

Africa Infodemic Response Alliance

A WHO-HOSTED NETWORK



AIRA Infodemic Trends Report

20-31 January 2025

Weekly brief #148

Top concerns

[Misinformation about the legitimacy of the Sudan virus disease outbreak in Uganda](#)

False claims that the Sudan virus disease is a government ploy to secure emergency funding circulates online.

[Decrease in media coverage and public engagement in African about the Marburg outbreak in Tanzania](#)

Questions about signs and symptoms of Marburg virus disease make up 12% of monitored conversations.

[Online users in Africa comment on the suspension of U.S. foreign aid](#)

Online users discuss the suspension of U.S. foreign aid and its impact on Africa's health systems and global health security.

Reference Guide

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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 20-31 January 2025 in Africa.

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Uganda, Kenya

Misinformation about the legitimacy of the Sudan virus disease outbreak in Uganda

Engagement/ Uganda: **21 posts, 6480 likes, 2548 comments**

- ❑ On both Facebook and X, many Ugandans claim that the Sudan virus disease (SVD) outbreak was created by the Ministry of Health to secure emergency funds after funding cuts from the US Government. Online users complain that Uganda's healthcare authorities rely on foreign aid as a tool for self-interest, which can undermine trust in the government's handling of health crises. [[LINK](#), [LINK](#)]
- ❑ Users are growing increasingly skeptical of health crises that "suddenly" appear (mpox and SVD). The timing of such crises has sparked suspicions that they could be used to rally support or secure funding ahead of the election period [[LINK](#), [LINK](#), [LINK](#)]. Some comments highlight a knowledge gap, with users questioning why the outbreak is referred to as the Sudan virus disease. [[LINK](#)]

Engagement/ Kenya: **11 posts, 4271 likes, 608 comments**

- ❑ Kenyan online users expressed skepticism about the timing of the Sudan virus disease in Uganda, with many suggesting it was a politically motivated tactic. Some speculated that the outbreak could be used to justify lockdowns or control the political landscape. These comments reflect a tendency to link public health crises to political maneuvering, with little evidence to support these claims, all of which are compounded by a growing distrust of local authorities. [[LINK](#), [LINK](#), [LINK](#), [LINK](#)]

Why is it concerning?

- ❑ **Epidemiological context:** The Permanent Secretary of the Ministry of Health, Dr. Diane Atwine, confirmed on X On 30 January the outbreak of Sudan virus disease in Kampala, Uganda, after verification from three National reference laboratories. The first confirmed case is a 32-year-old male nurse from Mulago National Referral Hospital, who sought treatment at multiple healthcare facilities and from a traditional healer [[LINK](#), [LINK](#), [LINK](#)].
- ❑ **Urban landscape and healthcare strain:** The current outbreak of Sudan virus disease surfaced in an already strained healthcare system that was still grappling with the response to the Mpox outbreak. Moreover, the outbreak occurring in Kampala, Uganda's capital city is especially alarming. The index

case also visited other cities such as Mbale. The potential of exposure and the risk of amplification is very high. The concentration of people, international connections, and dense urban environment create a perfect storm for the disease to spread quickly, amplifying the challenges of controlling the outbreak.

[\[LINK\]](#)

