

# Africa Infodemic Response Alliance

A WHO-HOSTED NETWORK



**AIRA Infodemic Trends Report**

**01-09 May 2025**

**Weekly brief #160**

## Top concerns

[Anthrax: human cases in the DRC and Uganda, Ethiopia and animal cases in Nigeria reignite questions about transmission and preventive measures](#)

The spread of anthrax cases ignites fears of contamination through meat consumption and debates over a total ban on meat consumption.

[Polio in Nigeria: public announcements of a punitive approach against parents opposed to vaccination in Bauchi sparks a heated debate](#)

Reports of local authorities in Bauchi threatening to detain parents refusing the polio vaccination have ignited a heated debate over the most efficient way to increase vaccine coverage.

## 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 01-09 May 2025 in Africa. For more information, please contact: Salif Diarra [diarrasa@who.int](mailto:diarrasa@who.int)

## DRC, Uganda, Nigeria, Ethiopia

### Anthrax: human cases in the DRC and Uganda, Ethiopia and animal cases in Nigeria reignite questions about transmission and preventive measures

Engagement : **11 posts, 342 comments, and 17 shares**

Keywords: ("Anthrax") AND ("DRC" OR "Democratic Republic of the Congo" OR "Uganda" OR "Nigeria" OR "Ethiopia") AND ("Transmission" OR "Meat contamination" OR "Livestock loss" OR "Clandestine slaughter" OR "Outbreak" OR "Early warning" OR "Public mistrust" OR "Information demand")

- ☐ Since mid-April 2025, the North Kivu Province (DRC) has reported an anthrax outbreak in four health zones near Lake Edward on the Ugandan border. At least thirteen human cases (initially cutaneous, then gastrointestinal) and one death have been confirmed, linked to the clandestine slaughter of sick livestock; more than 50 hippos and buffalo have also died in Virunga National Park [\[Link\]](#) [\[Link\]](#) [\[Link\]](#).
- ☐ In the DRC, online users express the fear of losing their livestock without compensation, deep mistrust of official explanations ("anthrax" or "political poisoning"), and an urgent call for clear information. Below are some of their reactions:

We're told to burn the carcasses... but who will reimburse the farmer who loses his last cow?

Radio Okapi talks about anthrax, at the market they talk about political poison... who's telling the truth?

We just want to eat without dying. 🙄🍖. Give cash compensation, we'll gladly throw away the sick cow, otherwise hunger always wins.

Can someone explain simply: is the white powder they put on the cows' skin a treatment or a poison? We don't know who to believe anymore!

Comments in French translated into English via Google translation

- ☐ In Uganda, the Kabale and Kyotera districts have reported seven cutaneous cases following the consumption of a bovine carcass at a funeral vigil. Similar situations were documented in 39 Ugandan outbreaks between 2017 and 2024 (1,165 cases, 3 % case-fatality rate) [\[Link\]](#). Local radio stations report heated debates: “should we only avoid meat from animals found dead, or suspend all meat consumption during the alert?” [\[Link\]](#).
- ☐ Online users in Kabale and Kyotera vacillate between conflicting health messages, fear of economic ruin (butchers, tourism), and demand urgent livestock vaccination to dispel the “anthrax zone” label. Here are some of their comments:

Govt keeps saying ‘boil your beef’, but radio vet warns spores survive heat. Which is it, guys?

I’m a butcher; if they ban beef for a month, who pays my rent?

Please vaccinate cattle fast before tourists start cancelling trips to Lake Bunyonyi

Tour guides worried already — one blogger call Kabale ‘anthrax zone’. Bad 4 biz 😞 plz act fast

- ☐ In Nigeria, the Ministry of Livestock Development issued a [national vigilance](#) advisory in late April after an outbreak was confirmed on a ranch in Zamfara, near informal cattle slaughter units [\[link\]](#). Although no human cases have been reported there yet, the press ([Vanguard](#), [Nairametrics](#)) recalls the Suleja episode in early 2025, when a livestock worker developed severe pulmonary anthrax [\[Link\]](#).
- ☐ Online users in Nigeria are demanding systematic testing of cattle before slaughter, calling for proof to dispel the rumor of a vaccine that “makes cows lose weight,” and urging authorities to act swiftly to prevent a spike in meat prices in Lagos. Here are some of their comments:

Another anthrax alert for Zamfara... hope dem no repeat that Suleja wahala

Make dem test cow for abattoir before dem slaughter am, no be after people don chop

Rumour say vaccine dey make cow slim; abeg NCDC, show us evidence

If anthrax reach Lagos markets, beef go cost like gold—we need action now, not press release

- ☐ In the Suri district (Omo West zone) in southwestern Ethiopia, an anthrax outbreak declared on 17 April has already claimed seven lives and led to the loss of fifteen head of cattle in Koka Kebele , a high–livestock-density area, according to local authorities[[Link](#)].The head of the onal area, Belete Girma, notes that the response is currently funded from local resources, but that regional support may become necessary if the situation worsens; he recalls that in March, a mysterious die-off had already decimated more than 230 animals in the neighboring Uba Debretsehay area, underscoring the growing vulnerability of the regional herd [[Link](#)].
- ☐ In Ethiopia, many reactions emphasize that the local tradition of consuming raw meat (“kircha”) complicates anthrax control. Commentators are calling on veterinarians and community leaders to intensify One Health awareness campaigns to discourage the consumption of sick animals and prevent further deaths[[link](#)]. Below are some examples:

It is not easy to control this because our country considers eating "kircha" and raw meat as the tradition from the rest of the world, and it is not easy to teach (aware) such people. A lot expected from community leaders and veterinarians in charge.

Sad to hear this, particularly the death of people. They might have consumed meat/ (kircha) of the sick animals. A lot is expected from the veterinary professionals in this regard; creating awareness to the public not to consume the meat from the sick animals.

It is very sad news, people should be awareded about zoonose as the situation is increasing day to day because livelihood of human is extremly changing Practice is necessarily applied in one health approach to alleivate this kind of challenges from human.

## Why is it concerning?

- ☐ The death of dozens of hippos Virunga National Park, North Kivu Province, DRC shows that the bacillus sporulates in the environment and can contaminate pastureland, then livestock, and finally humans [\[Link\]](#). The spores survive several minutes of boiling; boiling meat at home is therefore not a guarantee of safety, despite official guidance relayed by some authorities [\[Link\]](#).
- ☐ In North Kivu and Ethiopia, the custom of consuming raw or undercooked meat (“kircha”) or clandestinely slaughtering a sick animal sustains transmission; in Uganda, shared meals at a funeral triggered seven new cases.
- ☐ Ugandan butchers and Congolese herders fear losing their only source of income if meat is banned without compensation; tour guides in Kabale worry the region will be labelled an “anthrax zone” and that visits to Lake Bunyonyi will be cancelled.
- ☐ In Nigeria, online users demand systematic testing of cattle before slaughter, doubt the vaccine’s efficacy (accusing it of “making cows lose weight”), and fear a spike in meat prices in Lagos.
- ☐ In Omo West, the response relies on the district’s meager resources; the pastoral officer admits that regional support will be necessary if the outbreak spreads.
- ☐ Animal vaccination against anthrax is irregular; in some districts, fewer than 10% of cattle receive the annual dose due to lack of budget, insecurity, or cold-chain failures. Yet 80% herd coverage is required to break soil-to-livestock transmission [\[Link\]](#).

## What can we do?

- ☐ According to the Continental Anthrax control plan, ring Vaccination, veterinary teams should be deployed within a 10 km radius around each confirmed outbreak. Every vaccinated animal must be clearly tagged to ensure accurate coverage monitoring. (Source : *Continental Anthrax Control Plan – UA-IBAR / FAO (2023)*  
[https://www.au-ibar.org/storage/agenda/Anthrax\\_Control\\_Plan\\_Africa\\_2023.pdf](https://www.au-ibar.org/storage/agenda/Anthrax_Control_Plan_Africa_2023.pdf))

