

Africa Infodemic Response Alliance

A WHO-HOSTED NETWORK



AIRA Infodemic Trends Report

11-20 January 2025

Weekly brief #147

Top concerns

[Confirmed Marburg outbreak in Tanzania sparks confusion over accuracy of health information](#)

A suspected then confirmed Marburg outbreak in Tanzania has led to widespread confusion regarding the accuracy of information from both local and international health agencies.

[The lack of access to safe water in Angola as a key barrier to stop the spread of cholera](#)

People are concerned about the cholera outbreaks particularly about the lack of access to clean water, sanitation, and health care.

[Media interest higher than public interest in mpox outbreaks across monitored African countries](#)

Social listening has not identified social media engagement from online users in Sierra Leone following the confirmation of mpox cases in the country.

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Public Health Infodemic Trends in the African Region

This weekly report provides key highlights and operational recommendations based on social listening data from 11-20 January 2025 in Africa.

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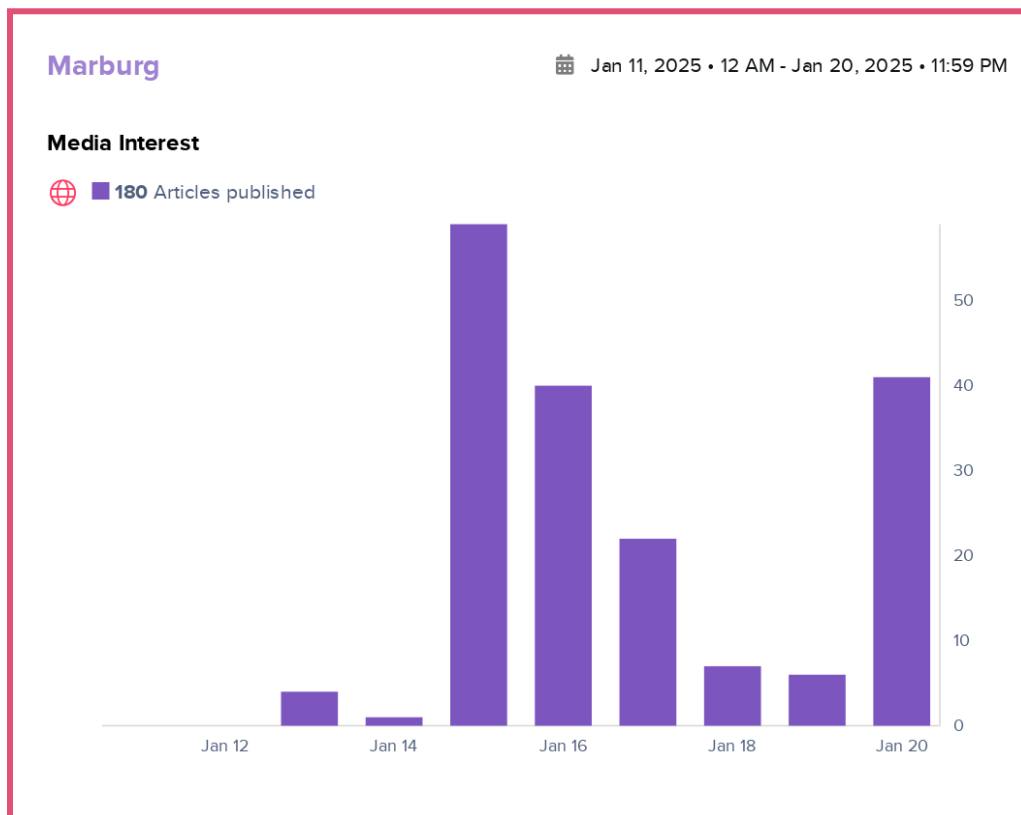
Tanzania, Kenya

Confirmed Marburg outbreak in Tanzania sparks confusion over accuracy of health information