- Knowledge, Attitudes, and Practices (KAP) of traditional healers towards Sudan virus disease:** A study conducted by the Ugandan National Institute of Public Health in September 2022, titled *Knowledge, Attitudes, and Practices of Traditional Healers Towards Ebola Virus Disease in Affected Communities*, revealed that traditional healers are often the first point of contact for many individuals seeking medical attention, and they play a critical role in shaping health behaviors and influencing local attitudes toward disease prevention and treatment. They have a solid understanding of ebola including its symptoms, modes of transmission, and sources of health information. However, a significant number of traditional healers do not adhere to proper infection control practices. [\[LINK\]](#)
- Distrust in health authorities in Uganda:** The distrust in Uganda's health authorities is not a recent phenomenon but rather a long-standing issue. It has been reported in several AIRA reports following various outbreaks in the country (such as yellow fever, Ebola virus disease). Published studies and reports [\[LINK\]](#)[\[LINK\]](#), highlight that during the COVID-19 pandemic, significant questions arose about the management and expenditure of COVID relief funds, with no clear accountability or transparency in how the money was utilized. This eroded public trust, as citizens questioned the integrity of the Ministry of Health (MoH). Similarly, during the 2022 Sudan virus disease outbreak, reported tensions between the MoH and development partners underscored this distrust.
- The impact of US government funding cuts:** The reduction in foreign aid from the US have fueled conspiracy theories and public suspicion that health emergencies, such as the current Sudan virus disease outbreak, are artificially manufactured to justify the need for international funding. This perception is particularly damaging because it undermines the credibility of health authorities during critical times. [\[LINK\]](#), [\[LINK\]](#)

What can we do?

- Collaboration with traditional healers** to co-design messages and mobilize

community members on the risks, treatment and control of the virus.

- Trusted voices:** Engage community leaders, including religious leaders, local influencers, and respected figures, to advocate for and spread accurate information about the outbreak. They are trusted voices in the community and help counter misinformation.
- What is SVD? :** Address common questions, including questions about the nomenclature of the Sudan virus disease, its symptoms, and how it differs from other forms of Viral hemorrhagic fevers(VHF). . Clarifying why it's specifically called "Sudan virus disease" could help correct the knowledge gap identified in some comments online. Addressing public concerns related to the timing of the outbreak can also attenuate the misinformation about its possible links to upcoming general elections.
- Previous rumours on Sudan virus disease are essential data insights:** [In 2022, rumours and misinformation circulated about the SVD outbreak](#), and caused a lot of panic among Ugandans. This included misinformation about the burial rituals, organ harvesting, alleged profit for Ugandan authorities and around the candidate vaccine. Social listening officers should pay close attention to concerns or questions related to those topics, whether they can recirculate in communities to prevent them.

Tanzania, Kenya

Decrease in media coverage and public engagement in African about the Marburg outbreak in Tanzania

Engagement/ Tanzania: **18 posts, 4338 likes, 846 comments**

- Over the last 10 days, media and public interest in Marburg across African countries spiked sharply on January 20 and 21, 2025, with **158 articles published** and **5.2k social media interactions**, in response to the outbreak in Tanzania. However, both media coverage and public engagement declined rapidly after January 22, suggesting reduced audience attention. This trend highlights the need for sustained risk communication and community engagement to maintain awareness about Marburg. (Figure 1 below)
- Across monitored posts that garnered interactions by online users on Facebook and X, around **12%** of online users asked for more details about the disease, its

signs and symptoms, treatment and preventive measures. [examples: [LINK](#), [LINK](#), [LINK](#)]

