

Africa Infodemic Response Alliance

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AIRA Infodemic Trends Report

23-28 May 2025

Weekly brief #163

Top concerns

[Mpox: Uncertainties about transmission in Togo and an infant infection in Ethiopia expose an information gap](#)

In the absence of clear explanations, Togolese families struggle to understand the routes of contagion, while in Ethiopia, the case of a 21-day-old baby raises questions about how to recognize the disease.

[Cholera: Lack of contextualization in media reporting could risk concerns over the efficacy of chlorinated water in Goma, DRC](#)

Misunderstandings about chlorine's effectiveness to treat water and misguidance on how to do it could jeopardize its use during a critical phase of the cholera response.

Reference Guide

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Persistent trend

[Diphtheria: surge in Nigeria and large-scale campaigns in Chad fuel debate and disinformation](#).....Pg. 10

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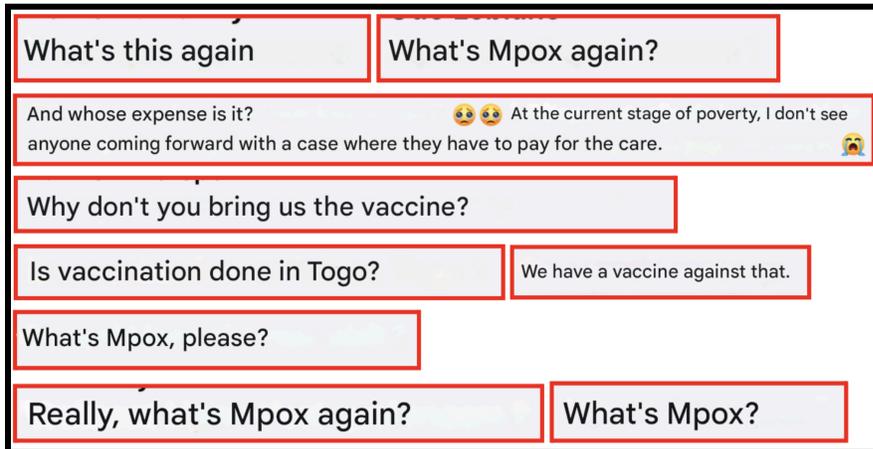
Public Health Infodemic Trends in the African Region

This weekly report provides key highlights and operational recommendations based on social listening data from 23-28 May 2025 in Africa. For more information, please contact: Salif Diarra at diarrasa@who.int

Mpox: Uncertainties about transmission in Togo and an infant infection in Ethiopia expose an information gap

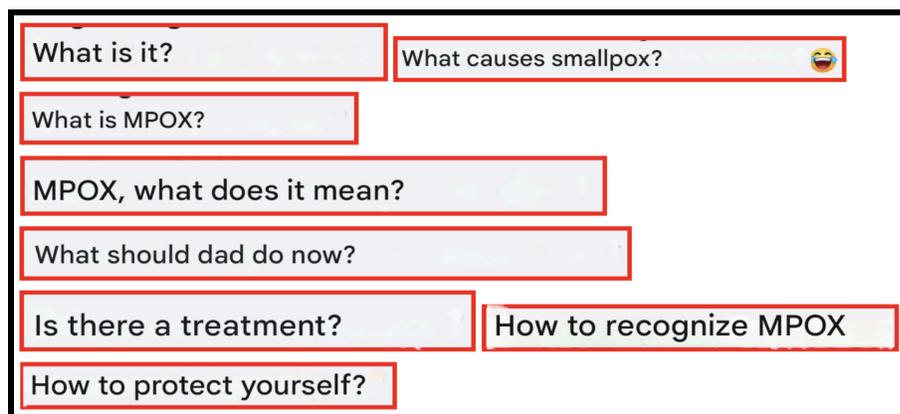
Engagement : 27 posts, 1 234 comments, 417 shares

