Africa Infodemic Response Alliance

A WHO-HOSTED NETWORK

REPORT

What is this report about ?

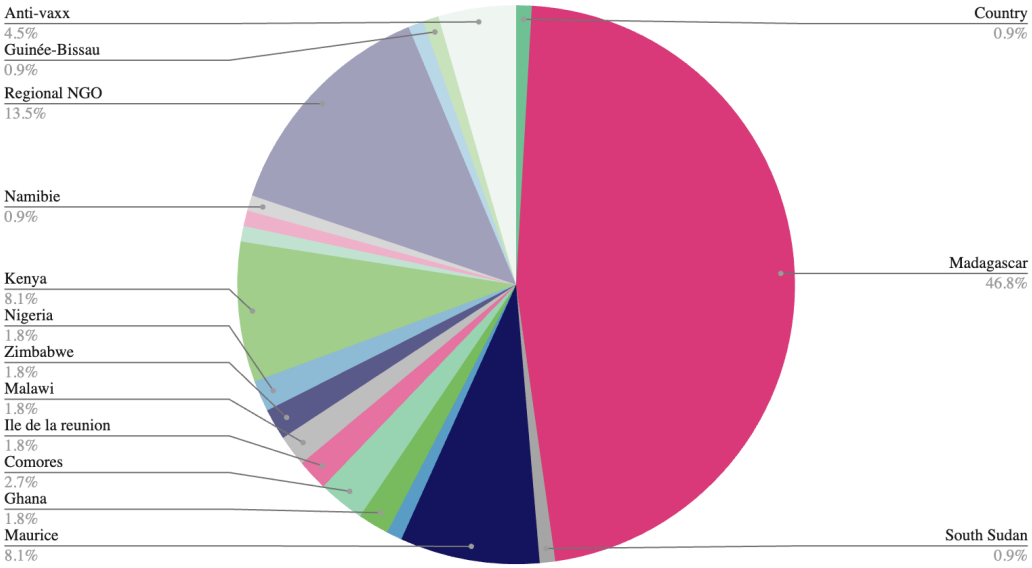
This report aims to provide infodemic managers, communicators, and public health professionals with key insights on the infodemic that can help guide public communication, media production, or risk communication and community engagement (RCCE) in ways relevant to community needs, as well as inform public 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 mis-disinformation and improving information ecosystems in the African Region.

What did we find during this period ?

Between **January 1 and February 28, 2026,** we monitored a corpus of content published online, including news articles as well as posts from several social media platforms. Based on the available monitoring volumes, the most active topics in Africa during this period relate to **mpox** (1,062 articles, 24,400 interactions), **HIV** (1,023 articles, 66,500 interactions), and **hepatitis B** (273 articles, 17,700 interactions).

On social media, the indicative distribution of the monitored items by platform (1) shows a concentration of conversations on **Facebook** (2) and **X/Twitter.** For mpox: Facebook 1,402, X/Twitter 5,271, TikTok 9, YouTube 37. For HIV: Facebook 1,379, X/Twitter 4,162, TikTok 24, **YouTube** 108. For hepatitis B: Facebook 285, X/Twitter 1,044, TikTok 3, YouTube 21.

In accordance with the AIRA methodology, the data were filtered, analyzed, and then coded by type of infodemic issue (misinformation, information gaps, etc.) and grouped by health themes. This period is characterized by conversations particularly concentrated around (A) **mpox in Madagascar** (and its regionnotably in the Comoros), (B) **HIV and the introduction of lenacapavir**, (C)**the Hepatitis B vaccine, with distrust surrounding vaccination and the research trial in Guinea Bissau (3).**



Geographical distribution of the data scanned for this reporting period (%) of countries (by source of media or social media page) identified in our data for the same period (4).

The most frequently discussed topics during this period include :

A) Mpox in Madagascar (with echoes int he sub-region, especially in the Comoros).
Announcements related to the evolution of mpox (**increase in cases, alerts, first reported deaths, preparation for the introduction of vaccines**) fueled highly active discussion threads, with a clear predominance of information gaps and narratives of distrust. On the one hand, discussions highlight unmet needs for operational information (**concrete measures taken, response strategy, availability of resources, and practical information on case management**). On the other hand, there is a strong presence of "conspiracy & corruption" narratives and misinformation/disinformation (**doubts about the existence of the disease, accusations of orchestration to "create fear" or push vaccination, suspicions of diversion/hidden agendas, and political instrumentalization**).

