Africa Infodemic Response Alliance

A WHO-HOSTED NETWORK

AIRA Infodemic Trends Report

12-18 June 2025

Weekly brief #166

Top concerns

Mpox: vague symptoms, risky remedies, and calls to close schools, an information gap worrying families and students in Ethiopia and Ghana

Online discussions in Ghana and Ethiopia expose widespread confusion and misinformation about mpox symptoms, safe treatments, and child protection.

The arrival of polio and BCG vaccines in Kenya after a months-long shortage sparks conversations about the next steps in the catch-up strategy

Practical questions on how vaccines will reach children are coupled with public relief and concerns over access to vaccines as a right, rather than a privilege.

Malaria: seizure of unregistered antimalarials drugs in Namibia shakes public confidence in elimination efforts

Users online are calling for full transparency, demanding names, batch numbers, and NAMRA records, from the Katima border to hospital stores, with sharp questions like “Who ordered?” and “Who’s lying?”

Reference Guide

Public Health Infodemic Trends in the African Region. This weekly report provides key highlights and operational recommendations based on social listening data from 12-18 June 2025 in Africa. For more information, please contact: Salif Diarra at diarrasa@who.int

To our AIRA community: Thank you for taking the time to participate in our recent survey. We greatly appreciate your thoughtful feedback. Your input has been heard, and we are working on adjustments to better align our Infodemic Trends Report with your needs!

Ethiopia, Ghana

Mpox: vague symptoms, risky remedies, and calls to close schools – an information gap worrying families and students in Ethiopia and Ghana

Engagement : 12 posts, 4177 reactions, 325 comments, 876 shares

- ☐ **Ethiopia:** Since 15 June 2025, several Ethiopian media outlets and institutional channels, including the official Facebook page of the Ministry of Health Ethiopia [link], have reported a rise in mpox cases. The updates highlight the progression of the disease across affected regions, The Ministry's posts focus on case monitoring, prevention guidance, and symptom awareness, while stressing the absence of severe community spread at this stage. In parallel, a widely followed influencer shared information on the situation, echoing official updates but without calling for specific measures or restrictions [link].
- ☐ In the comments, four main trends emerge: 1) **conspiracy narratives** blaming the virus on a foreign power; 2) numerous requests for **basic information about clinical signs and care locations**; 3) **urgent calls to close schools,** seen as centers of contagion and 4) concerns over the **lack of available mpox vaccines.**

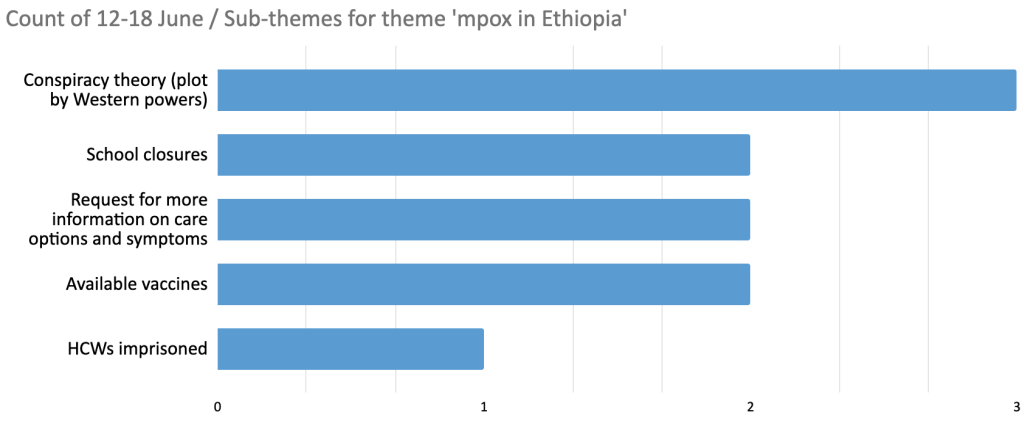
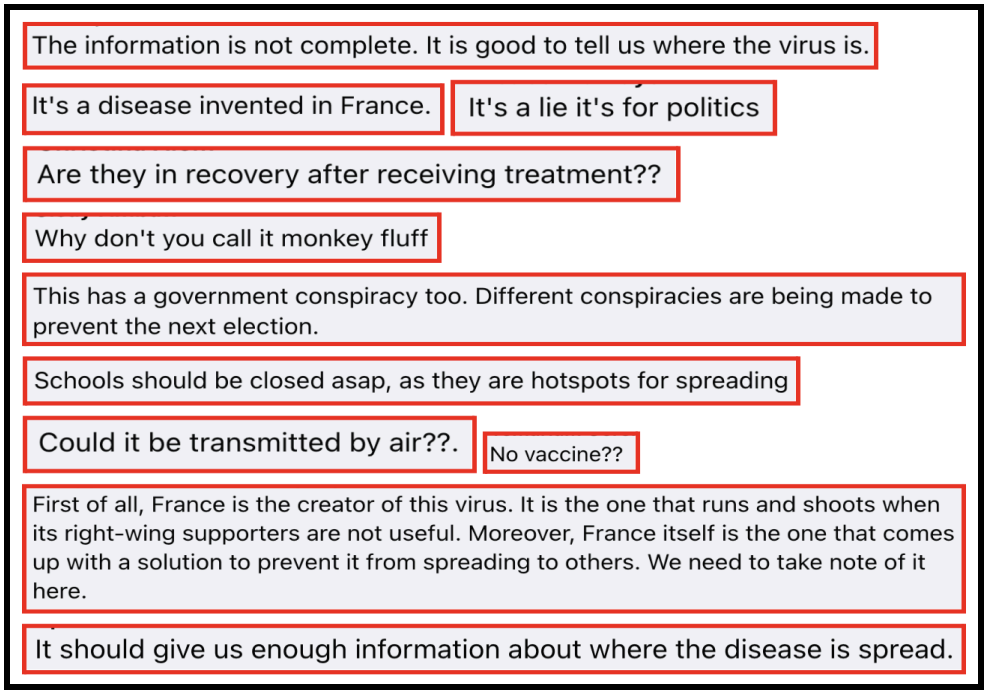