Monitoring/ Kenya: **11 posts, 2555 likes, 500 comments**

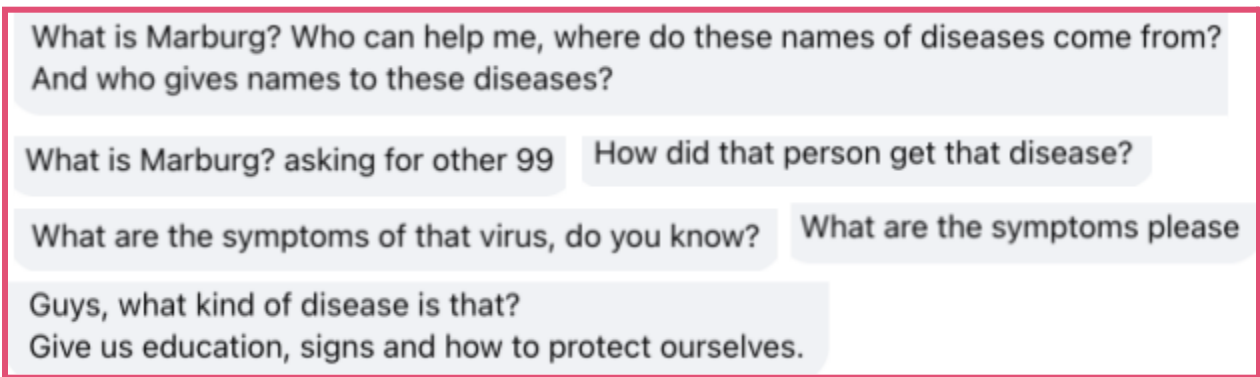
Tanzania: **15 posts, 3177 likes, 441 comments**

- Following WHO's announcement on 15 January on X about suspected Marburg virus disease (MVD) cases in Tanzania, the Ministry of Health confirmed that as of the same day, laboratory tests did not detect the virus in Kagera Province [[LINK](#), [LINK](#)].
- Local media outlets quickly amplified the news on social media. The topic has primarily captured the attention of online users in Kenya and Tanzania.
- Media interest in Marburg in Africa surged on 15 January following the announcement of suspected cases, with 59 articles published that day. Coverage then decreased when laboratory results returned negative. However, media attention spiked once more with the confirmation of the Marburg virus outbreak on 20 January. Below is the graph showing media interest:



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- Figure 1: Media Interest in Africa About Marburg Virus Disease (MVD) from January 11 to 20**

- In Kenya, media outlets provided detailed information about the disease, noting that the country had been placed on high alert, and sharing the latest available information from Tanzania [\[LINK\]](#), [\[LINK\]](#), [\[LINK\]](#). Kenyan users also expressed fear of a new outbreak that would lead to unwanted vaccination [\[LINK\]](#), [\[LINK\]](#)
- In Tanzania, the sequence of events surrounding the Marburg virus disease (MVD) caused **confusion** among online users, particularly on social media:
 - On 13 January, two days before the announcement of suspected Marburg virus disease (MVD) cases, the Ministry of Health in Tanzania debunked a false report circulating on social media about an outbreak of an unknown illness, including its alleged epidemiological data [\[LINK\]](#).
 - On 15 January, the Ministry of Health officially denied the presence of MVD, citing negative laboratory test results after suspected cases were shared by WHO [\[LINK\]](#)
 - On 20 January, “Tanzania confirmed an outbreak of Marburg virus disease in the northwestern Kagera region” [\[LINK\]](#)
- Monitoring online responses to all posts related to those announcements, many users shared WHO’s update about suspected MVD cases in the country, and expressed confusion over who to trust. The misunderstanding that WHO had only declared *suspected* cases, rather than confirmed ones, added to the public’s concerns [\[LINK\]](#), [\[LINK\]](#), [\[LINK\]](#), [\[LINK\]](#), [\[LINK\]](#).
- Both Tanzanian and Kenyan online users inquired about the symptoms of the disease [\[LINK\]](#), [\[LINK\]](#), [\[LINK\]](#) Below are some examples:



□

Why is it concerning?

