# Africa Infodemic Response Alliance

A WHO-HOSTED NETWORK

## AIRA Infodemic Trends Report

## 06-13 March 2025

## Weekly brief #153

# Top concerns

**Mali, Burundi, and Uganda: Questions about the effectiveness, safety, and accessibility of the malaria vaccine**

There are significant concerns among community members and health experts regarding whether the integration of the vaccine into national schedules will effectively protect at-risk groups, particularly due to the insufficient and unclear information on its efficacy, safety, and deployment strategies.

**Uganda, DRC, and Tanzania: New Variant, Vaccine Uncertainties, and Emerging Cases Fuel Mpox Epidemic Fears**

The emergence of a new variant in the DRC, the upcoming arrival of vaccines in Uganda, and the confirmation of two cases in Tanzania intensify public concerns over the rapid spread of the disease.

# Reference Guide

## Mali, Burundi, Ouganda

### Mali, Burundi, and Uganda: Questions about the effectiveness, safety, and accessibility of the malaria vaccine

**Engagement : Posts, 7K likes, 1,200 comments, and 500 shares.**

**Keywords: ("antimalarial vaccine") AND ("Mali" OR "Burundi" OR "Uganda") AND ("malaria") AND ("safety" OR "effectiveness" OR "accessibility")**

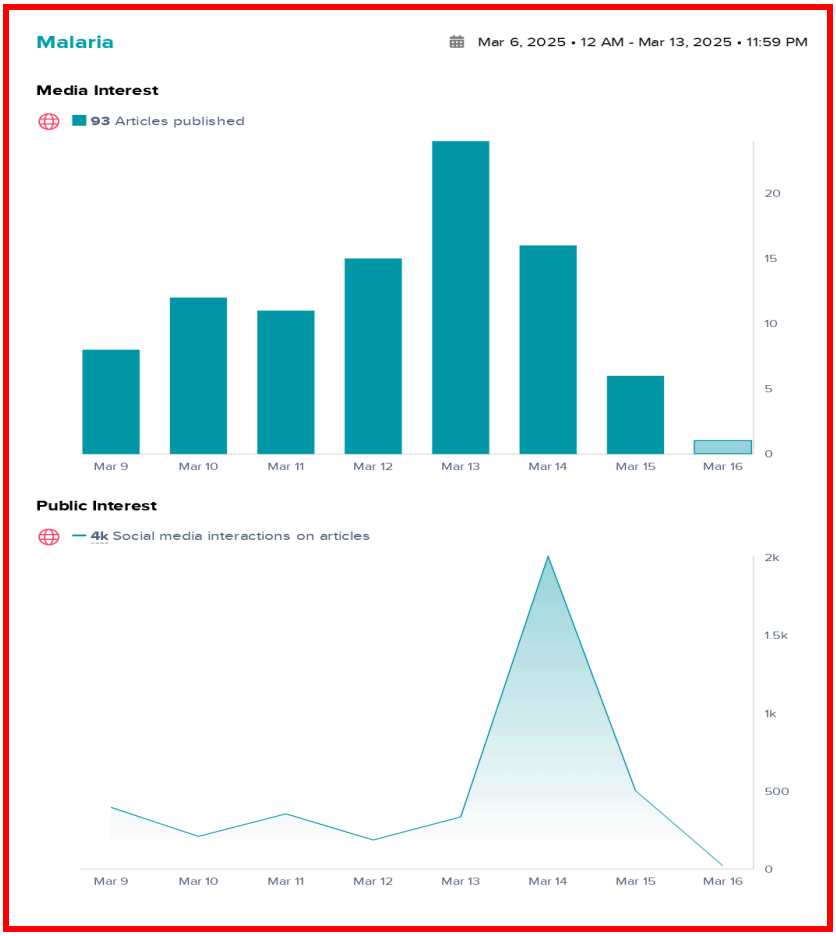



Figure 1: Source NewsWhip: media and public engagement about Malaria from 06 to 13 March in Africa

- ☐ Between March 6 and March 13, 2025, there is a peak in media publications (between March 11 and March 13), followed by a spike in social media interactions on March 14, likely due to major announcements regarding the distribution of the antimalarial vaccine and its integration into the national immunization schedules in Mali, Uganda, and Burundi. Subsequently, attention

fades from March 15 onward, suggesting a decline in media and public interest after the initial dissemination of this information.