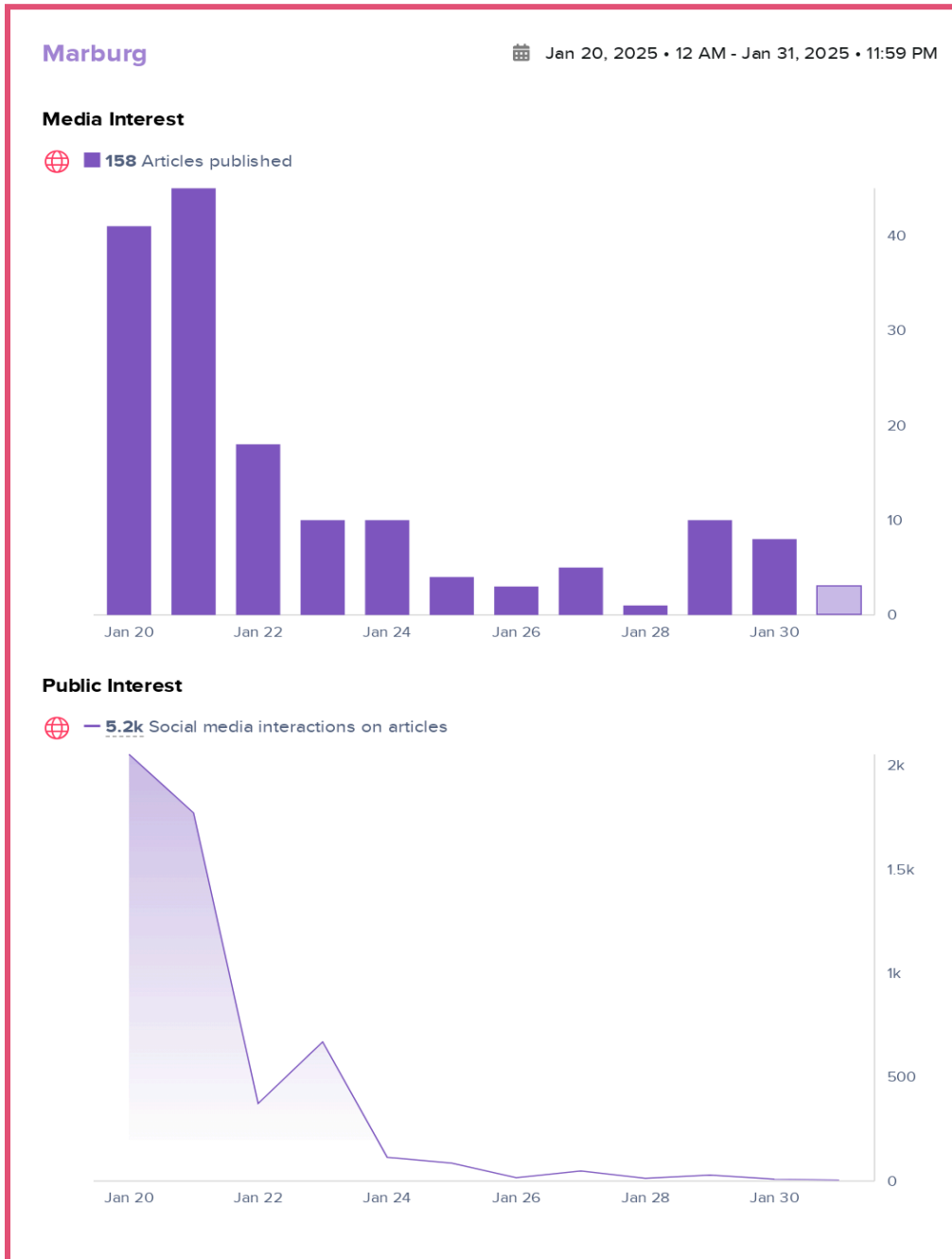


Figure 1: Source NewsWhip: media and public engagement about Marburg virus disease (MVD) from 20 to 31 January in Africa

Engagement/ Kenya: 8 posts, 1428 likes, 214 comments

- The online conversation among Kenyan users about the Marburg disease outbreak in Tanzania is dominated by political commentary rather than discussions on the severity of the disease itself. Many users express distrust in

their government's ability to handle outbreaks, referencing past leadership and policies. Some users speculate on hidden agendas and external influence and spread conspiracy theories in their comments. There are also some concerns about border control and vaccination, with some opposing vaccinations outright, but overall, the discourse reflects skepticism, political frustration, and a tendency to frame health crises within broader governance and leadership debates rather than focusing on public health measures.

Why is it concerning?