- The Togolese Ministry of Health confirmed on 17 May 2025 the country's first mpox case, a 22-year-old woman hospitalized in Lomé, followed by two secondary infections within the same household, bringing the national total to three cases [\[link\]](#). During the Africa CDC weekly briefing on 22 May, Prof. Yap Boum noted that one of the cases had recently stayed in neighbouring Benin, where no cases have been reported, and it has been reported that 55 contacts linked to the three confirmed cases of mpox in Togo have been identified and are under surveillance. These contacts were individuals in Togo, linked to the confirmed cases in the country. Although one of the patients had recently stayed in Benin, no case had been reported there at that time, and the contacts identified were all located in Togo [\[link\]](#). Samples were sent to the national laboratory in Kara for genomic confirmation; preliminary analyses indicate a clade 2 virus, already involved in other regional outbreaks [\[link\]](#).
- This scenario raises two major concerns. First, the absence of an animal link or previous history of travel to a country with an ongoing outbreak suggests that silent human-to-human transmission may be occurring within Togo or the sub-region. Second, diagnostic capacity is limited: only two sites perform mpox PCR testing. Shipping specimens more than 300 km to Kara lengthens confirmation times, delaying rapid isolation and contact tracing. This challenge was highlighted in [Africa CDC's Mpox Continental Response Plan 2.0 \(March 2025\)](#).
- Since the announcement of the first confirmed case of mpox in Togo, online discussions have exploded. Users are asking fundamental questions. *“What exactly is mpox? How does it spread? What symptoms should we look for? Is there a vaccine available, and what treatments exist?”* In short, Togolese people are highlighting a serious lack of basic information. Here are a few representative comments that illustrate these concerns:



Comments were originally identified in French (translated via Google Translate)

- ❑ On 25 May 2025, Ethiopia’s Ministry of Health and the National Public Health Institute announced the country’s first mpox case, a 21-day-old infant and the child’s mother, both of whom tested positive in Moyale, a major town on the Kenyan border [\[link\]](#). Preliminary investigation attributes the virus’s introduction to a recent cross-border trip by the infant’s father, with several relatives having been placed in preventive quarantine. Mobile surveillance teams have been deployed to neighbouring Oromo districts to halt any potential local spread [\[link\]](#).
- ❑ Similar to what was found in Togo, comments reveal a clear information gap: The public still lacks basic knowledge of what mpox is, its symptoms, modes of transmission, and available prevention or treatment options. Some of the reactions include:



Comments were originally identified in Amharique (translated via Google Translate)

Why is it concerning ?

- Uncertainty about transmission routes and widespread gaps in prevention information threaten to undermine mpox control efforts, especially in border areas with high human mobility. The situation in both Togo and Ethiopia, raises fears of silent cross-border spread given the absence of a direct link to a known outbreak zone. This highlights the public's need for clear, reliable guidance on how to recognise the disease and avoid exposure. [\[link\]](#) [\[link\]](#).
- Busy corridors such as Lomé–Accra in West Africa and Moyale, the gateway between Ethiopia, Kenya and transhumance routes into Somalia enable rapid, often unmonitored movement. If basic information is missing, people cannot adopt timely protective behaviours or avoid transmission.
- Moreover, diagnostic capacity is limited to just two Togolese laboratories (samples from Lomé travel more than 300 km to Kara) and one central Ethiopian facility (samples from Moyale go over 750 km to Addis Ababa). This can delay confirmation and contact tracing, worsening the ability to react and inform the public [\[link\]](#).
- In this context, community engagement and infodemic management is inseparable from border-health measures. Without clear, locally adapted, multilingual messages on transmission dynamics and preventive steps, especially at crossing points, rumours and information voids could take root, reducing compliance with screening. Only by closing these information gaps, decentralising testing and communicating transparently about options for care and prevention, can invisible transmission chains be broken.

What can we do ?

- Decentralise diagnostics for faster reaction:** To accelerate case confirmation and reduce uncertainty, each health region should be equipped with at least one additional mpox PCR testing site. Establishing daily transport of specimens between peripheral health centers and regional laboratories can ensure results are returned in under 24 hours. This is one of the most effective ways to reduce the information gap that fuels speculation and misinformation. As such, the [Africa CDC Mpox Continental Plan](#) identifies "laboratory capacity" as one of its 10 priority pillars, emphasizing the need for decentralised molecular diagnostics to shorten confirmation delays and strengthen risk communication (RCCE).

- ❑ **Publish detailed weekly data:** Accurate data on cases and hotspot areas should be made public and relay via community radio networks, including information on cases by district, contacts under follow-up, antiviral/vaccine stock levels, percentage of functioning refrigerators and any adverse events. The [WHO Collaborative Surveillance Guidelines](#) recommend such transparency to curb misinformation and build trust.
- ❑ **Roll out proactive risk communication:** Adapt, in local languages (Ewe, Kabyè, Oromo), the factsheets and clips from the [2024 WHO RCCE Mpox Toolkit](#) to explain symptoms, where to access free-of-charge care, and home-isolation procedures. Clear, repeated, multi-platform messaging shortens the symptom-to-consultation interval and encourages early case reporting. You can also consult our [mpox videos](#) and get in touch with us if you need some of them adapted to any local language!
- ❑ **Local actors on the frontlines:** In border areas with high population mobility, work closely with local community-based organizations (CBOs) and informal networks that are embedded within the mobile populations. Consider collaborating with transhumant pastoralist networks, cross-border traders' associations, or migrant workers' groups, especially those who move frequently for seasonal work, trade, or livestock.