Debates around vaccination concentrate requests for clarification (**who will be vaccinated, when, and how to access it**) but also concerns (**"guinea pigs," experimentation, adverse effects**), which may fuel vaccine hesitancy. At the same time, regionalized discussions (**notably in the Comoros and Mauritius**) are structured around calls for border closures and mobility restrictions, along with doubts about the reliability of travel-related medical clearance certificates (**alleged falsification**). Finally, sensitive narratives surrounding deaths attributed to mpox (**contestation, suspicions targeting hospitals, and discourse that may discourage seeking care**) represent a critical point, as they combine strong emotional charge with a direct risk to health-seeking behaviors.

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

In this period, engagement was driven by country-level rollout announcements and access updates about Lenacapavir as a long-acting HIV prevention injection (PrEP), especially in Kenya, and amplified by high-audience pages [link][link][link][link][link]. Two dynamics coexist: (1) **persistent information needs** (what it is / what it is not, prevention versus treatment, actual availability, cost, locations and eligibility criteria for access, and how it fits with existing prevention); and (2) **concerns and fears that echo broader narratives of distrust** ("experimentation," "guinea pigs") and concerns about side-effects, which may fuel misunderstandings about the tool and unrealistic expectations (e.g., confusion with a cure).

A clear example of “prevention ≠ cure” confusion/clarification appears in this Kenya post where the Ministry cautions against misinterpretation [link].

C) Hepatitis B (vaccination/trials): disinformation and lack of explanation about clinical research.

Hepatitis B related content is marked by the strong circulation of anti-vaccine disinformation, structured around the “**Africa as a testing ground**” narrative, accusations targeting the pharmaceutical industry, and claims portraying vaccines as dangerous (e.g., alleged “toxic ingredients,” “heavy metals,” “absence of placebo,” etc.). While the planned clinical trial is specific to Guinea-Bissau, the narratives observed are not confined to that country: in this dataset they are amplified by regional media/pages and high-reach actors, allowing the framing to spread to broader African audiences beyond Guinea-Bissau.

This dynamic is reinforced by information gaps regarding the ethical and scientific safeguards of clinical trials (**informed consent, ethics committees, monitoring of adverse effects, role of comparators**), leaving significant room for accusatory interpretations. The risk is high that these narratives may undermine vaccine confidence beyond hepatitis B, by fueling broader distrust toward health authorities and vaccination programs.

Overview per public health priority

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

Mpox (5): (Madagascar & Comores)

Meduim risk

Madagascar:

On 1 February 2026, Madagascar reported a cumulative 617 suspected mpox cases, including 229 laboratory-confirmed cases, with 0 deaths recorded. During 26 January–01 February 2026, 114 new suspected cases were reported, including 48 confirmed, with an overall positivity rate of 50.3% among tested samples. Transmission remains geographically widespread, with confirmed cases reported across 26 districts, and around 60% of cases concentrated in Boeny Region, particularly Mahajanga I district [link].

During this period, the monitored conversations and content revolve around: **(i) concerns linked to the outbreak's progression** (increasing cases, rising positivity, geographic spread), **(ii) prevention measures** (health checkpoints and reminders of practices such as mask use and distancing in specific settings), **(iii) reported operational pressures** (hospital capacity, service availability, coordination constraints), and **(iv) vaccination-related announcements and expectations** (importation preparations, timelines, and access). Discussions are most visible under high-reach, high-engagement posts from major media, influential pages, or official accounts, where comment sections become the primary space for questions, claims, and the amplification of infodemic narratives.

From an operational perspective, online discussions highlight a **perceived lack of resources and weaknesses within the health system (**equipment, staff workload, system saturation), along with explicit calls for **intervention and visible actions**. **The gap between numerical announcements and clear explanations of concrete measures** (what is being done, where, by whom, andthe expected impact) repeatedly emerges as a **major point of friction**, contributing to a climate of distrust.

The Comoros:

On 23 January 2026, the country notified WHO of **4 confirmed cases** (residents of the Centre district, Ngazidja region), who had returned from Madagascar by sea on 14 January 2026. As of 25 January 2026, 3 additional cases were confirmed, bringing the cumulative total (1–25 January 2026) to 7 confirmed cases, 0 deaths; sequencing indicates clade Ib (more severe). The cases are distributed across 3 districts / 2 regions (Centre n=5 and Hamahamet-Mboinkou n=1 in Ngazidja; Ouani n=1 in Ndzuwani) [Link].

