

Africa Infodemic Response Alliance

A WHO-HOSTED NETWORK



AIRA Infodemic Trends Report

16-23 April 2025

Weekly brief #158

Top concerns

[In Mali, confusion persists between dengue fever and malaria, while in Mauritius, concern is mounting over the rising number of dengue cases](#)

In Mali, the similarity of dengue and malaria symptoms and the lack of precise information sow confusion, while in Mauritius, an alarming surge in cases is sparking acute concern among residents.

[Measles in Zimbabwe, the DRC, and Zambia: families are alarmed by shortages, while in Niger confidence in the vaccine is faltering](#)

Fifty-eight cases have already been reported in Zambia, more than 400 infections and 43 deaths in the DRC, and 38 cases in Zimbabwe; everywhere, parents fear contagion and shortages, while in Niger rumors about vaccine safety are jeopardizing the protection of five million children.

Reference Guide

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Public Health Infodemic Trends in the African Region

This weekly report provides key highlights and operational recommendations based on social listening data from 16-23 April 2025 in Africa.

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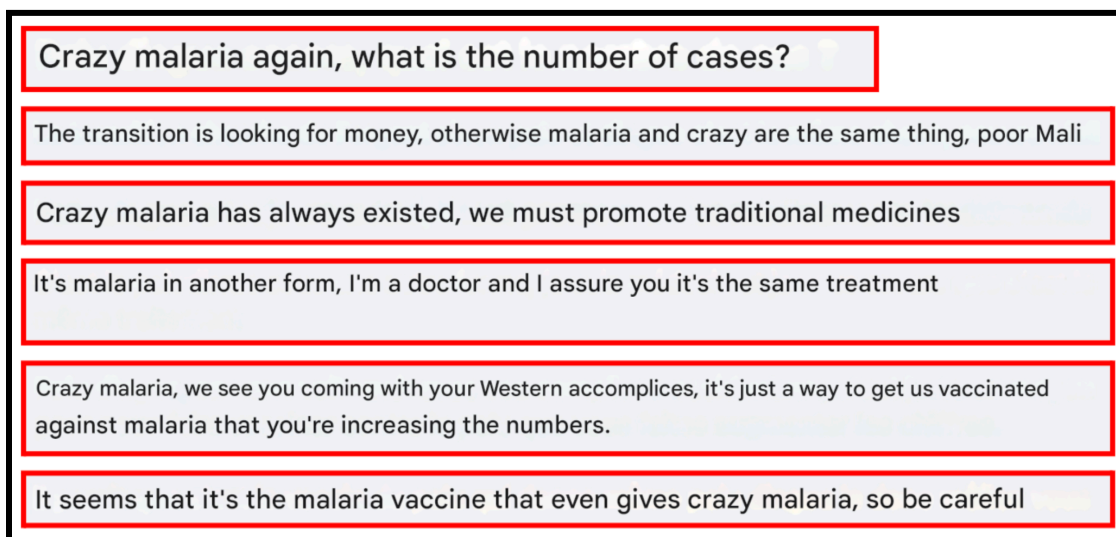
Mali, Mauritius

In Mali, confusion persists between dengue fever and malaria, while in Mauritius concern is mounting over the rising number of dengue cases

Engagement : **21 posts** | **797 comments** | **232 shares**

keywords: ("Dengue" OR "Fever") AND ("Mali" OR "Mauritius") AND ("Malaria" OR "Confusion" OR "Outbreak")

- ☐ In Mali, on 16 April 2025, the Council of Ministers acknowledged a “significant increase” in confirmed dengue cases, and the Transitional President urged the population to “strictly” follow prevention measures. On social media—especially Facebook—numerous posts reveal ongoing confusion between dengue and malaria. This confusion is often accompanied by inappropriate advice, notably the promotion of traditional remedies instead of seeking care at health facilities. Here are some comments translated into English via Google translate :



- ☐ In Mauritius, on 14 April 2025, the authorities confirmed 20 locally acquired dengue cases in Plaine-Magnien, along with 62 chikungunya cases detected in the same area. This announcement revives memories of an already severe 2024, during which the WHO recorded more than 7,000 cases and 15 deaths across the archipelago. On social media, residents are demanding action. Yet by systematically linking dengue and chikungunya in their headlines, the media are perpetuating confusion about the distinct symptoms of each arboviral disease,

making it harder for people to adopt the right preventive behaviours—such as seeking care promptly when fever appears and selectively destroying mosquito-breeding sites around their homes. Here are some comments translated into English via Google translate :

I think the Ministry of Health should begin a spraying campaign in major cities, especially large gutters.
The Ministry of Sanitation and the Ministry of Health should consider spraying the surrounding areas (ditches, garbage dumps, etc.)
I think the government should proceed with the mass distribution of mosquito nets.
Before, it was only Chikungunya, and now it's Dengue Fever too. I think they should ban tourism to protect us

Why is it concerning?

