



Public health taxonomy for social listening on monkeypox conversations

For use in infodemic monitoring and insights generation (updated on 23 August 2022)

Objective

Millions of daily conversations by members of various communities can provide a better understanding how the multi-country outbreak of monkeypox outbreak is perceived, understood and discussed. Objective of the taxonomy is to monitor millions of conversations related to monkeypox on within thematic categories relevant to public health response. The subtopics are to capture breadth of conversations, and help identify structure and changes in narratives. The taxonomy can be applied to online social media listening, as well as for offline social listening and can facilitate structured integrated analysis of the data to produce infodemic insights and recommendations.

Background

What is the difference between social listening for marketing efforts and infodemic monitoring and intelligence gathering? Social listening is often understood as an approach for monitoring online conversations on specific brands and topics, often used by marketing companies. Social listening is a limited label to use in infodemic management, since integrated analysis is best done with a diverse set of data sources across social, program, behavioral, media, and epidemiological domains. Infodemic monitoring and intelligence gathering consider as many relevant data sources as possible, recognizing they all individually have limitations and biases, but when analyzed in an integrated manner, can yield insights that data sources analyzed in isolation would not provide. Infodemic monitoring and insights generation encompasses systematic **analysis of different data sources**, generation of **intelligence**, turning the intelligence into infodemic **insights** and applying structured judgment and risk matrix approach to generate **recommendations** for action.

Note to analyst:

- Compare the volume and themes of conversations and dynamics to overall net conversations vs COVID-19 conversations vs monkeypox-specific
- Compare velocity of conversations within monkeypox conversations over time
- Identify monkeypox specific themes of questions, worries, concerns, information voids, circulating narrative and misinformation, and crossover with COVID-19
- Focus not only on the content of conversations but also understanding people's reactions, confusion, questions, and conversations about issued health guidance.
- Pay attention to vulnerable populations and stigma, both on MSM, sex workers, inequities, as well as visual analysis of memes and images used associated with monkeypox in the media and social media.
- Refer to WHO-authored papers^{1 2} for how to apply and validate its use.

¹Purnat TD, Vacca P, Czerniak C, Ball S, Burzo S, Zecchin T, Wright A, Bezbaruah S, Tanggol F, Dubé È, Labbé F. Infodemic signal detection during the COVID-19 pandemic: development of a methodology for identifying potential information voids in online conversations. JMIR infodemiology. 2021 Jul 28;1(1):e30971. <u>https://infodemiology.jmir.org/2021/1/e30971</u>

²Purnat TD, Nguyen T, Ishizumi A, Yau B, White B, Cecchini S, Samuel R, Hess S, Bezbaruah S, Briand S. 2022. Delivering actionable infodemic insights and recommendations for the COVID-19 pandemic response. Weekly Epidemiological Record. 2022 Jul 8; 97 (27), 313 - 324. <u>https://apps.who.int/iris/handle/10665/359144</u>





The taxonomy spans across five categories of topics of conversations:

- 1. The cause how did the virus emerge and how is it spreading?
- 2. The illness what do we know about the disease, what are the symptoms and how is it transmitted?
- 3. The treatment How can it be cured?
- 4. The interventions What is being done by authorities and institutions?
- 5. **Conversations about information** Meta-conversation about guidance, reporting, misinformation and content

Category #1: How are people talking about the cause

Questions, concerns, confusion, information voids, narratives, mis/disinformation about how the virus emerged and how it is spreading

| Торіс | Subtopic | Notes for analyst in keyword setup and interpretation |
|-------------------------|------------------------------|---|
| The source of the virus | | for example: from animals/ monkeys / small mammals / rodents, zoonoses, smallpox/variola, other Possible speculation about bioengineering Defrosting of tundra/environmental sources (smallpox concerns) |
| Stigma | | (for example: MSM, North-South, Africa, Nigeria) |
| Spread | Travel Community contexts | Urban/rural (example: household, workplace, school/nursery, sexual contacts, healthcare, houses of worship, transportation, sports, festivals, concerts, social gatherings, parties and any other recalled interactions) Spread via travel, including cross-border, air travel |