- **Epidemiological context:** According to WHO, “Tanzania confirmed an outbreak of Marburg virus disease in the northwestern Kagera region after one case tested positive for the virus following investigations and laboratory analysis of suspected cases of the disease. Laboratory tests conducted at Kabaile Mobile Laboratory in Kagera and later confirmed in Dar es Salaam identified one

patient as being infected with the Marburg virus. Fortunately, the remaining suspected patients tested negative” [\[LINK\]](#)

- Confusion about the accuracy of information regarding MVD:** This undermines trust in health authorities, fuels public skepticism and complicates effective disease control if confirmed cases are announced.
- Confusion between suspected and confirmed cases of MVD:** This may serve as a fertile ground for misinformation and may cause unnecessary panic among the population.
- Disease burden of MVD and alert for cross-border vigilance:** MVD is a significant public health threat, with 50% average case fatality rate [\[LINK\]](#), the potential for regional spread, especially in areas with high population mobility is of concern. The affected districts in Kagera are located near international borders with Rwanda, Uganda, Burundi and the Democratic Republic of Congo, creating potential for cross-border spread through population movements.
- Information gaps about MVD symptoms:** The lack of information about MVD symptoms show an information gap. Kagera region had experienced a Marburg outbreak in March 2023, and similar findings were identified on social media platforms.

What can we do?

- Communication about suspected and confirmed cases:** The distinction between "suspected" and "confirmed" cases reduces confusion, and ensures that public health responses are based on accurate, evidence-based information, ultimately enhancing the effectiveness of containment and prevention efforts.
- Continuous monitoring is needed:** Monitor the conversation around Marburg to fact-check any misinformation that might cause harm to individuals. Amplifying accurate information is essential for the audience's knowledge about the spread of the disease.
- Emphasize the collaborative efforts between national and international agencies:** This reduces confusion and reassures the public that both local and international experts are working together to control the situation.

Angola

The lack of access to safe water as a key barrier to stop the spread of cholera in Angola

Monitoring: **19 posts, 6573 likes, 718 comments**

- This week, Angola has seen the highest levels of media coverage and online engagement in Africa regarding its cholera outbreak. The discourse primarily centered on factors contributing to the spread of the disease, including inadequate access to basic sanitation, insufficient garbage collection, and limited availability of safe drinking water. Additionally, some discussions reflected a growing distrust in local authorities' ability to address the crisis effectively.

[[LINK](#), [LINK](#), [LINK](#), [LINK](#), [LINK](#)]

- Here are some comments translated from Portuguese shared on the Ministry of Health's Facebook posts [[LINK](#), [LINK](#)]

We don't have running water, the bikers' bicyclists are costing 500 kz and etc etc, how are we going to protect ourselves?

This government's incompetence is, an outbreak of this dimension, the city lacks water and the cleaners do not collect solid waste in time, how do they intend to stop the spread of cholera like this?



They only need to solve the problem of water and basic sanitation, but immediately solve the water problem, unfortunately the water that is flowing into some taps in the capital city is not suitable for domestic consumption, it has caused the emergence of cholera once again.

Unfortunately, the country will always record recurring situations until we resolve the issue of ensuring efficient sanitation and quality sanitation at the level of these well-known communities.

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Why is it concerning?

