



**Africa Infodemic
Response Alliance**

A WHO-HOSTED NETWORK

Introduction

What is this report about ?

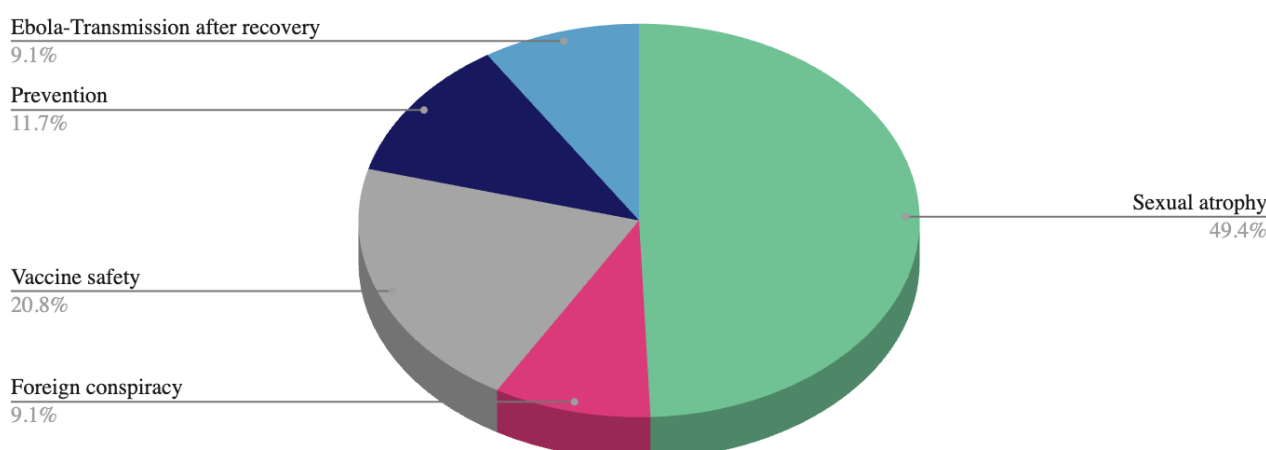
This report aims to provide infodemic managers, communicators, and public health professionals with key insights on the infodemic that can help guide public communication, media production, or risk communication and community engagement (RCCE) in ways relevant to community needs, as well as inform public 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 ?

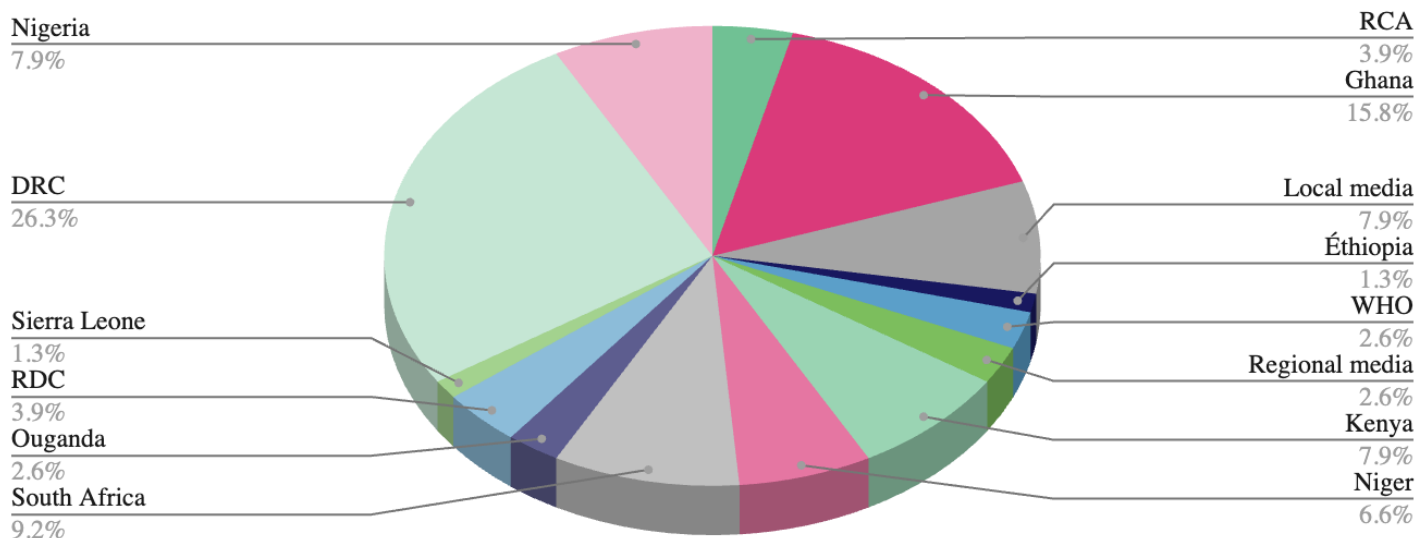
Between October 1 and 15, 2025, our monitoring aggregated public content from social platforms (especially Facebook), WhatsApp forwards received by our field liaisons, and a body of local press coverage. This online listening was complemented by offline feedback (focus group discussions, call center, key informants f in the DRC). In total, **we tracked 668 articles** published in the African region and a large corpus of social posts, **generating 22,103 interactions** (reactions/likes, comments, shares). On social media, the indicative breakdown of tracked items by platform is as follows: **Facebook: 19,009; X: 1,768; TikTok: 663; YouTube: 442; LinkedIn: 221.**

