Africa Infodemic Response Alliance

A WHO-HOSTED NETWORK

AIRA Infodemic Trends Report

19-25 June 2025

Bi-weekly brief #167

Top concerns

Mpox: persistent need for more transparent and reliable health information amid rising mpox cases in Ghana and the DRC

In Ghana, information gaps persist about practical ways to prevent mpox infections, while in the DRC, trust in the public health response is undermined by suspicions of corruption.

HIV: online reactions to Lenacapavir, long-acting injectable for HIV prevention, highlight confusion around availability in Africa and information gaps on Sexually Transmitted Infection (STI) prevention

Following the announcement of the Food and Drug Administration's (FDA) approval for Lenacapavir in the USA, netizens across Africa have expressed concerns on access and availability of the drug, confusion between HIV prevention and treatment, and calls to reduce condom use.

HPV: fears of infertility and suspicions of "experimentation" overshadow the launch of the Human Papillomavirus vaccine campaign in Ghana

While the Ministry targets 2.5 million young girls, social media reactions range from relief about cancer prevention to accusations of population control, questions about the exclusion of boys, and urgent calls for better public information.

Reference Guide

Trend to watch

Public Health Infodemic Trends in the African Region. This weekly report provides key highlights and operational recommendations based on social listening data from 19-25 June 2025 in Africa. For more information, please contact: Salif Diarra at diarrasa@who.int and Rocio Lopez at llopez@who.int

Dear AIRA Community,

We apologize for the slight delay in publishing this edition of AIRA *Infodemic Trends Report*, originally scheduled for release on July 1, 2025. We hope it still provides valuable operational insights to support your work.

We'd also like to share that, based on your recent feedback from the latest survey, **we will be shifting the report's frequency from weekly to bi-weekly.** We are in the process of revising the format to make it more practical and actionable for your needs.

Thank you again for your continued feedback and engagement!

Ghana, DRC

Mpox: persistent need for more transparent and reliable health information amid rising mpox cases in Ghana and the DRC

Engagement : 20 posts, 430 reactions, 180 shares[1]

- ☐ **Mpox remains a major public health concern in West and Central Africa**, particularly in the Democratic Republic of the Congo (DRC) and Ghana, where health authorities are responding to renewed transmission and persistent public mistrust. In the DRC, the virus continues to spread across multiple provinces, especially in areas affected by insecurity, hampering efforts around surveillance, treatment, and vaccination. In Ghana, the number of confirmed mpox cases remains relatively low and no deaths have been reported to date.
- ☐ The analysis of the social media comments reveals three main narratives:
    1) **Conspiracy theories and suspicions of corruption.** Mostly driven by Congolese accounts of local users expressing distrust of the authorities, these messages denounce "poisonous vaccines" sponsored by foreign powers, or alleged misappropriation of funds meant for the outbreak response. This trend follows the findings from a report by Insecurity Insight, analyzing over 650 Facebook comments in August 2024. The study revealed that the majority of comments on mpox came from real local users expressing distrust,

[1] These posts were identified as containing infodemic-relevant data points, following a preliminary search using the following keywords: ("mpox") OR ("monkeypox") OR ("smallpox") OR ("orthopox") OR ("poxvirus") OR ("rash") OR ("skin lesions") OR ("swollen lymph nodes") OR ("mpox vaccine") OR ("vaccination campaign") OR ("contagious disease") OR ("quarantine") OR ("isolation") OR ("DRC") OR ("Ghana"), applied to content in **all languages** and **published in Africa**, with a focus on Ghana and the DRC, for the period of June 19–25, 2025. This search originally resulted in 60 media articles with 1 700 interactions.

accusations of embezzlement and conspiracy theory, to siphon off international funding [link].

2) **Explicit criticism of authorities on vaccine delivery.** Also dominated by Congolese accounts, users question the transparency of budgets, the quality control of vaccine batches, and the lack of accountability following each vaccine delivery announcement.
3) **Concerns over prevention plans and lack of practical information, mainly from parents and students**. This segment, particularly visible in Ghanaian Facebook posts, highlights a worrying information gap: parents and students in Accra are calling for basic and clear guidance on early symptoms, treatment centers, and protective measures. In this regard, the recent mpox data indicates that the outbreak driven by Clade IIb is predominantly affecting young adults and children under five, with about 28% of cases in under-5s and a majority of infections among males in hotspots like Accra and Western North Region [link]. This issue has already been flagged in AIRA Infodemic Report 166, where we noted recurring calls for official messaging and structured public health education.