Chart 1. Number of sub-themes identified from June 12 to 18, 2025 in the mpox theme (in Ethiopia).[1]

[1] This data does not aim at being representative of the whole infodemic landscape in Ethiopia but it provides a snapshot of the main themes identified following AIRA's social listening methodology.



Box 1. Excerpts of online commentary identified for Ethiopia
(comments originally identified in Amharic and translated via Google translate)

- ☐ **Ghana:** On June 16, 2025, the Ghana Health Service (GHS) released an official update reporting 7 new mpox cases, bringing the national total to 98. No deaths or hospitalizations have been reported at this stage [link]. The post, shared the same day by Joy News, Joy Prime TV, the Ghana News Agency, and two regional pages, reiterated three key guidelines: avoid close contact with anyone showing a rash, maintain good hygiene, and promptly report any fever or swollen lymph nodes [link]. This announcement came less than 48 hours after the previous report (45 cumulative cases on June 15), marking an almost twofold increase over a single weekend. For now, Ghana remains one of the few West African countries to have recorded neither deaths nor hospital admissions since the start of the year, a situation consistent with the generally mild strain (clade IIb) circulating in the sub-region, according to WHO and Africa CDC [link].
- ☐ Overall, while a few comments commend the authorities' efforts, the thread is largely dominated by **1) practical questions about symptoms, 2) rumors of lockdowns, and 3) unproven remedies.** Below are some of the comments:

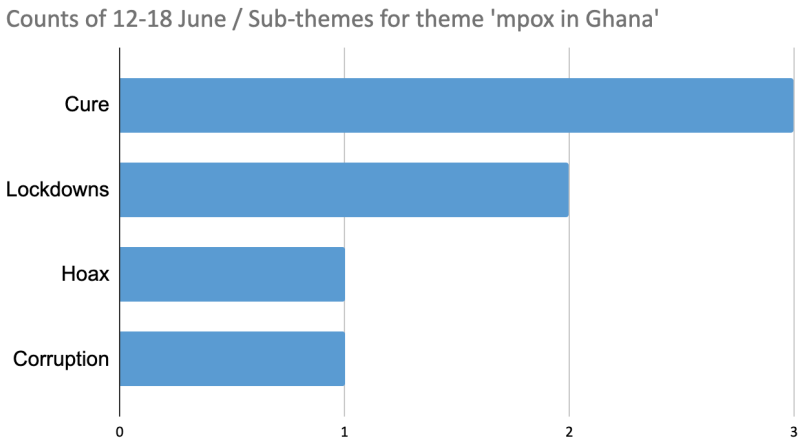
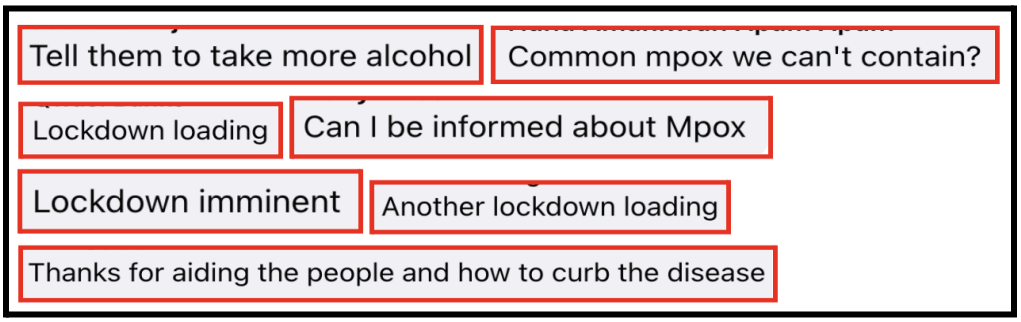