In accordance with the AIRA methodology, the data collected was screened and analyzed and then coded by type of infodemic issue (misinformation, information gaps, etc.) and then grouped by health themes using our taxonomy. **The period is marked by a spike in conversations centered on the DRC (Tshopo province) around rumors of “sexual atrophy,” which led to serious violent incidents (deaths, attacks, hate speech) and with comments on the community reactions to the incidents (marches,, a strike, etc.).**

In parallel, conversations and requests for practical information continue regarding Ebola (DRC) and, to a lesser extent, mpox and measles.



Graph 1 Distribution (%) of themes identified from September 1th to 15th, 2025. (3)



Graph 2. Distribution (%) by geolocalisation of the article or social media page from September 1st to 15th. (4)

The most frequently discussed topics during this period include :

A) In the DRC, in threads and community feedback, **recurring questions focus on vaccine safety and effectiveness** (who can be vaccinated, expected effects, duration of protection, special cases such as pregnancy, breastfeeding) and on **the possibility of transmission by people who have recovered** (how long are survivors still infectious, how can you be reinfected, guidance for returning to work, school, couple life, and post-recovery follow-up). At the same time, the requests are very practical: **why can't everyone get vaccinated**. In Mweka (Kasaï), **teachers National Federation of Teachers of Congo (FENECO) called on October 7, 2025 to extend vaccination to teachers, students, and educational staff**, with union involvement in the response [\[link\]](#), expressing a **sense of exclusion** from a strategy centered on patients, contacts, and healthcare workers, and fears of spread in schools. These exchanges exemplify demands for clarity on eligibility for vaccination, the pathway, and how to align public health requirements with continuity of education.

More broadly, **questions and speculations** (Foreign conspiracy, misappropriation of funds, calls to close borders) coexist with a **need for simple and contextualized explanations of the public health actions undertaken** (recovered patients, availability, decisions), **seen as essential to reassure the public**.

B) Mpox: In the DRC, comments mainly **ask where to get tested or vaccinated, who is eligible, the exact duration of home isolation**, what to do in the household (laundry, surfaces, bedroom), and official numbers to call. In Uganda, they're **looking for simple benchmarks on isolation duration, conditions for returning to social life**, and clear (jargon-free) **explanations on clades and vaccine effectiveness**. In the Central African Republic, they want very **visible information on locations and hours of vaccination**, plus a short, **local FAQ to address recurring vaccination questions**. In Nigeria, they're asking for **"practical steps"** (household setup, managing contacts, when to seek care), and for nearby access points in Lagos or Abuja and the Southwestern states. In Ghana, they want to know **precisely where and when [targeted vaccination](#) is offered, why some districts go first, and to receive localized updates** rather than general messages.

