



**Africa Infodemic
Response Alliance**

A WHO-HOSTED NETWORK

Introduction

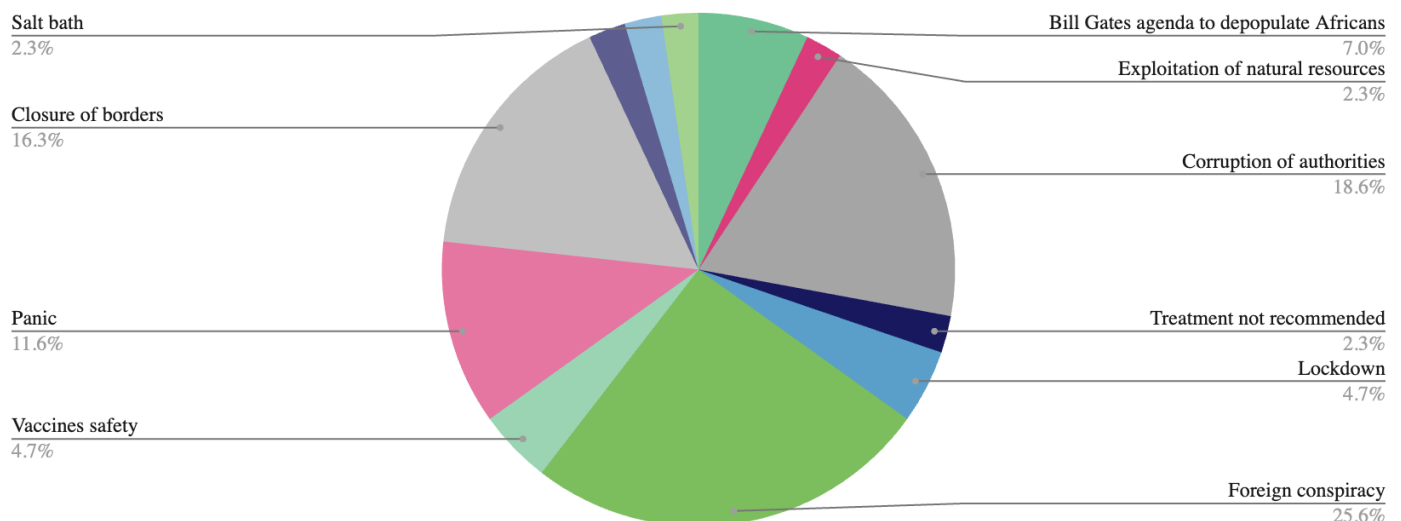
What is this report about ?

This report aims to provide infodemic managers, communicators, and public health professionals with key insights on the infodemic that can help guide public communication, media production, or risk communication and community engagement (RCCE) in ways relevant to community needs, as well as inform public health policies and programs. This report is produced every two weeks by the **Africa Infodemic Response Alliance (AIRA)**, a network hosted by WHO that brings together international and regional organizations with the objective of detecting and countering health misinformation and improving information ecosystems in the African Region.

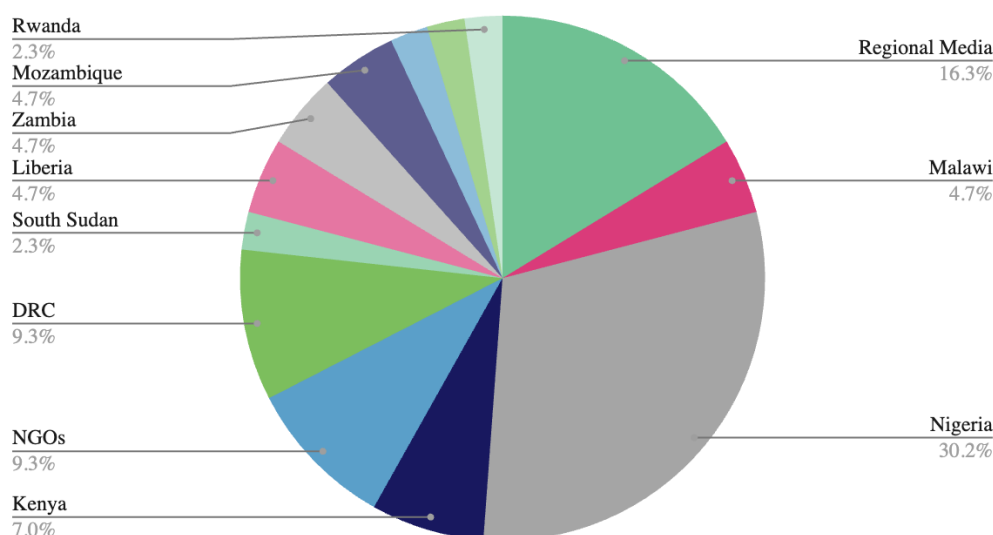
What did we find during this period ?