- ☐ Mali has recorded a significant rise in confirmed dengue cases, with 336 confirmations out of 2,406 suspected cases. This rapid increase is worrisome—especially in major southern cities such as Bamako and Sikasso [\[link\]](#). With World Malaria Day approaching on 25 April—[when Mali will also introduce the new malaria vaccine into its routine immunisation schedule](#)—health authorities have a timely opportunity to remind the public that not every fever is malaria, clarify the differences between malaria and dengue, and counter the confusion circulating online and offline.
- ☐ Many Malians confuse dengue with malaria, hindering both prevention and treatment. This confusion is amplified by social-media posts that equate the two diseases and promote traditional remedies instead of seeking medical care.
- ☐ Mistrust of the authorities—fueled by suspicions that figures are being manipulated to attract funding or to justify a future vaccine—delays care-seeking and the adoption of preventive measures.
- ☐ Mauritius has registered more than 6,400 dengue cases since December 2023 [\[link\]](#). The situation remains critical, with several hard-hit regions, notably Pamplemousses, Port-Louis, and Rivière-du-Rempart.
- ☐ Media outlets often pair dengue with chikungunya, blurring the distinct symptoms and preventive measures for each disease. This confusion can lead to poor case management and continued transmission.

- ☐ Residents are calling for visible, large-scale actions—such as systematic fumigation and widespread mosquito-net distribution—yet community cooperation remains essential to containing the outbreak.

What can we do?

Country / domain	Priority action or message	Recommended channel / format	Examples / ready-to-use resources
Mali – General-public communication	<p>Short message differentiating symptoms of malaria and dengue.</p> <p>Ex:</p> <p>“Not every fever is malaria: ask for a dengue test!”</p>	<p>ORTM 2 radio spots (3 × day, 2 weeks)(ORTM, a public network French and Bambara, covers the entire territory and remains the reference for health alerts.)</p> <p>WhatsApp infographics (Bambara/French, 2 visuals / week)</p>	<p>Viral Facts Africa dengue</p> <p>social-media kit (videos & carousels)</p>
Mali – Weekly bulletin	<p>“New dengue figures published every Tuesday”</p>	<p>One-page PDF (cases / deaths / regions) emailed to the press</p> <p>Twitter thread #DengueMali (infographic)</p>	<p>Weekly PHEOC bulletin template</p>

Mali – Diagnostic strengthening	Ship 15 000 SD-Bioline tests; train CSComs for “Fever: think dengue first” triage	Cascade training (20-min video + A4 factsheet)	WHO guide Dengue: Diagnosis, Treatment, Prevention (2009)
Mali – Community vector control	“Clean-drain operation”: remove tyres, cans, standing water	Community clean-up days filmed & posted on Facebook	WHO Global Vector Control Response 2017-2030 – operational annexes
Mauritius – Behaviour-change communication	“Fogging is happening in every neighbourhood” + 48-h schedule notice	Cell-broadcast SMS D-2/D-0 Facebook Live for each ULV operation	“Before/after” ULV videos (Abidjan 2023 case study)
Mauritius – Differentiate dengue vs. chikungunya	15-s TikTok reel: “Learn to tell the two diseases apart”	3 reels / week, Creole humour	Viral Facts Africa dengue social-media kit (videos & carousels)
Mauritius – Hospital capacity	Reserve 20 “severe dengue” beds + buffer stock (IV fluids, platelets)	Wall-mounted clinical checklist (A3 poster) WhatsApp brief for doctors / nurses	WHO Handbook for Clinical Management of Dengue

