# RUMOR BULLETIN

OCTOBER 2020

FOR HUMANITARIANS

For this first edition of the bulletin, we shed light on the most common and risky COVID-19-related rumors that cover a range of topics, including perceived "immunity" among babies and children, permanent loss of smell, mistrust in testing and herbal remedies. Internews' regular collection of community insights aims to provide humanitarian and public health agencies with actionable information to align their risk communication activities with community perspectives and local information needs.

Sudan reported its first case of COVID-19 in March 2020. As of 22 October, the official number has risen to 13,724. Most cases identified have been in the capital Khartoum and surrounding areas. Outbreaks have been reported in conflict-affected areas such as North Darfur, but limited testing capacity has made it difficult to identify its true extent. Sudan's health system suffers from years of underfunding, lack of staff, medicines, materials, and medical supplies. This has been exacerbated by devastating flooding, and other health outbreaks, including cholera, polio and rift valley fever.

Medical humanitarian organizations continue to support Sudan's COVID-19 response, by training healthcare personnel, and providing medical and testing supplies. United Nations agencies and partners created a COVID-19 Country Preparedness and Response Plan (CPRP), as well as ramping up coordination between various NGOs, to support the Government of Sudan.



#### **Internews**

Local feedback on the pandemic was collected by Internews' analysts, who compiled and assessed rumors gathered from Sudanese social media, focusing on popular groups and pages with large numbers of followers. This first bulletin is based on 45 Arabic language posts compiled from Facebook, Twitter and WhatsApp between October 5 and 21, 2020. The rumors identified have been assessed to be the most prevalent or damaging to the health response. For example, rumors which encourage people to ignore preventive measures, resort to ineffective treatments, or avoid seeking medical assistance.

## **COVID-19 SITUATION IN SUDAN**

### WHAT PEOPLE SAY

"Grind acacia leaves and mix the powder with sesame oil in a jar. Massage the mixture onto your body, just make sure you are wearing a mask and that you disinfect afterwards. Focus on applying the mixture to your chest and throat. May God cure you. This remedy can treat a diabetes patient in intensive care. Also, eat a lot of oranges for Vitamin C." - Sudanese woman on Facebook.

Acacia Nilotica is a widely used plant in traditional medicines across many African countries. It has been passed down through generations in Sudan, as an herbal remedy for various illnesses. But there is no indication that Acacia Nilotica is an effective prevention or treatment measure for COVID-19. Since COVID-19 is a new virus, at present there is no cure. Preventative measures such as handwashing, social distancing and the use of masks remain the best ways to avoid catching the disease.

Vitamins D and C and zinc are critical for a well-functioning immune system and play a vital role in promoting health and nutritional well-being. However, there is no evidence to suggest that these can prevent or cure COVID-19. Although large amounts of dietary vitamin C are unlikely to be harmful, taking too many vitamin C supplements may cause unpleasant symptoms of nausea, vomiting and diarrhea.

"Babies cannot become infected with the coronavirus." -Sudanese woman on Facebook.

While all children are capable of getting the virus that causes COVID-19, they don't become sick as often as adults. Most children have mild symptoms, or no symptoms, but can still transmit the virus to other family members who may show more extreme symptoms. Children with underlying conditions, such as obesity, diabetes and asthma, congenital heart disease, genetic conditions or conditions affecting the nervous system or metabolism are at higher risk of serious illness or complications from COVID-19.

"Covid-19 will do nothing to us because it is very hot in Sudan" – Sudanese woman writing on Facebook.

The World Health Organization (WHO) has consistently emphasized that you can catch COVID-19, no matter how sunny or hot the weather is. Countries with hot weather have reported cases of COVID-19. Among Arab countries, Saudi Arabia has the most confirmed cases, followed by Qatar and the United Arab Emirates. These are all countries where summer temperatures can rise to over 50 degrees Celsius. Such rumors demonstrate the need for humanitarian actors to engage COVID-19 patients and survivors in raising awareness of the disease.

# WHAT ARE PEOPLE SAYING

"You should test again, because you can be positive even if you have negative results for COVID-19." - Sudanese woman on Facebook.