- ☐ The Minister of Health and Social Development of **Mali** recently received 927,800 doses of the vaccine, valued at 2,171,052,000 FCFA [Link]. The introduction of this vaccine into the routine immunization schedule is planned for April 25, 2025, on International Malaria Day, with the aim of protecting over 600,000 children aged 5 to 36 months.

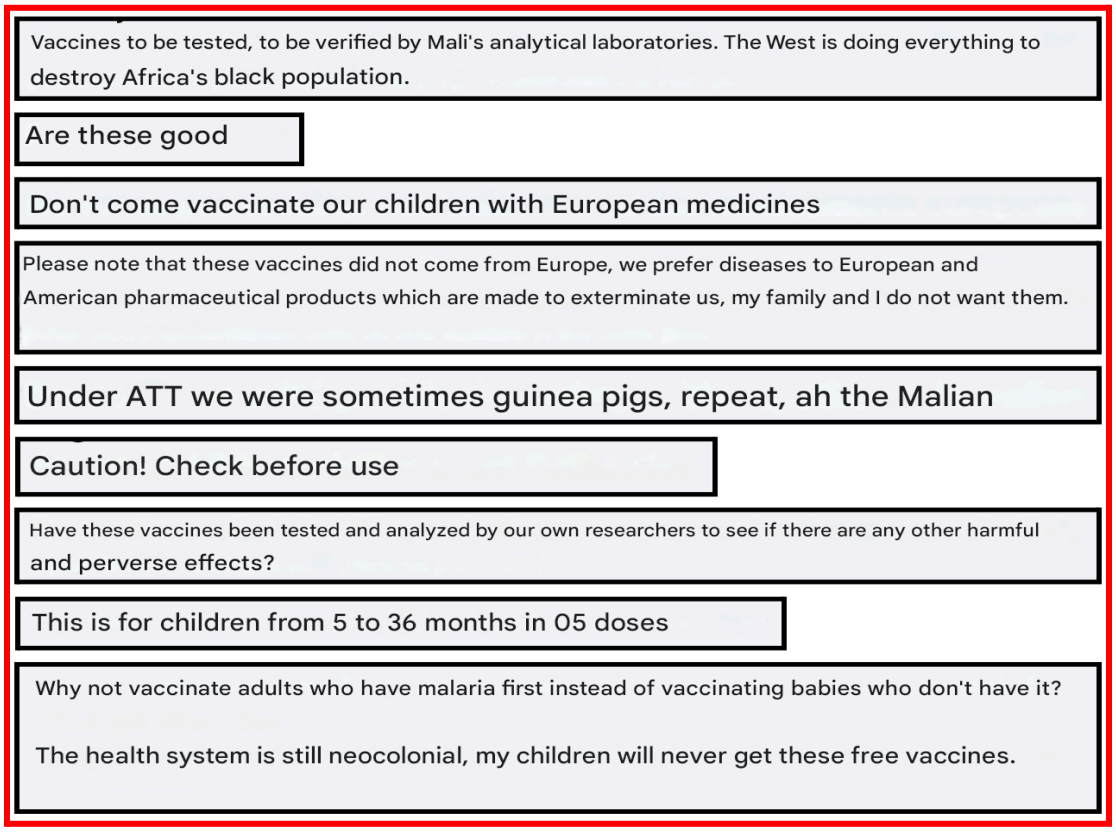
- ☐ In **Uganda**, the country received more than 2.1 million doses of the malaria vaccine for 105 districts at high and moderate risk across the country. This vaccine, which is to be integrated into the national vaccination schedule in April 2025 and administered to children under 2 years of age, is presented as an additional tool to combat severe malaria and prevent deaths, noting that every day, 10 children under 5 succumb to this disease [Link].

- ☐ In **Burundi**, authorities announced that the first phase of vaccination will target nine health provinces with a high incidence of malaria, namely Bubanza, Cankuzo, Cibitoke, Karuzi, Kirundo, Muyinga, Ngozi, Rutana, and Ruyigi . This vaccine is intended for children aged 6 to 11 months, who will receive it at the health centers that vaccinate them.

