

# Africa Infodemic Response Alliance

A WHO-HOSTED NETWORK



**AIRA Infodemic Trends Report**

**1-10 February 2025**

**Weekly brief #149**

# Top concerns

## Confirmation of one case of mpox in South Sudan

Social comments reveal misconceptions about mpox's origin.

## Ugandan media express frustration over the lack of communication on the Sudan virus disease

Media describes the current information environment as “blackout on ebola news” raising questions about the balance between preventing misinformation and ensuring transparency.

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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 1-10 February January 2025 in Africa.

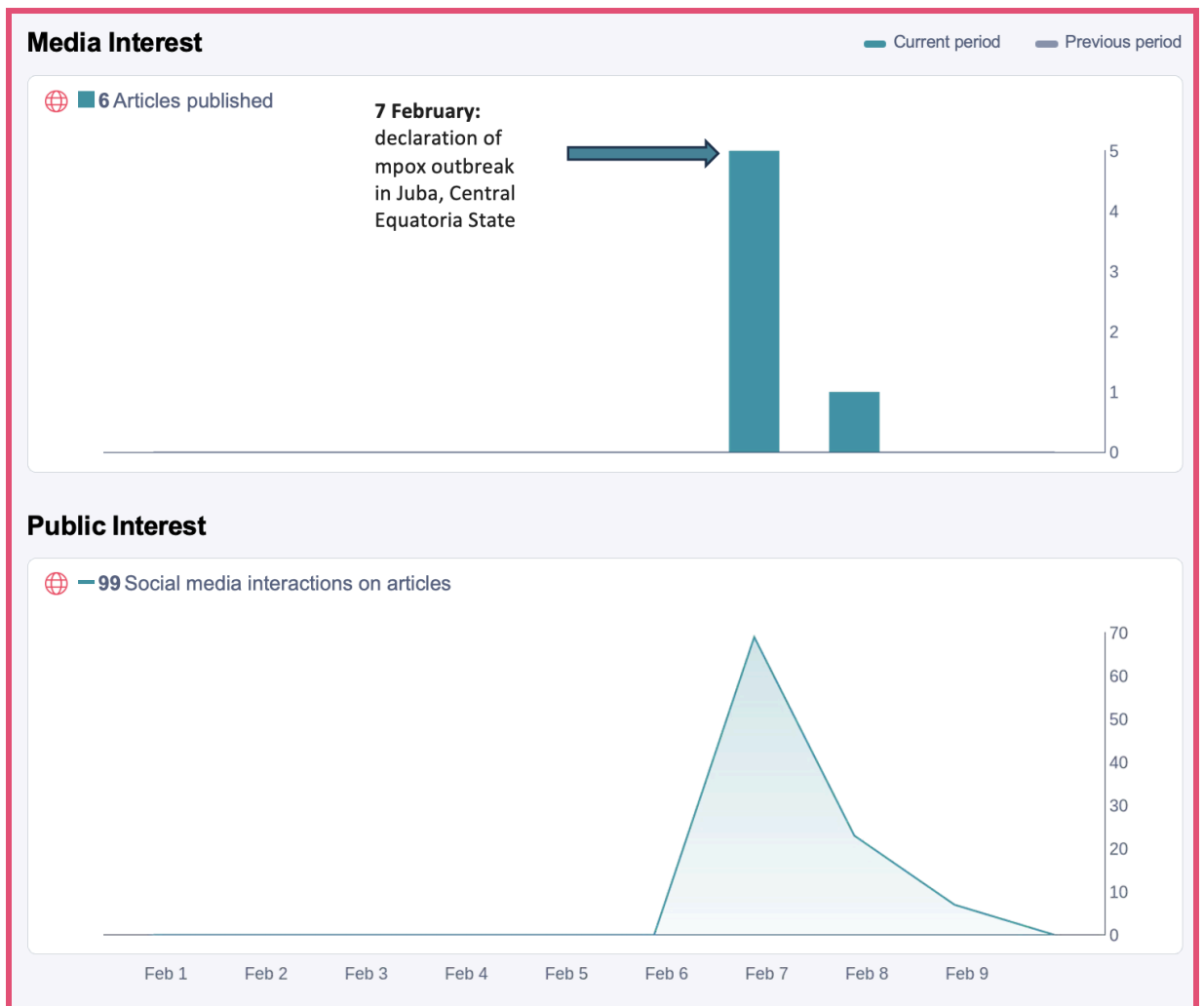
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## South Sudan

### Confirmation of one case of mpox in South Sudan

Engagement/ South Sudan: **4 posts, 2097 likes, 483 comments**

- Despite the limited number of articles in the press, the news of a case of mpox triggered a flurry of comments on social networks.
- The declaration of mpox in South Sudan gained traction for a short period of time.