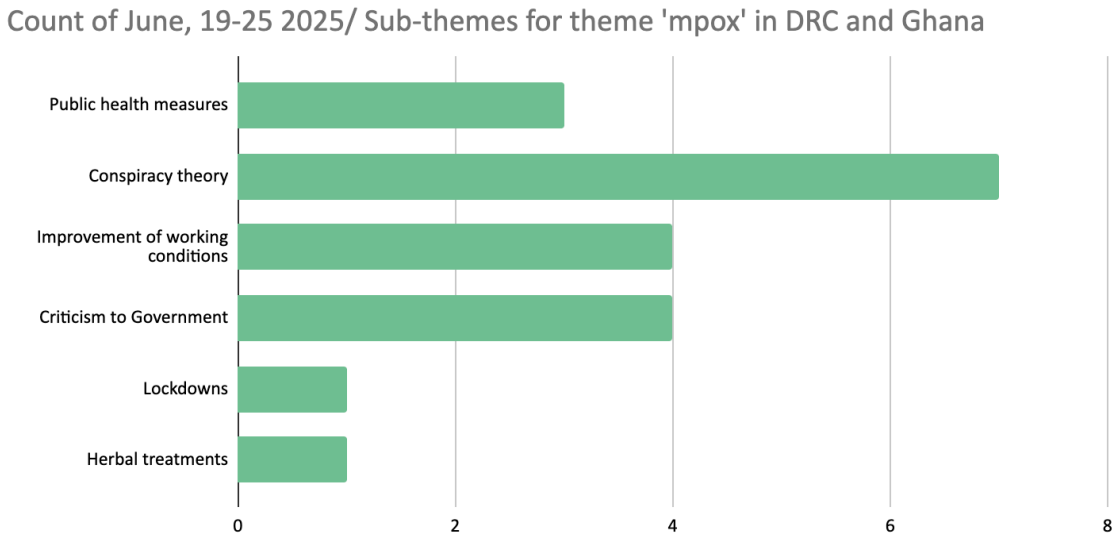
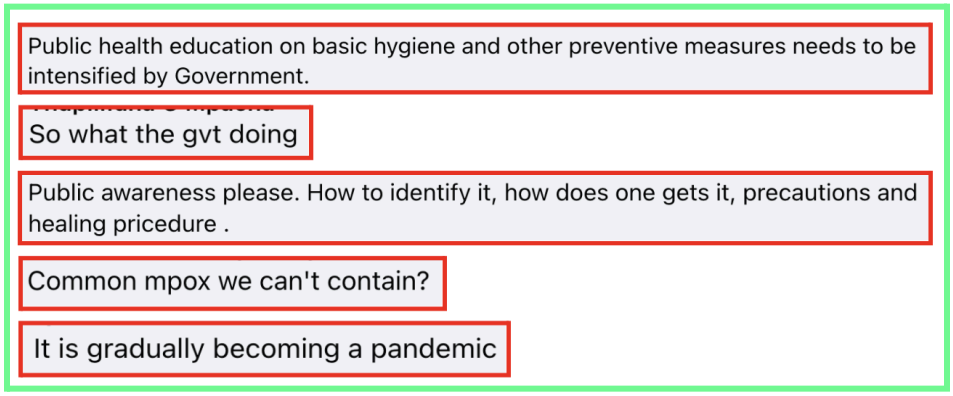


Chart 1. Number of sub-themes identified from June 19 to 25, 2025 in the Mpox theme (DRC and Ghana).[2]

☐ **Ghana:** As of 25 June 2025, the Ghana Health Service has reported a total of 133 confirmed cases of mpox nationwide, including 14 new cases in the most recent update [link]. No mpox-related deaths have been recorded since the beginning of the outbreak, and no patients are currently hospitalized.

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

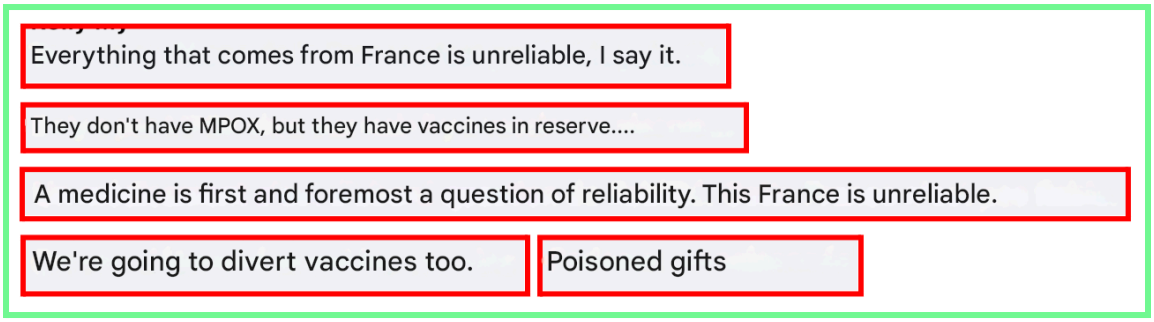
- While national-level disaggregated data by age or sex have not been published publicly, health officials have indicated that most cases have been reported in urban and peri-urban communities, particularly in densely populated areas [link]. **This epidemiological pattern helps explain why parents, teachers, and students appear to be among the most concerned segments of the population.** Their persistent questions and calls for information suggest that existing communication efforts may not yet be effectively addressing their specific fears about symptoms, transmission in school settings, and vaccine access.
- Commenters are primarily seeking clear and official guidance. They are calling on the government to strengthen basic health education, clarify symptoms, transmission routes, and preventive measures, and publish a clear schedule of interventions. Here are a few comments:



Box 1. Excerpts of online commentary identified in Ghana (comments originally identified in English)

- **DRC:** As of June 2025, the DRC remains the most affected country globally, with over 29,000 suspected cases and 812 deaths reported since January 2024 [link]. The epidemic is concentrated in conflict-affected provinces like Equateur, Tshuapa, and North Kivu, where insecurity hampers testing and treatment access. A newly identified Ib lineage and ongoing distrust toward the response continue to challenge containment efforts.
- In DRC **every new announcement about vaccine arrivals triggers a wave of messages questioning their origin, quality, and the financial integrity of the response.** This deep mistrust is rooted in past controversies around vaccine campaigns, including suspicions of expired or poorly stored doses, produced by foreign countries and broader perceptions of corruption in health procurement systems as described earlier. The lack of publicly accessible documentation has fueled persistent fears of unsafe or experimental products being offloaded onto Congolese populations. Numerous users suggest that a foreign donor is taking advantage of the crisis to offload “dangerous” or “experimental” doses and publicly question whether funds meant for procurement and distribution are being misused.