**Why is it concerning?**

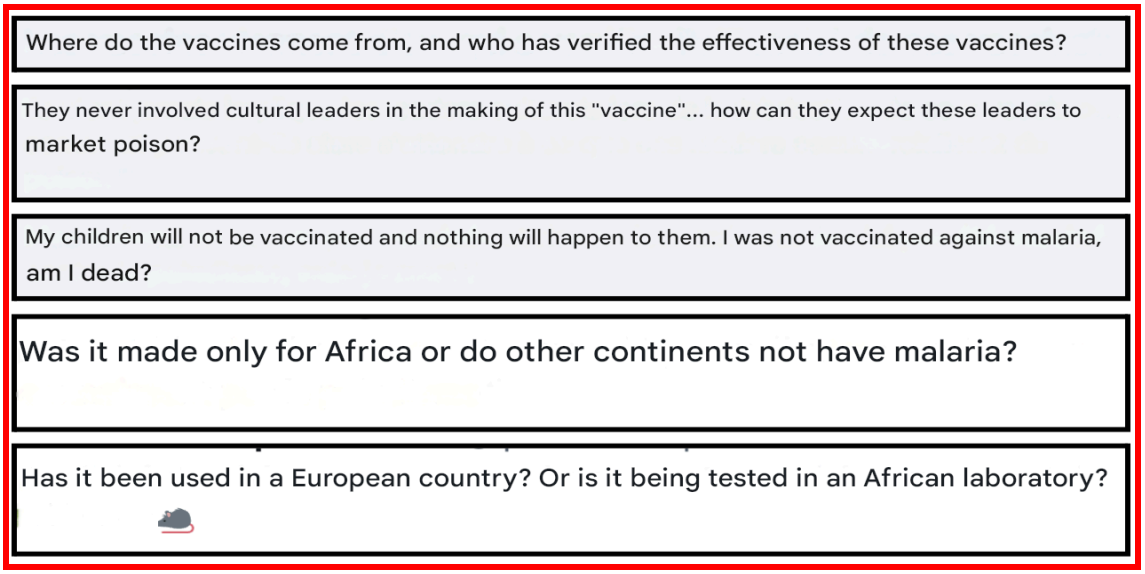
- ☐ In Mali, malaria remains one of the leading causes of morbidity and mortality. According to WHO's latest World Malaria Report 2024, approximately 3.5 million cases are reported each year, resulting in nearly 20,000 deaths—the same number as in previous reports. These figures underscore the heavy burden of the disease in Mali, where rural populations are particularly vulnerable.

  The comments reflect strong skepticism about the vaccine's actual effectiveness and safety, with many users questioning whether this vaccine, which will be integrated into the national schedule in April 2025 and administered to children under 2 years old, will truly meet expectations and be deployed equitably in the most affected areas. Moreover, a significant portion of these remarks is fueled by conspiracy theories, indicating widespread distrust among ordinary internet users, although a few influential voices have also amplified these doubts. Below are some comments.