C) Measles: The measles situation in the Democratic Republic of the Congo (DRC) remains very concerning in 2025. Multiple outbreaks continue to occur in several provinces [\[link\]](#) [\[link\]](#). Comments mainly **request very practical information**: where and when to get vaccinated, whether it's free, what documents to bring, and what to do in case of fever or rash (warning signs, how long before consulting). In Ethiopia, they **stress the actual availability of catch-up sessions and the presence of mobile teams for remote areas**. In Nigeria, they mention **vaccine fatigue and ask for extended hours** (weekends/evenings) and hyper-local guidance (where to vaccinate, documents required). In Niger, they **call for announcements in local languages** (Hausa, Zarma, Tamajaq) and **the deployment of mobile teams beyond urban centers**. In South Africa, they **ask to clearly distinguish measles from rubella**, to know catch-up sites by province, and to receive regular updates even when the topic gets little media attention.

Overview per public health priority

Infodemic Insights Report 1-15 october,2025-172

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 (3)

Democratic Republic of Congo

High risk

Ebola (DRC): On October 19, 2025, the **last Ebola patient was discharged from the hospital** in Bulape, **starting the 42-day countdown toward the official end of the outbreak if no new cases are confirmed** (estimated endpoint: early December 2025). **No cases have been reported since September 25.** The cumulative total remains 64 cases (53 confirmed, 11 probable) since the declaration on September 4, with 19 patients recovered. The outbreak unfolded in a hard-to-reach rural area, complicating transportation, logistics, and access to care [\[link\]](#).

What communities are saying: As the 42-day vigilance period begins, **questions focus on vaccine safety and effectiveness** (duration of protection, who is eligible, special situations), **post-recovery transmission** (can survivors transmit? for how long?), **and resuming activities** (work, school, couple life, recommendations on abstinence and follow-up testing). **In Mweka (Kasaï), FENECO called for extending vaccination to teachers, students, and education staff** with union involvement in the response, highlighting a sense of exclusion from the current scheme (patients, contacts, health workers) and concern about classes resuming [\[link\]](#).

Until the countdown ends the significant achievements (last patient discharged, no cases since 09/25, ETC capacity, number of people vaccinated) **could be more visible public and explained to prevent the further spread of misinformation** (interference, misappropriation) observed in the region.

OTHER

Mpox (4)

DRC, Uganda, RCA, Nigeria, Ghana

Meduim risk

The mpox situation remains concerning with scattered clusters of cases. As reported in recent AIRA reports, the volume of online conversations rises with each local announcement (new site, vaccine batch, isolation guidance), but most exchanges remain focused on **practical information needs**: “Who is eligible for vaccination?”, “Where and when to get tested or vaccinated?”, “How many days to isolate and when to return to school or work?” Threads also mention **household management** (laundry, surfaces, sharing a bedroom) and **living with vulnerable people** (infants, pregnant women).

Online concerns are driven by: (1) **frustration over scarce vaccination slots and waiting lists**, (2) **confusion between targeted vaccination and a mass vaccination campaign**, and (3) **inconsistent patient isolation guidance** (duration, ending isolation, return-to-work/school certificates) across countries or districts. To address these, several interventions have been implemented by WHO ([global guidance](#)): standardized testing and home-isolation pathways, counseling centers (hotlines), and public-facing materials (FAQs, “practical steps” checklists, school handouts).

Problematic online narratives revolve around three misunderstandings: (a) **“Vaccination is useless if it isn’t open to everyone,”** whereas a targeted approach aims for maximal impact with limited stock; (b) **“All rashes = mpox,”** which heightens anxiety and overloads facilities—hence the importance of describing suggestive signs and when to seek care; (c) **“Recovered = immediately noncontagious,”** whereas lifting isolation depends on complete healing of lesions and local clinical guidance.

Based on this social listening, the immediate priority could be to **make localized information more visible and regular**: addresses and hours for testing and vaccination, simply explained eligibility criteria, isolation duration and end criteria (clinical signs). Short, reusable formats (Viral Facts Africa videos, radio messages in local languages, FAQ for call centers) and weekly district-level updates could reduce uncertainty. Finally, **making concrete actions visible** (opening or temporary closure of a site, arrival of a batch, extended hours, partnerships with schools and businesses) helps align expectations, reduce stigma, and support adherence to measures.

