



**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.

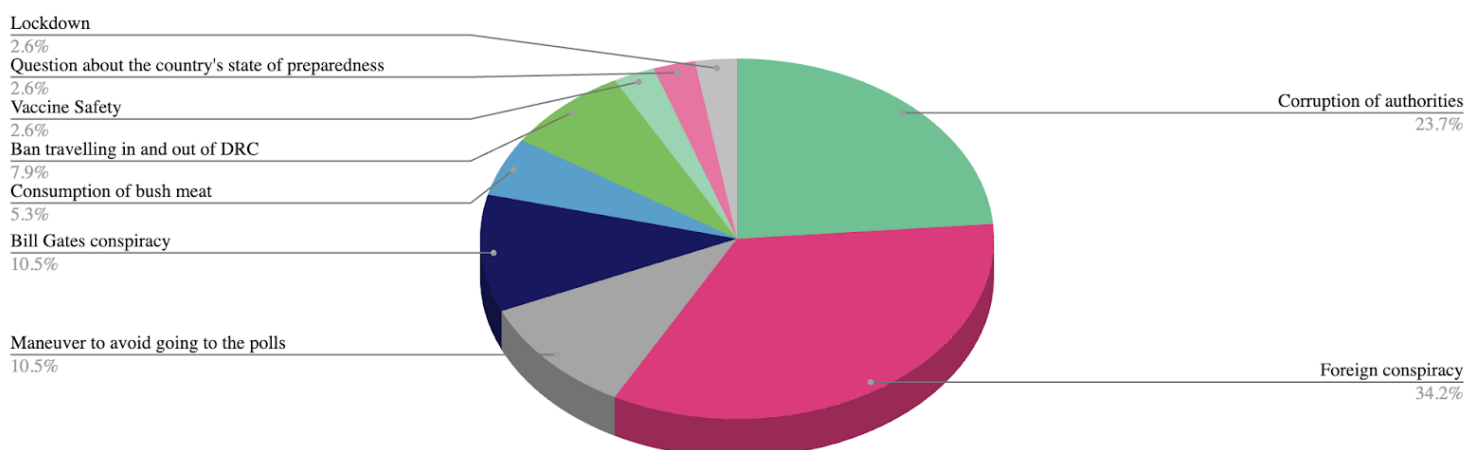
What did we find during this period ?

Between September 15 and 30, 2025, we monitored 797 articles published in the African region, as well as a corpus of posts from several social platforms. All of this content generated 31,507 interactions (reactions/likes, comments, and shares).

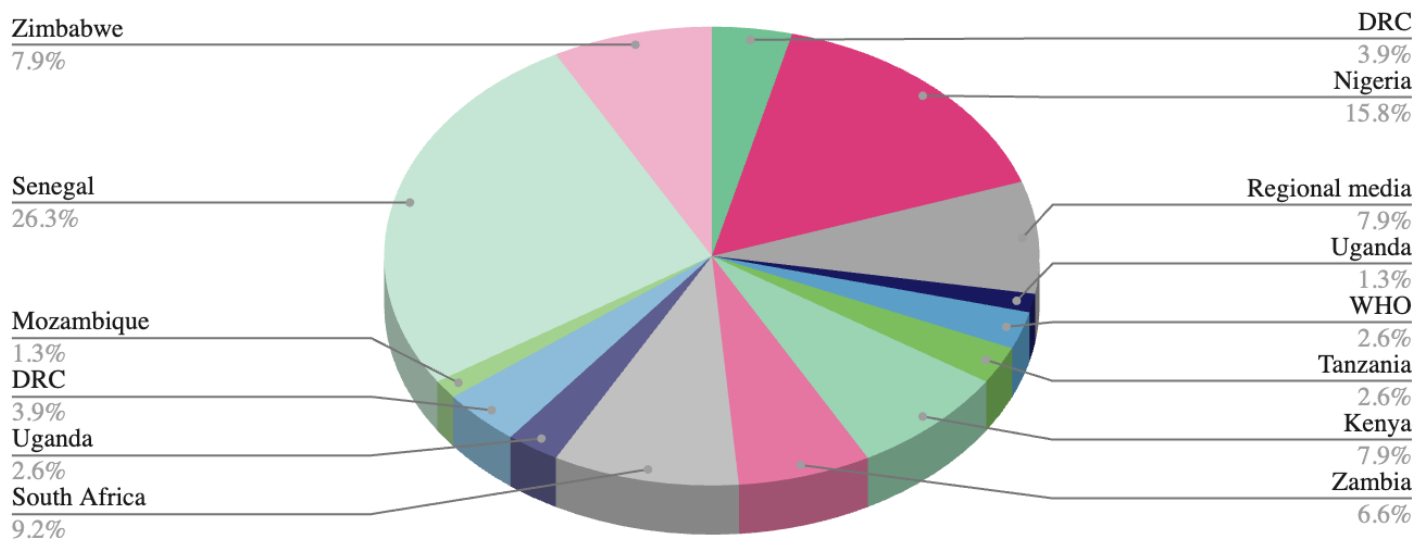
On social networks, the indicative breakdown of the items tracked by platform (1) is as follows: Facebook: 682, X/Twitter: 3,009, TikTok: 170, YouTube: 43, LinkedIn: 8,064 (these per-platform volumes do not add up to the “interactions” line: they describe different counting units and are used to indicate where the conversation is concentrated).

