Africa Infodemic Response Alliance

A WHO-HOSTED NETWORK

AIRA Infodemic Trends Report

29 March-07 April 2025

Weekly brief #156

Top concerns

Measles outbreaks in DRC, Ethiopia, Kenya, Nigeria and Uganda : communities fear the escalation of the crisis

The Democratic Republic of the Congo is facing an unprecedented measles outbreak, while Ethiopia, Kenya, Nigeria, and Uganda report increasing cases. Communities fear the crisis could worsen, calling for expanded access to vaccines and improved coordination among health authorities, particularly in orphanages and refugee camps.

Malaria: antimalarial drug shortages in Namibia, scepticism about the vaccine in Uganda

Hospitals in Namibia are under pressure due to a shortage of anti-malarial drugs. In Uganda, despite the launch of a large-scale vaccination campaign, the population continues to express doubts about the efficacy of the malaria vaccine.

Reference Guide

Persistent trends

Public Health Infodemic Trends in the African Region

This weekly report provides key highlights and operational recommendations based on social listening data from 29 March- 7 April 2025 in Africa.

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DRC, Nigeria, Kenya, Ethiopia, Uganda

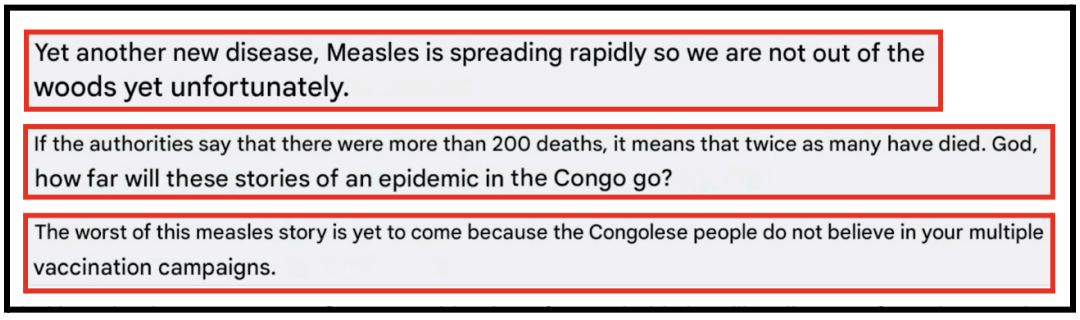
Measles outbreaks in DRC, Ethiopia, Kenya, Nigeria and Uganda : communities fear the escalation of the crisis

Engagement : 17 posts, 154 comments, and 25 shares

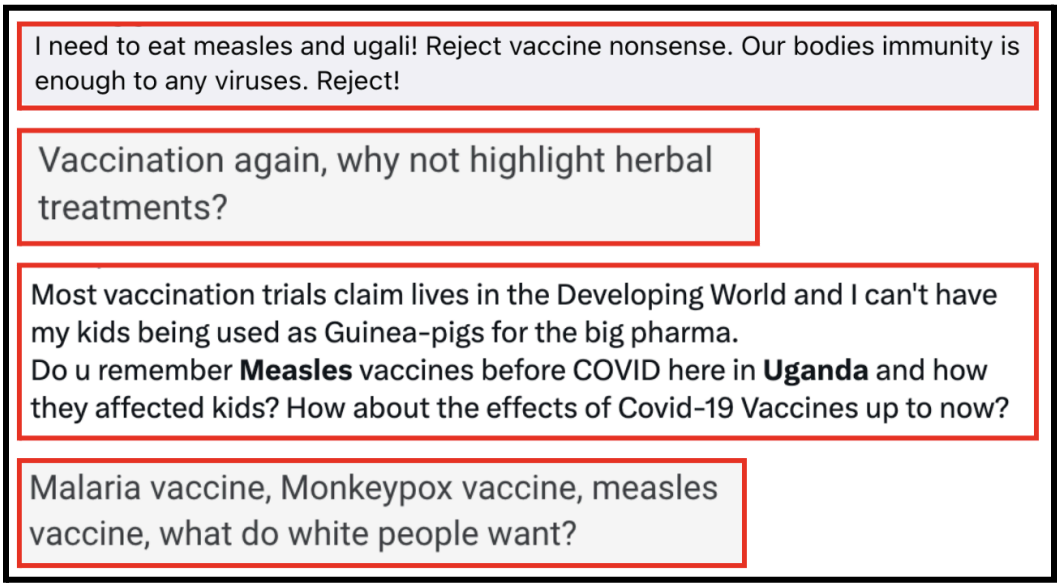
Keywords: ("Measles" OR "Outbreak") AND ("DRC" OR "Ethiopia" OR "Kenya" OR "Nigeria" OR "Uganda" OR "Niger") AND ("Vaccine" OR "Vaccination" OR "Health coordination" OR "Orphanages" OR "Refugee camps" OR "Humanitarian response")