- ☐ The Nigeria CDC recommendations on slaughterhouse & market inspection: veterinary inspection visits at slaughterhouses and livestock markets must be doubled. Inspectors will seize and safely destroy any suspicious carcasses, and washing stations supplied with hypochlorite should be installed at all sites.  
 Source : Nigeria NCDC – Safe Abattoir Directive (2024)  
[\(<https://ncdc.gov.ng/diseases/factsheet/95>\)](https://ncdc.gov.ng/diseases/factsheet/95)
- ☐ Tailored Communication, local-language radio spots should explain that domestic boiling does not inactivate anthrax spores. In Kabale, an “Ask the Vet” programme will address community questions and counter misinformation.  
 Source : WHO/FAO/OIE – Anthrax in Humans & Animals (4<sup>e</sup> éd.), Chapitre 3 § 3.1.2 (<https://www.who.int/publications/i/item/9789241547536>)
- ☐ Strengthen cross-border One Health surveillance, including community-based surveillance and social listening to detect signals, map hotspots and inform response strategies.
- ☐ Reinforce efforts to improve knowledge of first line responders using a One Health approach. ,  
 Source : CDC Yellow Book 2024 – Anthrax section  
[\(<https://wwwnc.cdc.gov/travel/yellowbook/2024/infections-diseases/anthrax>\)](https://wwwnc.cdc.gov/travel/yellowbook/2024/infections-diseases/anthrax)
- ☐ Monitoring & Evaluation, publish a weekly online dashboard reporting human cases and the number of animals vaccinated, and integrate these data streams into FAO’s EMPRES-i+ alert system for real-time situational awareness.  
 Source : FAO – EMPRES-i+ platform (<https://empres-i.apps.fao.org/>)

## Polio in Nigeria: public announcements of a punitive approach against parents opposed to vaccination in Bauchi sparks a heated debate

**Engagement: 11 posts, 242 comments, and 54 shares**

Keywords: ("Polio") AND ("Nigeria" OR "Bauchi") AND ("Vaccination refusal" OR "Parental detention" OR "Public health policy" OR "Family freedoms" OR "Mandatory vaccination")

- ☐ In Nigeria, the announcement by Bauchi State's Commissioner for Health that "any parent who refuses the polio vaccine will be arrested", has set both the press and social media ablaze. According to Dr Rilwanu Mohammed, Executive Chairman of the Bauchi State Primary Health-care Development Agency, the mop-up campaign aims to vaccinate "every household, willingly or by force," covering 2.5 million children under five across the state's 20 Local Government Areas (LGAs)." The following day, the [New Telegraph](#) confirmed that Bauchi "will work hand-in-hand with security forces to arrest any recalcitrant parent."
- ☐ Public-health advocates remind us that Nigeria still battles outbreaks of circulating vaccine-derived poliovirus type 2 (cVDPV2): twenty-one African countries reported such epidemics in 2024 and Nigeria remains one of the region's principal reservoirs [\[Link\]](#). In late February 2025, a delegation from the Global Polio Eradication Initiative urged Abuja to "fill zero-dose gaps before the rainy season" [\[Link\]](#).
- ☐ Comments reveal strong hostility toward the threat of arrest: online users fear a slide toward other coercive health measures, recall the failure of similar tactics in 2003, call for dialogue or incentives instead of police action, and even suspect a "hidden agenda" behind the vaccination campaign. Below are some of their comments:



Arresting parents is too harsh—what comes next, jail for anyone who questions other vaccines?

We tried force in 2003 and it back-fired. Why repeat the same mistake?

Give parents clear facts and maybe a small reward; don't send police to our homes

If the vaccine is really safe, why threaten us? This looks like a hidden agenda

Work with local leaders and talk to us first—coercion only creates more doubt.

### Why is it concerning?

- ☐ Since 2024, Nigeria has continued to account for the largest share worldwide of circulating vaccine-derived poliovirus type 2 (cVDPV2); the [World Health Organization](#) reports that over one-third of the 265 African cases in 2024 occurred in the country.
- ☐ Coercive campaigns carried out in northern Nigeria in the early 2000s had generated false rumors of sterilization and caused vaccination coverage to plummet [\[link\]](#); those same fears are already resurfacing on WhatsApp and in comments on articles such as [AIT LIVE](#) and the [New Telegraph](#).
- ☐ Nigerian NGOs (Network for Health Equity & Justice, Women Advocates for Vaccine Access, Community Health Research Initiative, and the Bauchi Civil-Society Health Coalition) denounce a “punitive approach” and remind us that international public-health instruments favor persuasion and incentives [\[link\]](#). Arresting parents would contravene the International Health Regulations’ principles on community engagement [\[link\]](#).
- ☐ The literature shows that police pressure can drive refusals underground, families hide children or present forged vaccination cards, making it harder to map “zero-dose” pockets [\[link\]](#).
- ☐ This is exactly what online comments are already emphasizing: “menace no dey work, give dialogue or small incentive.”