Measles (5)

[DRC, Nigeria, Ethiopia, Niger](#)

Medium risk

In the DRC, threads are dominated by **very operational expectations: where and when to get vaccinated, whether it’s free, documents to bring** (vaccination card, birth certificate, etc.), waiting times, and line management. Parents want clear guidance in the event of fever plus rash (warning signs, whether to isolate at home, how long before seeking care, when to return to school). There is strong demand for localized updates (by health area) and mobile teams in remote villages.

In Ethiopia, conversations emphasize the real practical challenges of catch-up vaccination campaigns (many ask whether vaccination is ongoing) and the **presence of mobile teams for pastoral, nomadic areas**. Families want to know which post they depend on, how to travel there, and whom to contact in case of crowding.

In Nigeria, signs of vaccine fatigue and distrust are observed; comments call for **extended hours** (evenings/weekends), **practical information** (exact facility name, street landmark, “walk-in” days), and **simple explanations of MCV1/MCV2** (ages, interval, catch-up). Parents also **ask for the list of required documents and confirmation of costs**.

Niger: Requests focus on announcements in local languages (Hausa, Zarma, Tamajaq), easy-to-read district schedules, the deployment of mobile teams beyond urban centers, and relay points (chiefdoms, markets, mosques) displaying addresses and hours. Households want guidance on managing a suspected case at home to avoid stigma.

Trend to watch: Deadly disinformation around “sexual atrophy”

Infodemic Insights Report 1-15 october,2025-172

The Tshopo province (capital Kisangani) in the **DRC** has seen the emergence of a **rumor claiming that a man’s genitals can “disappear” after a simple handshake with a stranger** [\[link\]](#) [\[Link\]](#). Originating in local **WhatsApp groups and Facebook pages**, this rumor was also staged in **videos filmed in churches** [\[link\]](#) [\[link\]](#) showing “**deliverances/healings.**” **Testimonial videos and videos of attacks and hate speech shared on social media, have fueled real panic,violence and death.**

According to sources on the ground and community data, the **rumor spilled over from the internet into the street: four health workers on assignment were lynched and burned in Ilambi** (Isangi territory) [\[link\]](#), and **other fatalities were reported in Kisangani** (Kilanga 1, 15, Katshuya, Kongakonga neighborhoods) [\[link\]](#) [\[link\]](#). In the following days, **threats against healthcare workers** (alerts in Basoko) and **gatherings near bridges and markets were reported**, disrupting health missions and routine vaccination [\[link\]](#) [\[link\]](#).

In response to the violence and murders: a 48-hour strike (minimum services) by health workers in Tshopo, peaceful marches, and memorandums submitted to the territory administrator in Isangi [\[link\]](#) [\[link\]](#) [\[link\]](#). In parallel, **messages from local officials** (press releases, debunks, a court decision in Kisangani for harmful imputation) were published [\[link\]](#) [\[link\]](#) [\[link\]](#), though deemed late given the already established viral cycle.

Infodemic analysis : The belief is reinforced by religious validation (filmed “**deliverance/healing” sequences**) and the persuasive force of videos waved as “proof.” The speed and emotional staging of this content outpaced medical explanations and the institutional response, enabling a drift toward vigilante justice and exposing healthcare workers. Notably, **similar rumor-driven violence has been reported in previous outbreaks in the region** [\[link\]](#), though not always tied to the same claim, including attacks that resulted in fatalities, underscoring how quickly online narratives can translate into real-world harm.

On social networks, **users blame local media for amplifying the panic** (unverified re-posts, sensationalist headlines, videos of the attacks) and **lament the slowness of authorities**; they **call for public medical evidence, a clear stance from religious leaders, a single alert number, and tangible protection for healthcare workers**, in order to defuse the situation and prevent further acts.

Below are some comments: (Originally identified in French and translated into English via Google Translate)

In this story, responsibilities are widely shared. First, reproductive health should normally be the subject of awareness-raising by the public authority through the provincial Ministry of Public Health of Tshopo as soon as rumors appear. This is where misinformation leads us: human lives sacrificed. I condemn this lack of proactivity!