We supplemented this online listening with community feedback (2) and offline messages circulating within communities (hotline/151, community relays, local radios, field briefings).

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. This period is characterized by conversations focused on the DRC because of the ongoing Ebola outbreak which were then relayed and amplified by regional pages with large audiences. This does not mean that similar exchanges do not exist elsewhere: interactions according to Internet access, platform usage, the health news of each country and other factors.



Graph 1 Distribution (%) of themes identified from September 15th to 30th, 2025. (3)



Graph 2. Distribution (%) by geolocalisation of the article or social media page from September 15th to 30th. (4)

The most frequently discussed topics during this period include:

A) Ebola in the DRC and regionalization of narratives: dominant theme of the fortnight.

Announcements (deaths, recoveries, response plan) related to the DRC fueled very active threads, with a clear predominance of **“conspiracy & corruption”** narratives (foreign interference, “plundering of minerals,” suspicions of embezzlement), as well as a politicization of measures in Uganda and Kenya (**“pretext to postpone elections”**). There are calls for border closures, especially in South Africa, Nigeria, and Zambia, and debates on the safety of products (**vaccines/medicines**) were also noted in Kenya and in the DRC. These online dynamics intersect with operational complaints reported from the field in the DRC (**access to care, availability of services**), which reinforces the perceived credibility of rumors.

B) Lenacapavir (HIV prevention): strong traction and requests for clarifications.

Country/relay: mainly in Zimbabwe, amplified in the comments on posts by regional media (BBC Hausa, BBC News Africa) and mentions in the region (including Mozambique via Lusophone press).

Announcements around the preventive injectable have generated high attention. Two movements coexist: 1) **needs for information** (what it is / what it is not, actual status in Africa, availability/cost, and how it fits with existing prevention). 2) **Concerns and fears** (“African guinea pigs,” experimentation, adverse effects).

C) Rift Valley fever (RVF): massive demand for information.

Official announcements triggered questions about the basics of the disease (**“What is RVF? What symptoms? Where to seek care?”**), calls for lockdown/school closures, and some confusion (**RVF assimilated to other pathologies**).

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 (5)

Democratic Republic of Congo

High risk

As of September 28, 2025, the outbreak totals 64 cases (53 confirmed, 11 probable) and 42 deaths (CFR: 65.6%). Five infections involve healthcare workers including three deaths. Transmission remains confined to six health areas of the Bulape health zone (ZS Bulape), notably Bulape, Mpianga, and Dikolo, with 1,787 contacts being followed, 97.1% of whom were seen in the last 24 hours. The epidemic curve and weekly Case Fatality Rate indicate a downward trend, consistent with better early detection and faster care. Deaths remain concentrated among women and children under 10[[link](#)].

Operationally, the Bulape Ebola Treatment Center's capacity has increased to 49 beds (occupancy = 59% at the time of reporting) and 13 confirmed cases were under treatment at the last count. Thirty-one patients received ansuvimab (mAb114/Ebanga), with psychosocial and nutritional support. On vaccination, the ring strategy was complemented on September 27 by targeted geographic vaccination in "hotspots" (Bulape, Bulape Communautaire, Dikolo, Bambalae, Ingongo, Mpianga)[[link](#)].