- ☐ The Democratic Republic of the Congo (DRC), Ethiopia, Kenya, Nigeria, and Uganda are currently facing alarming measles outbreaks, marked by a significant increase in cases and deaths. These epidemics have raised serious concerns within local communities, particularly with the approaching rainy season—a period when the risk of disease spread intensifies. Populations fear a rapid deterioration of the situation, especially in orphanages, refugee camps, and remote regions where sanitary conditions are extremely poor. Residents are calling urgently for immediate and effective responses from local and national health authorities, including mass vaccination campaigns, improved access to healthcare, and stronger coordination among humanitarian and health actors on the ground.

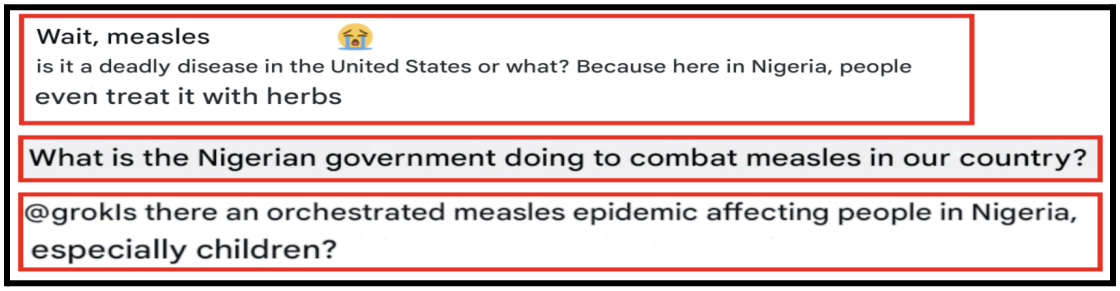
- ☐ In the DRC, comments illustrate a loss of confidence in the health authorities, marked by doubts about the effectiveness of vaccination campaigns and the credibility of official figures. The perception of an uncontrollable crisis fuels fear, anxiety and a strong expectation of concrete, credible answers. Here are a few comments :



- In Uganda, the comments reveal a mix of vaccine skepticism and misconceptions about natural immunity. These views appear to be shaped by persistent misinformation, fear, and limited trust in medical science. Below are some illustrative comments:

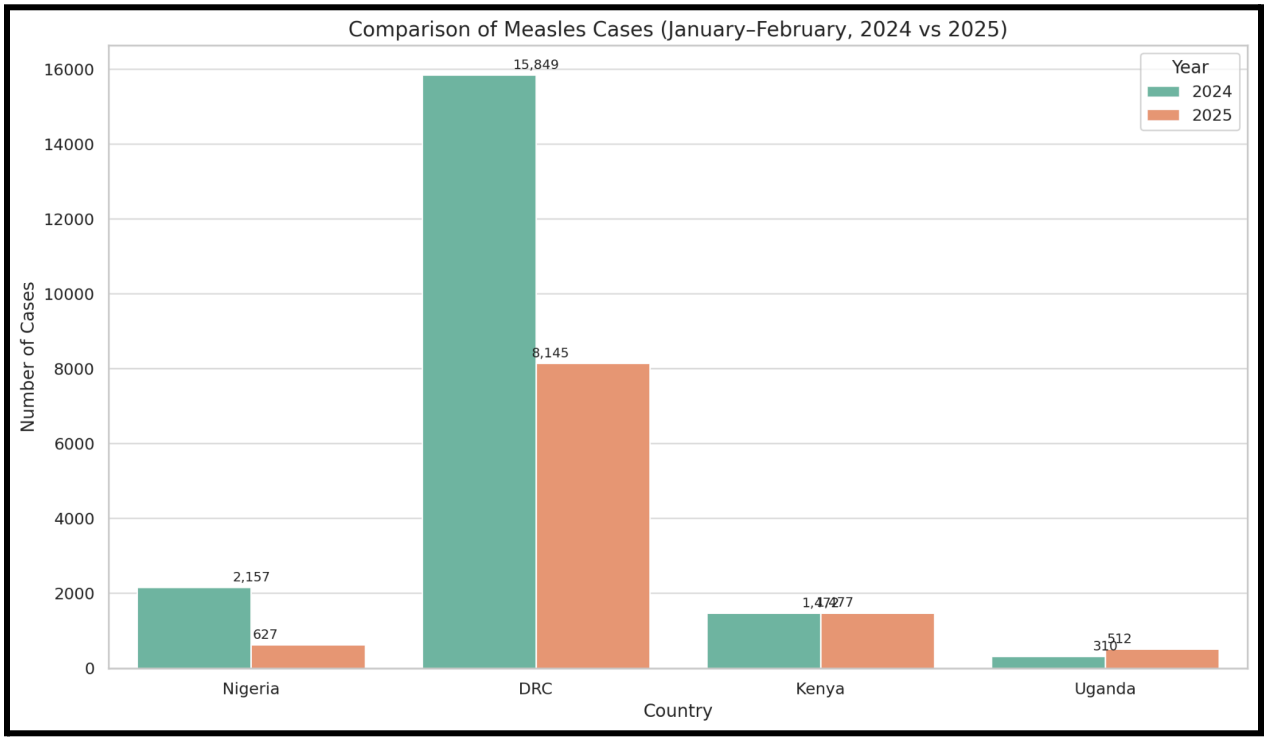


- In Nigeria, comments reflect a mixture of skepticism and confusion about the Nigerian government's response to the measles epidemic, as well as a trivialization of the disease in some speeches. While some are calling for greater transparency and action on the part of the authorities, others are relativizing the seriousness of measles by comparing it to minor ailments treated locally with traditional remedies. Here are a few reactions:



Why is it concerning?

- ☐ Measles is a highly contagious disease caused by a virus. It spreads easily when an infected person breathes, coughs or sneezes. It can cause severe disease, complications, and even death [link].
- ☐ Measles outbreaks can result in severe complications and deaths, especially among young, malnourished children.
- ☐ According to Unicef, Africa is the region with the highest number of unvaccinated or under-vaccinated children: 12.7 million children were under-vaccinated in 2021, including 8.7 million who had received no dose at all, also known as “zero-dose” children. Half of the 20 countries in the world with the highest number of zero-dose children are in Africa. Nigeria and Ethiopia are the two countries with the highest number of zero-dose children on the continent, with over 2.2 million and 1.1 million respectively. Two out of every five zero-dose children in Africa live in one of these two countries.



Source : WEEKLY BULLETIN ON OUTBREAKS AND OTHER EMERGENCIES février 2024
WEEKLY BULLETIN ON OUTBREAKS AND OTHER EMERGENCIES février 2025

- ☐ Each bar represents measles cases reported between January and March for the corresponding year. We observe a clear improvement in Nigeria, a significant but still concerning decrease in the DRC, a relatively stable trend in Kenya, and a notable increase in Uganda.

What can we do?

- ☐ According to The Big Catch-Up, a joint initiative of WHO, UNICEF and Gavi, there is an urgent need to close the vaccination gaps caused by the COVID-19 pandemic. The plan is structured around three axes: Catch-Up, which aims to identify and vaccinate children who have missed essential immunizations since 2019, targeting zero-dose children as a priority; Restore, which involves bringing immunization services back to pre-pandemic levels by strengthening health systems for equitable coverage; and Strengthen, which recommends integrating immunization into primary health care, consolidating the resilience of health systems and restoring public confidence in vaccines. This strategic framework underlines the need for urgent, coordinated mobilization to avert future epidemics.
- ☐ Strengthen catch-up vaccination campaigns, particularly in high-incidence areas, by ensuring effective logistics to reach remote regions.
- ☐ Expand these campaigns to other at-risk regions and enhance awareness activities in schools, markets, and churches.
- ☐ Establish a localized communication strategy, led by community actors and local media, to counter growing mistrust and restore public confidence in vaccines.
- ☐ Ensure transparency in the dissemination of epidemiological data and directly involve healthcare workers and community leaders to increase the effectiveness of the response and encourage vaccine uptake.
- ☐ Engage community radio stations and traditional leaders to reach remote populations and combat vaccine misinformation.
- ☐ Deploy mobile clinics in high-risk districts, supported by a communication campaign involving families, religious leaders, and youth.
- ☐ Counter anti-vaccine narratives on social media by mobilizing local influencers and producing content in national languages.
- ☐ Use VFA productions on measles to counter rumors
- ☐ Strengthen vaccine deployment with the support of NGOs working on the ground, while training community-based agents to ensure local monitoring and culturally appropriate outreach.
- ☐ Enhance coordination among local stakeholders, international agencies, and health structures for a faster and more effective response.