- Between September 1st and 15th, 2025, the announcement of an Ebola outbreak in the DRC on September 4th, 2025 [\[link\]](#) triggered a peak in media and public attention, with a high point around September 5th and a gradual decline after the 7th. During the window from August 30th to September 9th, 252 articles were published, generating over 7,100 social media interactions (Facebook, YouTube, Instagram, and TikTok(1)), with online commentary far exceeding media coverage, illustrating a common observed pattern for disease outbreaks: official alert, media reaction, public resonance, return to calm.

- Across the whole period (September 1–15), regional analysis identified 324 articles and 7.8k (2) social interactions, with most harmful narratives appearing within the first 48 hours in the form of conspiracy stories about resource exploitation or depopulation agendas, suspicions of corruption, unproven remedies such as salt baths, and controversies over vaccines and calls for tighter border controls. These dynamics align with the 61 online and community signals (3) collected during the period, dominated by fear, suspicion, and calls for “strong” measures.



Graph 1 Distribution (%) of subjects identified in our data from September 1 to 15, 2025 (4).



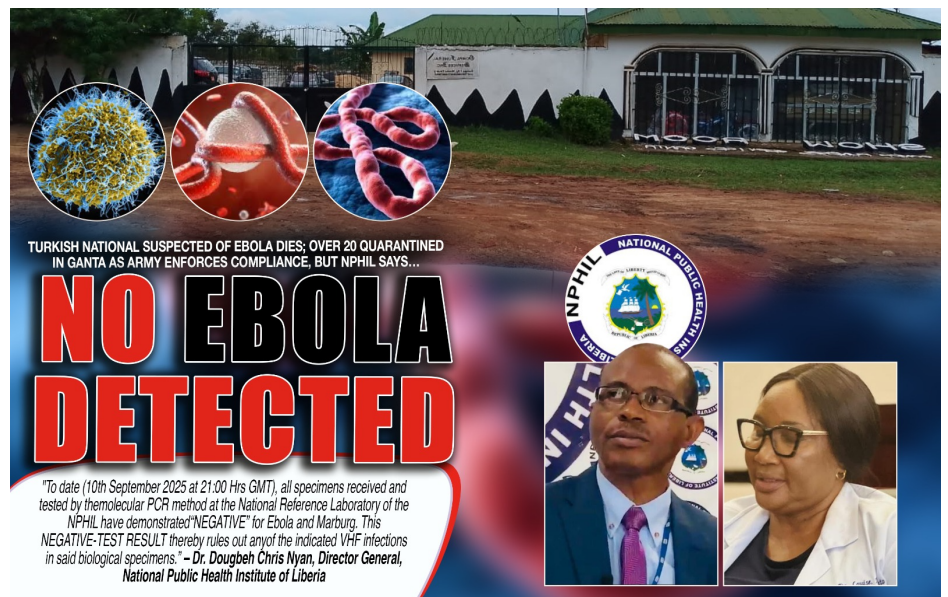
Graph 2. Distribution (%) of countries (by source of media or social media page) identified in our data for the same period (5).

The most frequently discussed topics during this period include:

A) Fears, risky behaviours, and conspiracies : In the DRC, data from offline sources in Kasai province reveal intense fears of Ebola infection, with particular concern in Mweka and Bulape. Communities report people avoiding health facilities, some fleeing to the fields or leaving treatment centres prematurely, while others demand a stronger, more visible response to contain the outbreak. A rapid assessment of the CREC pillar in Bulape shows that, despite partial knowledge of symptoms, many residents continue risky practices: turning first to traditional healers, rejecting safe and dignified burial protocols, and delaying visits to treatment centres. These behaviours are reinforced by mistrust of health structures and rumours such as “the vaccine causes sterility” or “response teams steal organs.”

