

Africa Infodemic Response Alliance

A WHO-HOSTED NETWORK



AIRA Infodemic Trends Report

18-23 May 2025

Weekly brief #162

Your opinion matters: To improve the quality, relevance and impact of AIRA's Infodemic Trends Report, we invite you to share your feedback through this short (5-minute) survey : [Survey to improve the infodemic trends report](#)
We would appreciate your feedback before May 30th, 2025.

Top concerns

[Mpox: New cases in Togo and Ghana spark questions and concerns, while Sierra Leone battles with online rumors](#)

New outbreaks in Togo and Ghana are prompting questions about the precise routes of transmission and the effectiveness of the surveillance system. In Sierra Leone the priority is dismantling online rumors about false cures and modes of Mpox transmission.

[Kenya: BCG and polio vaccine shortages leave parents in limbo](#)

Concern is growing on social networks, with virulent criticism of payment delays and urgent calls to guarantee the protection of newborn babies.

[Diphtheria in Nigeria: announcement of mandatory vaccination reignites debate over individual freedoms](#)

Facing a resurgence of diphtheria cases, Nigeria is imposing compulsory vaccination, sparking contrasting reactions between public health imperatives and the defence of individual liberties.

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 18-23 May 2025 in Africa. For more information, please contact: Salif Diarra diarrasa@who.int

Togo, Ghana, Sierra Leone

Mpox: New cases in Togo and Ghana spark questions and concerns, while Sierra Leone battles with online rumors

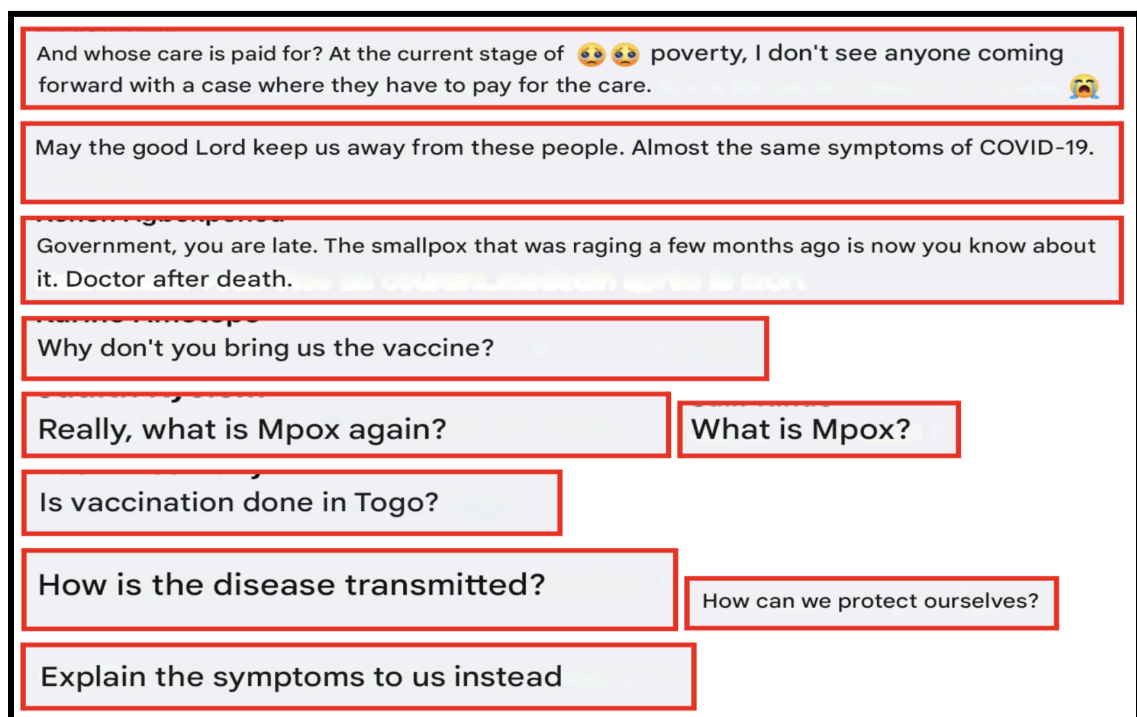
Engagement : 94 posts, 1,286 comments, 417 shares

Keywords: ("Mpox" OR "Monkeypox") AND ("Togo" OR "Ghana" OR "Sierra Leone") AND ("transmission" OR "contagion" OR "online rumor" OR "rumor" OR "fact-check" OR "surveillance" OR "health measures")

- ☐ In Togo, health authorities confirmed the country's first-ever case of mpox on 17 May 2025: a 22-year-old woman hospitalized in Lomé. Two additional infections, linked to the same cluster, were subsequently detected, although no recent travel or contact with animals could initially be traced. This apparent absence of a clear trigger raised concerns about the possible existence of undetected community transmission. [\[link\]](#).