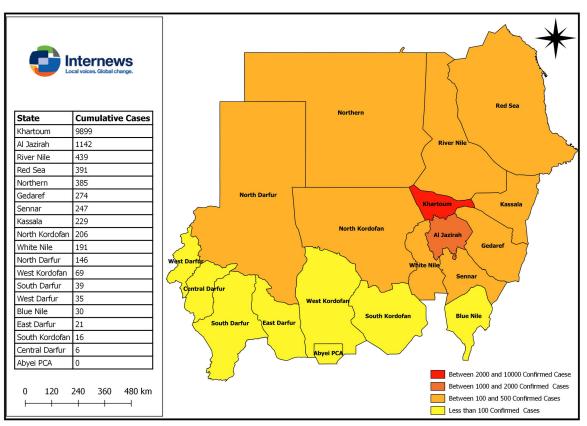
Researchers Johns Hopkins University found that testing people for COVID-19 too early in the course of infection is likely to result in a false negative test, even though they may eventually test positive for the virus. Scientists at Bristol University also reported that as many as 20 per cent of positive cases could falsely appear as negative. Testing centers have been overwhelmed by visitors and often hundreds of people can be found in waiting in crowded clinics. Transmission may occur in this setting and at this early stage would not be detected. This highlights the need for more testing centers to reduce crowding and encouraging those who display symptoms to self-isolate until they are feeling better, regardless of the test result.

"China said COVID-19 is a hoax. All over the country people are queuing. If COVID-19 is real, we would find it in every home." -Sudanese man on Facebook.

China has not said that COVID-19 is a hoax and has reported some 91,500 cases to date. It is possible the number of cases dropped since the virus outbreak due to the Chinese common precedent for mask-wearing and because of its very strict lockdown at the start of the pandemic.

Although the risk of transmission of COVID-19 is lower outside (where most queuing occurs) than indoors or on public transport, it is not zero. Many people who are infected with COVID-19 may develop no or few symptoms, not all cases are visible. In crowded areas, including at bakeries and gas shops where long queues are common, people should maintain a distance of at least one meter from each other to minimize the risk.

## **FACTS**



Source: Sudanese Ministry of Health, Covid-19 infection rates up to 26 October, 2020





# WHAT ARE PEOPLE SAYING

"COVID-19 leads to a permanent loss of sense of smell." -Sudanese woman on Facebook.

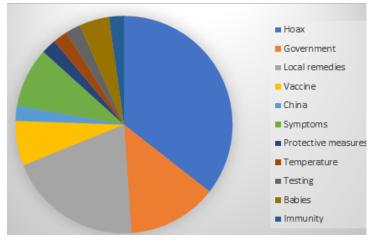
Hospitals worldwide report that between 34 and 98 per cent of hospitalized patients with COVID-19 will temporarily lose their sense of smell. However, scientists at Harvard Medical School say that this is unlikely to be permanent as the virus does not damage the nasal cell types associated with smelling.

### WHAT ARE RUMORS?

Rumors are currently circulating stories or reports of uncertain or doubtful truth collected from first-hand sources within the community which could take the shape of a question, criticism, or general comments on a situation or topic. We should also note that rumors can be confusing because they might have some element of truth in them.

#### **TOP RUMOR THEMES**





Thematic breakdown of 45 COVID-19 social media rumors collected between 5 and 22 October, 2020.

### **HOW CAN HUMANITARIAN ACTORS HELP?**

\*Listening sessions with communities will help capture gaps in understanding of COVID-19.

\*Humanitarian organizations and government authorities should work on sensitizing communities to chosen interventions i.e. establishing testing clinics, isolation centers.

\*Focusing on the community's information needs can help fight misinformation and strengthen public health messaging. \*Fact-based and context-tailored awareness raising sessions should be held for community leaders and figures with a wide public reach.

\*Awareness raising activities should **engage** health workers, survivors and families of COVID-19 victims (when **stigmatization** is not an issue).

\*The number of **testing centers** and clinics should be increased, especially in densely populated areas such as Khartoum where testing centers are crowded and more remote areas (although appropriate sensitization and awareness raising is crucial in these areas).

\*Preventative measures should be strongly promoted, and the Sudanese health authorities could consider supporting their application, especially in areas known for crowding.





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