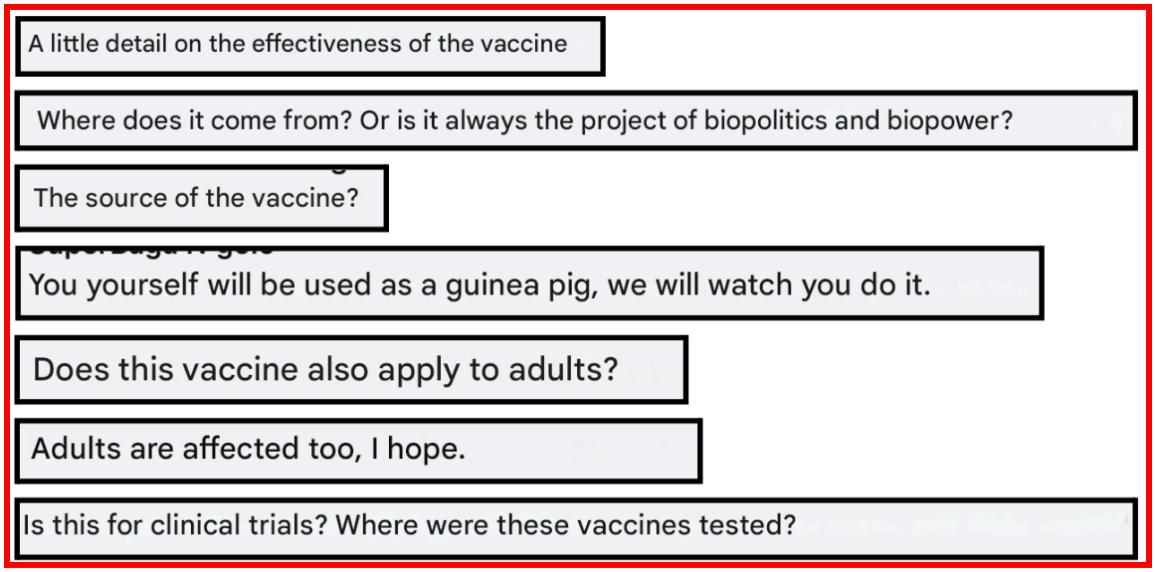

- [ ] Uganda has the highest malaria incidence rate in the world, at 478 cases per 1,000 inhabitants per year. It is also the leading cause of illness and death in Uganda, accounting for up to 40% of outpatient consultations, 25% of hospital admissions, and 14% of in-hospital deaths. The mortality rate due to malaria in Uganda is estimated at between 70,000 and 100,000 deaths per year—a toll higher than that of HIV/AIDS, according to the WHO.

  The reactions gathered around the announcement of the antimalarial vaccine's arrival reflect deep skepticism and profound questions regarding its origin, validation process, and local deployment. Below are some comments.




- In Burundi, malaria is a public health problem and ranks among the country's top priorities. According to statistics provided by the national health information system, during the first quarter of 2022, the data show an increase of 283,129 new malaria cases compared to the first quarter of 2021.

  Online reactions to the introduction of the antimalarial vaccine in Burundi reveal a mix of curiosity and skepticism. Several themes emerge: a lack of clarity regarding the vaccine's effectiveness and origin, fears of experimentation on the population, and questions about the target group for vaccination. Here are some comments:



**What can we do?**

- ☐ Engage locally recognized figures: in each country, it is essential to collaborate with traditional leaders, religious authorities, and other influential figures to convey information about the vaccine. Their public endorsement can help alleviate doubts and encourage community participation.

- ☐ Organize training workshops: invite these leaders to information sessions about the vaccine, its clinical trials, and its results, so that they can relay reliable messages adapted to the cultural realities of their region.

- ☐ Highlight numerical data: communicate the reduction in infant morbidity and mortality observed in these countries, demonstrating how vaccination, combined with existing preventive measures (insecticide-treated nets, sanitation, etc.), strengthens the fight against malaria.

- ☐ Local media and online platforms: in Mali, community radio remains an essential dissemination channel in rural areas. In Burundi, mobile internet usage is growing, but access remains limited in some provinces; community mobilization remain critical. In Uganda, social networks (Facebook, WhatsApp) are very active, so sharing infographics and explanatory videos on these platforms can reach a broad audience.

- ☐ Present scientific and regulatory partners: clearly explain the role of regulatory agencies and how they validate the vaccine's safety and effectiveness.

- ☐ Enhanced awareness among health workers: in each country, training sessions are already being organized to familiarize health professionals with the vaccination protocol. It is important to highlight these actions to show that the health system is actively preparing.

## Uganda, DRC, Tanzanie

**Uganda, DRC, and Tanzania: New Variant, Vaccine Uncertainties, and Emerging Cases Fuel Mpox Epidemic Fears**

**Engagement: 12 posts, 10K likes, 400 comments, and 800 shares**

**Keywords: ("Mpox") AND ("Uganda" OR "DRC" OR "Tanzania") AND ("variant" OR "transmission" OR "vaccination" OR "epidemic outbreak" OR "spread" OR "surveillance" OR "funding")**

- ☐ A new variant of mpox (Clade 1A) has been detected in the DRC, raising concerns about increased transmissibility. Clade 1A already has a higher case fatality rate than Clade 1B, which is also circulating in the country and spreads through sexual contact. The new mutation could further impact disease spread and severity.

- ☐ Meanwhile, Uganda is preparing for the arrival of mpox vaccines, a measure aimed at strengthening the protection of vulnerable populations.

- ☐ Finally, in Tanzania, the confirmation of two new mpox cases adds to the overall concern. In a context where health infrastructures are already under pressure and cross-border transmission poses a major risk, the emergence of cases in strategic areas such as Kagera fuels fears of an epidemic outbreak.

