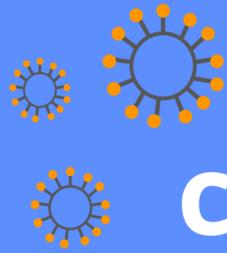
Key words

COVID, vaccine, Colombia, smallpox, pandemic, monkey, health, death.

Social networks where information was collected

- Twitter 
- Offline 
- Facebook 
- Telegram 





COVID-19 data



106,567 new doses were allocated in the last 7 days (December 20, 2022).



There are 36,908,332 million people with the complete vaccination schedule (December 20, 2022).

- **712 municipalities in Colombia already have 70% of their schemes complete.**



- **Coverage by department:**

- × Caquetá (53,14 %).
- × Chocó (37,962 %).
- × Putumayo (44,887 %).
- × Vaupés (34,08 %).

*Latest data provided by the Colombian Ministry of Health and the National Institute of Health (December 18, 2022).

Smallpox in data

In a new evaluation of this zoonotic viral infection, the National Institute of Health of Colombia (INS), at the end of the second week of January 2023, confirmed:

4035 cases in Colombia

→ 1967 in Bogotá
→ 1160 in Antioquia
→ 330 in Cali



Of the confirmed cases, men accounted for nearly **3904**



while **131** cases were confirmed in women.

✦ The following cases were reported by population group:

- **12** minors between 0 to 9 years old
- **86** persons between 10 and 19 years of age
- **1563** people between 20 and 29 years of age
- **1697** people between 30 and 39 years of age
- **522** people between 40 to 49 years old
- **155** people in other age groups

Despite the increasing number of infections, there is a downward trend compared to peak weeks. There are small increases in relation to the weeks in which a higher number of confirmed cases were reported.

1.

► Trend

New Variants, new protocols

Rumor

“

Covid “hellhound” variant could cause a sixth pandemic peak in Colombia? Enough with this hellhound government!

¿La variante de covid “perro del infierno” podría causar un sexto pico de la pandemia en Colombia?

El Instituto Nacional de Salud advirtió que ya representa uno de cada tres contagios nuevos por coronavirus en el país.

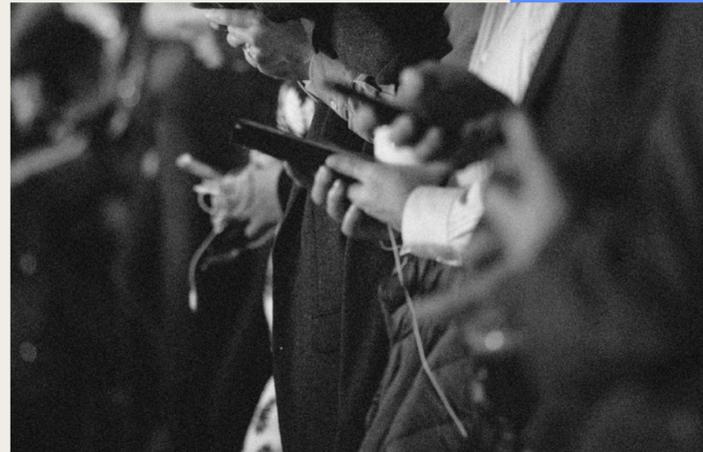
22/11/2022



Colombia ya ha atravesado cinco picos de la pandemia. El último se dio a mitad de este año. - Foto: Daniel Jaramillo

Context

This and similar comments were identified on social networks during November, as part of a trend associating the new COVID-19 Omicron BQ.1.1 variant, also called “hellhound”, with:



1. Aspects of national politics referring to the government of Gustavo Petro, or even to the president himself.
2. A fictitious variant that would justify the government implementing supposed new isolation measures and the mandatory use of face masks in the coming weeks.
3. A hoax by pharmaceutical companies, international health organizations and the media, who have invented an alleged new variant to generate fear and misinformation and thereby stimulate vaccination as part of their global agenda and economic interests.



What can we as humanitarian actors do to respond to this rumor?

1. Understand what the term “hellhound” refers to:

What is?