- Epidemiology:** Cholera continues to disproportionately impact communities in Angola that lack access to clean water, sanitation, and healthcare services. According to the cholera bulletin number 8 of the ministry of health in Angola, Cacuaco Municipality has emerged as the epicenter of the outbreak, with children aged 2 to 9 being the most affected. The current case fatality rate stands at 5.7%, most deaths have occurred in communities before individuals could receive medical care. [[LINK](#), [LINK](#)]
- According to a report by the World Bank titled “Diagnóstico do sector de Água, Saneamento e Higiene em Angola”, **diarrheal diseases** are a leading cause of death in children under five in Angola. In 2017, diarrheal diseases were responsible for approximately **15%** of child deaths (about 10,236 children), and this figure rises to **18%** when excluding infants under one year old. The primary

risk factors contributing to these deaths are **unsafe water, poor sanitation, and lack of access to handwashing stations**. [\[LINK\]](#)

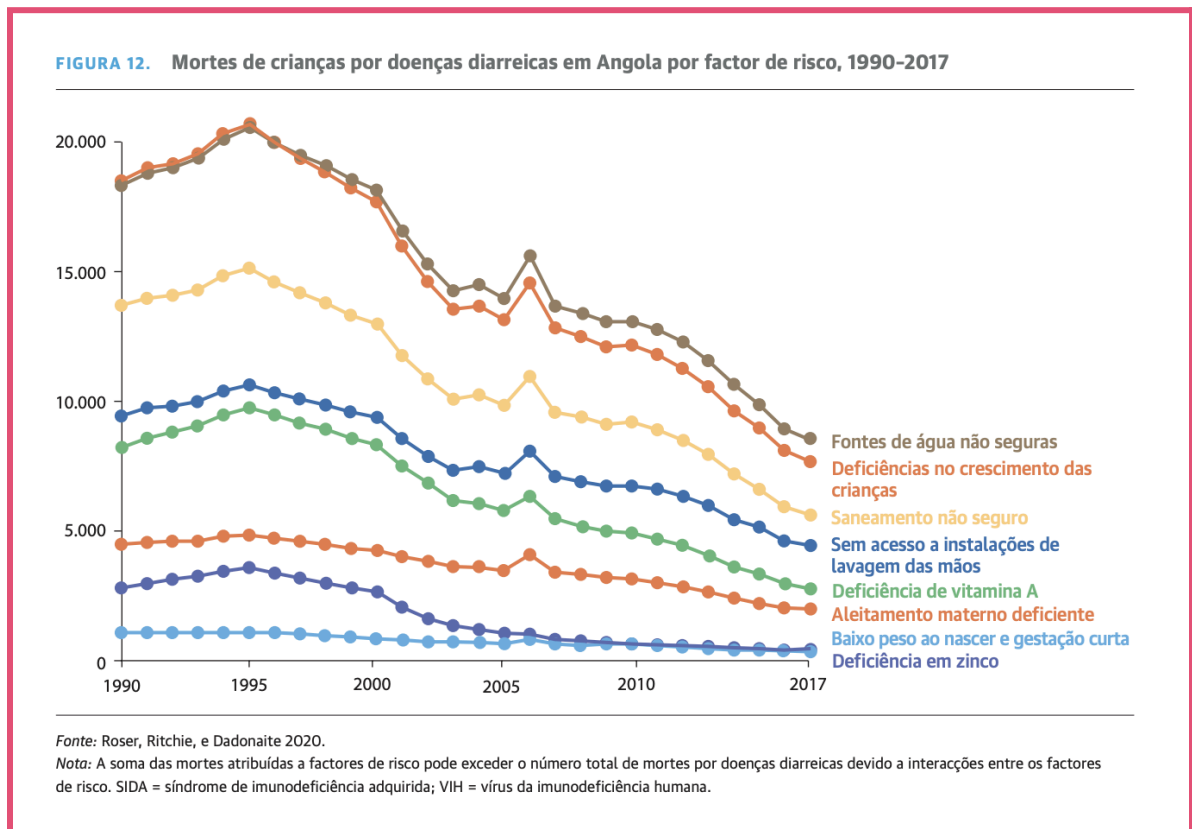


Figure 2: Child deaths from diarrheal diseases in Angola by risk factor 1990-2017[\[LINK\]](#)

What can we do?

