Africa Infodemic Response Alliance

A WHO-HOSTED NETWORK

AIRA Infodemic Trends Report

14-20 March 2025

Weekly brief #154

Top concerns

The heat wave increases the risk of meningitis in Nigeria and Ghana

Extreme heat, combined with inadequate communication, worsens living conditions and increases the risk of meningitis in Nigeria and Ghana.

Cholera crisis in Ethiopia, Namibia, DRC, Angola, Zimbabwe, and Ghana – citizens demand transparency and clarity

In Namibia, a first case in ten years sparks alarm; in the DRC and Angola, weak sanitation and water supply worsen the crisis; and in Zimbabwe and Ghana, economic challenges and unclear public messaging heighten uncertainty.

Reference Guide

Persistent trend

Nigeria, Ghana

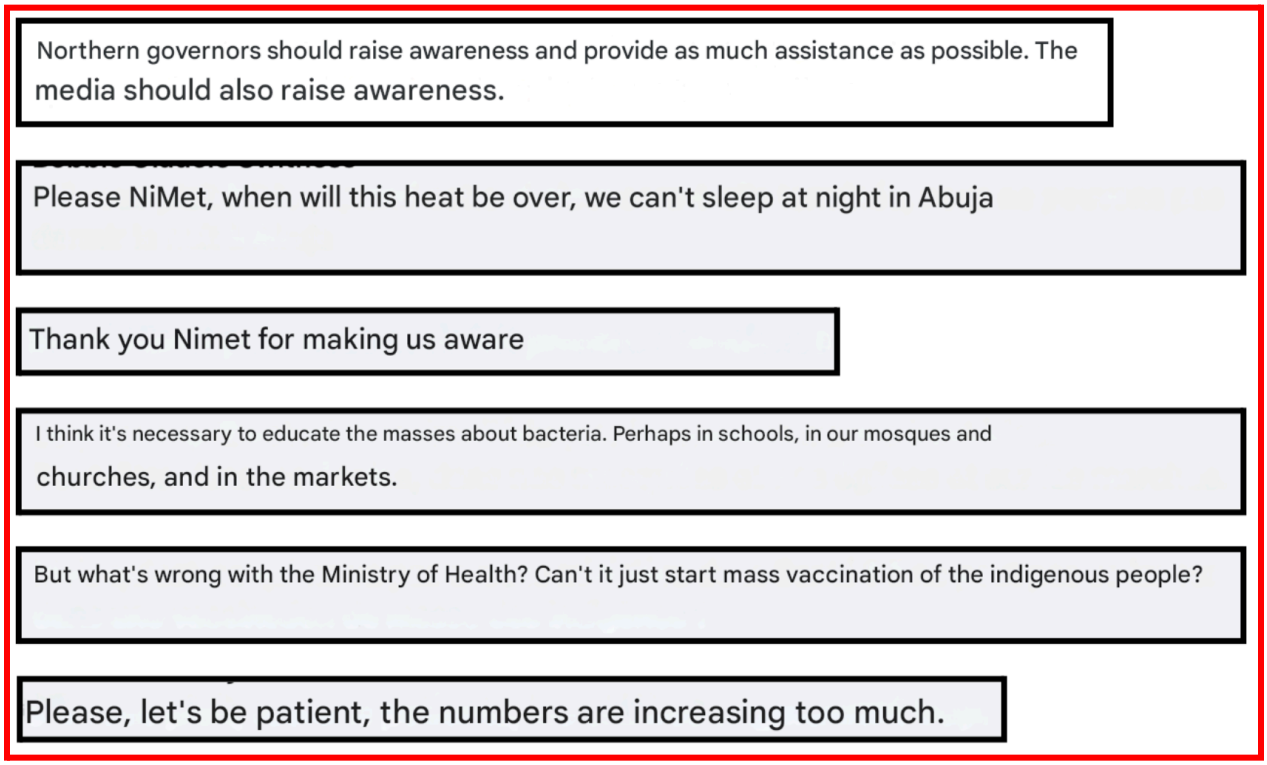
The heat wave increases the risk of meningitis in Nigeria and Ghana

Engagement: 19 posts, 231 comments, and 47 shares.

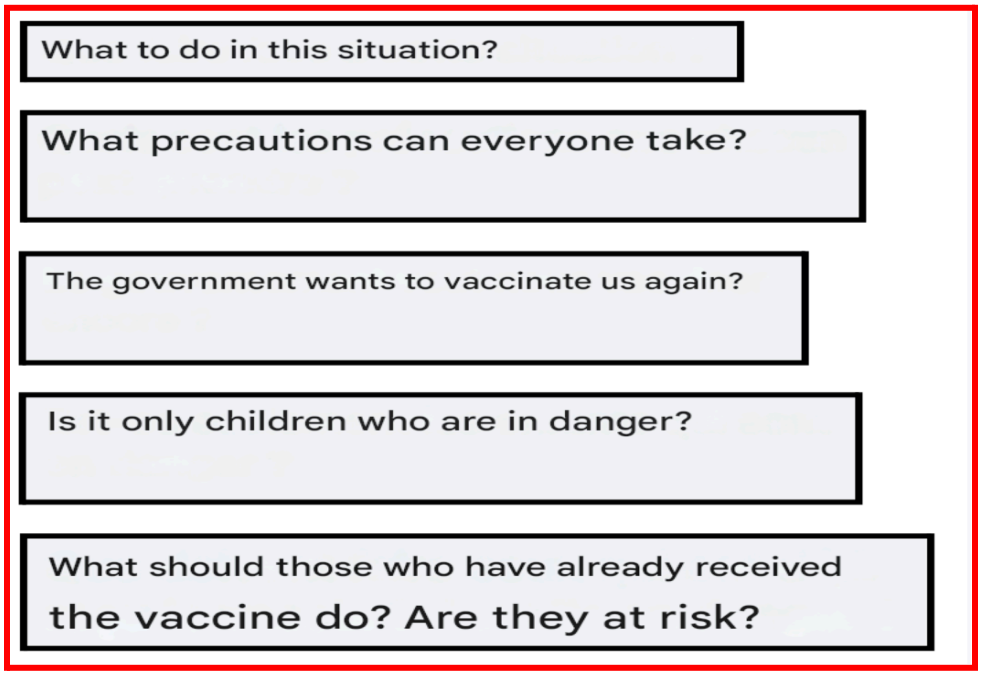
Keywords: ("Heat wave") ("Nigeria" OR "Ghana") ("meningitis" OR "sanitation" OR "hygiene" OR "climate change")