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- Source: NewsWhip, social listening of mpox conversations in South Sudan from 1-10 February
- This is the first mpox case reported in South Sudan. . Around 10% of online comments monitored expressed **fear** over the disease, particularly its impact on a population perceived as vulnerable due to the multiple ongoing humanitarian crises. There are **misconceptions** about mpox being imported from Uganda, with suggestions of renaming the disease “Ugandan Mpox”.

- Frustration over political appointments to manage the outbreak, with a **widespread** perception that **unqualified officials** are making critical health decisions, raising doubts about the government's ability to manage the outbreak effectively.

### Why is it concerning?

- Epidemiological context:** The ministry of health in South Sudan has declared an outbreak of mpox on 7 February, following the confirmation by the National Public Health Laboratory collected from a 31- year-old male Ugandan national and resident of Kupuri camp, Juba, South Sudan [\[LINK\]](#). The patient showed symptoms on January 22nd, but the laboratory test only confirmed the disease on February 6th. As this is the first mpox confirmed case in South Sudan, there may be limited understanding of its symptoms, transmission, and prevention measures among both healthcare workers and the general population. This knowledge gap could lead to delayed detection, misdiagnosis, and stigma toward affected individuals.
- Cross-border transmission risks:** According to WHO, South Sudan becomes the 22nd country to be affected by mpox in the African region [\[LINK\]](#). Given the country's significant population movement between neighboring countries, particularly Uganda, the Democratic Republic of Congo, and Kenya, there is a risk of further cross-border transmission.
- Fear and misinformation can impact health-seeking behavior and fuel stigmatization:** The suggestion online to rename mpox “Ugandan Mpox” can reinforce stigma, potentially discouraging affected individuals from seeking medical help and leading to discrimination against specific communities.

### What can we do?

- Engage with trusted and influential voices** to amplify accurate messaging and debunk misinformation about mpox.
- Monitor narratives online and offline** and counter false claims..

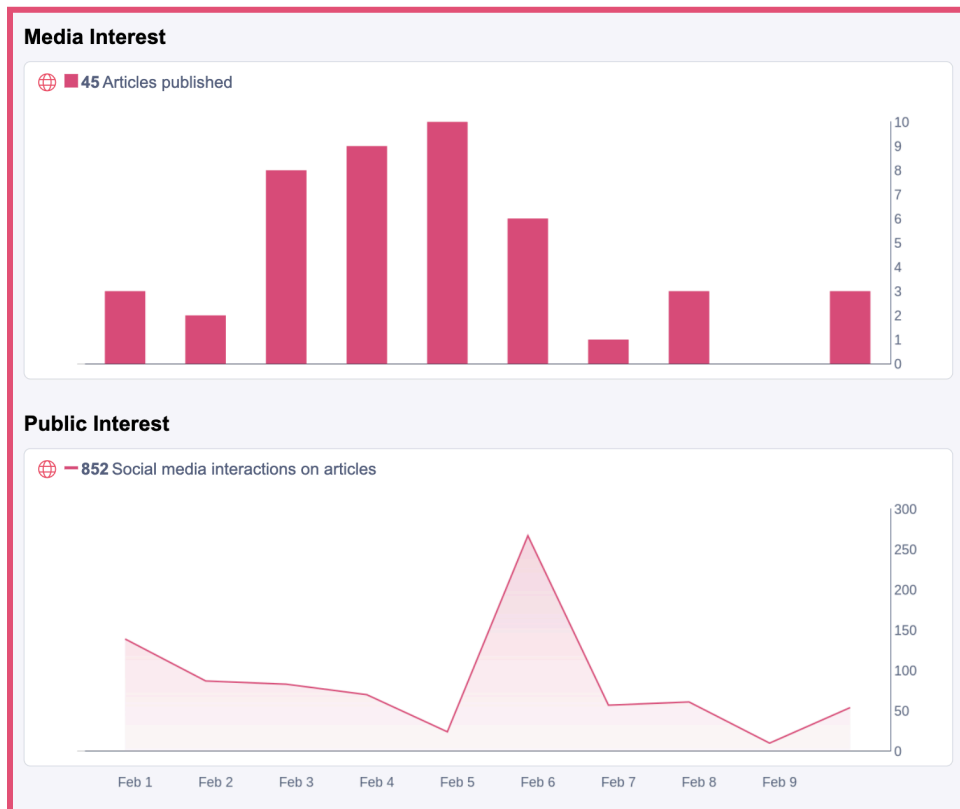
- Engagement of public health authorities with media about the outbreak containment efforts to inform and reassure the public., transparent communication about response efforts should be provided from trusted sources.**