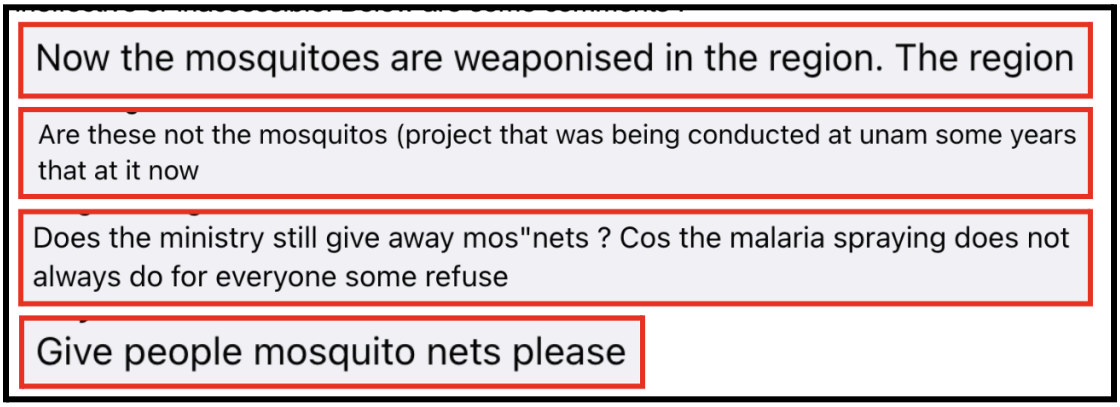
Uganda, Namibia

Malaria: antimalarial drug shortages in Namibia, scepticism about the vaccine in Uganda

Engagement: 18 posts, 142 comments, and 37 shares

Keywords: ("Malaria" OR "Antimalarial drugs") AND ("Namibia" OR "Hospitals") AND ("Vaccine scepticism" OR "Vaccination campaign") AND ("Uganda" OR "Measles-Rubella vaccine")

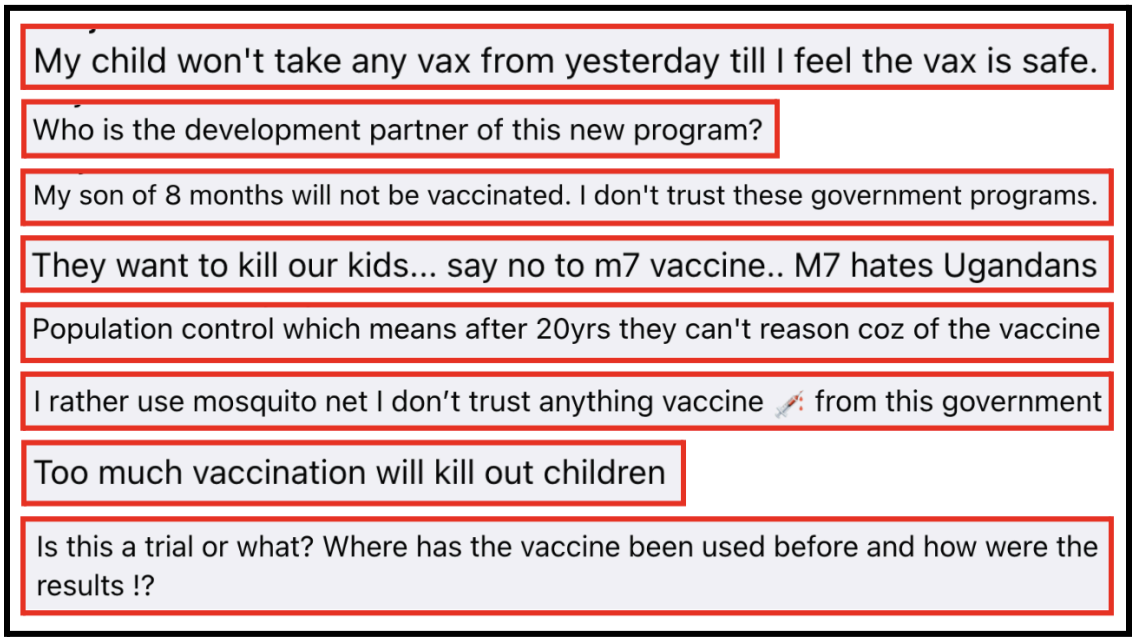
- ☐ Namibia is currently facing a significant malaria outbreak, particularly in the Zambezi region. Despite efforts to combat the spread, there have been reports of shortages of antimalarial drugs in healthcare facilities.
- ☐ This shortage has led to hospitals being under immense pressure, with some clinics turning patients away due to lack of medication. The situation is exacerbated by logistical challenges and coordination challenges between regional and central government structures.
- ☐ In Namibia, comments reflect growing concern about the shortage of anti-malarial drugs, as well as mistrust linked to conspiracy theories , such as the idea of “militarized” mosquitoes or past experimental projects. At the same time, many Internet users are calling for concrete, fair prevention measures, such as the free distribution of mosquito nets, seen as more reliable than spraying, which is sometimes deemed ineffective or inaccessible. Below are some comments :