Mauritius – Household prevention	“One bucket of water = 100 mosquitoes; empty it every Saturday!”	Posters in markets / schools Bin stickers	WHO sheet “Eliminate mosquito breeding sites” (GVCR annex)
Cross-cutting – Rumour monitoring	#Dengue Mali / #DengueMauritius dashboard; graphic debunk within 6 h	1080 × 1080 Canva card on Facebook & WhatsApp	“Debunk card” template
Cross-cutting – Epidemiological surveillance	Activate weekly IDSR “A-08 Dengue” reporting + SMS feedback	ODK form; Telegram channel “IDSR Dengue”	IDSR Guidelines, 3rd edition, WHO-AFRO 2021

Zimbabwe, DRC, Zambia, Niger

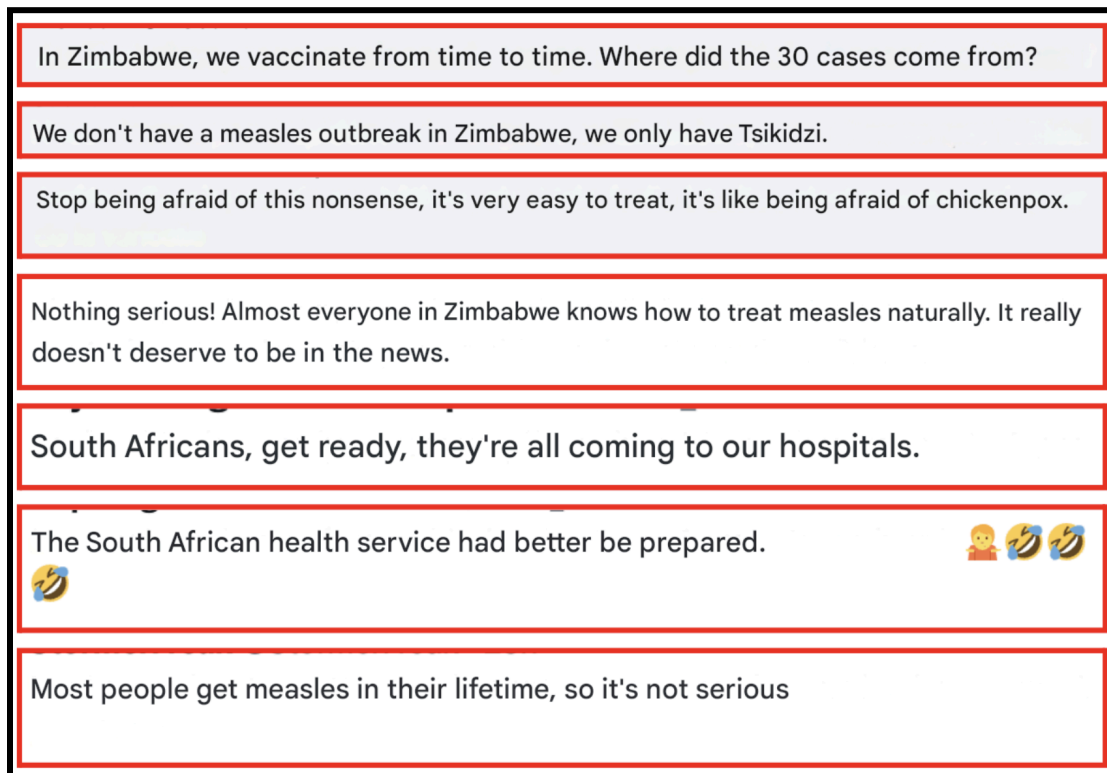
Measles in Zimbabwe, the DRC, and Zambia: families are alarmed by shortages, while in Niger confidence in the vaccine is faltering

Engagement: 37 articles 2,560 social posts 4,100 interactions

keywords: (“Measles” OR “Rougeole”) AND (Zimbabwe OR Zambia OR “DRC” OR Niger) AND (Vaccine OR “Stockout” OR “Hesitancy”)

- ☐ Zimbabwe: the Ministry of Health has confirmed 38 suspected cases spread across eight provinces (no deaths) and 93 cumulative cases since January [[link](#)]. On X and Facebook, families are calling for the return of catch-up clinics in rural areas, while questioning “the real effectiveness of the vaccine after the deadly 2022 outbreak.” Several comments downplay the situation, claim it can be cured

“naturally,” or joke about a future exodus of patients to South Africa. Here are a few reactions:



- ☐ DRC (South Kivu): deadly surge and distrust of “Big Pharma” in the Kalole health zone (Shabunda Territory), more than 400 cases and 43 deaths have been reported since January, for a case-fatality rate close to 11 percent [\[link\]](#). Online users call the country a “land of epidemics,” denounce serum shortages, suspect “a vaccine made to enrich Big Pharma,” and demand information on the catch-up schedule. Here are some comments translated into English via Google translate :

The Land of Epidemics

Every time you bother us by saying you're giving measles vaccines, but the results are almost imperceptible. "Big Pharma in their financial works, obviously."

