Africa Infodemic Response Alliance

A WHO-HOSTED NETWORK



AIRA Infodemic Trends Report

21-28 March 2025

Weekly brief #155

Top concerns

<u>Cholera in South Sudan: the population</u> <u>calls for urgent intervention</u>

Facing the worst cholera outbreak in two decades, South Sudanese are decrying the lack of concrete action and expressing concern over a looming worsening of the crisis during the rainy season.

Mpox spread fuels concern and distrust in Sierra Leone, Zambia, Uganda, and South <u>Africa</u>

In Sierra Leone, Zambia, Uganda, and South Africa, the mpox response faces growing mistrust, fueled by concerns about vaccine safety, transparency of case numbers, and the intentions of the authorities.

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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 21-28 March 2025 in Africa. For more information, please contact: Salif Diarra <u>diarrasa@who.int</u> Cholera in South Sudan: the population calls for urgent intervention Engagement : 25 posts, 290 comments, and 65 shares

Keywords: ("Cholera" OR "Outbreak") AND ("South Sudan" OR "Pibor") AND ("Hygiene" OR "Vaccine" OR "Urgent intervention" OR "Rainy season" OR "Humanitarian crisis")

- South Sudan is facing its worst cholera outbreak in twenty years [link], severely affecting several regions, especially the Pibor area. The Greater Pibor
 Administrative Area in South Sudan is currently facing a severe cholera outbreak. The outbreak has resulted in <u>155 deaths out of 888 reported</u>
 <u>cases</u>. The current epidemic has sparked strong reactions among the population, who are openly expressing despair and concern on social media.
- The comments reflect deep worry about the lack of swift and concrete actions to contain the outbreak from both local and national health authorities. Citizens are raising alarms about dire sanitary conditions. The epidemic is particularly dire in the Greater Pibor Administrative Area and Jonglei State, where harsh conditions—such as lack of clean water, poor sanitation, and ongoing violence—are worsening the situation.
- The looming rainy season is heightening fears, as residents anticipate a sharp rise in cases and deaths due to the accelerated spread of cholera during this time.
- People are explicitly calling for an immediate and effective response, especially the urgent provision of vaccines and improvements in hygiene conditions. Many users are openly criticizing official statements as inadequate, demanding direct interventions rather than public declarations.
- Emotional tension is high, as illustrated by personal stories of human loss linked to the disease—prompting calls for urgent and tangible action to prevent an even greater humanitarian disaster. Here are a few comments:

It's so sad. Something urgently 😥. needs to be done.	
We don't need a report. We need concrete actions to save our people, the South '	Sudanese
we don't need a report. We need concrete actions to save our people, the South a	Sudanese.
This is a serious tragedy that requires concrete action and should not just be announced to	o the public.
On their watch! The only thing they are doing is announcing it to the public. Please take action	n to
save lives; don't come to radio stations to announce your weaknesses.	
It is too dangerous to provide medical aid because it has been a dangerous war zon	ne for years.
is South Sudan facing an epidemic or a pandemic? Why is it difficult to com	trol?
It is such a shame that our government cannot fight cholera. Thank God it is not Ebola, beca would all be waiting to die.	ause we
What are they doing to respond to this fundamental epidemic?	
Vaccines are needed to respond to the situation	
Vaccine please	
It is difficult to control the cholera epidemic in Pibor. Hygiene is poor. This is perhaps challenge.	the biggest
The government must act now to save lives.	o viena.
The situation will be worse during the rainy season; immediate attention is needed as soon	as possible.
Even COVID-19 hasn't killed this many people	

Comments in Arabic translated via Google Translate.

Why is it concerning?

- As of March 16, 2025, South Sudan has reported a cumulative total of 40,231 cholera cases with 694 deaths (a case fatality rate of 1.7%), spanning nine states and two administrative areas [Link]. UNICEF has recorded over 40,000 cases and nearly 700 deaths in just six months [Link].
- The outbreak has had a severe impact on children, with half of the reported cases involving children under the age of 15. <u>UNICEF has noted that one-third</u> of cholera-related deaths were among children under 14. The deadly nature of

cholera, compounded by inadequate treatment facilities, highlights the vulnerability of young populations in this crisis.

- □ Violent clashes and political instability, such as those in Upper Nile State, have further deepened the health crisis by displacing thousands of people and limiting access to medical care. The ongoing power struggle in South Sudan has led to the closure of vital health services, including cholera treatment units, due to safety threats [Link].
- □ South Sudan's situation is part of a broader regional cholera crisis, with Angola also reporting significant numbers of cases and deaths. The rapid spread of the disease in such environments calls for urgent international intervention to improve sanitation and deliver essential medical supplies [Link].
- □ Efforts to manage the crisis are hampered by budget constraints. Health authorities emphasize the urgent need for clean water, better sanitation systems, and expanded cholera treatment centers equipped with adequate medical supplies to address the severe dehydration seen in patients [Link].