- ☐ In Uganda, the largest vaccination campaign ever is underway, but there is still considerable scepticism about the efficacy of the new vaccine.

- [ ] This scepticism is fueled by various factors, including historical mistrust of vaccines, misinformation, and concerns about side effects. Efforts to address these doubts include engaging community leaders and influencers to promote

  vaccine acceptance and providing clear, transparent information about the vaccine's benefits and safety.
- [ ] In Uganda, comments reflect a strong distrust of the vaccination campaign, with concerns about vaccine safety, conspiracy theories (population control, deliberate poisoning), and questioning of the vaccination campaign. This climate of mistrust is reinforced by a lack of clear information on the project's partners and the history of the vaccine used, hindering community support for a campaign that is so essential to public health. Below are a few comments :



Why is it concerning?

- [ ] Namibia is facing a particularly concerning malaria outbreak. The regions of Kavango East, Kavango West, Ohangwena, Oshikoto, Oshana, Omusati, and Kunene are severely affected. Between November and December 2024, 2,210 malaria cases were recorded, including 265 severe cases and nine deaths. The shortage of antimalarial drugs has put hospitals under pressure, forcing some facilities to turn patients away [link][link].

- [ ] The antimalarial shortage is occurring during peak transmission season, as cases rise with the rains. Stockouts in hospitals pose an immediate danger to infected patients, particularly children, pregnant women, and rural populations. Online comments reflect growing distrust toward health authorities, fueled by

rumors of “modified” or “militarized” mosquitoes. This disinformation may lead the public away from real preventive measures and further fuel panic.

- ☐ Additionally, many voices are denouncing inequalities in access to protective measures, including poor distribution of insecticide-treated nets and the perceived inefficiency of spraying campaigns. Without accessible alternatives, underserved populations are particularly vulnerable. If malaria is not treated quickly, the risk of severe complications or death increases, and a prolonged shortage could lead to a silent but severe health crisis [link][link].

- ☐ In Uganda, malaria remains a major public health issue. In 2023, the country recorded 12.6 million malaria cases and nearly 16,000 deaths, mostly affecting children under five and pregnant women. The end of USAID funding has worsened the situation, making malaria control increasingly difficult [link].

What can we do?

- ☐ To rebuild trust, a clear and responsive communication strategy must be implemented to counter rumors — especially those mentioning “modified mosquitoes” — which fuel fear and confusion. Existing VFA (Viral Facts Africa) productions on this topic can be used to support these efforts.
  Concrete efforts (e.g., delivery of medicines, distribution of mosquito nets) should be made visible through local reporting or field videos. This could strengthen transparency and the credibility of the response.

- ☐ In Uganda, it is essential to train community health workers, teachers, and religious leaders to speak about the malaria vaccine in a simple and convincing way. Their closeness to the population is key to addressing concerns and encouraging participation.