- ☐ However, the current skepticism surrounding mpox vaccination in the DRC is not merely the result of isolated incidents. **It is also rooted in a broader and long-standing crisis of trust shaped by past public health responses.** According to an analytical brief from the Social Science in Humanitarian Action Platform (SSHAP), communities across the DRC particularly in conflict-affected areas have r**epeatedly expressed frustration with top-down approaches marked by opaque decision-making, exclusion from planning processes, and inconsistent information about vaccine eligibility and safety.** These experiences have fostered a perception that international actors operate with hidden agendas, often reinforcing fears that vaccines are imposed rather than offered transparently and respectfully.
- ☐ As such, the arrival of 100,000 mpox vaccine doses donated by France on June 10, 2025 [link], reignited these concerns in some communities, where fears of unequal access, corruption, or experimentation remain strong.



Box 2. Excerpts of online commentary identified in DRC (comments originally identified in French and translated via Google Translate)

Why is it concerning ?

- ☐ **In Ghana, the absence of clear, practical communication from official channels has created a vacuum quickly filled by unofficial sources.** The public is actively seeking guidance on early symptoms, diagnostic facilities, and timelines for response but in its absence, misinformation spreads.
- ☐ **This could lead to self-medication, delayed care-seeking, and increased exposure to unverified treatments promoted online.** Evidence shows that self-medication is a widespread public health issue in Ghana: over **50% of adults** and nearly **65% of pregnant women** reported self-treating illnesses without professional advice often due to long wait times at clinics and the perceived triviality of symptoms [link].
- ☐ **In DRC,** national authorities have prioritized most exposed populations and high-risk contacts in outbreak hotspots such as Kinshasa, Tshuapa, and Sankuru

with the recent arrival of limited doses of the mpox vaccine [link]. However, the long mistrust on foreign intervention or foreign-donated vaccines may lead communities to openly resist vaccination, **often turning to traditional herbal remedies perceived as more trustworthy, more affordable and locally grounded.** This reluctance not only hinders vaccine uptake among priority groups, but also increases the risk of continued transmission, particularly in densely populated urban areas.

What could we do about it?

- ☐ **Make information accessible for all:** to address the lack of practical information, the Ghana Health Service could establish a national "mpox hub" that updates regularly with confirmed case numbers. While this content is already summarized weekly on the service's official channels, it could be made more accessible through radio spots, district-targeted SMS alerts, or posters at bus stations and university campuses.
- ☐ **These efforts should be coupled with targeted community engagement for those segments of the population most affected and requesting information (youth, parents)** on symptoms, public health measures and modes of transmission, in line with the WHO's community engagement best practices for mpox prevention. These methods could be prioritized in the most affected areas, such as the Western Region (which accounts for over 70% of confirmed cases), Greater Accra, and Ashanti.
- ☐ **Help people understand how vaccines are thoroughly reviewed and tested.** In Kinshasa, greater transparency about national vaccine validation processes is essential in order to regain people's trust in vaccine procurement and safety. A press briefing could be organized by the GTCV (Technical Advisory Group on Immunization), the multisectoral body responsible for assessing and approving each batch before distribution. Publicly presenting their evaluation criteria, quality control protocols would reassure the population and provide concrete proof that every dose complies with national and international health standards.
- ☐ **Remain transparent about mpox funds allocation.** To address suspicions of misappropriation, communication strategies with the media and public about the mpox funds allocation and measures to improve accountability could help improve public trust in the government.

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)
- WHO Episode #124 - mpox: what you need to know

Journalists & Fact-Checkers

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

Mpox vaccines

- WHO Mpox Q&A, vaccines
- WHO Mpox immunization
- WHO – RCCE Bank of messages for mpox

Region-wide

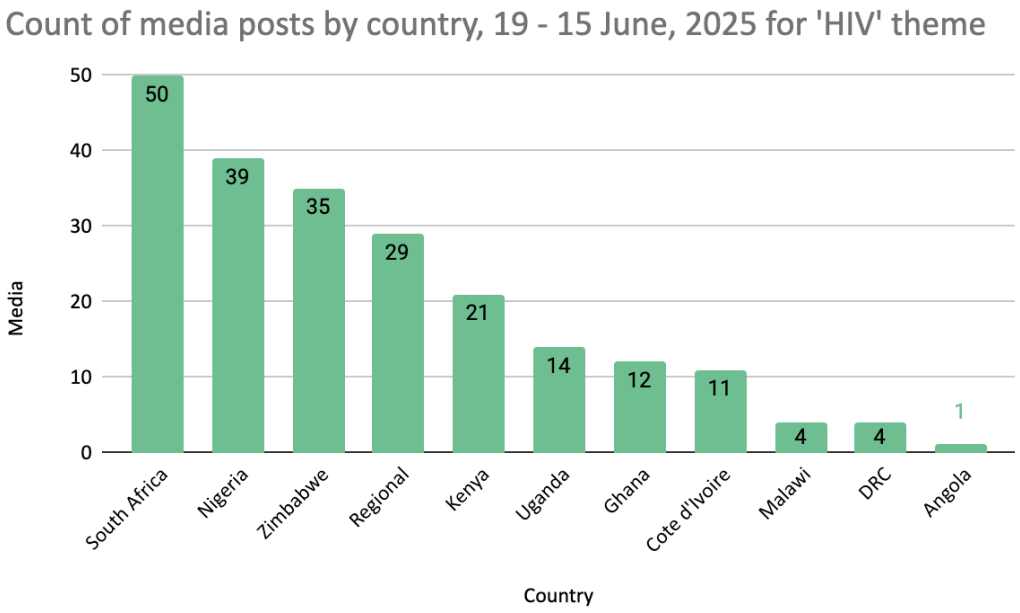
HIV: online reactions to Lenacapavir, long-acting injectable for HIV prevention, highlights confusion around availability in Africa and information gaps on STI prevention