When will vaccination begin?

Hello WHO, please, is the measles vaccine also for 10-year-olds?

What measures has the government taken to fight the epidemic?

But why wait for the vaccine at 9 months, and not in the first 3 months?

- ☐ Zambia: [WHO-AFRO's weekly bulletin](#) (week 15) records 2,445 cumulative measles cases (9 deaths) and notes that the 2025 wave began with 58 confirmed cases already spanning all ten provinces. On Facebook, parents are demanding an urgent school-based campaign, seeking clarity on how contagious the disease is, and speculating about "imported measles." A few reactions follow:

That's really serious—people need to act fast. Vaccination and quick response are the only way to protect lives, especially children. Let's not wait until it's too late.

And the government is very quiet about this.

People coming from the US, I suppose, are not being screened for measles, that's when the outbreak started.

Dangerous disease. What causes the same disease? And how is it transmitted? And we want to know the signs and symptoms. The government should act fast.

Too bad, why is it spreading at a quick speed? The quickest solution must be found

- ☐ Niger: [The preventive campaign](#) scheduled for 18–24 April 2025 targets 5,080,338 children aged 9 months to 5 years and is anchored to African Vaccination Week. Online users want to know where the vaccines come from and whether they have been locally tested, doubt their effectiveness, and

demand complete information before considering vaccinating their children.
Here are a few of their comments:

Where do vaccines come from? The population must have all the information to accept vaccination.
Are vaccines effective? If so, why vaccinate every year?
Have our specialists tested these vaccines? The enemy can appear anywhere.
I don't trust these vaccines that must be given every year, and my children will not be vaccinated with poison

Why is it concerning?

Point of concern	Explanation & key figures	Checkable sources
Fragile herd-immunity threshold	Measles is among the most contagious viruses ($R_0 \approx 12-18$). Interrupting transmission requires $\geq 95\%$ of children to receive two doses, yet global coverage for the first dose reached only 83 % in 2023—well below the target.	WHO – Immunization coverage factsheet (updated 2023)
Massive vaccination delays	In Niger, if rumours deter even 10 % of targeted parents ($\approx 508\,000$ children), herd-immunity goals will be missed, leaving “zero-dose” pockets that sustain viral circulation.	Official campaign announcement for 5 080 338 children (WHO Niger tweet, 18 Apr 2025)
Non-negligible fatality	In South Kivu’s Kalole health zone, > 400 cases and 43 deaths since January yield a case-fatality rate of $\approx 11\%$. Late treatment and lack of vitamin A show how incomplete vaccination immediately costs lives.	ACP, 14 Apr 2025: “400 cases, 43 deaths in Kalole”

Pressure on vaccine stocks	Emergency campaigns in the DRC and Zambia have already depleted regional reserves; any additional flare-up (Niger, Zimbabwe) could exhaust the TAMF/UNICEF stockpile before June deliveries, creating a logistical bottleneck.	WHO-AFRO OEW 15 & MOSRP bulletins (needs projected at 3 M doses)
Cross-border spread	Zambia now has confirmed cases in all ten provinces and shares six land borders. Unprotected clusters in Zimbabwe could re-export the virus to neighbours, erasing local gains.	WHO-AFRO OEW 15 : 2 445 cumulative cases, Zambia
Rising online disinformation	Facebook screenshots show rumours of “toxic injections” and vaccines being pushed “for profit,” eroding public trust.	Provided screenshots (questions on origin and efficacy)

What can we do?

Country & dominant concern	Priority communication actions	Channels / formats (recommended frequency – <i>par exemple</i>)
Zimbabwe – post-2022 outbreak scepticism	<ul style="list-style-type: none"> • Relaunch mobile catch-up clinics and publish the schedule. • Share content explaining the 2-dose schedule and the duration of immunity. 	<i>Par ex.</i> TikTok / Instagram reels ($\approx 2 \times$ semaine) ; Facebook Live mensuel « Measles FAQ ».