I wonder if the justice system is informed of the situation.
My brothers, there are several cases of the disappearance of genital origins with palpable evidence.
Thank you for the distraction

Do you have proof? Because in 2024, this diabolical rumor claims that innocent people lost their lives. But in reality, it's a lie.

Is this information verified or just a rumor? Because here in Isangi, we haven't seen anything like it yet.

Stop the spread of rumors without evidence

This story of disappearing organs doesn't exist and never has. It's just a psychosis that people use to distract the weak-minded. Be careful, because today, innocent people are losing their lives!

We are still waiting for the official communication from the provincial governor.

The authorities really need to take this story seriously because it's starting to benefit the enemies by settling scores.
There are innocent people dying without valid proof.

Media, you have a share of responsibility.
You broadcast sensitive information as a joke; this is the fallout from your jokes

Resource box

Ebola (DRC, Bulape) : Official criteria for declaring the end of an outbreak (42-day countdown): WHO, "[WHO recommended criteria for declaring the end of the Ebola virus disease outbreak.](#)"

Mpox : Operational toolkit: home isolation, vaccine eligibility (MVA-BN, LC16m8), documents 2024–2025: WHO, "[Mpox Outbreak Toolbox.](#)"

Measles : Targeted and selective strategies for vaccination campaigns (2025): WHO, "[Targeted and selective strategies in measles and rubella vaccination campaigns — interim guidance.](#)"

Fact-checking (Central Africa): CongoCheck investigation tracing the origin and social mechanisms behind the rumor of "[organ harvesting.](#)"

Methodology & Footnotes

Infodemic Insights Report 1-15 october,2025-172

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 programs used do not support geolocation for activity on X. However, we actively monitored this platform and identified 3,009 relevant posts from the African region and beyond.
2. 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 report, we included community feedback data collected by the WHO office in the Democratic Republic of Congo.
3. These data provide a snapshot of the main themes identified through AIRA's social listening methodology.
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 countries represented in the conversations, identified using the same methodology.
5. A total of 244 publications identified between September 15 and 30, 2025—after a preliminary search using the 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 Africa-wide, all-language content—contained relevant infodemic information. This scan initially surfaced 244 news articles ($\approx 5,132$ interactions) and platform activity distributed as follows: Facebook 244, X/Twitter 472, YouTube 18, TikTok 2, LinkedIn 178, Instagram 0 (platform volumes are counting units for activity and do not sum to “interactions”). Across the filtered set, we observed $\approx 5,132$ interactions suitable for qualitative analysis under the AIRA coding framework (misinformation, information gaps etc..) and subsequent grouping by health themes.
6. A total of 296 publications identified between September 15 and 30, 2025—after a preliminary search using the 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”) applied to Africa-wide, all-language content—contained relevant infodemic information. This scan initially surfaced 296 news articles ($\approx 7,063$ interactions) and platform activity distributed as follows: Facebook 262, X/Twitter 1,517, YouTube 12, TikTok 1, LinkedIn 7,315, Instagram 0 (platform volumes are counting units for activity and do not sum to “interactions”). Across the filtered set, we observed $\approx 7,063$ interactions suitable for qualitative analysis under the AIRA coding framework (misinformation, information gaps etc..) and subsequent grouping by health themes.
7. A targeted scan between September 15 and 30, 2025—using the keywords (“measles” OR “rubeola” OR “outbreak” OR “epidemic” OR “vaccination campaign” OR “MMR” OR “rougeole” OR “rash” OR “koplik spots” OR “case fatality” OR “herd immunity”) applied to Africa-wide, all-language content—surfaced a limited but consistent set of items containing relevant infodemic information. While the dataset provided does not quantify measles-specific volumes for this period (hence no interaction totals are reported here), the filtered corpus was coded under the AIRA framework (misinformation, information gaps etc..) and grouped by health themes. Recurring narratives mirror those seen in prior cycles: confusion between measles and other febrile exanthems, safety concerns around routine MMR doses, and debates about school-based vaccination versus parental consent. These posts are suitable for qualitative analysis and triangulation with country situation reports when available.