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 mis-disinformation and improving information ecosystems in the African Region.

What did we find during this period ?

Between **15 and 31 March 2026**, we monitored content published online, including news articles and posts from several social media platforms. Based on the monitoring volumes available (1), the most active topics during the period were **polio** (**239 articles published, 181 social media interactions on articles**), **Lassa fever** (**74 articles published, 30 social media interactions on articles**), and **mpox** (**54 articles published, 16 social media interactions on articles**).

On social media, conversations were concentrated around three main dynamics: the high visibility of **polio vaccination campaigns** in **Nigeria, Malawi, and Ethiopia**; sustained attention to **Lassa fever in Nigeria**, particularly around reported deaths and infections among health workers; and continued discussion around **mpox vaccination in Madagascar and the Comoros**, especially regarding low vaccine uptake, the priority groups, and access to vaccines.

In line with AIRA's methodology, the data collected were filtered, analysed, and then coded according to the type of infodemic issue (2)(**disinformation, misinformation, information gaps, concerns, etc.**) and grouped by health topics according to our taxonomy.

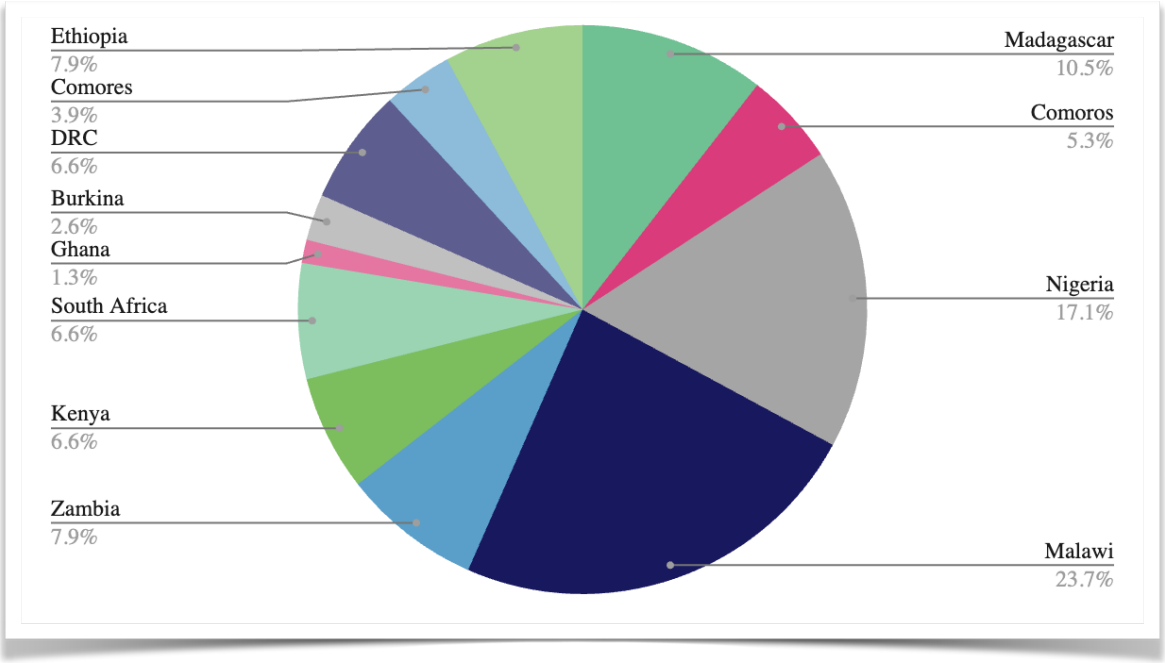


Figure 1 : Geographical distribution of the data scanned for this reporting period (3)

The most frequently discussed topics during this period include (4) :

1) **Lassa fever**, which highlighted communication challenges around the severity of the outbreak, the protection of health workers, the seasonal recurrence of the disease, and major information gaps regarding symptoms, transmission, affected areas, and what people should do;

2) **Polio**, which revealed communication challenges related to mass vaccination campaigns, parental consent, understanding of geographic targeting, distrust of certain international partners, and the circulation of anti-vaccine narratives;

3) **Mpox**, around which communication problems persist regarding the low use of available doses, the identification of priority groups, access to vaccination centres, transparency around campaign management, and fears of experimentation on the population.