- Children are a population-at-risk:** Highlight the importance of consuming clean water and food to parents or guardians whose children are mostly affected by the outbreak. This can prevent the further spread of cholera, and emphasize the need to continue observing the public health guidelines on cholera prevention and seeking early treatment if people show symptoms.
- Cholera hotspots as priority areas:** Advocate for the identification of cholera hotspots as priority areas for interventions, such as the implementation of long term water and sanitation infrastructure. A map of cholera hotspots helps to address cholera that persists or reappears regularly (episodic epidemics). Share IEC material on cholera in hotspot locations to improve knowledge on how cholera spreads, and how preventive measures work to increase trust in the safety and effectiveness of the adopted control measures.

- Social listening and community engagement:** Continue to engage with communities in bairro Paraiso, mostly affected by the outbreak and conduct social listening to monitor if there are changes in the discourse online and offline and address concerns as soon as they arise.

Sierra Leone, Kenya, Zambia

Media interest higher than public interest in mpox outbreaks across monitored African countries

Monitoring/Kenya: **7 posts, 1352 likes, 176 comments**

Monitoring/Zambia: **5 posts, 126 likes, 126 comments**

Monitoring/Sierra Leone: **15 posts, 214 likes, 16 comments**

- During the monitored week, Sierra Leone had declared mpox as a public health emergency after the confirmation of two cases [\[LINK\]](#). Similarly, Kenya has also recorded two additional confirmed cases of mpox [\[LINK\]](#).
- It is noteworthy that social listening of mpox in Sierra Leone has not identified social media engagement from online users following the confirmation of mpox cases in the country. However, traditional media has been actively sharing updates about the outbreak. Sierra Loaded reported that “preventive measures, messages are being disseminated through radio and television, with a particular focus on Valunia Chiefdom” [\[LINK\]](#). Sierra Leone-based Standard times newspaper reported on 21 January that there is panic in Bo district after the confirmation of 17 mpox cases.[\[LINK\]](#)
- In Zambia, online users expressed concern following the detection of mpox cases in the Copperbelt region and the capital Lusaka, seeking clarification on the specific locations affected.[\[LINK, LINK, LINK, LINK\]](#)
- Kenyan conversations about mpox suggest a lack of urgency in addressing the issue, with discussions often overshadowed by political updates happening in the country [\[LINK\]](#)

Why is it concerning?

- Epidemiological context:** As of 20 January, Sierra Leone reported a total of 12 confirmed cumulative cases of mpox [\[LINK\]](#). The number of confirmed mpox cases has seen a notable increase, indicating a rapid escalation in the spread of the virus since the first case was announced on 10 January[\[LINK\]](#). In Zambia, the total number of confirmed mpox cases has reached six, indicating a gradual rise in infections [\[LINK\]](#). Meanwhile, Kenya has seen a total of 33 confirmed cases [\[LINK\]](#)

- Possible public fatigue and low engagement on social media:** The overall engagement from online users has decreased by 25% as indicated in the graph below. However, the media interest has increased by 41%. The decrease in engagement from online users might also suggest that people are becoming less interested or fatigued by the topic after an initial surge in interest.