What can we do?

- Despite significant efforts, including vaccination campaigns, more targeted interventions are needed to contain the outbreak. It is crucial to strengthen the health system's capacity, improve access to WASH services, and maintain robust surveillance to prevent escalation during the upcoming rainy season, according to the <u>WHO's Weekly Bulletin on Outbreaks and Other Emergencies</u>.
- Improve access to clean water and sanitation infrastructure: prioritize the rapid installation of safe water points and the systematic distribution of sanitation kits, especially in hard-to-reach areas and displaced communities such as Unity, Jonglei, and Northern Bahr el Ghazal.
- Accelerate oral cholera vaccination (OCV) campaigns: expand immunization efforts to reach vulnerable populations not yet covered—particularly in high-density refugee and internally displaced persons (IDP) areas—before the rainy season begins.
- Strengthen health surveillance and rapid response: deploy additional rapid response teams in the most affected regions to ensure early detection and effective management of suspected cases.
- □ Intensify community engagement and hygiene promotion: conduct regular and culturally appropriate hygiene campaigns, leveraging community and religious

leaders to promote the adoption of preventive behaviors in rural and remote communities.

- Improve medical supply logistics: ensure a continuous supply of essential medical equipment, such as cholera treatment kits and rapid diagnostic tests, especially in high-transmission states with limited healthcare infrastructure.
- Establish enhanced cross-border coordination: strengthen collaboration with neighboring countries like Ethiopia to monitor and effectively manage population movements that could worsen cross-border transmission.

Sierra Leone, Zambia, Uganda, South Africa

Mpox spread fuels concern and distrust in Sierra Leone, Zambia, Uganda, and South Africa

Engagement: 27 posts, 346 comments, and 72 shares

Keywords: ("Mpox" OR "monkeypox") AND ("Sierra Leone" OR "Zambia" OR "Uganda" OR "South Africa") AND ("vaccine" OR "funding" OR "propaganda" OR "disinformation")

- The mpox health situation is generating a growing concern across several African countries, accompanied by widespread skepticism toward official data and a distrust of local governments.
- In Sierra Leone, the national mpox vaccination campaign—launched on March 27, 2025, with 61,000 doses allocated to priority groups such as health workers and vulnerable populations—has raised questions about the vaccine's effectiveness. Despite Health Minister Austin Demby publicly receiving a dose to bolster trust, concerns persist over both the vaccine's efficacy and the criteria for selecting recipients. Online discussions reveal doubts about the vaccine's performance, a call for clearer information about vaccination sites, and questions regarding the inclusion of prisoners and prison staff in the priority groups. Here are some of the comments:

Brilliant. Could you please give us more information on the vaccine's effectiveness?
Where to get vaccinated?
When will you start the vaccination exercise?
How many doses will you administer?
Will prisoners in correctional centers and police stations, as well as their staff and regular visitors, be among the priority targets for early vaccination?

- □ In Zambia: the announcement of a first mpox-related death, involving an infant, has sparked significant concern and an urgent demand for clear answers. An eight-month-old baby died from mpox in Lusaka [Link], triggering alarming and questioning reactions on social media.
- □ The public is calling for clarity on the source of the infection and demanding a heightened state of alert.
- Online users are expressing deep concern over this first fatality, questioning how an infant could have contracted the disease, and suggesting that the current response from health authorities is inadequate. Below are some of the reactions from social media users:



 In Uganda: the credibility of official data on mpox cases and deaths is being strongly questioned by the public. Authorities have reported 4,810 confirmed cases and 37 deaths over the past eight months [Link][Link].

- □ However, these figures are being heavily disputed by citizens, who accuse the government of fabricating cases to attract international funding.
- Many social media users are denouncing what they see as political manipulation, directly accusing the authorities of corruption and suggesting that the official numbers are deliberately inflated.Below are some of the comments:



- In South Africa: the recent rise in mpox cases is being met with suspicion, as the public accuses authorities of potentially exploiting the crisis to secure international funding. A total of 31 mpox cases have been recorded since May 2024, including three recent ones in Ekurhuleni, Gauteng [Link].
- □ While the Ministry of Health is calling for vigilance, the population is expressing widespread mistrust, referring to the situation as "moneypox" and accusing the government of exaggerating the threat to attract financial aid.
- Comments reflect a tone of sarcasm and irony, with many mocking what they perceive as an opportunistic attempt by the government to financially benefit from the outbreak. Here are a few of those comments:



Why is it concerning?