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

LASSA FEVER (5)

High risk

Nigeria

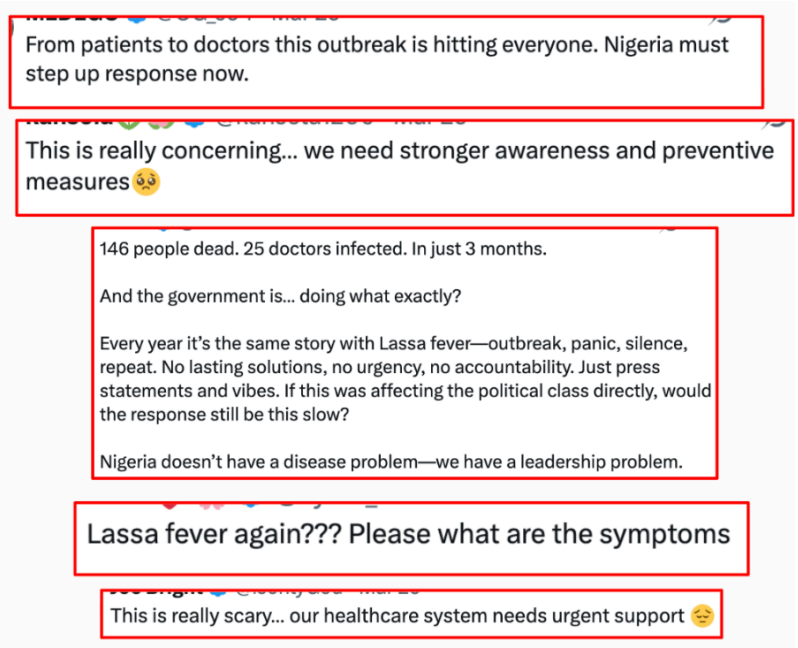
Lassa fever emerged as a major source of public concern during the reporting period, mainly following the circulation of media and social media content highlighting a particularly alarming toll. The most recent data available for the period under analysis show that, as of 22 March 2026, Nigeria had recorded 637 confirmed cases and 160 deaths, with a case fatality ratio of 25.1%, rising to 663 confirmed cases and 167 deaths by 29 March 2026, with a case fatality ratio of 25.2% [link] [link]. The reports also indicate that 39 healthcare workers had been infected cumulatively by that date. NCDC further notes that the case fatality ratio observed in 2026 was higher than during the same period in 2025. In this context, infections among healthcare workers received heightened visibility through alarmist headlines and stories relayed by major Nigerian media outlets [link] [link]. In the discussions observed, the outbreak was therefore not seen simply as another epidemic, but as a sign of a health system struggling to protect its own staff.

A first highly visible theme concerns the **vulnerability of health workers.** The content circulated emphasizes infections among doctors and other medical personnel, and many online reactions interpret this situation as a direct indicator of institutional failure: if health professionals themselves are not protected, then the public sees the response as insufficient, disorganized, or lacking resources. In this regard, comments frequently refer to the lack of personal protective equipment, weak infection prevention and control measures, and the impression of a public response that is too slow, repetitive, or purely declarative. Infection among health workers acts here as a powerful emotional trigger: it turns a health crisis into a crisis of confidence in the state and the health system.

A second line of discussion centres on **fatigue linked to the disease's seasonal recurrence**. Several internet users react by saying "it is always the same story": outbreak, panic, silence, and then forgetfulness until the next season. This type of reaction reflects less a rejection of the risk than a sense of collective exhaustion in the face of a recurrent threat perceived as insufficiently controlled. In some comments, this repetition is directly linked to accusations of poor governance, corruption, or abandonment of the health system. A third set of reactions highlights the existence of **major practical information gaps.** Several internet users ask what the disease actually is, what its symptoms are, how quickly it can progress, what causes it, which states are affected, or even whether the information really concerns Nigeria. Others ask how to protect themselves, what role rats play in the transmission, or whether treatment exists. These comments show that the public is above all looking for simple answers: **what are the signs? How can it be avoided? Where is the risk?** In the absence of visible and widely shared answers, this information gap leaves room for anxiety, confusion, and inaccurate interpretation.