Chart 2. Number of sub-themes identified from June 12 to 18, 2025 in the mpox theme (in Ghana).[2]



Box 2. Excerpts of online commentary identified for Ghana (comments originally identified in English)

Why is it concerning ?

- **An accelerating epidemic dynamic:** In Ethiopia, An accelerating epidemic dynamic: In Ethiopia, less than three weeks after the first confirmed case, 18 infections have already been reported and an infant has died, signalling rapid local transmission despite the absence of a state of emergency . The situation is further complicated by the ongoing conflict in the Amhara region, which is disrupting the health system, making it harder to communicate effectively, trace contacts, and provide timely care [link]. In Ghana, according to the latest official update from the Ghana Health Service, the national total stands at 91 confirmed cases, with a sharp rise from 45 cases just three days earlier, representing an incidence of about 0.003 cases per 1,000 population. [link]. This sudden growth, in two countries previously little affected, suggests that “silent” community chains may be eluding surveillance and that a shift toward an exponential curve remains possible.

[2] This data does not aim at being representative of the whole infodemic landscape in Ghana but it provides a snapshot of the main priorities identified following AIRA’s social listening methodology.

- ☐ Without adequate information on how to recognize symptoms and where to seek care, there is a **heightened risk of wider epidemic spread,** as people may not act in time to interrupt the chain of transmission.

What could we do ?

- ☐ **Inform quickly** and rapidly about mpox symptoms, care sites, vaccine availability, and isolation guidance, with messages adapted to key audiences. Use Facebook, WhatsApp, radio, and school posters for families and caregivers. Share printed charts and updates via teacher groups for schools. Create short, engaging posts for youth on social media. In rural or low-connectivity areas, rely on community radio, posters at markets, and mobile loudspeakers. In conflict-affected zones like Amhara, work with humanitarian partners to distribute leaflets and hold small talks. Regularly publish a list of accredited health centers, hotline numbers, and clear steps to follow if symptoms appear.
- ☐ Engage with parents' associations and **provide contextual guidance on safe practices at schools** while monitoring the need for further measures. You can use this guide from WHO on Preventing and managing mpox in schools and learning spaces.
- ☐ Monitor misinformation about cures within the local context and **coordinate with key stakeholders to take action**. Ranging from message pre-positioning and fact-checking to broader accountability efforts that institutionalize responsibility for accurate health information sharing. The below case study from Nigeria can provide some insights.

🌱❌🔍How Fact-Checking Helped Shut Down a Fake Herbal Malaria Cure in Nigeria

In Nigeria, fact-checking organization Dubawa, together with *Premium Times*, conducted a five-month investigation into the widely sold "Baba Aisha Herbal Medicine"—a herbal tonic fraudulently marketed as a cure for malaria and other diseases [link]. Their report revealed that it contained invalid NAFDAC registration numbers, posed serious risks of kidney, lung, and liver damage, and lacked any proven efficacy. The exposé won the IFCN's "Highest Impact" award at GlobalFact10 and prompted Nigeria's regulatory agency (NAFDAC) to raid facilities, remove the product from the market, initiate legal actions against the seller [link], and even led the government to establish a new regulator for herbal medicines [link].