## What can we do?

- ☐ As shown by past experiences, the punitive discourse for vaccine-hesitant parents is not an effective approach and can backfire. Understanding the underlying causes of mistrust and vaccine hesitancy in the zero-dose communities could be a more effective strategy to design targeted interventions. [The WHO/PAHO guide Human-Centred Design for Tailoring Immunization Programmes](#) provides a step-by-step methodology.
- ☐ Replicate successful community engagement and infodemic management strategies, for example, during the the 2003 crisis: pro-vaccine sermons in mosques, filmed imams and emirs administering the drops, and “naming ceremonies” that include the polio vaccines . Documented examples in Kano appear in TIME ([“How Imams... Wiping Out Polio.” 2018](#)).
- ☐ Involve health professionals and professional association to improve health literacy about polio and the polio vaccines, listen to their suggestions to improve vaccine uptake, which can include the “reward” approach and incentives to increase demand and address economic barriers.
- ☐ Update micro-plans on a household-by-household basis before each round, incorporating the new zero-dose databases ([EOC sitrep week 14/2025](#)).

## Persistent trends

### Mpox: growing fear of contagion in Freetown, Sierra Leone, and persistent beliefs that mpox is caused by witchcraft in South Kivu, DRC

Since January, Sierra Leone has recorded over 1,100 cases and 9 deaths, while in South Kivu, beliefs that mpox is the manifestation of a “demonic virus” deter people from going to health facilities.

- In early January 2025, Sierra Leone confirmed its first two mpox cases, and in the following weeks, weekly reports exceeded 200 infections, concentrated in the capital, Freetown [\[Link\]](#) [\[Link\]](#). Local and international media highlight the anxiety of a population still scarred by the Ebola epidemic: rumors of an “imported virus,” videos announcing the imminent closure of markets, and fear of forced isolation [\[Link\]](#) [\[Link\]](#).

Authorities have opened four treatment centers and launched a vaccination campaign targeting health workers after receiving 61,000 doses from the WHO [\[Link\]](#), but distrust is hampering testing: some patients leave the city for their villages to avoid quarantine, making contact tracing more difficult [\[Link\]](#).

- The public doubts the official figures, criticizes inconsistent measures (large gatherings still allowed), laments the slow pace of vaccinations, fears quarantine to the point of hiding symptoms, and already worries about overwhelming the treatment centers. Below are some of their comments:

Dem numbers don jump again? 200+ new cases, e look like Ebola part 2. Gov, give we di true stats!

Why dem still allow big football match when cases dey rise? Mixed signals, boss

Vaccine land since April but na just 2 k people get am. Who dey hoard di doses? 🙄

Mi aunty hide her rash cuz she fraid quarantine. Na so virus go travel—make una talk sense to dem

Radio man say quarantine center full already. If more cases land, where dem go put people?

- ☐ In the DRC, the mpox outbreak (clade Ib) that has been raging since 2024 in South Kivu is flourishing in a very different context. According to reports from the 151 call center and from community relays compiled in the WHO CREC weekly report (28 April–2 May 2025), many callers describe the illness as a “disease sent by spirits” or liken the skin eruptions to witchcraft, which hinders participation in testing and vaccination.
- ☐ These perceptions are corroborated by Médecins Sans Frontières, which observes on the ground that “mystical beliefs complicate acceptance of public-health measures” [\[Link\]](#), and by a Gavi’s report in which MSF emphasizes that fear is “amplified by the idea of a virus linked to witchcraft,” causing some patients to hide their lesions or first consult traditional healers [\[Link\]](#).