This situation also encourages the circulation of **unproven medical advice and improvised solutions**. In the comments observed, some recommend traditional remedies or informal practices as if they could prevent or treat the disease. Others reduce the response to rat control or domestic hygiene alone. These reactions are not always driven by deliberate misinformation; they often reflect an attempt to make the threat understandable and controllable through everyday experience. Nonetheless, they may divert attention away from essential messages on early detection, clinical care, and prevention based on reliable guidance.

Some illustrative comments are shown below :



Why is this concerning?

This trend is concerning because it shows that the conversation is not limited to the disease itself. Lassa fever becomes a place where fear, anger, fatigue, institutional distrust, and lack of practical information all come together. When the public mainly takes away that doctors are dying or becoming infected, without at the same time receiving simple explanations about symptoms, prevention, and what to do, the risk is twofold: **greater anxiety and reduced ability to act appropriately.** Leaving these blind spots unaddressed may further weaken confidence in public health messages.

What could we do about it?

- Address the existing information gaps, especially where community transmission is high: what Lassa fever is, how it spreads, what the early signs are, and what to do in case of suspected infection treatment sites, and available phone numbers or contact points;
- Work closely with local media and community leaders to ensure the public health messages reach communities. Many internet users explicitly ask where the risk is located and which states are concerned.
- Strengthen communication on what is being done to improve the protection of health workers, since their infection is at the heart of public concern;
- Rapidly debunk misinformation online and in communities with simple, credible, and repeated content, especially misinformation on unproven remedies;
- Collaborate with the media to report facts and provide context, and avoid clickbaits and shock headlines that can cause unnecessary panic and generate misinformation;
- Communicate more clearly about concrete preparedness and response measures put in place to address the seasonal recurrence of the disease;

IMMUNIZATION

Meduim risk

POLIO (6)

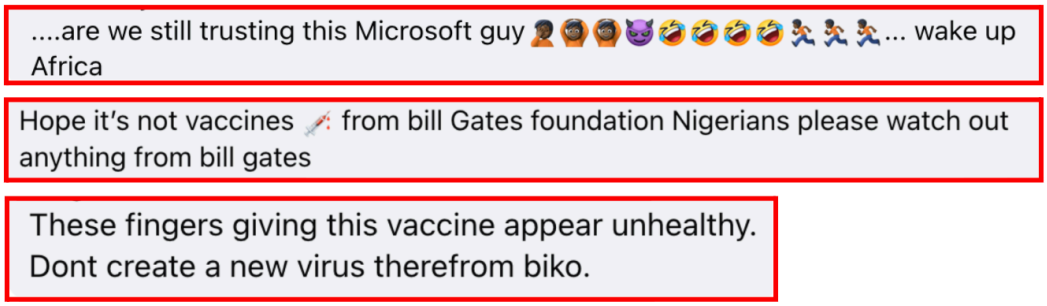
Nigeria, Malawi, Ethiopia

Poliomyelitis emerged as a highly visible topic during the reporting period, mainly through institutional content announcing or accompanying vaccination campaigns, followed by sharply contrasting public reactions. Discussions centered on three main dynamics: in Nigeria, the vaccination response to an outbreak in Nasarawa State; in Malawi, a nationwide campaign widely relayed by the authorities and partners; and in Ethiopia, more politicized and critical reactions around the campaign, its timing, and its territorial targeting.