- Between January 11 and March 19, 2025, Sierra Leone recorded a total of 108 confirmed mpox cases, including 2 deaths (a case fatality rate of 1.9%), across eight districts. The vast majority of cases were concentrated in the Western Area, with 79 cases in the Urban zone and 16 in the Rural zone—together accounting for 88% of the total. The remaining cases were reported in Bombali (3), Tonkolili (3), Port Loko (2), Moyamba (2), Bo (2), and Karene (1). [Link].
- □ In the past six weeks, Uganda has reported the highest number of confirmed Mpox cases globally, with up to 300 new cases per week [Link].
- Due to geographic proximity and frequent cross-border movement between the DRC, Zambia, and Uganda, there is a heightened risk of rapid virus spread if control measures are not strictly enforced.
- □ The outbreak in Uganda remains highly concentrated in the capital Kampala and its surrounding areas. The Clade 1b of the Mpox virus—linked to the outbreak in eastern DRC—has been identified in Uganda. Available data suggest that transmission is occurring exclusively through close physical contact between individuals [Link].
- □ Uganda's mpox outbreak is unfolding alongside other public health emergencies, including Sudan virus disease and cholera outbreaks, placing significant strain on the country's health resources [Link].

- □ In South Africa, the Minister of Health has reported evidence of local Mpox transmission in the Gauteng province [Link].
- Widespread mistrust and accusations of misinformation or manipulation of official data by the public health authorities threaten to seriously undermine both response and prevention efforts. This could lead to an uncontrolled surge in cases, especially in settings with low vaccine acceptance or limited access to adequate medical care.
- Cross-border transmission risk: the Ministry of Health in Eswatini has issued a public health alert following the recent increase in mpox cases in South Africa.
 Citizens have been urged to remain vigilant for symptoms of the disease, particularly when traveling to or from South Africa or surrounding areas.
- Given Eswatini's shared border with South Africa and the frequent movement of people between the two countries, the risk of cross-border spread of mpox is elevated [Link].

What can we do?

Restore confidence, restore public confidence through total transparency of epidemiological data, with the active involvement of credible, independent players such as the WHO and Africa CDC.

Implement concrete actions in the field, supported by authentic and credible communication, including patient testimonials and clarity on the use of funds received.

- Communicate on vaccine eligibility and efficacy, intensify local information campaigns through community media and local influencers, providing clear evidence of vaccine efficacy and detailed information on vaccination strategies implemented.
- Strengthen protocols and control measures, develop and adopt harmonized procedures for screening, isolation and contact tracing. WHO recommends creating standardized protocols for early case detection and emergency management. Reinforce controls at strategic points, increase the presence of health personnel at border crossings and implement health screening measures to rapidly identify and isolate symptomatic individuals.

Trend to watch

Doubts about malaria in DRC and disinformation about the vaccine safety in Mali

Engagement : 34 posts, 452 comments, 89 shares

Keywords: ("malaria" OR "malaria vaccine" OR "mysterious illness") AND ("DRC" OR "Mali") AND ("conspiracy" OR "vaccine" OR "safety" OR "West")



Malaria is currently generating significant attention on social media across Africa, with Nigeria leading the conversation. However, in Mali, online discussions mostly reflect growing concern over the imminent introduction of

the malaria vaccine, with fears about its safety and origin fueling conspiracy theories. In the Democratic Republic of Congo (DRC), despite a recent deadly outbreak in Équateur Province, online engagement on Facebook remains surprisingly low—possibly reflecting public distrust of official information, or a lack of media and digital coverage. This highlights the critical need to improve communication and community engagement in both countries to effectively address public concerns and increase support for health interventions. In the DRC, a confirmed malaria epidemic in Equateur province in early 2025, which resulted in 52 deaths out of nearly 1,000 cases [Link][Link], is being questioned by the public. Authorities initially described the situation as a "mysterious disease", fuelling conspiracy theories on social media. Conspiracy theories targeted Western countries, which some internet users suspected of seeking to eliminate the population in order to exploit natural resources. Here are some reactions:



- In Mali, the government received 927,800 doses of a malaria vaccine worth over 2 billion CFA francs, aimed at protecting approximately 600,000 children aged 5 to 36 months starting April 25, 2025 [Link].
- □ From an epidemiological standpoint, malaria remains a major threat in Mali, constituting the leading cause of morbidity and mortality among children under five. In 2022, malaria accounted for 43% of morbidity cases and 27% of deaths in the country [Link].
- □ Mali's vulnerability to disinformation is exacerbated by complex socio-economic and political factors. Distrust in institutions, limited communication infrastructure, and social polarization make the country particularly susceptible to disinformation campaigns. These campaigns, often fueled by pan-Africanist conspiracy actors, aim to cast doubt on the safety and effectiveness of health interventions, including vaccines [Link][Link][Link].
- <u>An article from The Telegraph</u> highlights foreign interference in Africa particularly through disinformation campaigns targeting new malaria vaccines. These efforts aim to undermine Western influence on the continent by
 spreading conspiracy theories and false information about vaccines. Such a

strategy could seriously compromise vaccination efforts and endanger thousands of lives across Africa, especially in Mali.