Content related to the Comoros is mainly driven by the situation in Madagascar, through **narratives centered on measures at points of entry** (strengthened controls, requirements for medical certificates) and, at times, **high-profile incidents reported in the media** (e.g., a patient "on the run"). Comments online show people's **doubts about the effectiveness of existing measures** (certificates perceived as falsifiable or insufficient), and **their calls for stricter control measures** (border closures / maritime traffic restrictions).

What people are saying online/offline (Madagascar, with spillover in Comoros for border issues) recurrent information requests (information gaps): Practical guidance as cases rise (where to seek care, when to isolate, what measures are in place, who to contact); transparency on surveillance (sample representativeness, interpretation of cases/positivity, confirmation logic); vaccination details ("for whom/ when/where") and benefit–risk clarification; and **especially in Comoros clarification** of border/point-of-entry measures and their rationale.

Dominant concerns: Anxiety about outbreak progression and perceptions of a late/insufficient response; fear of exposure in health facilities, particularly when death-related narratives or suspicions about care circulate (mainly Madagascar).

Recurring misinformation/disinformation: Doubt/minimization (mockery/comparisons with past crises); "conspiracy & corruption" claims (hidden agendas, diversion of resources); vaccines framed as experimentation ("guinea pigs") with adverse-effect rumors; and sensitive death-related rumors targeting hospitals and discouraging care-seeking (mainly Madagascar).

Below or some illustrative comments :

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Operational recommendations:

Address the most frequent information gaps through Viral Fact Africa content, repeated and localized: patient pathway, vaccination criteria, interpretation of data, recommended actions.

Pre-bunk known disinformation and misinformation narratives(“guinea pigs,” “forced vaccination,” “conspiracy”) with pre-positionnedmessages, relying on credible spokespersons (clinicians, epidemiologists, community actors).

Strengthen communication on borders (Comoros–Madagascar): objectives, limits of certificates, alternatives, and recommended behaviors (self-monitoring, early consultation).

Strengthen health systems to rebuild trust in healthcare : trust is closely tied to the quality of care and how patients are treated. In the Comoros, the recent cholera response exposed a notable trust gap (including denial of the disease and uneven trust across islands), in a context of limited preparedness and criticism of public services, dynamics that can echo during the current mpox response if not addressed. Proactive communication on concrete steps taken to improve care during mpox, clinical protocols, infection prevention and control, respectful patient management, and transparent messaging around deaths, can help restore confidence and encourage timely care-seeking, with messages adapted by island and validated with RCCE leads (e.g., Ben/Comoros RCCE) as needed.

Shift from "numbers communication" to "action communication": the public expressed a need for a communication that goes beyond the statistics and shows a demand for a communication focused on actions and impact: measures taken, priority areas, mobilized capacities, what changes for the public.

IMMUNIZATION

Low

Hepatitis B clinical trial in Guinea-Bissau (6)

Between late 2025 and February 2026, a $1.6 million U.S CDC-funded randomized control trial in Guinea-Bissau- in which half of the newborns would receive the vaccine **"birth dose"**, while the other half would receive it after 6 weeks, became the center of a heated debate: experts across the globe argued that it is problematic and unethical to withhold a well-established protective intervention in a context where hepatitis B circulates widely [link].

The research grant was awarded to the Bandim Health Project at the University of Southern Denmark to study the "optimal timing and delivery of monovalent hepatitis B vaccinations on newborns in Guinea-Bissau" and to **"assess the effects of neonatal hepatitis B vaccination on early-life mortality, morbidity, and long-term developmental outcomes"** [link]. The Bandim Health Project has been criticized for the quality and ethics of its past research on **"non-specific effects"** (NSE) of several vaccines [link][link], and for its ties with the US Advisory Committee on Immunization Practices (ACIP) [link]. In the monitored conversations, anti-vaxx actors (pages/influencers repeatedly promoting anti-vaccination narratives) amplified the debate. Indeed, the US CDC rescinded in December 2025, its long-standing advice on universal hepatitis B birth dose based on the ACIP's recommendations [link] [link].