- ☐ Communication should also focus on the logistics of the vaccination campaigns (locations, dates, target groups), the institutions involved (Ministry of Health, WHO, UNICEF, GAVI), and the monitoring procedures. This enhances transparency and reduces suspicion of manipulation.

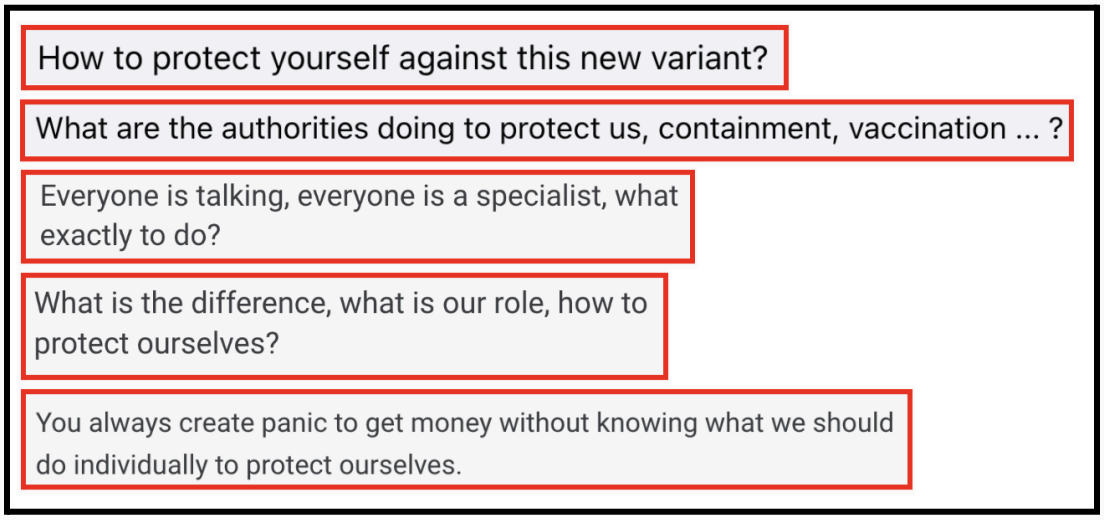
- ☐ Once the initial phases are underway, testimonies from mothers, nurses, or vaccinated children should be shared to reassure those still hesitant. Stories of trust are often more effective than technical messages.

- ☐ Organizing community forums or public exchange sessions in the most affected areas will also allow people to voice their concerns, receive direct responses, and ensure messages are adapted accordingly.

Persistent trends

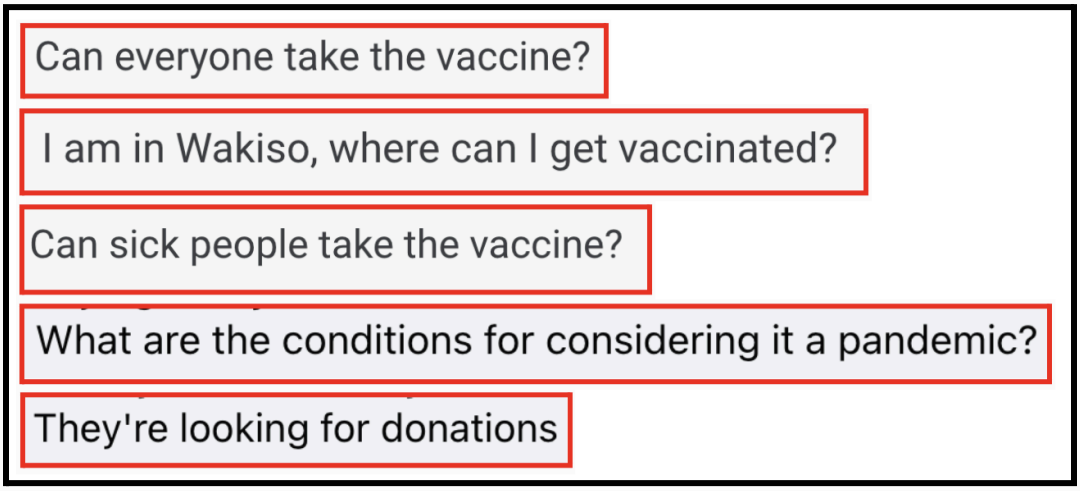
Mpox: a new strain in South Africa raises concerns while Uganda remains on alert