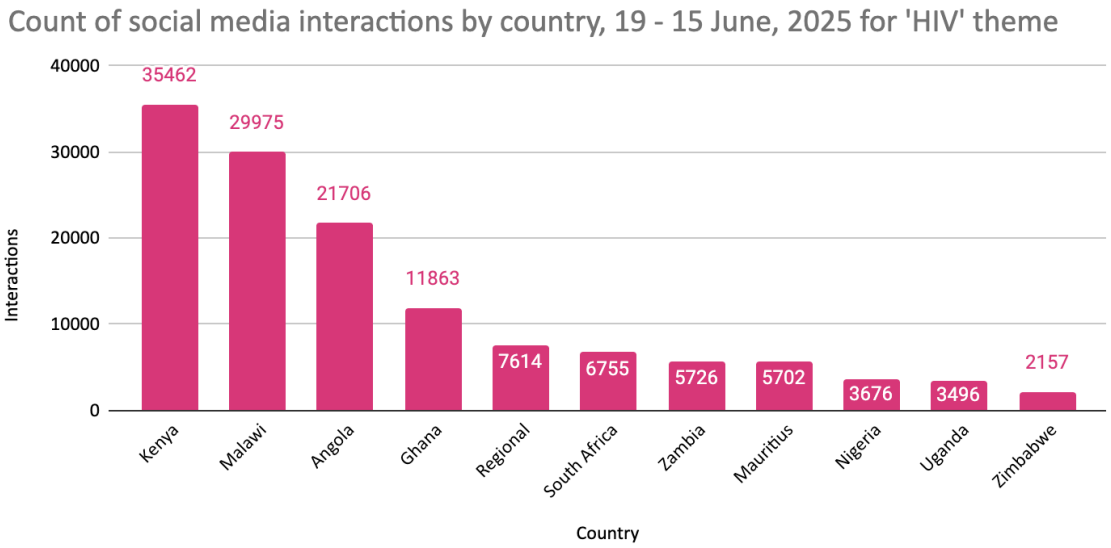
Engagement : 34 posts, 51 700 reactions, 11 535 comments, 2 857 shares/retweets[3]

- ☐ On June 15th, the U.S. Food and Drug Administration approved a new prophylactic injection to prevent HIV [link]. While pre-exposure prophylaxis (PrEP) to prevent HIV has been available for a decade, it typically requires taking one pill a day. Lenacapavir simplifies this by requiring only two injections per year [link]. Clinical trials—including one conducted in sub-Saharan Africa with 2,000 women [link]—have shown that it reduces the risk of HIV transmission by more than 99.9% [link].
- ☐ While the availability of this injection is not yet foreseen in African countries, **the announcement had a significant echo across the continent,** with hundreds of

[3] These posts were the ones identified containing infodemic-relevant data points, following a preliminary search of the following keywords ("HIV") OR ("VIH") OR ("SIDA") OR ("AIDS") OR ("condom") OR ("sexually transmitted") OR ("antirretroviral") OR (anti-retroviral) OR ("ARV") OR ("ART") OR ("PREP") OR ("pre-exposure prophylaxis"), applied to content in **all languages** and **published in Africa** between June 19 and 25, 2025. This search originally resulted in 320 media articles with 46 500 interactions.

media outlets reporting on it and thousands of social media interactions being recorded (320 media articles and 46 500 interactions on social media, as per our search).





Charts 2 and 3. Counts of media articles and social media interactions related to 'HIV' theme with a country-level breakdown for most relevant countries and identified from June 19 to 25, 2025 (region-wide).[4]

- As illustrated in the charts, **English-speaking countries in sub-Saharan Africa prominently feature in both media production and social media engagement (Facebook) on HIV-related issues.** Internet penetration could also play a role in the high volume of interactions. However, we can observe countries from eastern Africa

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

with low internet penetration (i.e. Malawi) which are overperforming in terms of interactions on the issue. Certain countries exhibit particularly noteworthy figures:

- **Kenya** stands out as a key digital engagement hub, generating the highest social media interactions despite a moderate number of articles and an internet penetration rate of 48% [link]. This reflects strong public interest amid a 3.3%-4.3% HIV prevalence [link], [link] and significant impacts from recent PEPFAR funding cuts [link], which have in fact been widely discussed and recorded in our data in the last weeks.
- **Malawi,** with only 4 articles but nearly 30,000 interactions and a lower internet penetration of 18% [link], shows high engagement, potentially driven partly by its high HIV prevalence of 8.9% (one of the highest in the region) [link], and influential youth-focused media like Mikozi Network which accounts for almost one third of all interactions - showing a significant viral behaviour.
- **South Africa,** the hardest-hit country with 7.7 million people living with HIV [link] and a 17.1% adult prevalence rate [link], leads in media coverage (50 articles) but experiences moderate engagement despite 78.9% internet penetration, likely due to potential fatigue and normalized discourse around HIV/AIDS, especially after the PEPFAR budget cuts, which have also been widely recorded in our social listening data.
- **Angola,** meanwhile, saw viral engagement from just one article, likely spurred by misleading media headlines about an HIV *and* AIDS vaccine rather than an accurate reporting on the long-acting prevention injectable.

☐ The thematic analysis of online conversations reveal an almost consequent correlation with these countries, being the most relevant narratives the following ones:

1. **Concerns about potential costs,** particularly regarding access for vulnerable groups, are driving worries about equity in access to medicine.
2. **Information gaps that point to a confusion between HIV prevention and treatment options, and questions about available treatment.**
3. The emergence of **harmful narratives by common netizens downplaying the need for condom use—due to the alleged availability of this new injection in Africa—highlights a critical gap in broader STI prevention messaging.**

While many of the comments were made in an ironic or humorous tone, this may downplay the seriousness of the misinformation and hinder effective public health messaging.