Online, Ebola is frequently portrayed as “manufactured” or instrumentalised, linked to economic interests, fuelling recurring accusations of corruption or “business” around the emergency. In Nigeria, Kenya, and South Africa, the DRC announcement revived transnational conspiracies about “bioweapons” and depopulation, with a largely negative tone dominated by fear and suspicion. In Malawi, Zambia, and Mozambique, these narratives merged with anger over “porous borders” seen as risk vectors, while in Liberia, rumours about a suspected Ebola case later denied by the Ministry of Health and the National Public Health Institute of Liberia (NPHIL) [\[link\]](#) fostered anxiety and calls for vigilance.

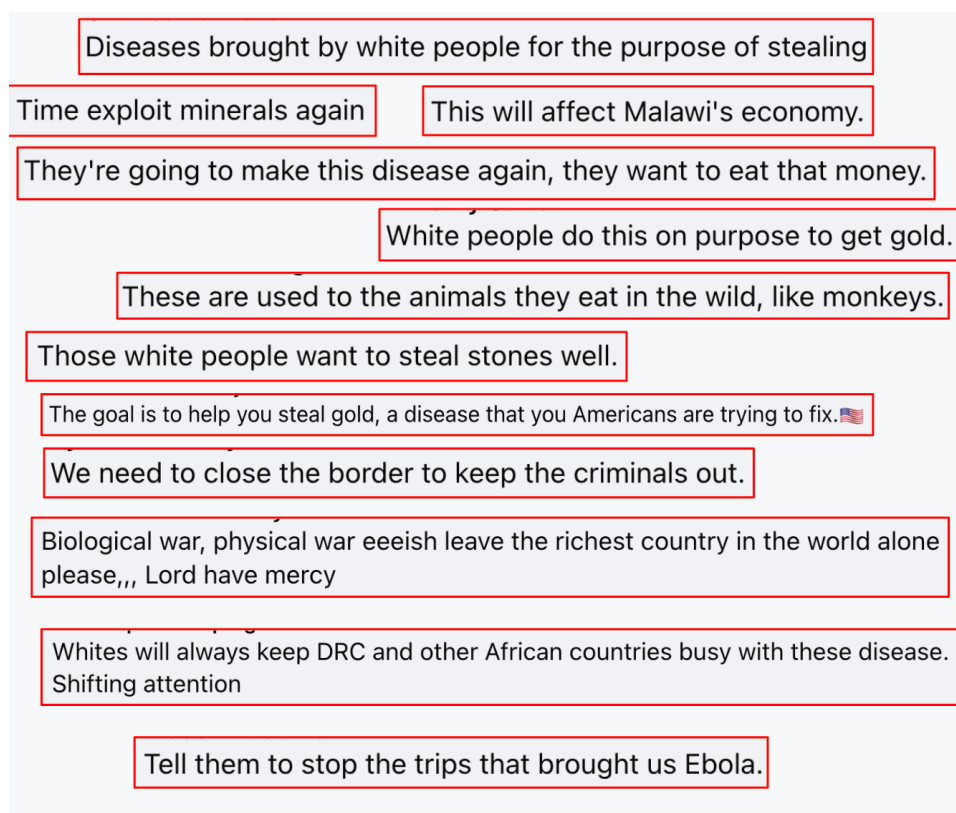
B) Preventive measures and border controls : In Nigeria, the announcement of reinforced entry-point checks, issued by the Federal Ministry of Health and the Nigeria Centre for Disease Control (NCDC) [\[link\]](#) as part of preparedness measures following the Ebola outbreak in the DRC had a double effect: relief among those associating visible controls with immediate protection, and skepticism linking the measures to corruption, misused funds, or opaque communication about purpose, duration, and application. In Zambia, Malawi, Mozambique, Rwanda, and South Sudan, discourse quickly shifted to calls for outright closures, fueled by “bioweapon” stories and “foreign interference” framing Ebola as an imported risk serving external agendas such as getting control over DRC’s mineral resources. The comments online and offline show the symbolic role of borders: they are perceived as tangible proof of state action. The public demands more information about the public health measures in place to contain the outbreak and trace the suspected cases. With information gaps, suspicions can thrive and tap into pre-existing grievances (inefficiency, diversion of funds, impunity). Ultimately, calls for border closures are not only health-driven but emotional shortcuts to “take back control.”