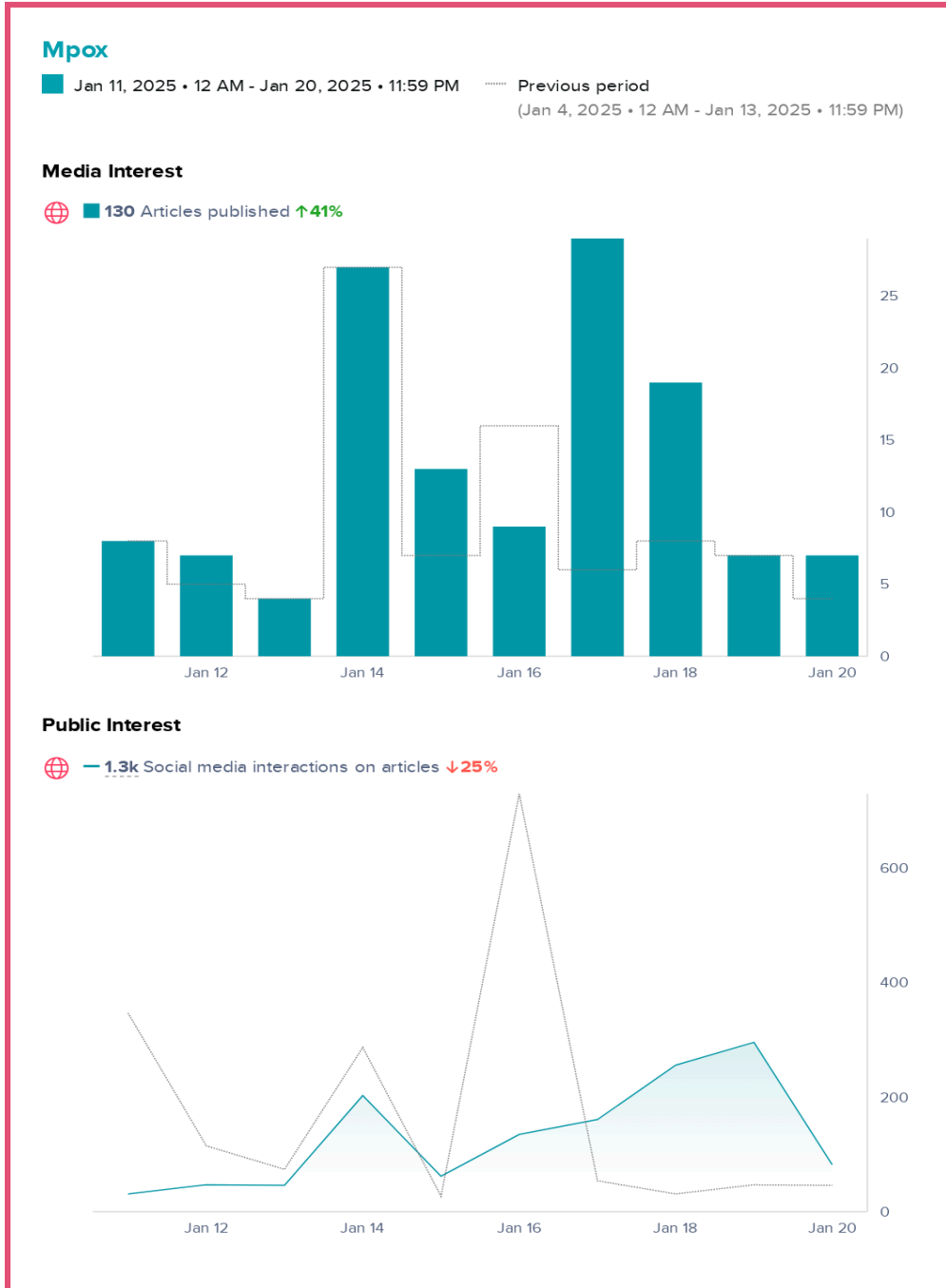


Figure 3: mpox media and public interest in Africa from 11 to 20 January

What can we do?

- Collect concerns, questions from offline data in Sierra Leone:** Explore offline methods for gathering public concerns, questions, and feedback. For example:
 - Organize focus group discussions in community centers, health clinics, especially in areas like Bo District and Valunia Chiefdom, where panic is reported.
 - Dedicate segments of radio and TV programs to live call-ins, allowing viewers to ask questions about mpox and report concerns.
 - Leverage trusted local figures to gather insights and engage in ongoing dialogue with the population.