In January, the controversy intensified. International media reported that Guinea-Bissau's authorities announced a suspension of the project in order to conduct an ethical review. The Associated Press also reported that the Africa CDC publicly supported this step, stressing the priority of protecting populations [link]. Reuters reported that this was not merely a "stop," but an additional ethical and technical review, carried out with Africa CDC support, requested by national stakeholders amid debate about the trial's design and governance [link]. Statements from Guinea-Bissau's authorities (reported by AP and other outlets) emphasized that the suspension decision reflected national sovereignty and a desire to clarify the ethical and scientific conditions before any continuation [link].

However, reactions online showed that messages about a "suspension," "review," and sometimes "cancellation" (depending on headlines) can appear contradictory, confusing and can fuel distrust in public health authorities' capacity to protect people's interests.

On 13 February 2026, WHO published an official statement about the planned trial. The organization reiterated that the birth dose is an essential and effective intervention and expressed significant concerns about the scientific justification, ethical safeguards, and the protocol's alignment with principles governing research involving human participants. Based on publicly available information, WHO considered the trial incompatible with established ethical and scientific principles and also noted it was aware that Guinea-Bissau had suspended the study pending further review [link]. WHO highlighted Guinea-Bissau's high burden, including an estimated high adult prevalence, and recalled the country's decision to add the birth dose to its national schedule, with planned introduction by 2028 [link].On 18 February 2026, Reuters reported that Guinea-Bissau ended the study, citing scientific concerns [link].

On 20 February 2026, an investigation by Rolling Stone (Katherine Eban) published new details about the approval pathway and internal handling of the funding proposal within the CDC, describing an unusual process and reinforcing perceptions of irregularities and political pressure [link].

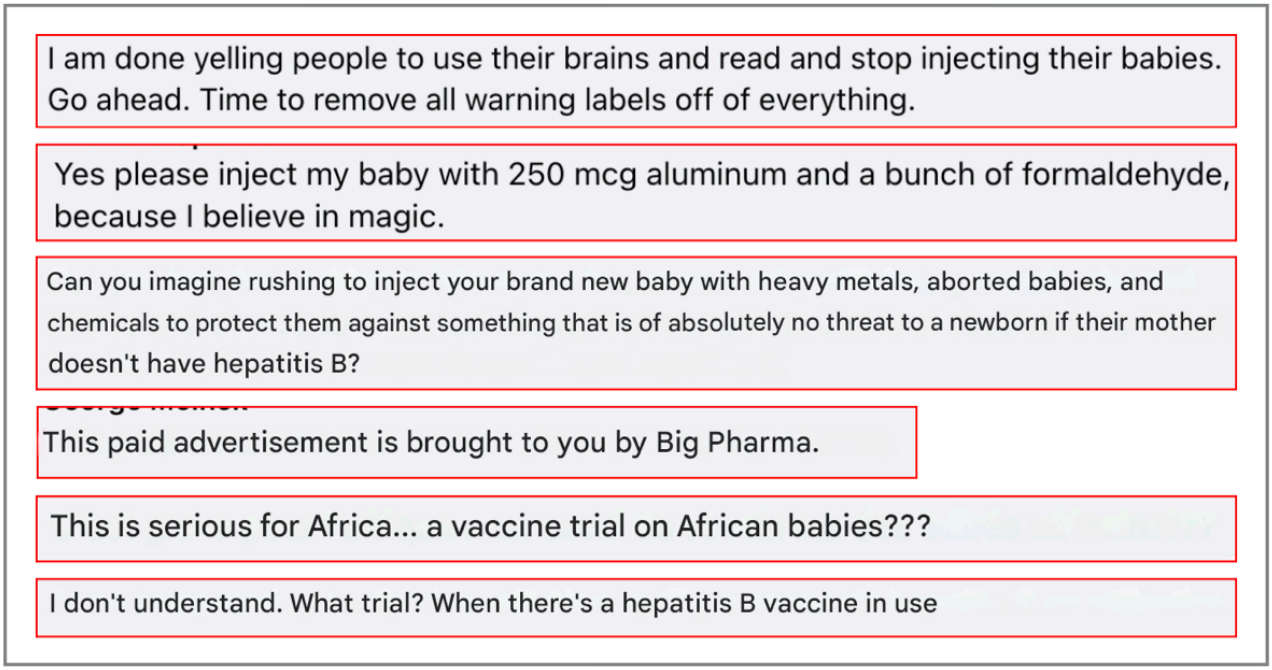
What people are saying online and offline:

Information gaps: strong demand for explanations about what a clinical trial is, how it is regulated (consent, ethics committees, monitoring of adverse events), and why the birth dose is recommended. Information gaps about hepatitis B, how it is transmitted, who is at risk and the health consequences.