- One trend to watch is the rise of conspiracy theories often echoed by certain local media and influential figures [Link]. These narratives can erode public trust and slow down vaccination efforts. It is therefore crucial to strengthen communication strategies to counter disinformation and monitor potential sources of these theories, such as foreign interference, in order to protect public health.
- At the same time, numerous online comments express concerns about the vaccine's safety and origins. Many fear it hasn't been properly tested and suspect a malicious intent against the Malian population. It is essential to track the evolution of these conversations in Mali, as, based on our experience [Link][Link], disinformation networks tend to become active a few days before the vaccine rollout and remain so for up to a week afterward. Activists, influencers, and politicians opposed to the transition may also exploit the vaccine's introduction for political purposes. Here are some of those comments:



Why is it concerning?

In Mali, malaria poses a significant public health threat, with around 3.5 million cases and nearly 20,000 deaths annually, according to the <u>2024 WHO World</u> <u>Malaria Report</u>. The disease remains a leading cause of child mortality, especially in rural areas where access to healthcare is limited. Mali has been a prime target for disinformation campaigns, as reported in several of our past reports [link] and by research and investigative reports [link][link][link].

Disinformation campaigns, unaddressed questions and concerns can contribute to a growing public mistrust of health authorities, vaccines and science and potentially affect the malaria vaccine uptake.

□ The Democratic Republic of Congo, which accounts for 12.3% of global malaria cases and 11.6% of global malaria deaths [Link], is facing an epidemic that reveals major gaps in rapid diagnosis and health response. These shortcomings are compounded by logistical challenges, limited access to reliable information and the rise of conspiracy theories, which erode trust between communities and health authorities and risk slowing down interventions. In addition, the number of providers trained in malaria management, especially in rural areas, remains insufficient, leading to disruptions in the supply chain of antimalarial drugs [Link], hampering effective case management. To reinforce prevention, however, the DRC has integrated the R21/Matrix-M malaria vaccine into its routine immunization program as of October 2024 [Link].

What can we do?

- In the DRC, intensify awareness and information campaigns through community radio, social media, and local community meetings, actively involving traditional chiefs, religious leaders, and local health professionals to dispel rumors and provide reliable scientific information about malaria and its treatment.
- Strengthen local diagnostic capacity for rapid and accurate malaria detection by providing ongoing training for medical staff and ensuring the supply of rapid tests and antimalarial drugs in remote areas—while communicating transparently about these efforts to restore public trust.
- In Mali, establish a rigorous and transparent process for independent validation of the vaccine by credible national laboratories, along with the wide

dissemination of results to reinforce public confidence in the vaccine's safety and effectiveness.

- Mobilize health authorities, community organizations, and religious and traditional leaders to lead participatory health education campaigns that directly address public concerns about the vaccine's origin and potential side effects.
- Set up monitoring and rapid response mechanisms to manage any reported concerns or side effects, thereby strengthening public perception of the vaccine's safety.

Key resources

<u>Mpox</u>

Resources for social listening analysts

□ <u>WHO</u>, Public health taxonomy for social listening on mpox conversations

Resources for journalists & fact checking

- □ <u>Internews</u>, reporting on mpox, a guide for journalists
- □ <u>WHO</u>, 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

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

Technical update

- □ <u>WHO</u>, Strategic framework for enhancing prevention and control of mpox
- □ <u>WHO</u>, 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

- □ <u>WHO</u>, the Global Mpox Dashboard
- □ <u>WHO</u>, Risk communication and community engagement (RCCE) for monkeypox outbreaks: interim guidance, 24 June 2022.
- □ <u>WHO</u>, Public health advice for sex workers on mpox
- UHO, 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

<u>Malaria</u>

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

<u>Cholera</u>

- □ WHO, <u>cholera outbreaks</u>, Q&A
- □ VFA, <u>cholera social media toolkit</u>
- Global Task Force on Cholera Control, <u>clarifying rumours and community</u> <u>concerns.</u>
- SSHAP, <u>key considerations: socio behavioural insight for community- centred</u> <u>cholera preparedness and response in Mozambique, 2023</u>
- SSHAP, <u>social</u>, <u>behavioural</u> and <u>community</u> <u>dynamics</u> <u>related</u> to the <u>cholera</u> <u>outbreak in Malawi</u>, 2022

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.