- Provide reassurance about mpox outbreak in Zambia:** Offer regular updates from health authorities regarding the locations of confirmed cases, ongoing investigations, and measures being taken to contain the virus. Transparency can help reduce fear and confusion. Sharing preventive measures and practical steps individuals can take to protect themselves and their communities, such as hygiene practices, and how to seek medical attention if symptoms arise can also alleviate concerns about the spread of the disease (especially in the capital Lusaka).

Key resources

Mpox

Resources for social listening analysts

- [WHO](#), Public health taxonomy for social listening on mpox conversations

Resources for journalists & fact checking

- [Internews](#), reporting on mpox, a guide for journalists
- [WHO](#), comprehensive list of mpox webinar series
- [AFP Fact check](#), WHO mpox emergency declaration does not advise lockdowns
- [DW](#), Fact check: No link between mpox and COVID vaccination
- [DW](#), Fact check: Four fakes about mpox

Resources/Content for social media

- [Viral Facts Africa](#), mpox social media kit with engaging explainers and debunks
- [WHO](#), LIVE: Q&A on #mpox. Join us and #AskWHO your questions!
- [WHO](#), Episode #124 - mpox: what you need to know

Technical update

- [WHO](#), Strategic framework for enhancing prevention and control of mpox
- [WHO](#), Mpox in the Democratic Republic of Congo
- [Africa CDC](#), Mpox situation in Africa

- [WHO](#), Multi-country outbreak of mpox, External situation report#44 - 23 December 2024

Public health guidance/RCCE

- [WHO](#), the Global Mpox Dashboard
- [WHO](#), Risk communication and community engagement (RCCE) for monkeypox outbreaks: interim guidance, 24 June 2022.
- [WHO](#), Public health advice for sex workers on mpox
- [WHO](#), Considerations for border health and points of entry for mpox: interim guidance
- [WHO](#), Community protection for the mpox response: a comprehensive set of actions

Mpox vaccines

- [WHO](#), Mpox Q&A, vaccines
- [WHO](#), Mpox immunization

Cholera

Resources/Content for social media

- [WHO](#), cholera outbreaks, W&A
- [WHO](#), Cholera fact sheet
- [Viral Facts Africa](#), cholera social media toolkit with engaging explainers and debunks
- Social Science in Epidemics: [cholera lessons learned](#)

Resources for social listening analysts

- [Global Task Force on Cholera Control](#), clarifying rumors and community concerns

Marburg Virus Disease (MVD)

Resources for journalists & fact checking

- [WHO](#), MVD fact sheet
- [WHO](#), MVD Q&A

Resources/Content for social media

- [Viral Facts Africa](#), MVD social media kit with engaging explainers

Methodology

The social media listening process relies on a combination of social media analyses conducted for French, English and Lusophone-speaking countries. Engagements, otherwise known as interactions, **refer to the number of likes, comments, reactions and re-shares on a post.**

This is not a perfect measure of engagement:

- Some may have seen the post and chosen not to interact with it;
- Commenting on or re-sharing a post may constitute a more meaningful form of engagement than simply reacting to it;
- We are not systematically distinguishing between the types of responses that each engagement generates (e.g. while a post may contain misinformation, people may be countering/debunking it in the comments).

We seek to mitigate these limitations by:

- Scanning comments and monitoring reactions to qualitatively evaluate responses to each post;
- Assessing the velocity of a post (i.e. how fast is it obtaining reactions, likes, and shares) and the re-emergence of specific themes;
- Identifying whether the post is shared across a variety of platforms and sources (broad engagement), or simply soliciting a high level of attention within a given community/platform (siloeed engagement).

The monitoring reports are produced using NewsWhip Analytics, Google Trends. As a result, data may be biased towards data emerging from formal news outlets/ official social media pages, and does not incorporate content circulating on closed platforms or groups (e.g. private Facebook groups). We also rely on infodemic managers based in Nigeria, Democratic Republic of Congo and Kenya to provide insights into relevant national infodemic trends or offline content, as well as country-level reports. As we produce more content, we seek to triangulate and corroborate information across these groups to strengthen our infodemic response.