However, as noted by Professor Yap Boum during the Africa CDC's weekly press briefing, one of the three confirmed cases in Togo had recently traveled to neighboring Benin — a country that has not, to date, reported any confirmed cases [\[link\]](#).

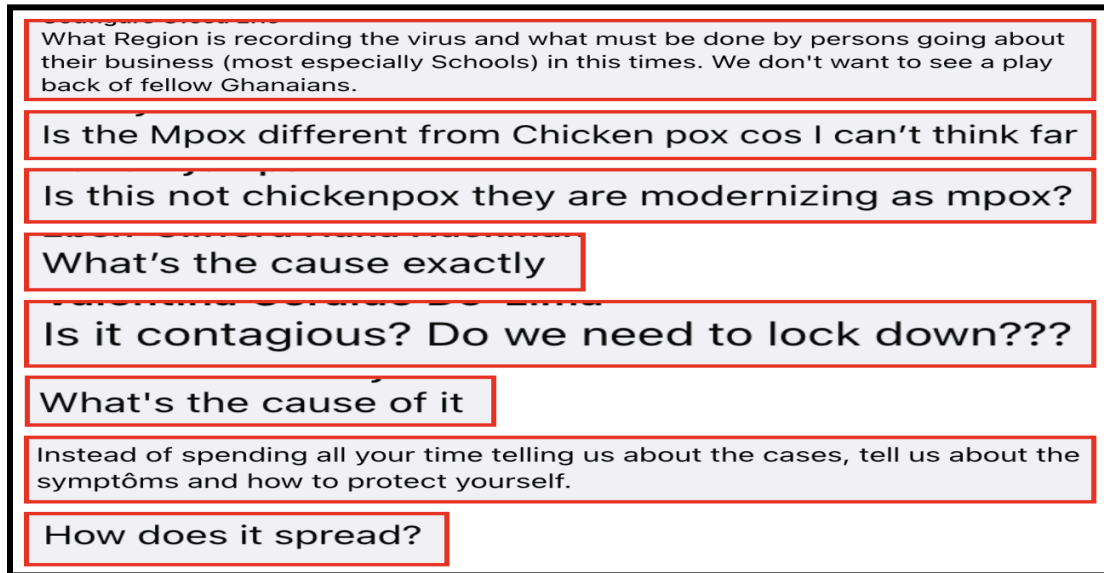
- ❑ Public comments reflect widespread anxiety: with little clear information available, people worry about treatment costs, compare mpox to COVID-19, criticize the slow response by the authorities, and above all, demand clear information on the disease, its modes of transmission, protective measures, and the vaccine available. Here are a few comments in French translated via google translation:



Comments in French translated via google translation

- ❑ In Ghana, the [Ghana Health Service reported on May 18th a cumulative nine cases](#), including four newly confirmed in the Greater Accra Metropolitan Area and along the western coast. [Several patients say they have neither left the country nor had contact with wild animals](#), reigniting questions about possible undetected human-to-human transmission chains. Epidemiologists fear the illness may be spreading under the radar and call for testing to be widened beyond symptomatic cases alone [\[link\]](#) [\[link\]](#).
- ❑ Ghanaian comments reveal above all a strong demand for practical information: people want to know where the cases are emerging, whether mpox differs from

chickenpox, how it spreads, which symptoms to watch for, and what measures to adopt, especially in schools, rather than hearing only case numbers. Here are a few examples of comments:



- ☐ In Sierra Leone, the Ministry of Health is actively combating misinformation following the viral spread of a rumor claiming that an energy drink called “Pegapak” could cure mpox and that the virus would only be transmitted through sexual contact. This claim, which appears to be linked to commercial interests aimed at promoting the drink, constitutes deliberate misinformation. In response, a digital watchdog reports misleading content to platforms, while “verification brigades” disseminate short videos, infographics and FAQs via WhatsApp and community radio. Community health workers scour neighborhoods to deconstruct these myths face-to-face, with the active support of religious and traditional leaders, to restore trust and encourage testing [\[link\]](#).

Why is it concerning?