Institutional distrust: narratives of "Africa as a testing ground," accusations of exploitation, claims that "trial = danger," and insinuations of manipulation by external actors. Suspicion toward authorities, partners, and researchers, often fueled by the absence of clear and transparent information about the research project and the ethical clearance process.

Disinformation: unfounded concerns about the safety of vaccines (in general) are being recycled and applied to the hepatitis B vaccine, including the alleged harmful ingredients and collusion with "big pharma".

Below are some comments :



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Operational recommendations

Even though the media and public attention have faded after the official cancellation of the clinical trial, social listening data show recurring patterns between the hepatitis B conversations and other vaccines **(i) high emotional sensitivity (ii) public debates about the ethics of research, and (iii) an already highly active narrative** ("Africa as a testing ground") **that could undermine vaccine confidence.**

Interventions that could limit mis and disinformation:

Addressing the information gaps and concerns as early as possible: preposition messages to address common questions and concerns about vaccines: safety, side-effects, composition, production, benefits/ risks, eligibility.

Proactive and transparent communication: clarify "who decides what," the status of the review process, official channels for questions/complaints, regular media briefs and consistent use of clear language to avoid confusion.

Explain health jargon and scientific evidence in plain language: what clinical research is, consent, ethical oversight, and pharmacovigilance mechanisms.

Rapid and coordinated response between media, fact-checkers, public health organizations, health workers, community leaders etc. to pre-bunk predictable disinformation narratives and to reinforce resilience to mis/disinformation narratives. One concrete step could be to map the information environment in Guinea-Bissau and identify the vulnerable points that facilitate the spread of inaccurate health information.

Persistent trend

DRC: the rumor of "theft/disappearance of the male sex organ" spreads from one hotspot to another, after Tshopo and Maniema, Tanganyika, then Lualaba provinces

Across several provinces in the Democratic Republic of the Congo (DRC), the rumor of the alleged **"theft," "disappearance," or "atrophy"** of the male sex organ continues to generate fear and suspicion. Already documented by the **WHO DRC Infodemic Management team** in October 2025, it was associated with **extreme violence against health workers**, **including the lynching and burning of personnel on mission in Ilambi/Isangi** [link]. The analytical report on this episode highlights **rapid dissemination via WhatsApp and Facebook**, amplified by emotional narratives and public statements, which transform a belief into collective "evidence."

The same pattern later resurfaced in Maniema (Kindu) in January 2026: the alert report describes intense circulation, serious assaults, and at least one death, emphasizing that "the lessons from Kisangani apply," as the mechanisms are identical (**nocebo effect, social contagion, confirmation bias, local authority influence, and moral framing that can sometimes legitimize violence**) [link].

Since then, similar content has been reported in Tanganyika (**notably Kalemie, according to information shared by the WHO DRC Infodemic Management team**), confirming a geographic spread dynamic: the rumor "travels" and reactivates whenever a new testimony, video, or accusation acts as a trigger [link].

Recent updates indicate a new extension to Lualaba, in Kolwezi (Kapata, Musonoïe, and Fungurume areas), **with more than 400 videos on TikTok**. According to Okapinews (3 March 2026), some residents are now waving elastic bands and pins as "protective means," avoiding handshakes and limiting physical contact in markets, transport stops, and public places, even though no medical or security confirmation has been reported. The adoption of such protective objects is a classic marker of a persistent trend: it indicates that the rumor is moving beyond the online sphere to influence everyday behavior, increasing the risk of arbitrary accusations.

It remains crucial to closely monitor this trend, as it combines misinformation with a high risk of violence. Both reports recommend a rapid and coordinated response (health, security, justice, and communication task force; single spokesperson; pre-debunking explaining the medical impossibility of "disappearance"; monitoring of WhatsApp, Facebook, and field signals; zero-tolerance messages against mob justice; and protection of exposed individuals such as health workers).

Lenacapavir: a persistent infodemic trend over several months, revealing unaddressed information gaps(7)

AIRA reports show that conversations about Lenacapavir are not a one-time "spike," but rather a **persistent infodemic trend** unfolding over several months. As early as late June – early July 2025, AIRA noted that conversations about the introduction of Lenacapavir **"continue to echo in Kenya,"** indicating a dynamic already established.