What communities are saying : feedback from the 151 hotline and local relays points to a demand for basic information (**symptoms, protective measures**), concerns related to the reopening of schools despite the ongoing outbreak ("How often will classrooms, latrines, and shared spaces be disinfected?", "Are masks or gloves required for teachers caring for very young children?", "Have teachers been trained to recognize early signs and apply the basics of IPC (infection prevention and control)?", "What guidance is there for school transport (buses, motorbikes, walking groups) used by students?"), and difficulties in accessing care (e.g., a suspected case not managed in Mweka due to lack of staff). Conversations show signs of low adoption of public health and social measures in Bulape(**underestimation of risk, incomplete adoption of measures**) and the medicine stockouts (Goma, Walikale) fuel anxiety. Recurring operational recommendations: intensify multichannel information, clarify the roles/resources of the response in a language that the general public can understand, timely investigation of alerts, and improve the availability of care.

What online conversations are saying outside of the DRC : while the outbreak is rooted in the DRC, media and social attention is shifting to the region (South Africa, Kenya, Nigeria), fueling calls for border closures (notably seen in South Africa and Uganda) and "**conspiracy & corruption**" narratives (plundering of minerals, political manipulation). Debates on the **safety of vaccines and treatments** persist, often in the comments on posts by legitimate actors.

HIV PREVENTION

LENACAPAVIR(6) : high traction & requests for clarifications

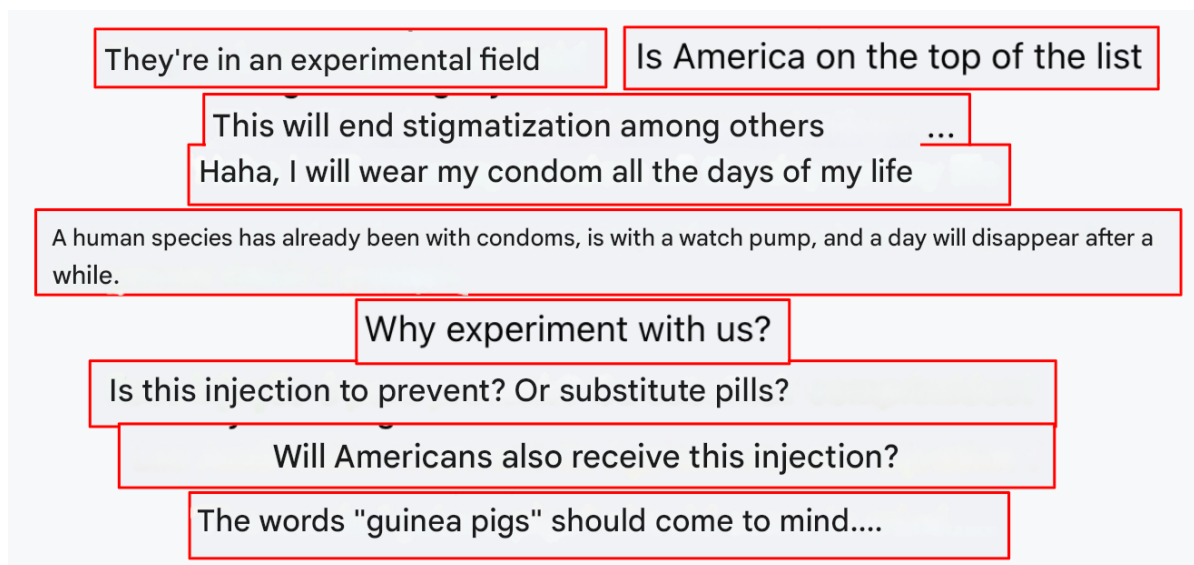
Mozambique

High risk

Mozambique is among the first African countries announced for the introduction of injectable PrEP with lenacapavir (two injections per year). The authorities and partners have confirmed the country's inclusion in a group of about ten priority beneficiaries, with negotiations underway and an initial phase estimated at 80–90,000 doses starting in 2026, consistent with the WHO recommendation of July 14, 2025, which lists lenacapavir as an additional option for HIV prevention. These announcements, notably within the framework of PEPFAR cooperation, shape public expectations and fuel the regional discussions observed in our data [\[link\]](#) [\[link\]](#).