- ☐ Yet, on a more positive note, when users demonstrated confusion between HIV prevention and broader STI prevention methods, others quickly stepped in to correct them, often with accurate and constructive information. This peer-to-peer correction dynamic is encouraging, as it suggests a form of community self-moderation.

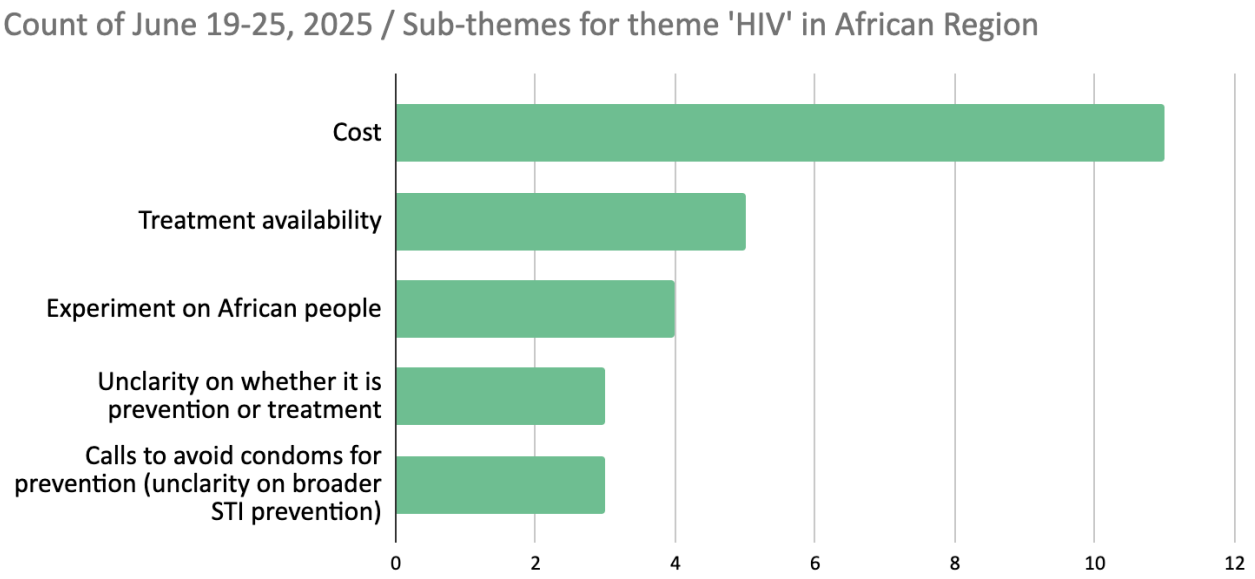


Chart 4. Number of sub-themes identified from June 19 to 25, 2025 in the HIV theme (Africa region).[5]

Why is it concerning?

- ☐ **The African continent continues to be the most affected by the HIV epidemic.** In 2023, 26 million people were living with HIV, representing two-thirds of global HIV cases. The region accounted for around 50% of the world's new HIV infections (around 1.3 million), with 640,000 newly infected in Sub-Saharan Africa alone [link]. Yet, the region has made significant progress in the last decades, having reduced new HIV infections by 56% since 2010 [link]. The most affected population in the HIV epidemic across Sub-Saharan Africa is **adolescent girls and women, aged 15-49 years, who are also the population at highest risk of new HIV infections** [link], [link], [link]. In addition to this, tuberculosis (TB) remains the leading cause of death among people living with HIV in Sub-Saharan Africa, with

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

HIV-positive individuals being up to 20 times more likely to develop active TB due to compromised immunity [link], [link]. Malaria co-infection also poses a significant burden, especially in pregnant women living with HIV [link].

- ☐ Similarly, **Sub-Saharan Africa (SSA) has the highest prevalence of sexually transmitted infections (STIs) globally [link], making it essential to stress preventive methods.** The region accounts for the majority of new hepatitis B infections [link], shows rising rates of chlamydia [link], and has the highest prevalence of human papillomavirus (HPV) infection among women worldwide [link]. Syphilis also remains highly prevalent among people living with HIV in this region, commonly linked to adverse reproductive health outcomes and an increased chance of HIV infection [link].
- ☐ **The confusion surrounding whether Lenacapavir is a preventive measure or a cure, along with misconceptions about its current availability in Africa, is concerning—especially when paired with calls for unprotected sex.** These narratives are not new, as some studies already suggest inaccurate comprehension of PrEP or misconceptions about whether it is prevention or treatment, especially among girls and young women [link], [link]. These narratives are particularly concerning given ongoing funding cuts from USAID and PEPFAR, which have significantly weakened HIV prevention services in the region—including condom distribution, PrEP access, community engagement, and health education [link].
- ☐ The discontinuation of prevention efforts, heavily supported in community engagement, is **likely to take a serious toll on affected communities' access to safe, accurate, and trustworthy information.** In contexts where HIV-related stigma remains prevalent, individuals may avoid public spaces or online public platforms to seek support or disclose their status, turning instead to small, trusted circles for guidance. If these peer groups are not well prepared to channel accurate information, this situation can limit access to verified information and make people more vulnerable to misinformation.
- ☐ In 2024, UNITAID publicly called on Gilead, the manufacturer, to ensure accelerated and equitable access to this new HIV prevention product worldwide [link]. Yet, Gilead's response about licensing and plans for availability in Africa are yet unclear [link]. For people in the world's most impacted region, **seeing such a breakthrough which was initially tested in Africa, only available in the USA and priced out of reach can fuel frustration and deepen concerns**—particularly at a time when access to PrEP and ART is already being severely disrupted and research for an HIV

vaccine in the region has suffered from discontinuation due to disappointing trial results and funding cuts, most recently in March 2025 [link]. These frustrations could be further reprised to further promote conspiracy theories on vaccine production.