DRC (South Kivu) – shortages, “Big Pharma” suspicion	<ul style="list-style-type: none"> • Publicly announce incoming serum shipments and mobile-clinic dates. • Post weekly updates on doses administered and doses remaining. 	<i>Par ex.</i> Radio Okapi spots ($\approx 5 \times \text{jour}$) ; affiches A3 sur les marchés et le long des couloirs fluviaux.
Zambia – nationwide spread, call for school catch-up	<ul style="list-style-type: none"> • Draft a school-by-school micro-plan to identify pupils without doses. • Send SMS alerts for the weekly “catch-up” days. 	<i>Par ex.</i> A3 posters in every school ; SMS group/bulk la veille de chaque session.
Niger – “chip/poison” rumours around 5-million-child campaign	<ul style="list-style-type: none"> • Distribute audio & visual FAQs (Hausa / Zarma) on vaccine safety. • Host TikTok Live sessions with paediatricians and vaccinated mothers. 	<i>Par ex.</i> Partage dans ~ 200 groupes WhatsApp ; mini-drame radio de 3 min diffusé avant le JT du soir.
Rumour monitoring – all four countries	<ul style="list-style-type: none"> • Maintain hashtag dashboards (#MeaslesDRC / ZM / ZW / Niger). • Post a visual debunk within $< 6 \text{ h}$ for any spike > 20 posts. 	<i>Par ex.</i> Cartes visuelles 1080×1080 publiées sur Facebook, X et WhatsApp.

Persistent trends

Mpox in Malawi: first cases raise questions about transmission

Communities are calling for clear explanations of how the virus spreads, easy-to-reach treatment centres, and transparent communication.

- On 17 April 2025, the [Ministry of Health confirmed two mpox cases](#) in Lilongwe: the first detected on 20 March at Bwaila Hospital, the second on 9 April; both samples tested positive on 16 April [link]. On social media, Malawians are pressing for plain-language details on mpox transmission and symptoms, panicking over the lack of official information, mistakenly classifying it as just an STI, and demanding dedicated care centres plus public updates on contact tracing. Below are a few of their comments:

How is it spread? What are the signs and how can this type of disease be prevented?

The public shouldn't know what? I'm panicking here

Just avoid having multiple sex partners and avoid kisses as well

In short, COPD is an STI

- Comments show that many Malawians frame mpox as a strictly sexually transmitted infection; yet the virus also spreads through prolonged skin-to-skin contact, contaminated laundry or dishes and, less frequently, respiratory droplets ([World Health Organization](#)). This misconception delays recognition of household cases—children and older adults included—and allows “invisible” chains of community transmission to form.
- The [WHO](#) reports that the documented case-fatality rate ranges from 0.1 % to 10 %, depending on access to care and immune status (HIV co-infection, malnutrition). In Malawi, where 11 % of adults live with HIV, the disease could take a more severe course in immunocompromised people if spread is not swiftly contained.

- ☐ Online calls for separate “mpox clinics” reveal a fear of being labelled with an STI. Such avoidance of mainstream facilities—seen in other countries—extends the contagious period before diagnosis and fosters household clusters.
- ☐ Lilongwe is a major road hub to Zambia, Mozambique and Tanzania. Without effective contact-tracing (with contacts published daily), the disease could cross borders before Malawi strengthens its surveillance system, complicating the response across southern Africa.
- ☐ Half of the exchanges monitored still reduce the disease to an sexually transmitted infection(STI). Yet mpox can also spread through prolonged skin-to-skin contact, contaminated laundry, and—more rarely—respiratory droplets ([youtube.com](https://www.youtube.com)). A 60-second mini-video (in Chichewa and English) that explains these routes—based on the Viral Facts Africa script “How does mpox spread?”—should be posted three times a day for one week on MBC-TV, TikTok, and WhatsApp.
- ☐ Organising more frequent briefings between experts and journalists would be useful—for example, the “media dialogues” that Internews used to run (healthjournalism.internews.org).

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

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.

Dengue

- ☐ WHO, [Malaria vaccines \(RTS,S and R21\)](#)
- ☐ 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](#)

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 (siloeed 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.