- ☐ Silent spread and unknown transmission chains: in Togo, the index case's lack of travel history or animal contact, followed by two secondary infections within the same family, may suggest that one or more invisible links of human-to-human transmission are already circulating. In Ghana, several patients report having neither left their neighbourhoods nor encountered wildlife, which may be pointing to urban “clusters” that remain off the radar. In both countries, the small number of confirmed cases may therefore mask broader, undetected circulation, especially because most consultations occur only after skin lesions appear.

- ☐ Limited surveillance and laboratory capacity: only a few sites can confirm mpox by PCR; samples often must be shipped long distances, lengthening turnaround times and delaying contact-tracing and undermining outbreak containment efforts.
- ☐ Public comments show confusion between mpox with chickenpox, and some show concerns about mpox becoming a “second COVID-19.” Such confusion blurs risk perception: some believe the disease is mild, while others call for extreme measures such as lockdowns or school closures.
- ☐ Porous borders and regional mobility: trade, daily commuting, and seasonal migration make it easy for the virus to cross borders quickly.
- ☐ Socio-economic challenge : in Togo and Ghana, many users worry about treatment costs. If families believe an official diagnosis brings expenses or stigma, they may hide patients, prolonging the chain of contagion.

What can we do?

- ☐ **Early detection:** WHO advises identifying every suspected case, investigating clusters, and tracing contacts without delay; its 2024 operations guide spells out notification, isolation, and chain-tracking procedures [\[link\]](#).
- ☐ **Decentralise and secure PCR testing:** countries are urged to equip at least one additional provincial laboratory and train staff in skin-sample collection, in line with WHO diagnostic guidelines (November 2023). This cuts sample transport times and speeds case confirmation [\[link\]](#).
- ☐ **Share epidemiological and sequencing data immediately:** the updated continental plan from Africa CDC and WHO (April 2025) calls for weekly exchange of outbreak bulletins and genomic sequences to map regional spread and spot cross-border introductions [\[link\]](#).
- ☐ **Embed infodemic management and RCCE into health preparedness and response mechanisms:** WHO’s “RCCE Readiness & Response Toolkit – Mpox” (2024) recommends a digital monitoring cell, rapid corrections (videos, infographics, FAQs), and mobilisation of community leaders; Sierra Leone is already using this model to debunk the Pegapak rumour and clarify transmission routes [\[link\]](#). In Ghana, “Mpox Alert” fact-sheets endorsed by the Ghana Health Service and distributed by fact-checker GhanaFact show the value of media partnerships for amplifying verified information [\[link\]](#).
- ☐ **Understand health-seeking barriers and coordinate with the relevant pillars to address them.**

- ☐ **Raise awareness and mobilize the resources to implement the WHO/PAHO briefs to protect collective settings:** high-density venues stress ventilation, surface cleaning, and rapid-isolation protocols. Education authorities should train teachers to spot early lesions and establish clear referral pathways [\[link\]](#).
- ☐ **Measure impact and adjust in real time :** the same RCCE toolkit urges pairing social-listening (weekly network analyses and quick surveys) with a public dashboard showing cases, stock levels, leading rumours, and published corrections, so the response can be adapted within a week when new concerns emerge [\[link\]](#).

Kenya

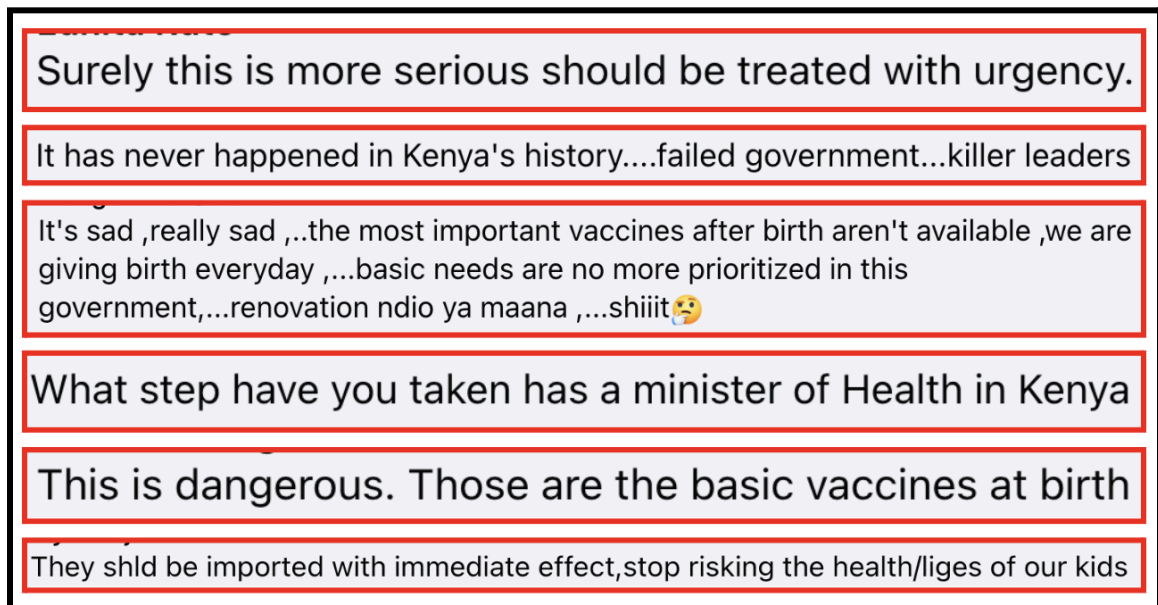
Kenya: BCG and polio vaccine shortages leave parents in limbo