- ☐ Health authorities have observed the emergence of a novel strain of mpox in South Africa, heightening concerns about its transmissibility. Meanwhile, in Uganda, vigilance remains high as control and prevention measures are strengthened in the face of an uncertain situation.
- ☐ South African health authorities have recently detected a new strain of Mpox [link]. This strain exhibits characteristics that call for increased vigilance, particularly in terms of its transmissibility and the management of initial cases. The early indications of this alert involve localized clusters in certain regions, prompting experts to reassess the preventive measures currently in place [lien].
- ☐ These comments indicate an urgent demand for simple, concrete information. Internet users want to know exactly what they should do, what the differences between the variants are, and what their role is as citizens. Below are some comments:



- ☐ In Uganda, the Ministry of Health has maintained a high alert level to closely monitor the possible emergence of cases linked to this new strain [link]. Enhanced screening and public awareness measures have been put in place. This approach aims to prevent broader transmission and to enable a rapid response in the event of a rise in cases.

- [ ] Online comments in Uganda reveal a strong demand for clear and localized information about the mpox vaccine. Internet users want to know who is eligible for vaccination, particularly whether sick individuals can receive it, and where vaccinations are available—such as in the Wakiso district. Others question the criteria used to define a pandemic, reflecting a need to understand the actual level of risk. Finally, some express distrust toward the authorities, suspecting that the calls to action are primarily aimed at securing funding. Below are some comments:



Why is it concerning?

- [ ] In Uganda, the epidemiological situation of mpox is concerning. As of March 14, 2025, the country had recorded 4,342 confirmed cases and 31 deaths. Health authorities, with support from the WHO, have intensified surveillance and prevention measures to contain the spread of the virus. Awareness campaigns and training for healthcare workers are ongoing to improve case detection and management.

- [ ] In South Africa, a new strain of mpox—known as clade 1B—has been identified, raising concerns about its transmissibility and virulence [link]. The country has reported 24 confirmed cases and 3 deaths. Health authorities have strengthened surveillance and prevention measures to limit the spread of this new strain.

- [ ] The specific properties of this new strain—such as its transmissibility, virulence, and response to existing vaccines—have not yet been clearly established. This uncertainty makes it difficult to quickly adapt prevention and treatment strategies.

- ☐ In a region where cross-border movement is frequent, the circulation of a potentially more transmissible variant could facilitate rapid transnational spread.

- ☐ The spread of misinformation and public mistrust toward health authorities further complicates community engagement and may hinder adherence to preventive measures.

What can we do?

- ☐ In Uganda, health authorities must continue to closely monitor mpox cases and promptly report any new infections to enable a rapid response. Awareness campaigns should be intensified to inform the public about preventive measures, such as hand hygiene and avoiding close contact with infected individuals. Healthcare workers need to be trained to effectively detect and manage mpox cases.

- ☐ VFA productions could be used to debunk rumors and misinformation [link].

- ☐ In South Africa, authorities should strengthen case surveillance and quickly isolate infected individuals to limit the spread of the new strain. Targeted vaccination campaigns should be organized, ensuring that vulnerable populations have facilitated access to existing vaccines and treatments. Coordination with international partners can help accelerate the availability of necessary resources.

- ☐ Clear, reliable, and regularly updated information should be provided to the public on protective measures, symptoms, and response protocols. This includes the dissemination of messages across various channels (traditional media, social networks, trusted spokespersons) to counter misinformation.

- ☐ Information-sharing between countries and regional coordination of responses should be encouraged to contain cross-border spread. Additionally, research on the characteristics of the new strain should be supported to better understand its transmissibility, virulence, and impact on vaccine efficacy, thereby enabling a timely adjustment of clinical and public health protocols.