This dynamic then became more structured in July 2025 (AIRA Report 10–23 July 2025, No. 169), where Lenacapavir was explicitly linked to FDA/WHO milestones, and AIRA already identified the same recurring issues: **confusion between prevention and treatment, safety concerns, and narratives of "experimentation/guinea pigs," combined with questions about access and cost.**

Later, in late September 2025 (AIRA Report 15–30 September 2025, No. 171), the trend remained sufficiently active to be addressed again and the persistence of the two dynamics: **fears (experimentation/ adverse effects) versus information requests (status, cost, and integration with existing prevention).**

The fact that the same questions and narratives consistently reappear suggests that communication and community engagement actions need to be reinforced.

Resource box

MPOX

RCCE readiness and response toolkit for mpox – operational guidance and tools – WHO: Risk communication and community engagement readiness and response toolkit

HIV prevention - Lenacapavir (injectable PrEP)

Social media toolkit (ready-to-use messages and visuals) – Unitaid Advocates Network: Unitaid's Lenacapavir Breakthrough Social Media Toolkit

Hepatitis B (birth dose trial, Guinea-Bissau)

Official statement (key institutional reference framing scientific/ethical issues) – WHO: Statement on the planned hepatitis B birth dose vaccine trial in Guinea-Bissau (13 Feb 2026)

Methodology & Footnotes

What is our methodology? (8)

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(9).

Footnotes

1.The social media monitoring software used does not support reliable geolocation of activity on X/Twitter. We nevertheless monitored X closely, and platform-level volumes are provided to indicate where the conversation is concentrated, without serving as a geographic measure.

2.Since 24 February at 02:00 UTC, Meta/Facebook has stopped transmitting engagement data for web articles through its API. As a result, our tool no longer displays Facebook interactions for articles published after that date.

3.These data are not intended to represent the entire infodemic landscape; rather, they provide a snapshot of the main themes identified through AIRA's social listening methodology during the reporting period.

4.Platform-level volumes (e.g. Facebook, X/Twitter, YouTube, TikTok) do not add up to the "interactions" line. They reflect different counting units and are provided to indicate where the conversation is concentrated.

5.Mpox (Madagascar & Comoros) — A total of 1,062 posts were identified during the reporting period, generating approximately 24,400 interactions and containing relevant infodemic information after a preliminary search using the following keywords: ("mpox" OR "monkeypox" OR "orthopoxvirus" OR "poxvirus" OR "rash" OR "skin lesions" OR "swollen lymph nodes" OR "quarantine" OR "isolation" OR "contact tracing" OR "mpox vaccine" OR "vaccination campaign" OR "border control" OR "certificate" OR "travel restrictions"), applied to content in all monitored languages.

6.Hepatitis B (birth-dose trial, Guinea-Bissau) — A total of 273 posts were identified during the reporting period, generating approximately 17,700 interactions and containing relevant infodemic information after a preliminary search using the following keywords: ("hepatitis B" OR "HBV" OR "birth dose" OR "newborn vaccine" OR "dose at birth" OR "trial" OR "clinical trial" OR "randomized trial" OR "ethics" OR "consent" OR "Guinea-Bissau" OR "Bandim" OR "CDC grant" OR "WHO statement"), applied to content in all monitored languages.

7.HIV prevention / Lenacapavir — A total of 1,023 posts were identified during the reporting period, generating approximately 66,500 interactions and containing relevant infodemic information after a preliminary search using the following keywords: (“HIV prevention” OR “PrEP” OR “pre-exposure prophylaxis” OR “injectable PrEP” OR “lenacapavir” OR “long-acting injection” OR “twice-a-year” OR “two doses per year” OR “cost” OR “price” OR “free doses” OR “availability” OR “not a cure” OR “not a vaccine”), applied to content in all monitored languages.

8.For quality assurance, the collected items were filtered for relevance, deduplicated, then coded according to the type of infodemic issue (misinformation/disinformation, information gaps, concerns, claims/requests, media misreporting) and grouped by health theme according to the AIRA taxonomy.

9.The countries mentioned in this report reflect the main countries represented in the monitored conversations and/or explicitly linked to the narratives (e.g. Madagascar/Comoros for mpox; Kenya/Mozambique/Zimbabwe for lenacapavir; Guinea-Bissau for the hepatitis B birth-dose trial). They should not be interpreted as an exhaustive ranking of all countries concerned.