What could we do about it?

- ☐ **Public health authorities should clearly communicate that Lenacapavir is not yet available in African countries,** while outlining concrete steps being taken to secure access. These communications should be paired with local information about currently available HIV prevention methods (such as oral PrEP, PEP, condoms, and Antiretroviral Therapy (ART), acknowledging existing challenges in access.
- ☐ **Launch clarifying public education campaigns on HIV prevention vs. treatment and share updated information on available services for both.** Use simple messages that help people navigate the complexities of HIV infection and support the message with visual explainers.
- ☐ **Emphasize the continued importance of condom use for the prevention of both HIV and other sexually transmitted infections (STIs).** While medical breakthroughs such as Lenacapavir represent a major achievement, just as PrEP or Antiretroviral Drugs (ARVs). It is essential to communicate that these methods do not protect against other serious STIs like syphilis, HPV, or gonorrhea. All HIV prevention messaging should integrate broader STI education, underscoring that condoms remain the most effective and widely accessible prevention method.
- ☐ **Support CSOs working with people living with HIV.** In the absence of formal support, people rely on peers—who may or may not have the right information. Equipping these networks and influencers with accurate information on treatment availability is essential, as well as training them to identify dangerous rumours, fact-check content or conduct safe digital engagement for their communities. These case studies from eastern and southern Africa can provide some insights on community-led organizations at the forefront of HIV prevention.

Key resources to address information gaps on STI prevention and broader concerns on long-acting prevention for HIV

Resources/Content for social media

- WHO - Social media tiles to educate about condom use
- FHI 360 - Toolkit to design social media campaigns that promote condom use
- Viral Facts Africa resources on HIV

Resources for journalists & fact checkers

- UNAIDS - Key facts about HIV, prevention and treatment
- WHO - Key facts about STIs and prevention
- WHO - Key facts about condoms's role in preventing STIs, including HIV
- WHO - Key facts about Lenacapavir (upcoming WHO guidelines to be released on July, 14th 2025)

Guidelines

- Global HIV Prevention Coalition - Resource Hub

Ghana

HPV: fears of infertility and suspicions of "experimentation" overshadow the launch of the Human Papillomavirus vaccine campaign in Ghana

Engagement : 10 posts, 2 915 reactions, 33 shares[6]

- ☐ The Ministry of Health in Ghana, in collaboration with the Ghana Health Service (GHS), Gavi, UNICEF, and the World Health Organization (WHO), is preparing to launch a nationwide HPV vaccination campaign in September 2025 aimed at girls aged 9 to 14 years old through a school-based delivery strategy [link]. While HPV vaccination pilots took place in 2013, 2015, and 2017 in selected districts, this mid-June shipment is for a nationwide scale-up vaccination campaign. The official announcement and scale of the vaccination campaign explain the heightened visibility in media and online discussions this week.
- ☐ The analysis of online discussions reveals four main narratives, mainly originating from Facebook comments :
    1) **Vaccine safety concerns** dominated the conversation: half of the comments claimed the vaccine causes infertility, while the other half feared unknown side effects.
    2) **Calls for more practical information and fairness** raised issues of vaccine cost, the apparent exclusion of boys from HPV planning, and the need for broader public awareness efforts.

[6] These posts were identified as containing infodemic-relevant data points, following a preliminary search using the following keywords: ("HPV") OR ("papillomavirus") OR ("infertility") OR ("HPV vaccine") OR ("cervical cancer") OR ("vaccination for girls") OR ("HPV side effects") OR ("sexual health") OR ("school vaccine campaign"), applied to content in **all languages** and **published in Africa** between June 19 and 25, 2025. This search originally resulted in 28 media articles with 885 interactions.

3) **Positive reactions of relief** welcomed the arrival of the vaccine that has been "long awaited" to prevent cervical cancer.
4) **The narrative of "experimentation on Africans"** revived post-COVID concerns about Africans being used as test subjects.

☐ These narratives are not unique to Ghana. Similar concerns particularly regarding infertility, gender-based exclusion, and suspicions of experimentation, have been documented during HPV vaccine introductions in several African countries. Most recently, AIRA Infodemic Trends Report 05-11 June 2025 highlights common concerns ahead of the introduction of HPV vaccine in immunization programmes in Namibia. This pattern suggests that such narratives are predictable and recurrent, and infodemic management plans should be anticipated in future rollouts.