Category #2: How are people talking about the illness

Questions, concerns, confusion, information voids, narratives, mis/disinformation about what we know about the disease, how it is transmitted, and what the symptoms are

| Торіс | Subtopic | Notes for analyst in keyword setup and interpretation |
|---|---|--|
| Symptoms | Confirmed Other | Confirmed: rash, blisters, headache, fever, swollen lymph nodes, muscle aches, back pain, weakness (example: confusion with other rash diseases, such |
| Asymptomatic | Asymptomatic Transmission | as chickenpox for children) (not expected to occur often, but analysis should pick up worries and questions about this) |
| Means of transmission | Face-to-face exposure Direct physical contact, skin-to-skin, mouth-to-skin (including sexual contact) Contaminated materials Animal-human contact or consumption of meat Mother-fetus Other | Example face-to-face exposure: through body fluids, including respiratory droplets, also including health care workers without appropriate PPE) Example contaminated materials: clothing, bedding or utensils that were used by a symptomatic person Including consumption of illegally traded meats, bushmeat. See this <u>link</u> Congenital monkeypox Sexual transmission |
| Severity of disease | By age groups Complications | Children, adults < 40, over 40, and elderly Secondary infections: bronchopneumonia, sepsis, encephalitis |
| Protection from transmission/ prevention | | effectiveness of condoms (this will not prevent transmission but some people might think so) |
| Risk | Eating uncooked meat Age Sex Underlying conditions Health-care workers Sex workers Caregiver | Example eating meat: Eating uncooked meat or other parts of animals (in particular bushmeat) Risk groups may be: children, pregnant women, parents caring for sick children, immunocompromised people, HCW, persons living with HIV/AIDS, sex workers |
| Similarities to other orthopoxviruses (e.g. smallpox /r variola virus) | | How smallpox and monkeypox are discussed together Poxvirus (e.g. Smallpox/variola virus) Please note that chickenpox is not an orthopoxvirus |
| Comparators to COVID-19 | Risk/severity Similarities to COVID-19 | How monkeypox and COVID-19 are discussed together |





Questions, concerns, confusion, information voids, narratives, mis/disinformation about how the disease can be prevented or cured

| Торіс | Subtopic | Notes for analyst in keyword setup and interpretation |
|-----------------------------|----------|--|
| Current treatment | | note: antivirals (Tecovirimat)/clinical care there may be mention of brincidofovir (Tembexa) and brincidofovir (not licensed for smallpox) |
| Vaccine | | note: vaccine for smallpox (Bavarian Nordic's MVA-BN [JYNNEOS/Imvamune/Imvanex]; ACAM2000) monkeypox vaccine : also MVA-BN vaccine stockpiles / strategic reserves |
| Research and Development | | Vaccine nationalism |
| Treatment myths | | Supply chain challenges |

Category #4: How are people talking about the interventions

Questions, concerns, confusion, information voids, narratives, mis/disinformation about what is being done by authorities and institutions

| Торіс | Subtopic | Notes for analyst in keyword setup and interpretation |
|--|--|---|
| Personal protective equipment | | (example: gloves, gown, medical mask and eye protection for HCW, lab workers; mask, sheet/gown for patient) |
| Quarantine | | Isolation and quarantine protocols |
| Supportive care | Health care Health care equipment | |
| Personal measures | | (example: washing hands, physical distancing, condom use) |
| Contact tracing | | Case isolation duration Close contact definition |
| Inequalities in intervention access/ use | | (example: in access to antiretrovirals, vaccine) |
| Other | Measures in public settings Travel measures | Note: not yet recommended, but people may already be discussing |





Category #5: How are people talking about information

Questions, concerns, confusion, narratives in the meta-conversation about guidance, reporting, misinformation, content

| Торіс | Subtopic | Notes for analyst in keyword setup and interpretation |
|------------------------|----------|---|
| Statistics and data | | |
| Guidance | | Reactions, confusion, interpretation of guidance |
| Mis and disinformation | | |
| Trust in health advice | | |
| Trust in government | | |

Reference on the Monkeypox 2022 outbreak:

- https://www.who.int/emergencies/emergency-events/item/2022-e000121
- https://www.who.int/emergencies/situations/monkeypox-oubreak-2022
- <u>https://www.who.int/health-topics/monkeypox#tab=tab_1</u>