**Uganda**

**Ugandan media express frustration over the lack of communication on the Sudan virus disease**

**Engagement: 11 posts, 671 likes, 295 comments**

- The public interest in Sudan virus disease peaked on February 6, correlating with Health Minister Dr. Jane Ruth Acheng refuting allegations that her ministry was using the outbreak to secure donor funds - conspiracies spotted in the previous [AIRA report](#). She emphasized the outbreak’s seriousness and urged vigilance, warning against unauthorized burials and exhumations [[LINK](#), [LINK](#)]. Despite this peak, online public interest in SVD remained **low with a low engagement of online users as well (295 comments).**



- Source: NewsWhip, social listening of SVD conversations in Uganda from 1-10 February
- On 31 January, WHO and partners facilitated access to a candidate vaccine and candidate treatments against SVD. “The first 2160 doses of the vaccine

candidate and the treatments are already in Kampala, Uganda, as they were prepositioned as part of outbreak preparedness”[\[LINK\]](#). However, the public discourse on this subject has been minimal so far, with very few facebook posts[\[LINK, LINK\]](#). Media interest slowly decreased after February 6 (see table below).

- The Independent, a Ugandan news magazine known for its in-depth analysis of political, economic, and social issues, describes the current situation as “[Blackout on Ebola news](#)”.The article raises questions about the balance between preventing misinformation and ensuring transparency, saying that withholding key data, such as the number of cases, could undermine public trust in official communications.
- The tourism sector has also urged the local authorities for a communication strategy that doesn’t alarm tourists, saying they are affected by the way tourists are handling information on SVD [\[LINK\]](#).

### Why is it concerning?

- Epidemiology:** according to WHO, “on 30 January 2025, the Ministry of Health of Uganda declared an outbreak of Sudan virus disease (SVD) following confirmation from three national reference laboratories”, “45 contacts have been identified, including 34 healthcare workers and 11 family members”. As for the case fatality rate, “it is a severe disease with high case fatality from 41% to 70% in past outbreaks”[\[LINK\]](#). No more recent epidemiological updates could be found online.
- Impact on public trust:** if public trust in official communications continues to decline, misinformation may spread more easily, complicating response efforts and heightening fear.Limited public discourse on the epidemiological updates, trial vaccine and treatments may further delay acceptance and uptake, reducing preparedness for potential case surges.
- Impact on healthcare workers:** according to local and international media, the Ugandan government has called on healthcare workers impacted by the recent suspension of US-funded programs to continue providing services voluntarily, emphasizing the need for patriotism [\[LINK, LINK\]](#). The lack of financial support could result in burnout, absenteeism, further straining Uganda’s healthcare system. Additionally, the expectation of unpaid work may discourage new

healthcare professionals from joining outbreak response efforts, ultimately weakening the country's ability to contain the SVD outbreak effectively.

### What can we do?

- Work with fact-checkers**, local media, and digital platforms to debunk false claims while reinforcing accurate, science-based messaging.
- Develop a communication strategy** that reassures both local communities and tourists about the latest SVD updates. Providing factual updates without causing alarm will help prevent unnecessary disruptions to the economy while ensuring public health safety.
- Engage healthcare workers and community leaders:** Given that healthcare workers and families of cases are at high risk, targeted communication with these groups is crucial. Training, regular updates, and community dialogues can improve adherence to safety protocols and prevent further spread.

## Persistent trend

### "Mysterious diseases" in the DRC: Bill Gates and the USA accused in a viral video

Engagement: **1 post, 758 likes, 35 comments, 11000 views**

- A known disinformation champion, claiming to be Pan-Africanist, produced a video titled "SCIENTIFIC & BIOLOGICAL TERRORISM IN AFRICA," in which he accuses the USA and Bill Gates of trying to diminish the African population. He also insinuates that several "mysterious diseases" have been discovered in the DRC, but these claims lack any solid scientific evidence or credible sources. This video is widely circulating on social media with more than 11,000 views, fueling misinformation and distrust towards public health initiatives [\[LINK\]](#) [\[LINK\]](#).
- In another post, the activist refers to news about Target Malaria in Mali, citing an article from the website of the non-profit research consortium "Target Malaria". The article discusses malaria research in West Africa, not attempts to reduce the population [\[LINK\]](#).
- Despite the multiple fact-checks debunking the unfounded claims**, conspiracies about Bill Gates and the so-called depopulation agenda of the West continue to reach a wide audience online. Besides, the recent decision by Meta to [end its third party fact-checking program](#) on Facebook and Instagram to

move to a “Community Notes model” raises further concerns about the spread of disinformation online.