Key resources to address mpox concerns

Social Media Content Resources

- WHO Video: "Monkeypox Explained" (90 sec)
- WHO Infographic: "Mpox – Recognize the Signs"
- Viral Facts Africa – Mpox Series (myth-busting cards & scripts)
- Instagram Filter: "Spot the Rash" (Africa CDC RCCE Hub)
- Infographic: "Mpox vs Chickenpox"

Journalists & Fact-Checkers

- Africa Check – Mpox: Myths & Facts Dossier
- WHO – Media Q&A Pack (2025)
- CDC – Mpox Communications Cheat Sheet

Parents & Schools

- WhatsApp Bot: "Ask-Mpox-Parent" (UNICEF Ethiopia – Activation)

Kenya

The arrival of polio and BCG vaccines in Kenya after a shortage sparks conversations about the next steps in the catch-up strategy

Engagement : 11 posts, 3457 reactions, 625 comments, 28 shares/retweets

- ☐ On June 12, 2025, **Kenya received a shipment of 3.2 million doses of oral polio vaccine and 3 million doses of BCG vaccination** (primarily used against tuberculosis) [link]. This comes after months of critical shortages derived by delays in the National Treasury's disbursement of co-financing payments to vaccine partners, Gavi and UNICEF [link]. It is estimated that around 80,000 children missed vaccinations, with stock-outs in 12 of the 47 counties [link]. This prompted many conversations from frustrated parents, as documented in AIRA Report 162.
- ☐ After the arrival of vaccines in the country, the online conversation has shifted to **1) expressions of relief for the arrival** coupled with **2) questions about next steps** in vaccination implementation. Numerous mothers raised questions about the rollout timeline and when the vaccines would be available in local health centers. Finally, users also expressed 3) their feelings that **access to life-saving vaccines should remain a right,** and not a privilege.

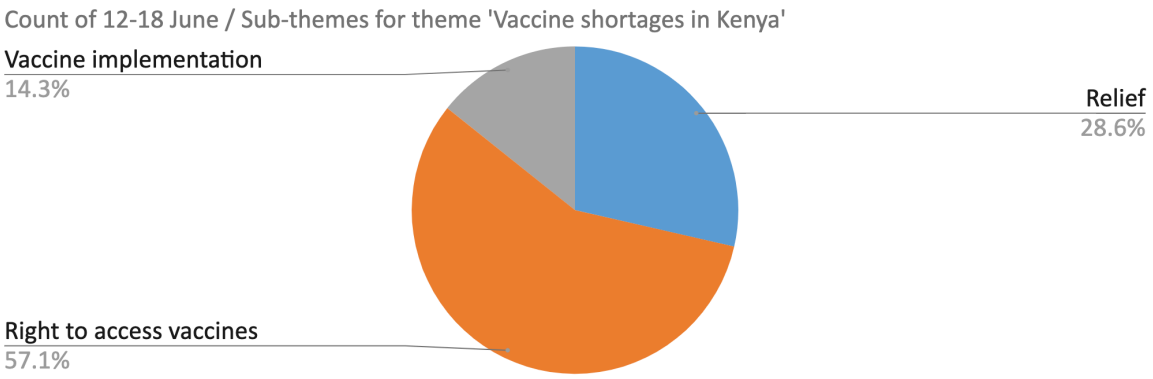
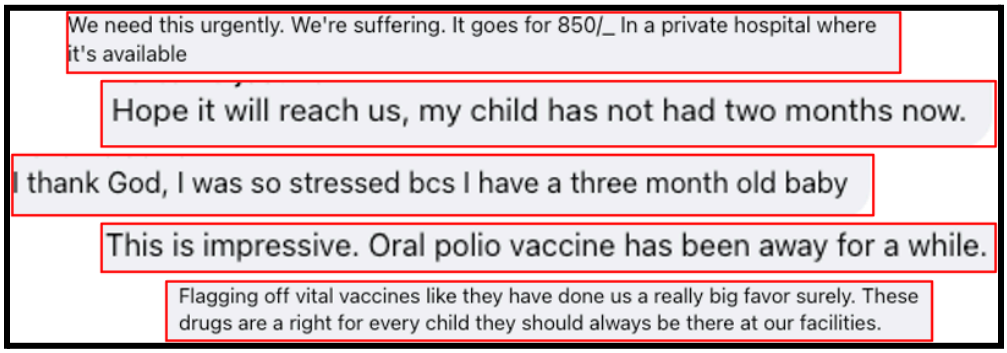


Chart 3. Count of 12-18 June, 2025 of sub-themes identified across 'vaccine shortages in Kenya' theme.[3]



Box 3. Excerpts of online commentary identified for Kenya (comments originally identified in English or Swahili and translated via Google Translate)

Why is it concerning?