Engagement: 36 posts, 542 comments, 176 shares

Keywords: ("BCG" OR "polio") AND ("Kenya" OR "vaccine shortage" OR "stock-out") AND ("parents" OR "immunisation" OR "Gavi" OR "Treasury" OR "funding delay")

- ☐ Kenya is facing an acute shortage of BCG and polio vaccines, reported for several months in both public and private clinics. According to the Cabinet Secretary for the Health Ministry Aden Duale, the stock-out is tied to a delayed payment of 930 million shillings the Treasury was meant to co-finance with Gavi, a cash-flow blockage that has halted international orders and left "thousands of children unprotected" [\[link\]](#).
- ☐ Parents who are forced to travel across several counties and plea for help on social media. Paediatricians already fear a resurgence of poliomyelitis and childhood tuberculosis if newborns do not receive their doses on time [\[link\]](#).
- ☐ Under parliamentary pressure, the government says it has finally released the missing funds; the first batches are expected between 10 and 15 June, but the ministry admits that "at least a month" of tight supply will persist before the whole country returns to normal. Meanwhile, infant vaccination coverage continues to decline, exposing Kenya to a rebound of preventable diseases and potential penalties from Gavi for failing to meet its co-financing obligations [\[link\]](#).

- ☐ Online comments express anger: parents blame the government for letting essential birth-dose vaccines run out and demand an immediate resupply to protect their children's lives. Here are a few examples:



Why is it concerning?

- ☐ The Ministry of Health admits that the shortage is due to the delayed release of KSh 930 million that the Treasury is meant to co-finance with Gavi; until these funds are disbursed, international orders remain on hold [\[link\]](#).
- ☐ BCG and the first polio dose (OPV) are administered within 24 hours of birth; every week without supplies leaves thousands of newborns unprotected against two potentially deadly diseases. Paediatricians quoted by *The Standard* already warn of the “real risk” of the re-emergence of vaccine-derived poliovirus type 2 (cVDPV2) and a rise in childhood tuberculosis [\[link\]](#).

What can we do?

- ☐ **Follow WHO recommendations for prolonged stock-outs:** Once the doses arrive, recommendations by WHO for prolonged stock-outs could help with limiting the risks of outbreaks while restoring parents' confidence [\[link\]](#).

Nigeria

Diphtheria in Nigeria: announcement of mandatory vaccination reignites debate over individual freedoms

Engagement: **85 posts, 1,040 comments, 312 shares**

Keywords: (« diphtheria » OU « diphtérie ») ET « Nigeria » ET (« mandatory vaccination » OU « vaccination obligatoire » OU « obligation vaccinale ») ET (« freedoms » OU « libertés individuelles » OU « droits » OU « droits individuels »)

- ☐ On 14 May 2025, Nigeria's House of Representatives passed an emergency motion urging the Federal Ministry of Health, the Nigeria Centre for Disease Control (NCDC) and the National Primary Health-Care Development Agency to make "immunisation, screening and treatment for diphtheria mandatory" in all 774 local government areas. Law-makers also called for a monthly progress report on vaccination coverage and access to antitoxin [\[link\]](#).
- ☐ The move comes amid an unprecedented surge in diphtheria cases: between May 2022 and February 2025, 41,978 suspected cases and nearly 1,300 deaths were recorded, with major hotspots in Kano, Yobe, Katsina, Bauchi and Borno [\[link\]](#). Health authorities noted that most patients are unvaccinated or partially vaccinated children and adolescents, highlighting a massive immunity gap in the country's north.
- ☐ The latest WHO/UNICEF estimates put 2023 diphtheria-tetanus-pertussis (DTP3) vaccine uptake at roughly 56%, far below the 90% threshold needed for herd immunity. According to [Gavi](#), this leaves about three million "zero-dose" children every year. Law-makers draw parallels with the polio situation two decades ago, citing the success of wild-polio eradication (certified in 2020) to justify a more coercive approach to diphtheria [\[Lien\]](#).
- ☐ The announcement has sparked lively debate online and in the press. Many users applaud the effort to protect children, but others decry an infringement of individual freedoms and fear a return to coercive tactics widely contested during the 2003 anti-polio campaigns. The dominant messages call for incentives, community dialogue and full transparency rather than the threat of sanctions or arrests. Here are a few comments:

Abeg, if this injection fit save our pikin them, make we just take am sharp-sharp. Life first!

So government wan bring police come arrest parents because of vaccine? Na the same wahala we see for polio back in 2003, e no work then, e no go work now

Give small incentive, maybe food voucher or school fee rebate, families go rush come jab. Strong head no dey answer baton o

Call the imams, pastors and village chiefs make dem talk to their people. Community voice loud pass Abuja directive

Today na diphtheria, tomorrow another syringe fit land without our consent. This path dey slippery, better watch am

Why is it concerning?

- ☐ Since May 2022, Nigeria has recorded almost 42,000 suspected diphtheria cases and more than 1,270 deaths, the majority among un- or under-vaccinated children; Kano and Yobe states alone account for over 70% of reported infections [\[link\]](#). Yet DTP3 coverage reached only 56% in 2023, far below the 90% threshold needed for herd immunity [\[link\]](#). Each year an estimated three million “zero-dose” children remain, a perfect reservoir for the resurgence of severe disease.
- ☐ Recent campaigns have been hampered by intermittent shortages of diphtheria antitoxin and pentavalent vaccines, while half of health facilities lack a reliable cold-chain system; centres in the insecure North-East are particularly prone to stock-outs [\[link\]](#). Imposing mandatory vaccination without securing supply could trigger long queues, forged vaccination cards, and a black market in doses.
- ☐ Social tensions are heightened by a very recent precedent: in late April 2025, the Bauchi State government vowed to arrest any parent who refused the polio vaccine, declaring it would vaccinate “every household, by force if necessary” with police support. The announcement sparked heated debate. AIRA recorded eleven news articles and more than 240 comments discussing a slide toward coercive tactics [\[link\]](#).

- ☐ Several risks and challenges have been recorded in the past: polarisation of opinion and increasing resistance towards vaccination, hiding of unvaccinated children, migration to less-strict states, and the potential growth of a black market for fake certificates.

What can we do?

- ☐ **Avoid unnecessary frustration by securing supply:** Weekly reports from the Nigeria Centre for Disease Control show that, in three years, the country has reported more than 43,000 suspected cases, yet the country experiences shortages in antitoxin and pentavalent-vaccine availability. Any decision to create demand through the law should be supported with vaccine availability or it may risk creating additional frustration among the public [\[link\]](#).
- ☐ **Apply the “Tailoring Immunization Programmes” methodology :** Co-create messages with imams, pastors, traditional chiefs, and women’s and youth groups to focus on vaccination’s protective benefits. Polio experience shows that local persuasion and the visibility of leaders vaccinating their own children overcome hesitancy more effectively than orders from Abuja [\[link\]](#).
- ☐ **Publish a monthly public dashboard :** On the NCDC website and via community radio, release data on coverage by Local Government Area (LGA), available stocks, refrigerator functionality rates, and reported adverse events. This open information answers citizens’ calls for “evidence before enforcement” and undercuts rumours.
- ☐ **Keep support at the community level:** Support communities with modest incentives (food vouchers, lower school fees, “Market Vaccination Days”) and listen to people’s concerns. Literature and the recent Bauchi controversy show punitive approaches create additional resistance to vaccination efforts now and in the future, drive families to hide children or forge cards, making it harder to locate “zero-dose” pockets [\[link\]](#). This also drives additional mistrust in health actors.

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

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](#)

Diphtheria

- ☐ [WHO](#), diphtheria fact sheet
- ☐ [WHO](#), manual for quality control of diphtheria, tetanus, pertussis and combined vaccines
- ☐ [WHO](#), diphtheria: vaccine preventable diseases surveillance standards
- ☐ [WHO](#), transmission-based precautions for the prevention and control of infections Page 8
- ☐ [WHO](#), diphtheria: clinical management of respiratory diphtheria
- ☐ [VFA](#), social media toolkit on diphtheria

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.