Democratic Republic of Congo

Cholera: Lack of contextualization in media reporting could risk concerns over the efficacy of chlorinated water in Goma

Engagement : 12 posts, 120 likes, 2 shares

- ❑ In DRC, the cholera outbreak continues to spread with reported cases in Kongo Central, Tshopo, North Kivu, South Kivu, Maniema, Sankuru, Tanganyika, Haut Lomami, Lualaba and Haut Katanga. Latest available epi data from week 26 confirms a total of 21 527 cases and 452 deaths between January 1st and April 27th, 2025 [\[link\]](#). This means a case fatality rate of 2.1%, way above the 1%, maximum acceptable by WHO, given that cholera is a treatable disease [\[link\]](#). The reasons for the spread are multifactorial, including torrential rains and floods, the ongoing conflict and population displacement in North-South Kivu and logistical constraints impacting the humanitarian situation [\[link\]](#).

- Within this challenging context and despite widespread evidence that the adequate use of chlorine is an efficient way to make water safe, a recent piece published in DRC featuring a local nurse of Mugunga (west of Goma) risks seeding doubts about its use as a preventive method for cholera and other diseases [\[link\]](#). In his declarations, the nurse suggests that chlorine has limitations treating the water in Lac Vert, a small lake close to Goma.
- In line with the declarations shared, a recent study that explores cholera risk in Goma highlights that people living close to Lac Vert have “noticed problems with water chlorination that they ascribe to green algae and salinity” [\[link\]](#).
- Chlorine remains a highly effective disinfectant for most drinking water sources. According to several guides, the effectiveness of chlorine for water treatment can however be affected by different water quality parameters [\[link\]](#). The main factors that reduce chlorine effectiveness include high turbidity, elevated pH (above 8) and high organic matter, all of which can increase chlorine demand of the water and reduce residual chlorine levels, which ensures continued microbial protection throughout distribution and indicates the water has been properly disinfected [\[link\]](#). Water temperature or exposure time to chlorine can also play a role in the effectiveness of chlorination [\[link\]](#).
- In saline or brackish water, the chemistry of chlorine changes depending on the type of salts or suspended solids. There is no specific evidence suggesting that moderate salinity directly weakens chlorine’s ability to disinfect water. However it is important to determine the chlorine demand (according to different parameters, some mentioned above), as the regular dose of chlorine may not work. If there is high turbidity or organic matter in the water, these factors rather than salinity alone are likely to contribute to any perceived limitations in chlorine disinfection [\[link\]](#).
- In sum: Chlorination programs are widely used in humanitarian contexts because of its efficiency in inactivating bacterial and viral pathogens, its availability and ease of use, its cost-effectiveness and ease of verification [\[link\]](#).

Why is this concerning?

- Goma has been a major hotspot for cholera in recent decades, a situation made worse by the ongoing humanitarian crisis. The limited availability of safe water is a key factor driving recurrent outbreaks. WASH infrastructure has suffered severe damage in recent months due to conflict, with at least 360,000 displaced people and host communities (as of April 2025) living with extremely limited or no access to WASH services [\[link\]](#).
- Safe water access is currently provided through a limited network of pipelines (reaching only about 30% of the population), pumping stations along Lake Kivu, community water tanks, and NGO water truck distributions. Boiling water, though an option, is often not feasible due to the high cost and limited availability of firewood [\[link\]](#). As a result, many households rely on untreated water from Lake Kivu for drinking and cooking, a major risk factor for waterborne diseases, including cholera [\[link\]](#).
- Casting doubt on a cost-effective and proven intervention like chlorination is highly concerning, as it can undermine public confidence and lead to reduced use of chlorine tablets or other products. This is especially dangerous in a setting where attitudes toward chlorinated water already vary, and where misconceptions persist, such as beliefs that chlorinated water affects immunity or concerns about its taste [\[link\]](#).

What can we do about it?

- Contextualizing and verifying the claims:** While there is a need for health authorities to investigate the claims on why chlorination programmes may be limited in this specific water, it is important for media to contextualize the information when publishing a piece; checking for the latest evidence and complementing any declarations with a bigger picture on the situation, especially if it talks about preventive methods during an ongoing health emergency and it features individuals holding authority.
- Support the investigation of the issue and cross-sectoral understanding of the situation:** Conduct rapid water quality assessments in high-risk areas like Lac Vert, prioritizing testing in water sources where chlorination is perceived to be failing. Consult communities to understand whether it is about the need for adaptation on the adequate dosing, the lack of clarity on the instructions,

challenges in access to chlorine for purification or any additional implementation issues.