At the regional level (with a peak of visible conversations from Zimbabwe and strong regional relays), two opposing dynamics about lenacapavir appear in the comments: on the one hand, concerns about the motivation and about the risks (“African guinea pigs,” experimentation, adverse effects); on the other hand, genuine requests for information (what it is/what it is not, regulatory status, cost, and how it fits with the existing prevention offer). Explaining the approval process at global and national levels, as well as answering questions about the safety controls could be ways for addressing doubts, but may not be enough to eliminate mistrust: many comments about lenacapavir are similar to those from the COVID-19 period (mechanisms, effects, “Western agenda”).

Here are some examples of comments :



OTHER

RIFT VALLEY FEVER (RVF) (7)

Senegal

Medium risk

Senegal is facing a localized RVF outbreak. **As of September 30, 2025**, the authorities reported **28 confirmed cases and 8 deaths since September 21**, with 90 exposed persons identified through investigation (of whom 4 fell ill). The Rift Valley fever is a zoonotic disease mainly transmitted by mosquitoes and contact with infected animals (handling/slaughter, fluids, animal products). The outbreak in Senegal is concentrated around Saint-Louis, where a reinforced set-up has been deployed: coordination via the National Epidemics Management Committee, intensified epidemiological surveillance in neighboring regions, and increased communication to the public [\[link\]](#).

Similar to past Rift Valley fever outbreaks in Africa, the volume of online conversations has increased but remains centered on basic information needs: **“What is RVF?”, symptoms, where to seek care, measures to take.** Comments also show spontaneous **calls for school closures or lockdown, and frequent confusion with other fevers (malaria/influenza).** Without clear explanations, internet users project “strong” solutions as a precautionary principle.

Concerns and fears online are fueled by : (1) **the apparent high lethality** (linked to the severe cases detected first), (2) **the proximity of hotspots to human/animal hubs** (livestock markets, slaughterhouses). To curb the spread, several interventions have been put into place: the One Health targeting (veterinary + human + environment), and the existence of a free information channel (1919 / SAMU), already activated in the communiqué [[link](#)]. The objective is to interrupt the most likely exposures (**mosquito bites, handling animals/meat without protection**) and to quickly direct suspected cases to identified points of care.

The online narratives identified cluster around three misunderstandings: (a) RVF = **“a disease that passes from human to human”** (false: transmission is primarily vector-borne/zoonotic); (b) **“closing schools will prevent spread”** (could be ineffective without proven school-based exposure); (c) **“the authorities are hiding the extent of the outbreak”**, fueled by the low visibility of veterinary/entomological actions.

Based on the social listening data, the immediate priority would be to fill the information gaps about the disease, transmission, symptoms, preventive measures, treatments. An analysis of the trusted and used communication channels, the languages and effective communication formats can inform the communication and community engagement strategies. Making concrete actions visible (targeted insecticide spraying, veterinary inspections, slaughterhouse biosafety) can help reassuring the population about the risk of further transmission.

MPOX (8)

Senegal, DRC

Low risk

Mpox remains a concern at the regional level. **From January 1 to July 20, 2025, 24 African countries reported 28,152 confirmed cases and 133 deaths (CFR $\approx$ 0.5%), with active transmission over the past six weeks in 21 countries.** Recent trends show an overall decline, but hotspots persist, supported by uneven diagnostic capacities and gaps in access to care [[link](#)].

On the DRC side, our community data shows persistent infodemic trends: **requests for practical advice** (symptoms, isolation, return to work/school, where to call), **suspensions toward biomedical products** (by analogy with other crises), and **calls for border control measures**. These signals are set against a heavy epidemiological backdrop: between January and the end of May 2025, the DRC reported >12,000 suspected cases ($\approx$ >50% of the continental total over the period), which justified strengthened technical support (clinical care, early detection, capacity-building for first-line providers [[link](#)]). In parallel, the continent-wide vaccination effort intensified: >650,000 doses administered in 6 countries, of which $\approx$ 90% in the DRC—sign of operational prioritization, but also a source of misunderstandings in comments if eligibility criteria are not clearly explained [[link](#)].

In Senegal, the official communiqué of 09/30/2025 reports 5 confirmed cases all located in the Dakar region, no deaths, identified and monitored contacts, and centralized care (Fann Infectious Diseases Department). Online, conversations revolve around basic questions: **difference from smallpox, isolation modalities, access to diagnosis, and vaccination targeting** (when mentioned)[[link](#)].