- ☐ Kenya's immunisation coverage is high. However, after months of critical vaccine shortages, **public trust in the government's ability to procure essential vaccines has been significantly strained.** This is especially concerning if communities remain unaware that new vaccine shipments have arrived or lack clarity on the rollout timeline, considering the high numbers of children affected in need of polio and BCG doses.
- ☐ Mistrust can create **space for anti-vaccine narratives** that celebrate the shortages and spread unfounded claims suggesting vaccines are unnecessary, and that the children who missed the dose are "lucky"[link].

[3] This data does not aim at being representative of the whole infodemic landscape in Kenya but it provides a snapshot of the main themes identified following AIRA's social listening methodology.

What could we do?

- ☐ **Communicate vaccine rollout timelines and plans under the Zero-Dose Catch-Up mechanism put in place.** Provide accessible information about plans to ensure all children who missed immunizations during the shortage are brought up to date, informing about targeted children, health centers with available vaccines, dates to go for vaccination, etc.
- ☐ Information must be localized as much as possible, considering **strategies to inform parents in hard-to-reach areas and those in regions with low internet penetration or news deserts.** Working with radios, with health volunteers or working on a series of SMS alerts at county level could help in bridging the gap.
- ☐ Adapt evidence and successful experiences of **integrating various delivery services to increase vaccine coverage,** such as combining vaccination with maternal health services. This case study illustrates how Nigeria used this approach to successfully reach 100 local government areas with high numbers of zero-dose children. This systematic review can also help you identify effective interventions for immunization catch-up efforts.

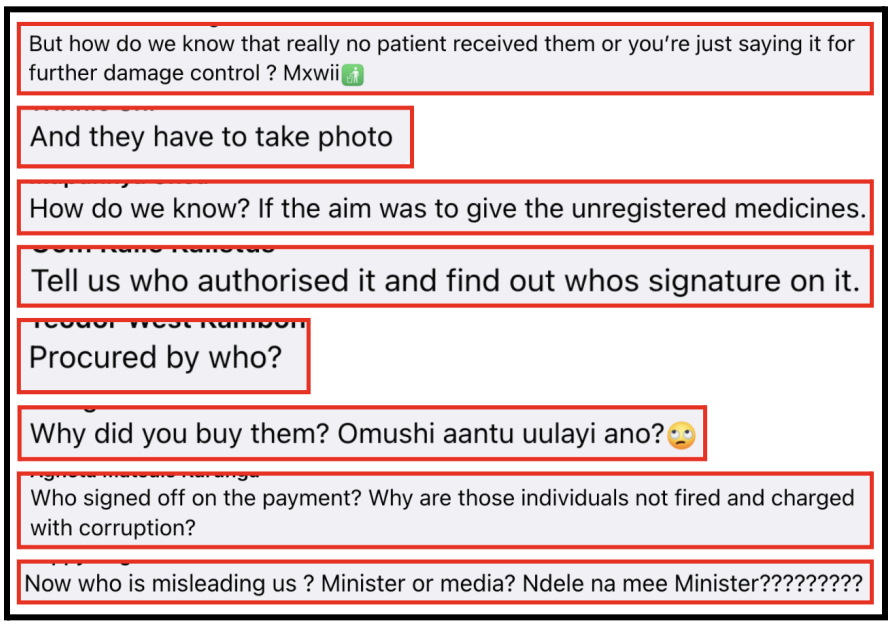
Namibia

Malaria: seizure of unregistered antimalarials in Namibia shakes public confidence in elimination efforts

Engagement : 6 posts, 418 reactions, 33 shares

- ☐ On June 11, 2025, Namibia's Ministry of Health confirmed that a batch of quinine tablets worth N$450,000, imported from India by distributor West Pharmaceuticals, had entered the country illegally through the Katima Mulilo border post, which is not authorized for pharmaceutical imports. The shipment, unregistered with the Namibia Medicines Regulatory Council (NMRC) was immediately sealed by the Namibia Revenue Agency (NamRA) and is set to be re-exported following the administrative inquiry announced by Health Minister Dr. Esperance Luvindao [link] [link].