“Hellhound” is the English translation of Cerberus, the mythological creature by which social media users in Germany dubbed two new sub-variants of Omicron called BQ.1 and BQ.1.1.1, identified last October. The name is associated with Greek mythology, in relation to the high contagious capacity of the virus, but not with a religious theme, as some publications and comments in the digital space have tried to make it seem.



What are the characteristics of this new variant?



It is not more lethal or dangerous than past variants; however, some preliminary studies indicate that it would have a greater resistance to the antibodies produced by vaccines and previous infections, becoming between 10% and 30% more contagious than previous versions. In spite of this, according to reports from the Pan American Health Organization (PAHO), it is not necessary to be inoculated again, as long as we have our complete vaccination schedule.



2. Understand the national context:

What is the picture in Colombia?

In the last month there was a considerable increase in the average number of new weekly COVID-19 cases reported

from 78 to 415 (almost a six-fold increase)

While not all are due to the new BQ.1.1. sub-variant, it is estimated that one out of every three cases is due to this sub-variant.



Likewise, the most recent INS report indicates that this new sub-variable is already present in **83% of the national territory**, with a greater presence in Amazonas, Bogota, Cesar, Cundinamarca, Quindío, Risaralda, San Andres, and Tolima.

Regarding vaccination figures, **74.6% of the population has the complete vaccination schedule**, which means that there is a higher risk of infection for 1 out of every 4 people in Colombia.

What measures has the Government taken?

- Contrary to what some rumors and uninformed publications indicate, the permanent use of masks continues to be mandatory only in public transportation, medical centers, and nursing homes.
- On the other hand, [the Ministry of Health pointed out a moderate increase in the cases of COVID-19 during November and December](#), as well as a decrease in the daily vaccination rates, so it reiterated the importance of self-care and vaccines because “the pandemic, for the time being, is not over”.
- Finally, the Secretary of Health of Bogota indicated [that the vaccination card will be mandatory](#) in public and private schools, but it is still unknown whether this measure could be adopted by other municipalities.



3.

Knowing how to communicate on this topic

Communication should focus on information gaps, emotions, customs, and community claims. Therefore, knowing how to communicate implies:

- 1. Identifying what information gaps the communities have before offering a response.** . In the case of “hellhound”, we can ask ourselves: has this variant already arrived in the community? Should we communicate to prevent or mitigate? Is there already some information, data or even rumors about this in the community? What opinions, perspectives, doubts, or comments have arisen in this regard?
- 2. Understand what feelings and claims motivate the appearance and spread of rumors in voice-to-voice and social networks** In this way, we will be able to offer information that is not limited to verifying whether the rumor is true or false and why, but that also appeals to the feelings that move people to believe and act in the face of the rumor.

3.

Create communication strategies that integrate an intercultural and intersectional approach to gender, as well as different actors and their perspectives

including, for example, those of Western doctors, ancestral knowledgeable people, community members, local journalists, grassroots organizations, among others, that allow us to enrich the content and form of communication.

4.

Develop content adapted to the local context considering:

a.

Channels

How do people access information? Do they prefer printed or digital media? What is the reach of local media? What is the simplest and most direct way to communicate to communities?

b.

Language

Is the language clear and easy to understand? Is it adapted to local idioms? Does it avoid the reproduction preconceptions or stigmas that could cause harm? Does it have an intersectional gender approach? Is it available in the local language (for ethnic communities)? Is it available for people with disabilities?



As Rooted in Trust 2.0 we seek to add to communication without discrimination. Therefore, we extend our support through workshops to strengthen risk and health communication processes. Also, together with our partner Caribe Afirmativo we can advise and accompany people of the LGBTIQ+ community in cases of discrimination and / or gaps in access to services. You can contact us at jsandovalvasco@internews.org and info@caribeafirmativo.lgbt.



For more information about the project or access to our content repository, please visit our website:



If you would like to give us your feedback on this newsletter and/ or the “Rooted in Trust 2.0” project, please feel free to write to us at jsandovalvasco@internews.org. Any feedback or comments will be considered for future content pieces.

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