This communication context is rooted in an epidemiological reality that, according to the WHO AFRO Weekly Bulletin on Outbreaks and Other Emergencies, remained concerning in several countries in the region. **For Nigeria**, the bulletin states that a total of 62 cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) were reported in 2025, with the most recent case having a paralysis onset date of 10 December 2025. **For Malawi,** the same document notes that two cVDPV2 isolates were confirmed on 22 January 2026 from environmental samples collected in Blantyre on 8 December 2025. Investigations subsequently identified an infection in an unvaccinated seven-year-old child, with paralysis onset on 22 December 2025, as well as a three-year-old community contact; a third environmental isolate was later detected [link]. These elements show that the debates observed around vaccination campaigns are unfolding in a real context of poliovirus circulation or detection, which contributes to the sensitivity of public reactions.

In Nigeria, the circulation of content announcing the launch by Nasarawa State of a polio response **campaign targeting more than 1.3 million children aged 0 to 59 months, from 28 to 31 March 2026** [link] [link], triggered reactions focused not only on the vaccine itself, but also on the actors perceived to be backing the intervention. Several comments expressed explicit mistrust toward Bill Gates or his foundation, and some directly linked vaccination to a hidden threat or the creation of new viruses [link]. The campaign was therefore not seen only as a public health measure; for some, it was interpreted as an extension of broader narratives of suspicion toward international partners and vaccines.

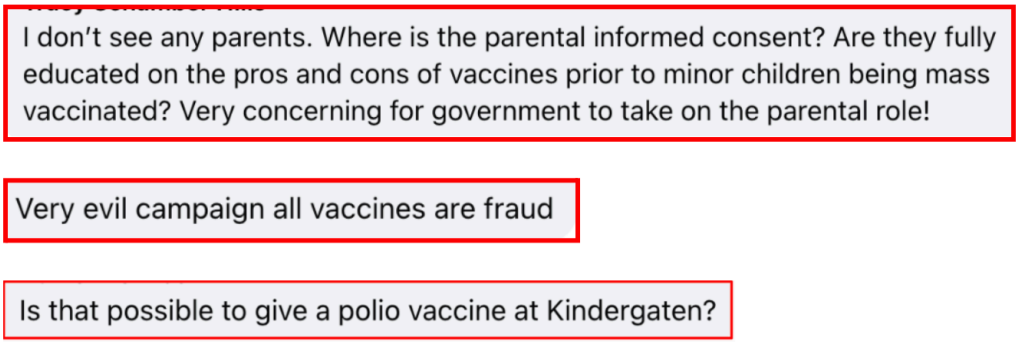
Some illustrative comments are shown below :



In Malawi, the national campaign launched on 24 March 2026 was widely relayed by the government, partners, and local media. Messages emphasized the scale of the campaign, the number of children targeted, supervision efforts, door-to-door strategies, and the involvement of multiple partners [link] [link]. However, part of the public still asked very concrete questions about dates, number of doses, and locations of vaccination; another part raised concerns about **parental consent**,another part raised concerns about parental consent, the role of the state in decisions affecting children, and the legitimacy of mass vaccination campaigns., and thewhether such a large-scale campaign was justified.

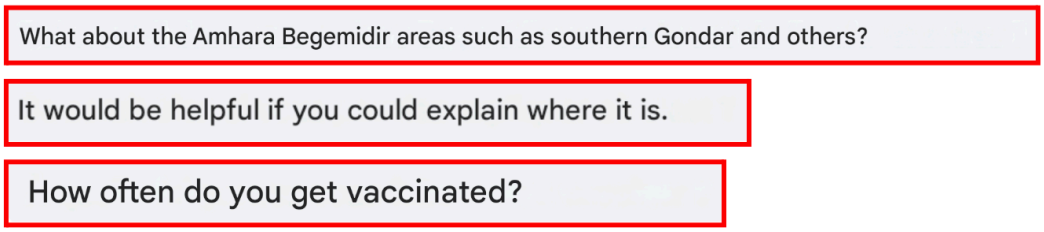
Several favourable posts showed that local outreach, home visits, and messages carried by community actors also helped strengthen acceptability in some areas.Other, more hostile, reactions claimed that vaccines do not work, described the campaign as harmful or dangerous, or linked it to broader narratives of vaccine fraud.