Example of headlines about the Ebola outbreak in [Nigeria](#) (left) and [Liberia](#) (right)

C) Vaccine safety : Discussions revisit long-standing controversies, with three dominant narratives observed in several countries. First, alleged toxicity and “poison” rhetoric recycle mental images and keywords from the COVID-19 pandemic, now applied to current vaccines (mpox, HPV). Second, suspicion toward “science” itself, focused on clinical trials (placebos, protocols, long-term effects), which becomes a frame for challenging campaign legitimacy and demanding guarantees impossible to meet in crisis tempo. Third, aggregation into broader depopulation and foreign domination stories, turning technical questions (dose numbers, expected post-injection effects) into identity and geopolitical debates. In the DRC, these concerns coexist with very practical requests for basic information, suggesting part of the audience is not hostile but simply seeking reliable guidance. In Nigeria, Kenya, Zambia, and Malawi, cross-border content and memories of past scandals sustain a wary vigilance that extends beyond the specific vaccines and can undermine other routine programs.

Here are some examples of comments :



What community data from past Ebola outbreaks tell us :

Community feedback from previous Ebola outbreaks shows recurring patterns :

- **Fears and non Compliance with public health and social measures (PHSM):** people avoid health facilities or leave treatment centres, while turning to traditional healers.
- **Mistrust and rumours:** stories of organ theft, vaccine sterility or “hidden agendas” quickly undermine confidence in care and safe and dignified burials.
- **Conspiracy theories:** the virus is often framed as foreign-made or linked to “business” or resource exploitation.
- **Shifts over time:** initial anxiety focuses on the origin of the disease and border measures; later, attention turns to symptoms, treatment, vaccine safety, then stigma and survivor reintegration.
- **Persistent risks:** unproven “remedies,” politicisation border controls, and delayed communication on survivors (e.g. Bulape) can fuel mistrust if not addressed early.

Acting fast on these themes helps contain rumours and sustain cooperation throughout the response.

Overview per public health priority

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This section presents an overview of the most relevant issues identified in our data, classified according to the main public health emergencies. While other topics were noted, we focus on those whose frequency and relevance allow for informed discussion and operational guidance.

PUBLIC HEALTH EMERGENCIES

EBOLA (6)

High risk

Democratic Republic of Congo

Community data collected between September 1st and 15th, 2025, shows that the Ebola outbreak continues to generate concerns in several areas of Kasai. In Mweka and Bulape, residents reported suspected cases and deaths, with a climate of fear leading some to flee to the fields or avoid health facilities. Testimonies also indicate that some patients leave health centers prematurely due to a lack of reassuring information about care.

Calls received via the 151 hotline point to a clear need for practical answers: recognizing symptoms, preventive actions, availability of care, and where to seek help. Communities also express the desire for a visible presence of response teams in villages, indicating that trust depends as much on access to reliable messages as on the perception of concrete action on the ground.

This fear, fueled by uncertainty, has generated strong calls for border closures or lockdowns.

CHOLERA (7)

Medium risk

Democratic Republic of Congo, Tchad, Zambia

Cholera remains a concern in community feedback. In the DRC, reports from community feedback mechanisms and the call centre indicate a lack of medicines and inadequate water and sanitation infrastructure, sustaining fears about the outbreak. In Chad, online discussions emphasise the urgency of sensitising affected populations and strengthening the distribution of treated water or disinfectant products, while some messages call for stricter measures, such as locking down affected towns. In Zambia, conversations link rising cases in the Northern Province to cross-border movements from Tanzania, raising questions about the origin of infections and the authorities' response.

At the same time, positive signals underline the effectiveness of simple measures, both online and offline, when applied visibly: chlorination campaigns, practical advice on boiling water, or washing hands before meals.