Key resources

Mpox

Resources for social listening analysts

- [ ] WHO, Public health taxonomy for social listening on mpox conversations

Resources for journalists & fact checking

- [ ] Internews, reporting on mpox, a guide for journalists
- [ ] WHO, comprehensive list of mpox webinar series
- [ ] AFP Fact check, WHO mpox emergency declaration does not advise lockdowns
- [ ] DW, Fact check: No link between mpox and COVID vaccination
- [ ] DW, Fact check: Four fakes about mpox

Resources/Content for social media

- [ ] Viral Facts Africa, mpox social media kit with engaging explainers and debunks
- [ ] WHO, LIVE: Q&A on #mpox. Join us and #AskWHO your questions!
- [ ] WHO, Episode #124 - mpox: what you need to know

Technical update

- [ ] WHO, Strategic framework for enhancing prevention and control of mpox
- [ ] WHO, Mpox in the Democratic Republic of Congo
- [ ] Africa CDC, Mpox situation in Africa
- [ ] WHO, Multi-country outbreak of mpox, External situation report#44 - 23 December 2024

Public health guidance/RCCE

- [ ] Child engagement in the context of disease outbreaks in Eastern and Southern Africa
- [ ] Animation videos on Cholera, Coronavirus and Ebola here
- [ ] WHO, the Global Mpox Dashboard
- [ ] WHO, Risk communication and community engagement (RCCE) for monkeypox outbreaks: interim guidance, 24 June 2022.
- [ ] WHO, Public health advice for sex workers on mpox
- [ ] WHO, Considerations for border health and points of entry for mpox: interim guidance
- [ ] WHO, Community protection for the mpox response: a comprehensive set of actions
- [ ] SSHAP, Mpox question bank: Qualitative questions for community-level data collection

Mpox vaccines

- [ ] WHO, Mpox Q&A, vaccines
- [ ] WHO, Mpox immunization

Malaria

- [ ] WHO,Vaccins contre la malaria (RTS,S et R21)
- [ ] WHO Annual malaria report spotlights the growing threat of climate change
- [ ] WHO, Annual world malaria report 2023
- [ ] WHO initiative to stop the spread of Anopheles stephensi in Africa
- [ ] VFA, Malaria social media toolkit
- [ ] WHO malaria fact sheet
- [ ] Malaria threat map
- [ ] Malaria Social & Behavior Change Communication National Strategies
- [ ] WHO Q&A: Malaria vaccines (RTS,S et R21): https://www.who.int/news-room/questions-and-answers/item/q-a-on-rts-s-malaria-vaccine
- [ ] Infographic : Malaria vaccines (RTS,S and R21), English version attached: https://www.who.int/multi-media/details/malaria-vaccines(rts-s-as01-and-r21-matrix-m)-infographic--april-2024
- [ ] Status of vaccine roll-out: Malaria vaccine introduction dashboard – Uganda will be added on the day of the launch

Measles

- [ ] Resources for Social Listening Analysts CDC: Measles Resources - Communication and public health resources on measles and the MMR (measles, mumps, rubella) vaccine.
- [ ] Resources for Journalists & Fact Checking American Medical Association: Measles Resources - Information on the latest health alerts, transmission, symptoms, diagnosis, and prevention strategies.
- [ ] CDC: Measles (Rubeola) - Case definitions, outbreak response procedures, and information on the MMR vaccine.
- [ ] Resources/Content for Social Media CDC: Measles Resources - Graphics and resources for use on social media or websites.

Methodology

The social media listening process relies on a combination of social media analyses conducted for French, English and Lusophone-speaking countries. Engagements, otherwise known as interactions, **refer to the number of likes, comments, reactions and re-shares on a post**.

This is not a perfect measure of engagement:

- Some may have seen the post and chosen not to interact with it;
- Commenting on or re-sharing a post may constitute a more meaningful form of engagement than simply reacting to it;
- We are not systematically distinguishing between the types of responses that each engagement generates (e.g. while a post may contain misinformation, people may be countering/debunking it in the comments).

We seek to mitigate these limitations by:

- Scanning comments and monitoring reactions to qualitatively evaluate responses to each post;
- Assessing the velocity of a post (i.e. how fast is it obtaining reactions, likes, and shares) and the re-emergence of specific themes;
- Identifying whether the post is shared across a variety of platforms and sources (broad engagement), or simply soliciting a high level of attention within a given community/platform (siloed engagement).

The monitoring reports are produced using NewsWhip Analytics, Google Trends. As a result, data may be biased towards data emerging from formal news outlets/ official social media pages, and does not incorporate content circulating on closed platforms or groups (e.g. private Facebook groups). We also rely on infodemic managers based in Nigeria, Democratic Republic of Congo and Kenya to provide insights into relevant national infodemic trends or offline content, as well as country-level reports. As we produce more content, we seek to triangulate and corroborate information across these groups to strengthen our infodemic response.