Some illustrative comments are shown below :



In Ethiopia, the observed content shows a more politicized debate. Official Ministry of Health publications announce a **polio vaccination campaign in several regions, targeting more than 17 million children under five years of age** [link]. Yet the reactions do not focus only on the safety or usefulness of the vaccine, but they also raise concerns about geographic equity, the campaign calendar.. Some comments ask why certain areas, particularly in **Amhara or South Gondar,** do not seem to be covered.Available information indicates that Amhara was in fact included in the round launched from 24 March 2026, while the areas explicitly reported as not covered in that phase were Dire Dawa, Afar, South Ethiopia, and Harari [link]. Others place the campaign within broader frustrations linked to living conditions, employment, pay, or ministry priorities. More misinformation narratives also circulate, including formulations associating vaccines with satanic forces or political agendas. In this context, the conversation around polio goes beyond vaccination alone and becomes a space for expressing broader social and political tensions.

Some illustrative comments are shown below :



Why is this concerning?

This trend is concerning because the reactions observed do not focus only on polio or on vaccine effectiveness. They also reveal a broader fragility of trust in institutions, partners, campaign modalities, and the priorities of public action. When mass vaccination campaigns are perceived as imposed, insufficiently explained, or associated with already contested actors, they can very quickly activate narratives of manipulation, fraud, or exploitation.

The case of **Malawi** shows in particular that a highly visible campaign can generate both support and suspicio. In **Ethiopia**, the reactions show that vaccine acceptability may be weakened not only by misinformation, but also by a sense of territorial unfairness or by a perceived gap between the health message and lived social realities.

In **Nigeria**, the presence of narratives explicitly hostile to Bill Gates and his foundation shows that polio campaigns remain vulnerable to long-standing disinformationnarratives. In a context where environmental detections of poliovirus cases are still documented in the region, such narratives may weaken adherence to the campaigns needed to interrupt transmission.

What could we do about it?

- Explain more clearly why the campaign is being organized, who is targeted, where it is taking place, how many doses are planned, and how families can access it;
- Anticipate questions around parental consent and produce simple messages on the role of parents, schools, health workers, and community mobilizers;
- Strengthen community-based communication in local languages, through credible local actors able to address practical objections and fears;
- Address frustrations linked to geographic targeting by explaining why some areas are prioritized, how decisions are made, and whether additional phases are planned;
- Closely monitor comments before the vaccination campaigns, identify past trends from previous campaigns to anticipate the questions, concerns, misinformation and disinformation trends and plan interventions ahead of time;
- Accompany mass campaigns with communication with community engagement and interventions that will give space for a dialog and relationship building between the health provider/expert and communities, so that vaccination is not perceived as a purely logistical operation disconnected from people's concerns.

Trend to watch: persistent mistrust of mpox vaccination in Madagascar and the Comoros (7)

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Mpox vaccination remained a highly discussed topic in the content observed in Madagascar and the Comoros. However, the conversation is not focused only on the biomedical usefulness of the vaccine. It is structured mainly around low vaccination coverage, campaign management, the targeting of beneficiaries, distrust toward authorities and international partners, as well as recurring comparisons with COVID-19. The discussions show that, even when institutional messages stress the urgency of vaccination, a significant part of the public continues to interpret the campaign through a lens of suspicion, vaccine fatigue, or doubt about the priorities of the response. **This trend is part of a continuum identified in previous AIRA reports, which had already highlighted mpox in Madagascar, with spillover concerns toward the Comoros, as a major infodemic issue in the report covering the period from 1 January to 28 February 2026** [link], **and again in the report from 1 to 15 March 2026** [link], which already underscored the persistence of mistrust toward mpox vaccination in Madagascar.