In both Senegal and the DRC, most problematic narratives arise from a lack of practical information: **who should get tested? When to start isolation and for how many days? What to do about household contacts? What is the toll-free phone number?**

Trend to watch: Stigma against ebola survivors in DRC

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Community signals collected indicate that the social reintegration of Ebola survivors remains fragile. In Bulape (Kasaï), residents are labeled “Ebola patients” by neighboring villages; women in the Tshitekeshi area publicly expressed mistrust toward interventions (notably vaccination), illustrating a climate where fear of the virus overlaps with fear of being stigmatized. This social labeling comes with avoiding social interactions, suspicion within households, and reluctance to seek care. Call logs from the call center hotline describe exclusion of survivors and hesitancy to visit health facilities, alongside repeated questions about symptoms, prevention, treatment effectiveness, and, at times, doubts about the existence of Ebola. In practice, the misperceptions and stigma can feel as a “second burden” on people and communities in Bulape and can delay symptom reporting, discourage adherence to measures (case management, vaccination).

At the same time, positive messages and celebrations of the survivors also coexist in the public narrative. Successful discharges from Bulape’s ETC (September 16) [[link](#)] and public ceremonies honoring “[Ebola victors](#)” (September 25, with national coordination present) send a strong message: recovery is possible, recovered individuals are no longer contagious, and they can resume normal life. These ritualized moments of community return, led by health authorities and local leaders, make care pathways visible and socially legitimize survivor status, with real potential to defuse stigma. The trend to watch is therefore the balance between these opposing forces: the persistence of social fears and labeling on one side, and on the other, public gestures of recognition capable of anchoring everyday acceptance.

Resource box

- **EBOLA : to inform your operational programs and messages:** SitReps & WHO fact sheets on the current epidemic (Kasaï, Bulape): cases, fatality rate, Ervebo vaccination, treatments, contact tracing [[link](#)].
- **EBOLA : VIRAL FACTS AFRICA VIDEO CAPSULES:** Short, ready-to-use videos [[link](#)].
- **LENACAPAVIR (HIV PrEP) : to frame immunization and communication:** WHO recommendations of July 14, 2025 (six-monthly injectable PrEP) + implementation analyses by partners [[link](#)].
- **MPOX : to prepare/respond and clarify targeted vaccination:** Mpox vaccination toolkit and technical resources Africa CDC/WHO (continental plan, FAQ, school settings) [[link](#)].
- **RIFT VALLEY FEVER : for simple “One Health” messages:** WHO fact sheet (zoonotic transmission, prevention, key messages) + recent local analyses to contextualize the alert [[link](#)].

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 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 Ebola-related publications were 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 search initially yielded 244 news articles, generating approximately 5,132 interactions (reactions/likes, comments, and shares).
6. A total of 65 lenacapavir-related publications were identified in Mozambique between September 15 and 30, 2025, after a preliminary search using the keywords (“lenacapavir” OR “PrEP” OR “HIV prevention” OR “long-acting injection” OR “twice-yearly” OR “Gilead” OR “WHO recommendation”) applied to Africa-wide, all-language content, contained relevant infodemic information. This search initially yielded 65 news articles, generating approximately 10,912 interactions (reactions/likes, comments, and shares).
7. A total of 90 Rift Valley fever (RVF)–related publications identified between September 15 and 30, 2025, after a preliminary search using the keywords (“Rift Valley fever” OR “RVF” OR “fièvre de la Vallée du Rift” OR “outbreak” OR “epidemic” OR “suspected case” OR “vector control” OR “One Health” OR “livestock” OR “abattoir” OR “mosquitoes”) applied to Africa-wide, all-language content, contained relevant infodemic information. This search initially yielded 90 news articles, generating approximately 1,700 interactions (reactions/likes, comments, and shares).
8. A total of 296 mpox-related publications identified between September 15 and 30, 2025, after a preliminary search using the keywords (“mpox” OR “monkeypox” OR “outbreak” OR “epidemic” OR “suspected case” OR “contact tracing” OR “vaccination” OR “ring vaccination” OR “Jynneos” OR “Imvanex” OR “isolation”) applied to Africa-wide, all-language content, contained relevant infodemic information. This search initially yielded 296 news articles, generating approximately 7,063 interactions (reactions/likes, comments, and shares).