**Why is it concerning?**

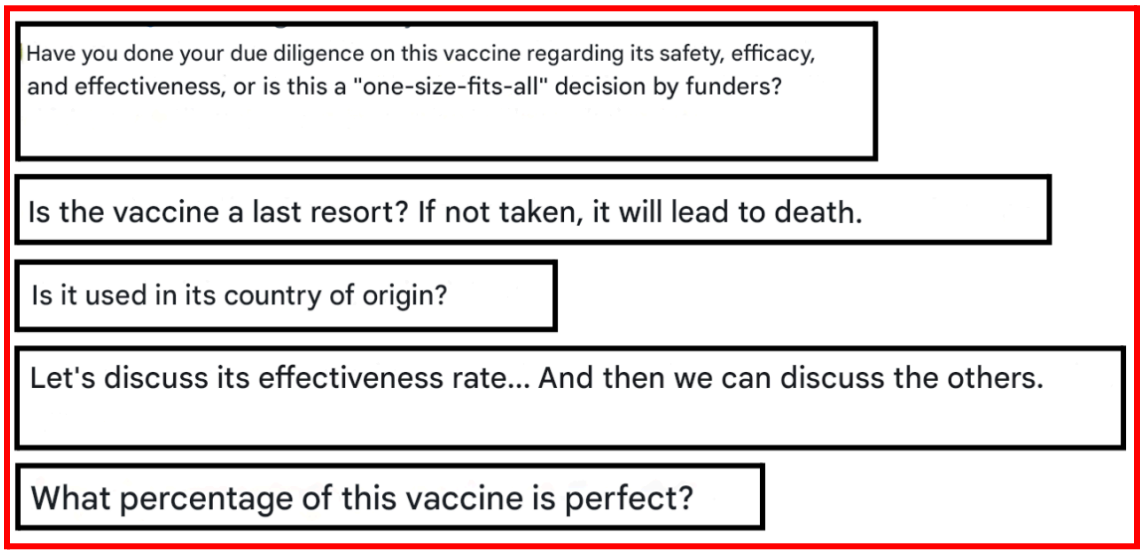
- ☐ In the Democratic Republic of Congo, the emergence of a new variant of mpox is raising serious concerns, particularly in areas already weakened by other health crises and conflicts. Health infrastructures under pressure, combined with major logistical challenges, limit the capacity for effective response, which could increase the risk of a nationwide outbreak.

  The DRC has been facing various conflicts and health emergencies for several years, which already weakens its health system.

- ☐ In Uganda, the outbreak remains largely concentrated in Kampala and its surroundings. To date, clade 1b of the MPXV virus, linked to the outbreak in the Democratic Republic of the Congo (DRC), has been detected in Uganda. Current evidence suggests that the virus is transmitted exclusively through close and

prolonged human contact. Uganda is now the second most affected country in Africa by Mpox after the DRC [Link].