In Madagascar, discussions were strongly reignited by statements from public health figures about the slow progress of the vaccination campaign despite the availability of doses, as well as delays in vaccinating already identified contacts. These statements were circulated in a context marked by the progression of the outbreak, an increase in the number of cases, and the reporting of several deaths [link]. The reactions observed reveal several recurring narratives: some internet users argue that the main problem is not the vaccine itself, but poor management of the response; others directly reactivate narratives inherited from COVID-19, referring to the side effects of COVID-19 vaccines or to the fear of being deceived once again; others still associate vaccination with NGOs, Bill Gates, or hidden agendas. The comments also reveal a significant need for practical and logistical information, especially about vaccination sites, priority groups, the reasons behind the underuse of doses, and the public's actual access to the vaccine.

In the Comoros, the discussions observed follow a similar pattern, but are more centered on the arrival of vaccines and the logic of prioritization. Institutional messages announced the reception in Moroni of 10,000 doses, intended to protect approximately 5,304 to 5,400 people, with priority given to contacts of confirmed or suspected cases, health workers, laboratory personnel, rapid response teams, and certain groups living in affected areas [link]. Several internet users question the relationship between the number of doses received and the number of cases mentioned, ask why so many people should be vaccinated if case numbers still seem relatively low, or mock the proposed order of priority. Some suggest that the authorities should be vaccinated first, others express doubts about the government's ability to manage the doses properly, and others reject vaccination more openly.

Resource box

Lassa fever**:** WHO, *Lassa fever fact sheet*: useful for explaining transmission, symptoms, prevention, and why infections among health workers require strong infection prevention and control measures.

Polio**:** WHO, *Poliomyelitis fact sheet*: a key reference on transmission, paralysis risk, the role of repeated immunization, and why high vaccination coverage is essential to interrupt outbreaks.

Mpox**:** WHO, *Mpox questions and answers* and *Mpox: Vaccines*: useful for explaining the disease, transmission, prevention, and the logic of targeted vaccination.

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Public Health Infodemic Trends in the African Region. This Bi-weekly report provides key highlights and operational recommendations based on social listening data from 15-31 April 2026 in Africa.

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Methodology & Footnotes

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.Platform-level interaction figures and the "social media interactions on articles" totals reflect different units of measurement and should not be added together. They are used to indicate where attention and engagement were most concentrated.

2.These infodemic data points include misinformation, disinformation, information gaps, concerns, claims or requests, expressions of support or positive reactions, and instances of inaccurate, incomplete, or misleading reporting in the media.

3.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.

4.The topics highlighted in this report were selected on the basis of their visibility in the monitored dataset and their operational relevance for public health communication during the reporting period.

5.A total of 74 publications identified between 15 and 31 March 2026, generating 30 social media interactions on articles, contained relevant infodemic information after a preliminary search using the following keywords: ("Lassa fever" OR "Lassa" OR "hemorrhagic fever" OR "viral haemorrhagic fever" OR "outbreak" OR "epidemic" OR "doctor infected" OR "health worker" OR "PPE" OR "symptoms" OR "rat transmission" OR "Nigeria"), applied to content in all languages published in Africa. This search initially yielded 74 news articles related to Lassa fever during the reporting period.

6.A total of 239 publications identified between 15 and 31 March 2026, generating 181 social media interactions on articles, contained relevant infodemic information after a preliminary search using the following keywords: ("polio" OR "poliomyelitis" OR "cVDPV2" OR "vaccine-derived poliovirus" OR "polio vaccine" OR "vaccination campaign" OR "outbreak response" OR "parental consent" OR "mass vaccination" OR "Nasarawa" OR "Malawi" OR "Ethiopia"), applied to content in all languages published in Africa. This search initially yielded 239 news articles related to polio during the reporting period.

7.A total of 54 publications identified between 15 and 31 March 2026, generating 16 social media interactions on articles, contained relevant infodemic information after a preliminary search using the following keywords: ("mpox" OR "monkeypox" OR "poxvirus" OR "rash" OR "skin lesions" OR "vaccination" OR "mpox vaccine" OR "MVA-BN" OR "vaccination campaign" OR "priority groups" OR "vaccination centres" OR "Madagascar" OR "Comoros"), applied to content in all languages published in Africa. This search initially yielded 54 news articles related to mpox during the reporting period.