- Epidemiology:** As of January 29, 2025, the Situation Report on the Marburg Virus Disease (MVD) outbreak in Kagera Region indicates a total of 68 suspected cases. Among these, two cases have been laboratory-confirmed as MVD. The outbreak has resulted in 10 deaths, with eight fatalities occurring before the outbreak was officially detected. These early deaths have been classified as probable cases due to their epidemiological link to the confirmed infections. [\[LINK\]](#)

- Unofficial borders increase risk of transmission:** The Kagera region shares multiple unofficial border crossings with neighboring countries, increasing the risk of cross-border transmission of Marburg Virus Disease. The main official crossing is at Mutukula, which has a One Stop Border Post (OSBP) and sees over 400 vehicles crossing daily as part of the East African Community's Central Corridor. Another key crossing is Murongo in Kyerwa District, which lacks an OSBP and has stronger transport links to Kigoma and Burundi. However, large sections of the border remain unmarked, with frequent informal crossings, particularly in Bugango and Mutukula, where cross-border family, kinship, and business ties are common according to the Social Science in Humanitarian Action Platform. [\[LINK\]](#)

What can we do?

- Respond to information gaps about signs and symptoms:** Create multilingual materials targeting various populations, using simple, clear language, visuals, and videos to ensure accessibility and understanding about MVD.

- Social listening:** Use social listening tools to track discussions about Marburg on social platforms to gauge public sentiments and compare media and public engagement about the topic.

Lesotho, Tanzania, Malawi, Kenya, South Africa, Botswana, Nigeria

African online users comment on the suspension of U.S. foreign aid on combating public health crises

Engagement: **17 posts, 73706 likes, 47506 comments**

- Following President Trump's announcement of the U.S. withdrawal from the WHO, online users from various African countries expressed an array of sentiments. Some were significantly concerned over the potential consequences for their healthcare system, particularly the reduction in funding for critical health programs like HIV/AIDS, malaria control, and vaccine access. Additionally, some online users described President Trump's decision as detrimental to global health efforts, warning that it could weaken international coordination in combating infectious diseases. [[LINK](#), [LINK](#), [LINK](#)]
- Many users discussed country accountability and self-reliance, suggesting that African countries, including Kenya and Tanzania or Nigeria, should focus on manufacturing their own healthcare solutions, such as test kits and antiretrovirals (ARVs). There's a strong call for African countries to take responsibility and manage their own affairs, with an emphasis on accountability, better governance, and sustainable development, stressing the need for local solutions and more innovation within Africa, rather than depending on donors. [[LINK](#), [LINK](#), [LINK](#)]

Why is it concerning?

- Impact on global health systems:** Concerns about the disruption of critical health programs, particularly initiatives addressing HIV/AIDS, tuberculosis, and Mpox are widespread at the moment. The announcement creates uncertainty within the global health governance system.
- Amplification of misinformation :** Misleading claims about WHO's role and effectiveness could erode public trust in health institutions and their advice. This hampers the credibility of health institutions but also directly affects the quality of healthcare delivery, public health response, and the ability to save lives.
- High engagement and need for more information:** Heightened concern and conversation about critical health programs might increase as more people become aware of the potential risks posed by disruptions. Public anxiety may

grow over potential disruptions in funding, international cooperation, and the overall stability of healthcare systems. This could lead to a broader sense of insecurity, especially in communities already vulnerable to diseases like HIV/AIDS, tuberculosis, and Mpox.

Persistent trend

2024 viral video of known African anti-vaxxer circulates again online and offline.

- A 10-minute video of a Kenyan doctor and member of the disinformation group Children Health Defense (CHD) has been amplified on Instagram, on X and WhatsApp. This video is the recording of his 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 [\[LINK\]](#),[\[LINK\]](#), [\[LINK\]](#)..
- The video spreads false information that Kenya has withdrawn from the World Health Organization (WHO).** The recent move by the United States to withdraw from the WHO under the Trump administration could also be connected to this rhetoric, as it fueled the narrative of rejecting global governance in favor of national sovereignty, particularly in health matters. [\[LINK\]](#)
- The video has garnered over 244,000 interactions in four days, and has been disseminated by accounts that are not usually known for spreading misinformation on their pages, instead having a focus on African lifestyle and culture.[\[LINK\]](#), [\[LINK\]](#)

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
- [SSHAP](#), Mpox question bank: Qualitative questions for community-level data collection

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 (siloe 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.