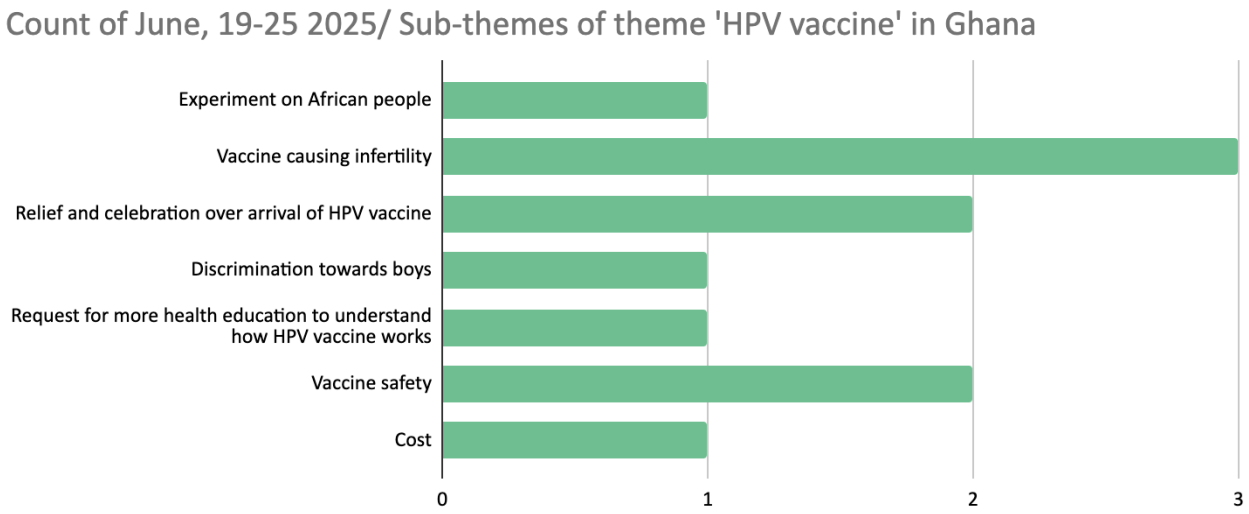
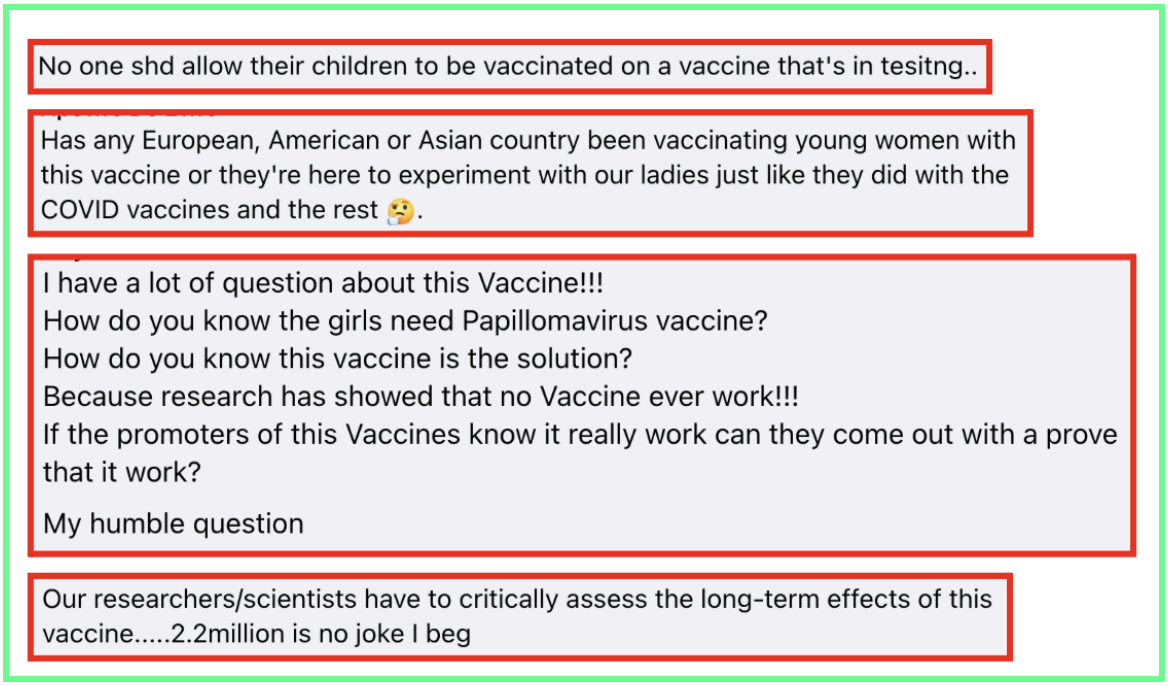


Chart 5. Number of sub-themes identified from June 19 to 25, 2025 in the HPV theme (in Ghana).[7]

☐ **Concerns about vaccine safety** dominated early reactions to Ghana's HPV campaign, with many commenters expressing fears that the vaccine could cause infertility or produce unknown long-term side effects.

☐ **Users are also calling for clarity on several operational aspects: "***Is the vaccine really free?", "At what age should girls receive it?", "Which schools and health centers will participate?", "Why are boys not included?"*

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



Box 3. Excerpts of online commentary identified for Ghana (comments originally identified in English)

Why is it concerning ?

- ☐ According to the Information Centre on HPV and Cancer's Fact Sheet (2023), **cervical cancer kills over 2,000 women each year in Ghana, equivalent to more than five deaths per day** [link]. This makes it the second leading cause of cancer death among Ghanaian women aged 15–44, a rate significantly higher than the global average [link].
- ☐ **HPV vaccination is one of the most effective ways to protect girls and women from cervical cancer.** It protects against HPV types 16 and 18, which are responsible for approximately 70% of all cervical cancer cases worldwide [link]. Despite this, information gaps, misinformation and disinformation surrounding HPV vaccines are widespread across the African continent. The AIRA Infodemic Trends Report 165 of (5–11 June 2025) documents public confusion, false claims about infertility, and distrust in school-based vaccination programs, all of which mirror trends seen in Ghana and other countries.
- ☐ Promoting HPV vaccine uptake is essential to protecting girls and reducing the cervical cancer burden in the region given that **access to diagnostics and HPV screening in Africa is still severely limited**—fewer than 6% of eligible women in Africa have ever been screened for cervical cancer, with most of them detected too late for effective intervention [link].

What could we do ?