- Lack of concrete evidence and of credible source:** No official information mentions several mysterious diseases in the DRC. The only "mysterious disease" referenced in 2024 was later identified through investigation as malaria [\[LINK\]](#) [\[LINK\]](#). It is important to debunk these allegations, which have no scientific foundation.
- Impact on vaccination campaigns:** Several vaccination campaigns are currently underway in the DRC. False information can discourage the population from adhering to necessary public health measures, such as malaria vaccination and other infectious disease treatments.
- Misleading citations:** The article mentioned by the activist in his posts about Target Malaria dates back to 2023. It is important to note that the Target Malaria project officially ended in February 2023 [\[LINK\]](#). Misinterpretation of the article contributes to confusion and fear within the local population.

### **2024 viral video of known Kenyan anti-vaxxer resurfaces in Nigeria and Kenya via Instagram video by New Zealand-based nutrition coach**

- A 10-minute video of a Kenyan doctor and member of the disinformation group Children Health Defense (CHD) has been amplified on Instagram by New Zealand-based expert in wholefoods nutrition and mind-before-body weight loss coaching [\[LINK\]](#). The video has garnered at least 15,000 likes, 539 comments and 13900 shares since 30 January. It has been widely shared in Nigeria and Kenya through forwarded messages on WhatsApp. In Nigeria, for instance, a group of medical doctors has received it.
- A part of the video is the recording of Dr Wahome’s speech at the 2nd African Inter-Parliamentary Conference on Family Values & Sovereignty in Uganda (1-3 May). The false claims made in that video were widely debunked [\[LINK\]](#),[\[LINK\]](#), [\[LINK\]](#).
- At the same time, the influence of disinformation networks continues. CHD-affiliated actors are able to exploit lingering doubts, amplifying narratives that undermine public health efforts and fuel resistance to vaccination programs. Their claims often resonate with African audiences who might like wellness



movements, alternative medicine, which oppose what they see as "Western medical control" and feed into the conspiracy echo chamber.

### What can we do?

- Strengthen health communication and education:** It is crucial to provide clear and accurate information about diseases and public health campaigns in the DRC. Local authorities and international organizations must intensify the dissemination of verified messages to counter rumors and restore trust in health programs.
- Debunk misinformation:** Activists spreading these unfounded theories should be confronted with scientific evidence and detailed explanations about the real objectives of projects such as Target Malaria. An open dialogue with the community could help reduce the impact of false information and promote transparency.
- Encourage partnerships with the media:** Collaborating with local media to spread verified information and counter the circulating misinformation is an effective way to combat fake news. Awareness campaigns on the importance of vaccines and treatments should be launched to ensure the population adheres to health measures.
- Launch fact-checking campaigns:** Fact-checking initiatives should be established in collaboration with social media platforms to quickly verify claims and provide reliable information to the public, similar to the approach taken by UNICEF's Web Guardians in the DRC. [\[LINK\]](#)
- Engage local influencers:** Working with local influencers and community leaders to spread verified and responsible messages can help counter misinformation and positively influence attitudes within the community.
- Adaptation and translation** into local languages of VFA productions [\[LINK\]](#).

## Conclusion :

### Classic Accusations Reactivating Well-Known Conspiratorial Narratives

The use of Bill Gates and the United States in this viral video is unsurprising. These figures are staples of disinformation and conspiracy theories, widely exploited during the COVID-19 pandemic, Ebola outbreaks, and other health crises. The idea of external powers controlling or manipulating African populations is an overused yet effective narrative, which continues to resonate within certain communities. Why do these narratives persist despite being debunked multiple times? How can we strengthen information immunity against these recycled claims?

### Disinformation That Feels Like Recycled disinformation : What Is Its Real Impact Today?

This video follows classic disinformation patterns, but its actual impact remains questionable. While it has generated high engagement on social media (11,000 views, 758 likes), its influence on public perception and behavior still needs to be assessed. In the face of repeated attacks on vaccination and public health initiatives, are we witnessing a genuine erosion of trust, or are these conspiratorial narratives simply reaching the same already convinced audience? Why do these familiar narratives continue to be perceived as credible, despite the ongoing efforts of media and health organizations to debunk them?

## 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
- [UNICEF](#), U report DRC

#### **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

- [SSHAP](#), Mpox question bank: Qualitative questions for community-level data collection
- Practical guidance for risk communication and community engagement (RCCE) for Refugees, Internally Displaced Persons (IDPs), Migrants, and Host Communities Particularly Vulnerable to COVID-19 Pandemic [[LINK](#)]

#### **Mpox vaccines**

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

### **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

### **Sudan virus disease (SVD)**

#### **Resources for journalists & fact checking**

- [WHO](#), SVD Uganda
- [WHO](#), SVD Uganda 2022

#### **Resources/Content for social media**

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

#### **Public health guidance/RCCE**

- [SSHAP](#), Ebola (Sudan strain) outbreak in Uganda

## 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 (siloed 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.