IMMUNIZATION

CULTURAL ADAPTATION OF VACCINE DISINFORMATION (8)

Medium risk

According to research by Code for Africa, disinformation groups recycle conspiracy narratives, such as claims that the tetanus vaccine in Kenya was used to sterilise women, or that polio and HPV vaccines are “poisoned gifts” for African children, and adapt them to local cultural realities. They draw on collective memories, for example rumours from Kenya's 1990s tetanus campaigns or mistrust linked to controversial clinical trials in Nigeria, as well as on religious or community figures, such as church leaders, traditional chiefs, or pan-African influencers, to lend credibility to their messages.

These narratives spread across borders, notably between Kenya, Nigeria, South Africa, and Cameroon, via platforms such as Facebook, X/Twitter, and TikTok, fuelling regional mistrust towards vaccination campaigns (HPV, polio, mpox) and response measures to epidemics like Ebola.

OTHER

MALARIA (9)

Medium risk

Togo, Nigeria, Ghana, Kenya

Across Ghana, Nigeria, Kenya, and Togo, online debate about the RTS,S/Mosquirix and R21/Matrix-M vaccines mixes legitimate questions (dose schedules, expected effects) with recycled COVID-era tropes (vaccines as “toxic,” depopulation agendas), alongside calls for clearer guidance on eligibility and timelines. In Kenya, the Ministry of Health's July 8, 2025 note on exploring collaboration with Malaria No More Japan and KEMRI to strengthen surveillance and accelerate elimination under the 2023–2027 strategy prompted renewed discussion about feasibility, funding, and comparisons with “local” solutions (see Ministry of Health: PS Muthoni explores collaboration to end malaria in Kenya) [\[link\]](#). Meanwhile, in Nigeria, Cameroon, Benin, and Togo, content promoting artemisia and other traditional remedies as “safer” alternatives to vaccines and artemisinin-based combination therapies continues to circulate, often amplified by religious and community figures. This scepticism toward “imported” interventions risks spilling over to insecticide-treated nets and seasonal chemoprevention, underscoring the need for locally grounded, evidence-based messaging delivered by trusted voices.

Signals from Sierra Leone, Kenya, Ghana, and Zambia reveal another challenge: beyond rumors about the virus's origin or mistrust of the Imvanex vaccine, some online exchanges spread vague advice or suggest relying on “natural remedies” rather than seeking medical care or vaccination. These narratives mix with claims that vaccines are “toxic” or linked to foreign agendas, blurring public understanding.

Trend to watch: Border restrictions and lockdown

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Calls to close borders or impose lockdowns remain marked reflexes in response to Ebola fears. In Nigeria, the announcement of reinforced entry-point checks provoked mixed reactions: some see them as necessary protection, others suspect a fundraising tool or corruption cover. In Zambia, Malawi, and Mozambique, voices demand immediate closures, often linked to “bioweapon” stories or resource exploitation in the DRC. In Rwanda, South Sudan, and Liberia, concerns focus on porous borders and the risk of cross-border spread, with some messages suggesting local authorities are slow to act.

What could we do?

- Strengthen the community feedback and infodemic management mechanisms in the DRC, for the Ebola-affected areas but also at the national level to address questions, concerns and rumours quickly. Health care workers and community health workers should also be included in those mechanisms and capacities reinforced.
- The DRC RCCE pillar report provides key suggestions to
- Strengthen cross-border surveillance and response capacities, and establish a communication plan to inform the public and media about the measures and rationale.
- In the DRC, survivors' stories can be very powerful to address communities' concerns and fears about treatment centers and debunk misinformation circulating online and in communities.
- For cholera, strengthen awareness of WASH practices in affected areas (DRC, Chad, Zambia) and highlight the tangible results of water disinfection campaigns.
- For mpox, clarify the safety and role of the Imvanex vaccine in affected countries (Sierra Leone, Kenya, Ghana, Zambia) and stress basic prevention measures.

Resource box

- **RCCE and Ebola preparedness–response:** operational guides and toolkits to support community communication in outbreak settings – [WHO: Ebola Virus Disease – Risk communication and community engagement](#)
- **Educational materials on vaccination:** info sheets, FAQs, and training resources for frontline relays – [WHO: Vaccine safety basics e-learning](#)
- **INSP-COUSP RDC** [Link](#)
- **Social media kit** Viral Facts Africa Ebola [Link](#)
- **Short message sets and adapted formats:** sample radio, SMS, or social media messages addressing Ebola origins, vaccine safety (mpox, HPV), and cholera prevention – [[lien](#)]

Methodology & Footnotes

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What is our methodology?