- ☐ **Tackle infertility myths and safety concerns head-on:** develop clear, repeated messaging that directly addresses the two dominant rumors: infertility and experimentation. A simple fact sheet, such as this one, endorsed by trusted Ghanaian medical authorities should explain that the HPV vaccine has been safely used for over 15 years in more than 100 countries, with no evidence of increased infertility risk in any surveillance study [link]. Use community radio, WhatsApp groups, and short video testimonies from survivors of cervical cancer to make the information relatable and credible. This approach is especially relevant in Ghana, where the information ecosystem is both diverse and highly stratified over 80% of households own a radio, and mobile phones and WhatsApp are widely used, making these channels ideal for reaching large segments of the population [link].
- ☐ **Expand public education on HPV and cervical cancer prevention:** current debates show that many people do not understand what HPV is and how it can lead to cervical cancer, how it spreads, or why early vaccination matters. A set of FAQs for use by school teachers, nurses, and religious leaders can help in bridging this gap. Moreover, this training here can equip health care workers with knowledge, skills, confidence and resources to better communicate about the HPV vaccine.
- ☐ **Answer questions about the who, where, when, and at what cost :** to prevent confusion, the Ghana Health Service could publish and widely disseminate a simple, province-by-province calendar listing participating schools and health centers, the schedule for mobile vaccination teams, and both dose dates. It should also clearly confirm that the vaccine is **free of charge** and monitor compliance with this. This calendar can be shared via parish announcements, local radio, and SMS alerts to reach households even in areas with limited internet access. In addition, toll-free hotlines should be promoted as a trusted channel to ask questions, get vaccination details, or report concerns.

Key resources to address concerns on HPV vaccines

Resources/Content for social media

- WHO short video on how the HPV vaccine works
- WHO short video to explain vaccine surveillance for side effects
- Viral Facts Africa Social Media kit for HPV Vaccines (explainers) - please, get in touch if you need any of them adapted to your language!

Resources for journalists & fact-checkers

- Africa Check Fact Checking on HPV Vaccine Safety
- Full Fact Fact Checking on HPV Vaccine Safety and Effectiveness
- AFP Fact Check on Dr Wahome Ngare claims on vaccines and infertility
- WHO Training module to better communicate about HPV vaccine and facilitators' guide here

Trend to watch

Vaccine safety: unfounded claims resurface following U.S. statement of intent to discontinue financial support to Gavi, the Vaccine Alliance

☐ Since 25 June 2025, **a pre-recorded video has been circulating following its screening at the Gavi pledging summit earlier that day.** The video announced plans for the United States to withdraw financial support from Gavi, which currently represents 13% of the organization's total funding and making the U.S. its third-largest donor [link]. The video included **some inaccurate messages and potentially harmful narratives regarding vaccine safety** that merit attention and warrant clarification:

1. Allegations that Gavi is "ignoring science" and "putting children at risk" by allegedly bypassing patient safety issues in vaccine clinical trials.

Clarification: Any decision made by Gavi with regards to its vaccine portfolio is made in alignment with recommendations by the WHO's Strategic Advisory Group of Experts on Immunization (SAGE), a group of independent experts that reviews all available data through a rigorous, transparent, and independent process. This ensures Gavi investments are grounded on the best available science and public health priorities [link].

2. Misleading assertions about the safety of the diphtheria-tetanus-pertussis (DTP) vaccine, citing a study already rebutted and contextualized by experts [link],[link].

Clarification: DTP vaccines protect against three infectious diseases that primarily threaten children. Diphtheria is a highly contagious bacterial infection that kills 5% to 10% of those infected, mainly under 5 children. Neonatal tetanus is a major killer

of newborns. Pertussis (whooping cough) is a highly contagious and serious respiratory disease that spreads easily and is fatal in 1 in 200 cases among infants.

There are two types of vaccines that exist to protect infants against diphtheria, tetanus and pertussis:

- DTPw (whole-cell pertussis) tends to produce a stronger, longer-lasting immune response but can cause temporary side effects such as redness and swelling at the site of injection, or fever.
- DTaP (acellular pertussis) is considered to cause fewer such reactions than DTPw, but evidence also suggests it offers less long-lasting protection, requiring more regular booster shots.

Having reviewed all available data, including any studies that raised concerns, global immunization experts continue to recommend DTPw for infants in high-risk settings. The disease burden for diphtheria, tetanus and pertussis in lower-income countries is much higher than in high-income countries, and health systems are far less equipped to offer frequent booster doses. For these reasons, SAGE recommends the use of DTPw which offers longer-lasting protection [link]

- ☐ Discussions in response to the video, especially in X (formerly Twitter) reveal **persistent concerns about mRNA technology,** alongside widespread information gaps and **misconceptions about how scientific evidence is produced** and validated.
- ☐ Many online users also question the **legitimacy of global health actors** and express suspicion toward scientific consensus, citing a lack of transparency.
- ☐ Following the planned release of a report on flu vaccines by the US CDC [link], **new unfounded claims have also emerged, linking thimerosal—a vaccine preservative—to autism.** Although this alleged connection has already been thoroughly debunked and discredited by the global scientific community [link], public discourse around it has resurfaced.

Key resources to address concerns on vaccine safety

Statements

- GAVI public statement
  - Covering decision-making processes and expert recommendations
  - Debunking DTP vaccine safety allegations and review of available scientific evidence to support its implementation

- Editor-in-Chief, The Lancet on the scientific evidence supporting vaccines' safety and benefits
- International Pediatric Association's statement in support of Gavi's replenishment

Resources for debunk

- Vaccine safety: recent study published in The Lancet on the contribution of vaccination to improved survival and health in last 50 years (including DTP vaccines)
- Thimerosal: series of resources from FDA clarifying what thimerosal is, debunk the unfounded link between thimerosal and autism
- Africa Check: fact-check on vaccines and autism
- Thimerosal and autism: review of evidence by US CDC on thimerosal-containing vaccines and neurodevelopmental outcomes, concluding no evidence of harm from the use of thimerosal as a vaccine preservative

Explainers

- Viral Facts Africa explainer on mRNA technology

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.