### Why is it concerning?

- ☐ In Sierra Leone, mpox is rapidly spreading bringing the total to over 1,100 infections and 9 deaths since January 2025 [\[Link\]](#) [\[Link\]](#). The capital has only four treatment centres; the main facility (34 Military Hospital) is already operating at full capacity, according to a [Gavi’s report](#).
- ☐ Vaccine hesitancy and logistical challenges are hampering vaccination efforts: 61,300 vaccine doses were delivered in early April but only [2,500 people](#) have been vaccinated so far and most of them are health workers.
- ☐ In the DRC, the clade Ib outbreak in South Kivu is reportedly driven by the belief that mpox is “sent by spirits”; MSF observes that these convictions “[hinder adherence to public-health measures](#).” Gavi reports that a significant number of infected people hide their lesions, consult traditional healers first, and burn bedding deemed “cursed,” and sometimes refuse to go to health facilities and treatment centers. .
- ☐ South Kivu shares porous borders with Rwanda and Burundi, so unreported cases can cross before being detected (WHO, DON 22 August 2024) [\[Link\]](#).
- ☐ The WHO maintains mpox as a Public Health Emergency of International Concern; its reports note a 4 % mortality rate on the continent and recall that clade Ib (observed in South Kivu) causes more severe disease in young children and pregnant women ([Reuters](#)).

## What can we do?

- ☐ Accelerate vaccination, adopt a public ring-vaccination plan and publish a weekly bulletin on doses used, stock left and target neighbourhoods to kill the “diverted vaccine” rumour.

Reference: [\*WHO Mpox Outbreak Toolbox – vaccination guidance \(Nov 2024\).\*](#)

- ☐ Boost community surveillance, train volunteer teams (many are former Ebola survivors) for house-to-house checks; a similar scheme cut diagnosis time by two days in 2022.

Reference: [\*Africa CDC Risk-Communication & Community-Engagement Toolkit \(2024\).\*](#)

- ☐ Use culturally tailored messages, in South Kivu, co-create Swahili radio spots with pastors and village chiefs, plus survivor testimonies, to explain mpox’s viral cause and reassure listeners about treatment centres.

Reference: [\*AIRA Infodemic Trends Report, 21-28 Mar 2025 – community-engagement resources.\*](#)

- ☐ Deploy mobile clinics , set up tent clinics with EPI kits in rural zones hosting families displaced from Freetown and South Kivu, following WHO’s low-resource mpox-care protocol.

Reference: [\*WHO clinical-management and IPC guidance page \(updated 2024\).\*](#)

- ☐ Activate cross-border alerts, launch a “Mpox Great Lakes” WhatsApp channel so health teams in DRC, Rwanda and Burundi share any suspected case within 24 hours.

Reference: [\*Africa CDC Cross-border Surveillance Strategic Framework \(Oct 2024\).\*](#)

## Key resources

### **Mpox**

#### **Resources for social listening analysts**

- ☐ [AIRA](#) Weekly Infodemic Trends Report
- ☐ [DRC](#) Weekly Infodemic Trends Report
- ☐ [WHO](#), Public health taxonomy for social listening on mpox conversations

#### **Resources for journalists & fact checkers**

- ☐ [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
- ☐ [WHO](#), the Global mpox Dashboard
- ☐ [WHO](#), Risk communication and community engagement (RCCE) for mpox 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

### **Anthrax**

- ☐ [WHO](#) Anthrax FAQ

### **Resources for Social Listening Analysts**

- ☐ [IFRC](#): The International Federation of Red Cross and Red Crescent Societies offers a toolkit for responding to epidemics, including anthrax. This toolkit includes case definitions, risk communication strategies, and prevention measures.

### **Resources for Journalists and Fact-Checking**

- ☐ [FAO](#) resources
- ☐ [CDC](#): The Centers for Disease Control and Prevention offers a comprehensive guide to anthrax, covering infection types, symptoms, and prevention methods.

### **Resources/Content for Social Media**

- ☐ [NY Health](#): The bioterrorism website offers information on the anthrax vaccine and communication resources to raise public awareness.

### **Polio**

- ☐ [WHO](#): Polio fact sheet
- ☐ [Global Polio Eradication Initiative](#) (GPEI): Official website & data dashboard
- ☐ [CDC](#): Poliomyelitis (Polio) – U.S. clinical and surveillance guidance
- ☐ [UNICEF](#): Polio immunization campaigns & advocacy materials
- ☐ [Africa CDC](#): Polio vaccination toolkit & outbreak response SOPs
- ☐ [Viral Fact Africa](#) (VFA): Polio social media toolkit
- ☐ Polio videos produced by [WHO Kenya](#)

## 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 (siloe 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.