AIRA's methodology combines regional-level online social listening with offline data whenever available, depending on the local data-collection capacity of AIRA members. Online monitoring is complemented by systematic offline surveillance in the DRC, Kenya, and Nigeria to detect viral content circulating within communities. AIRA also relies on a broad network of more than 350 infodemic managers, RCCE practitioners, and fact-checkers who share relevant information, which is recorded for analysis.

Social media and online monitoring are supported by tools such as NewsWhip (Spike) and Google Trends. The analysis of online conversations relies on performance indicators such as engagement rate (number of likes, comments, reactions, shares). However, these indicators have limits: they do not always reflect the total reach or the intent behind responses. To address this, the team carries out a qualitative analysis of comments and assesses risks in light of emerging narratives, public health priorities, and the potential to disrupt operational response.

Footnotes

1. The social media monitoring software used does not support geolocation for activity on X. However, we actively monitored this platform, which identified 2,649 relevant posts from the African region and beyond.
2. These infodemic data points include misinformation, disinformation information gaps, concerns, claims or requests, expressions of celebration or positive reactions, as well as recorded instances of misreporting in the media.
3. Community feedback is defined as “word-of-mouth” conversations taking place in Community feedback is defined as “word-of-mouth” conversations taking place in communities, including data collected through call centers as part of this process. For this analysis, we included community feedback data collected by the WHO office in the Democratic Republic of Congo.
4. These data are not intended to represent the entire infodemic landscape in the WHO African Region; rather, they provide a snapshot of the main themes identified through AIRA's social listening methodology.
5. These data are not intended to represent the entire infodemic landscape in the WHO African Region; rather, they provide a snapshot of the main countries represented in the conversations, identified using the same methodology.
6. A total of 387 publications identified between September 1 and 15, 2025, generating approximately 9,300 reactions and 1,268 comments, contained relevant infodemic information after a preliminary search using the following keywords: (“Ebola” OR “Ebola virus” OR “EVD” OR “outbreak” OR “epidemic” OR “suspected case” OR “contact tracing” OR “vaccination” OR “border control” OR “quarantine” OR “isolation”), applied to content in all languages published in Africa. This search initially yielded 387 news articles, totaling about 9,300 interactions.
7. A total of 125 publications identified between September 1 and 15, 2025, generated approximately 2,400 reactions and 897 comments, containing relevant infodemic information after a preliminary search using the following keywords: (“cholera” OR “Vibrio cholerae” OR “waterborne disease” OR “WASH” OR “safe water” OR “hygiene” OR “sanitation” OR “outbreak” OR “epidemic”), applied to content in all languages published in Africa. This search initially yielded 125 news articles, totaling around 2,400 interactions.
8. A total of 30 publications identified between September 1 and 15, 2025, generated approximately 1,100 reactions and 1,144 comments, containing relevant infodemic information after a preliminary search using the following keywords: (“vaccine safety” OR “vaccination” OR “side effects” OR “toxicity” OR “dose” OR “injection” OR “mpox vaccine” OR “HPV vaccine” OR “routine immunization” OR “COVID vaccine”), applied to content in all languages published in Africa.
9. A total of 18 **publications** identified between September 1 and 15, 2025, generated 254 **reactions** and 336 **comments**, containing relevant infodemic information after a preliminary search using the following keywords: (“malaria” OR “Plasmodium” OR “Anopheles” OR “bed nets” OR “insecticide-treated nets” OR “seasonal chemoprevention” OR “artemisinin” OR “artemisinin-based combination therapy” OR “R21” OR “RTS,S” OR “malaria vaccine” OR “mosquito control”), applied to content in all languages published in Africa.
10. A total of 250 publications identified between September 1 and 15, 2025, generated approximately 4,900 reactions and 8,202 comments, containing relevant infodemic information after a preliminary search using the following keywords: (“mpox” OR “monkeypox” OR “smallpox” OR “poxvirus” OR “rash” OR “skin lesions” OR “swollen lymph nodes” OR “mpox vaccine” OR “vaccination campaign” OR “contagious disease” OR “quarantine” OR “isolation”), applied to content in all languages published in Africa.