- Adapt chlorination protocols to local water characteristics:** Based on the above assessments, revise chlorine dosing guidelines (e.g., higher initial doses or longer contact time) and train frontline workers accordingly. These guidelines can help you navigate different scenarios: [WHO on Drinking-Water Quality](#), [Oxfam on Water Treatment in Emergencies](#) or [MSF Evidence-based Guidance for Water Chlorination in Humanitarian Response](#).
- Provide chlorination instructions adapted to the local specificities:** Given the variability in water quality from one area to another, it is essential to provide local and context-specific guidance on chlorine use, as it can vary depending on pH levels, turbidity, organic matter, etc. This includes clear dosing instructions, visual or translated guides adapted to the literacy levels of target communities, and regular community engagement to reinforce correct practices for the specific mass of water to be used. Establishing a local helpline or contact with trained WASH staff or health authorities can help residents get direct support, troubleshoot issues, and ensure that chlorination is done properly and safely. You can use these [key messages](#) from the Global Cholera Task Force to support your work and [this guide on how to develop a Social and Behaviour Change Strategy](#) from Breakthrough Action.

Persistent trends

Diphtheria: surge in Nigeria and large-scale campaigns in Chad fuel debate and disinformation

- In Nigeria, the emergence on 28 May 2025 of a deadly diphtheria outbreak in Mbutu (Imo State), five confirmed paediatric deaths and dozens of suspected cases, prompted authorities to close all schools and make vaccination mandatory for pupils and staff. This event follows the emergency motion passed on 14 May 2025 at the Nigeria's House of Representatives 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 (featured in [AIRA Infodemic Trends Report](#) 18–23 May 2025), sparking heated concerns by citizens.

- The recent event in Mbutu has further fuelled the debate. A *Legit.ng Breaking News* post on Facebook drew more than 132 comments in three days [\[link\]](#), many from parents and activists condemning the move as an “assault on freedom”; anti-vax groups recycled old claims that “the serum causes paralysis” or is an “experimental shot.” Local radio stations in Owerri are already reporting parents turning away at school gates [\[link\]](#), jeopardising the federal target of ≥ 90 % coverage needed to halt an epidemic that has reached 24 846 cases and 1 262 deaths nationwide (CFR 5.1 %) since 2023 [\[link\]](#).
- The [AIRA Infodemic Trends Report](#) (18–23 May 2025) had already logged 85 posts, 1 040 comments and 312 shares around the keyword “mandatory vaccination,” showing growing polarisation between advocates of collective protection and defenders of individual freedoms. The report also cited the Bauchi precedent (April 2025), when threats to arrest parents who refused the polio vaccine triggered more than 240 concerned comments about a return to coercive tactics.
- In Chad, the issue surrounding diphtheria vaccines revolves around distrust in intentions and concerns about their safety. Since mid-2024, more than 2 700 cases of diphtheria have been recorded; the joint MSF–Ministry of Health campaign reports 1 600 patients treated and 500 000 people vaccinated via mobile clinics, isolation tents and outreach caravans. The scale of this operation, showcased in an MSF Facebook post, triggered a wave of Chadian-Arabic messages accusing the NGO of “*testing an unapproved serum*” or “*hiding serious side-effects*.” In Guéra and Hadjer-Lamis, village chiefs now demand a certificate of safety before allowing mobile teams to operate, slowing access and threatening the goal of 80 % coverage among under-15s ahead of the July–August pastoral migration peak [\[link\]](#).

Key resources

Mpox

Resources for social listening analysts

- [AIRA](#) 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

Public health guidance/RCCE

- [Child engagement](#) in the context of disease outbreaks in ESAR
- [WHO](#) Global Mpox Dashboard
- [WHO](#) Public health advice for sex workers on mpox
- [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

Cholera

Guidance and field manuals for cholera control

- [UNICEF Cholera Toolkit](#)
- [Cholera Outbreak Response: Field Manual](#)

Chlorination guidance

- [Field Guidance Note Evidence-Based Guidance For Water Chlorination In Humanitarian Response](#)
- [Oxfam Water Treatment Guidelines for Use in Emergencies](#)
- [WHO Guidelines for Drinking-water Quality](#)

RCCE Resources and Guidance

- [Collective Service Resources toolkit for cholera](#)

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 (siloes 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.