- ☐ This incident unfolds as Namibia continues its push to eliminate malaria by 2030. According to the WHO "Country Disease Outlook" profile, the country still recorded 13,740 cases and 15 deaths in 2021, an incidence rate of 5.9 per 1,000 people [link]. The introduction of unregistered medicines, potentially ineffective or toxic, poses not only a threat to patient safety but also jeopardizes the fight against antimalarial resistance, identified by WHO as a key obstacle to regional targets [link].
- ☐ AIRA Report (29 March-April 7, 2025) had already warned that "a major malaria outbreak is affecting the Zambezi region; shortages of antimalarials are putting hospitals under pressure, with some clinics turning away patients, exacerbated by logistical and coordination issues between regional and central authorities." The June 11 episode confirms that the shortcomings flagged in the spring, both in supply chain management and pharmaceutical governance have yet to be addressed.
- ☐ In the comments, users are demanding the disclosure of batch numbers, purchase invoices, and signed approvals, suspecting overbilling or illegal trafficking with the involvement of some authority representatives. Questions such as "*Who placed the order?*" and "*Who's lying, the minister or the media?*" reflect growing public distrust and underscore the need for authorities to provide documented evidence in order to restore confidence. Below are a few comments:



Box 4. Excerpts examples of online commentary identified for Namibia (comments originally identified in English)

Why is it concerning ?

- ☐ **Counterfeit malaria treatments have a real impact on people´s lives.** In Africa, about 1 in 10 medical products are falsified or substandard [link]. In a context of drug shortages and financial constraints, people may resort to cheaper and substandard drugs that not only fail to cure patients but also drive drug resistance [link].
- ☐ This situation may create **confusion and mistrust on the authorities' capacity to ensure drug safety** as people struggle to understand what is safe for consumption. This could trigger delays in search for antimalarials when needed, disruption of treatments, etc. Ultimately, this could impact the 2030 Malaria Elimination targets , as even a short period of non-compliant treatments can push incidence back up, delaying progress toward the < 1 case per 1,000 population threshold [link].

What could we do ?

- ☐ **Ensure transparency on actions taken and ways forward:** public concerns should be clarified to strengthen transparency on the fight against falsified products. Communication should outline the measures already taken to protect people from these counterfeiting treatments (such as the seizure of the batch, the opening of the investigation by the NMRC, etc.), as well as the steps that will be implemented to ensure that such incidents do not happen again.
- ☐ **Launch a campaign to inform about safe available treatments:** a proactive communication campaign could be launched to explain how the medicine validation system works in Namibia and to provide information on safe treatments. The content should be produced in multiple languages (English, Oshiwambo, and Lozi) and disseminated through institutional, community, and digital channels.
- ☐ **Give clear guidance to citizens on how to spot fake treatments and report them.** The below points could be helpful to guide communication efforts:

⚠️ Key steps for citizen action!

1. **Buy from trusted sources:** Only purchase medicines from licensed pharmacies or reputable health centers. Avoid street vendors or informal sellers.
2. **Check packaging carefully:** Look for signs like poor print quality, misspellings, missing expiry dates, or broken seals. Genuine products usually have clear, consistent labeling.
3. **Verify registration numbers:** Many countries require medicines to have official regulatory approval numbers—citizens can cross-check these with national health authorities online.
4. **Be wary of miracle cures:** Skepticism is healthy toward products claiming quick or magical cures, especially if not endorsed by health authorities or doctors.
5. **Report suspicious products:** Inform local health departments or consumer protection agencies if you suspect a fake medicine.

Source: *WHO guidelines on substandard and falsified medical products*
https://www.who.int/medicines/regulation/ssffc/publications/WHO_SEARO_2017.2/en/

Key resources to address concerns about falsified antimalarials in Namibia

Social Media Content Resources

- WHO Video – *How to Spot Substandard & Falsified Medicines* (90-second animation)
- WHO Infographic – *Substandard & Falsified (SF) Medical Products* (key facts, impact, GSMS reporting info)
- AskWHO live at WHA78: All about fighting falsified medicines
- Interview with an anti-counterfeiting expert on patient risks and how to secure pharmaceutical supply chains

Technical Resources

- WHO Guidelines for Malaria (2022, updated 2024)
- UNODC Guide on combating falsified medical products: Includes communication strategies and prevention measures

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.