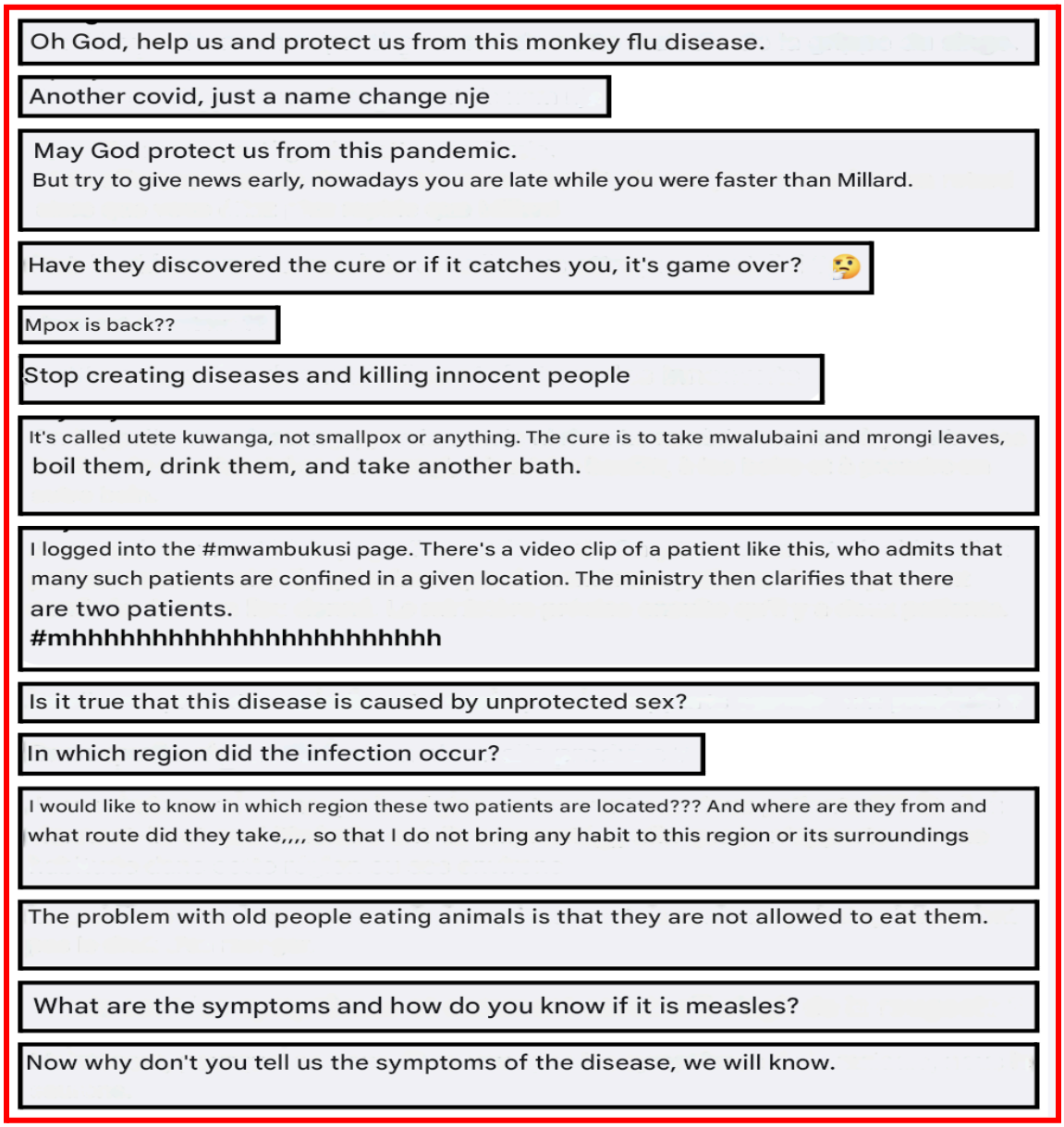
- ☐ The shared comments reflect growing concern about the safety, effectiveness, and relevance of a vaccine recently announced in Uganda. Several major themes emerge, such as questions regarding the vaccine's effectiveness and safety, doubts about the use of the vaccine in its country of origin, and discussions on the "effectiveness rate." Below are some comments.




- ☐ In Tanzania, the high population density and cross-border mobility in the Kagera region favor the rapid transmission of the virus, which could lead to an epidemic outbreak that is difficult to control.

  The current situation increases the pressure on an already fragile health system, where limited medical resources and personnel make it challenging to respond quickly and effectively to contain the spread of the virus.

  Comments collected in Tanzania show strong concern about the evolution of the mpox outbreak and the management of preventive measures by health authorities. Several points emerge, such as uncertainty and a lack of clear information, fears of rapid spread, and calls for a strengthened response. Below are some comments.




**What can we do?**

- ☐ Organize in-person dialogue sessions in at-risk communities, in collaboration with local leaders and influential figures, to explain epidemic management protocols and gather concerns directly from the field.
- ☐ Set up specific training sessions for local health workers on crisis communication so that they can convey precise information tailored to the cultural realities of their community.
- ☐ Develop infographics, explanatory videos, and interactive FAQs that detail prevention measures, treatment protocols, and the evolution of the epidemic, to be disseminated via social media.

- ☐ Broadcast testimonials from patients who have received effective treatment, as well as case studies from regions where containment measures have successfully controlled the outbreak.
- ☐ Invite epidemiologists, infectious disease specialists, and experts from international agencies (WHO, CDC) to participate in live Q&A sessions and write explanatory articles on official websites and social media platforms.
- ☐ Offer training sessions and workshops dedicated to local media to improve epidemic coverage by explaining scientific concepts and Mpox management protocols.
- ☐ Ensure continuity of care: guarantee that treatment centers have the necessary resources (medications, vaccines, personnel) to adequately care for patients. The WHO emphasizes the importance of an uninterrupted supply to prevent the epidemic from worsening (WHO Guide for Continuity of Care in Emergency Situations).

# 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

## Malaria

- ☐ WHO, Annual malaria report spotlights the growing threat of climate change
- ☐ WHO, Annual world malaria report 2023
- ☐ WHO initiative to stop the spread of Anopheles stephensi in Africa
- ☐ VFA, Malaria social media toolkit
- ☐ WHO malaria fact sheet
- ☐ Malaria threat map
- ☐ Malaria Social & Behavior Change Communication National Strategies

## 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.