- ☐ The Nigerian Meteorological Agency (NiMet) has issued alerts regarding the meningitis outbreak in Nigeria, emphasizing that the current atmospheric conditions are favorable to the disease, particularly in the northern regions. This strain, identified as meningococcal meningitis, is widespread in the meningitis belt, which stretches from Senegal to Ethiopia and includes countries such as Nigeria and Ghana. The disease is often exacerbated by periods of intense heat and in poorly ventilated areas, leading to an increase in the number of deaths in rural communities [Link][Link].In Nigeria, according to NiMet, the states most vulnerable to meningitis outbreaks are Sokoto, Kebbi, Zamfara, Katsina, Kano, Jigawa, Bauchi, Yobe, Gombe, Adamawa, and Borno.
- ☐ In Ghana, the Eastern High Region Directorate has issued an alert concerning a potential increase in cases of cerebrospinal meningitis due to high temperatures. The region has been placed on maximum alert, and residents are advised to take precautionary measures such as staying hydrated, avoiding crowded places, and ensuring adequate ventilation. Ghana's Health Service aims to prevent the onset of meningitis outbreaks and related health issues exacerbated by climate change.
- ☐ In Nigeria, comments reveal deep concern about the resurgence of meningitis cases in the context of extreme heat, with many citizens calling for better awareness and proactive communication from local authorities and NiMet to anticipate and mitigate the effects of the heat wave. Users emphasize the need to organize training and education campaigns in schools, mosques, and markets to inform about the risks of transmission and preventive measures, while demanding a mass vaccination campaign in the most affected areas. These concerns reflect frustration over the increasing numbers and a call for transparency regarding the evolution of the situation, in the hope that coordination and communication efforts will be strengthened to effectively protect the population.

- Below are some comments:



- In Ghana, the comments underline an urgent need for clarity on vaccination and preventive measures, as well as more support from the authorities to explain the precautions to be taken in the face of meningitis, especially in the context of high heat. Internet users express a real expectation for concrete information, both for the most vulnerable groups (children, the elderly) and for those who have already been vaccinated, in order to strengthen confidence in the health response and limit the spread of the disease. Below are some comments:



Why is it concerning?

- ☐ From the WHO factcheet, “meningococcal meningitis is a bacterial form of meningitis, a serious infection of the meninges that affects the brain membrane. It can cause severe brain damage and is fatal in 50% of cases if untreated” [Link].
- ☐ The highest burden of morbidity from meningococcal disease is prevalent in a region of sub-Saharan Africa known as the meningitis belt, which extends from Senegal in the west to Ethiopia in the east. Although meningitis can affect people of all ages, young children are the most exposed to the disease [Link]. During the dry season, from December to June, dust winds, cold nights, and upper respiratory tract infections combine to damage the nasopharyngeal mucosa, thereby increasing the risk of meningococcal disease.
- ☐ Environmental conditions, including high heat, dust, and drought, combined with poor ventilation in overcrowded areas, favor the transmission of the meningococcus. These factors, characteristic of the meningitis belt that stretches from Senegal to Ethiopia, increase the risk of a rapid spread of the virus within vulnerable communities. In these contexts, a local outbreak can quickly turn into a regional crisis if prevention and control measures are not immediately reinforced [Link].
- ☐ The epidemic affected several local communities, with a confirmed death toll of at least 55 announced by Kebby State Ministry of Health Permanent Secretary Dr. Nuhu Koko on March 21, 2025. The affected areas include Gwandu, Jega,

and Aliero. Reported symptoms include fever, severe headaches, stiff neck, vomiting, and dizziness.

- ☐ The outbreak is particularly severe in Kebbi State, where recent reports indicate an increase in the number of deaths [Link].
- ☐ To reduce the risk of infection, NiMet advised residents to get vaccinated, maintain good hygiene by washing their hands regularly, and avoid close contact with infected individuals. In light of these recommendations, authorities are urged to implement comprehensive public health campaigns and improved hygiene practices to limit the spread of this preventable disease. [Link].

What can we do?

- ☐ Learn from initiatives similar to the one led by the Hope Everyday Foundation (HEF) in Abuja, where, amid an intense heat wave with temperatures reaching 41 °C, a medical awareness campaign was launched in the Kuje Regional Council to combat meningitis and heat-related illnesses. This initiative, focused on early vaccination, proper ventilation, and rapid treatment of respiratory infections, demonstrates the importance of addressing the increased health risks posed by rising temperatures. It is crucial that health authorities and partner organizations deploy targeted communication campaigns adapted to local realities in all vulnerable regions to prevent an increase in meningitis cases and other conditions linked to extreme climatic conditions [Link].
- ☐ Disseminate clear and regular messages via community radios and local television channels, which remain essential media in rural areas of Nigeria and Ghana.
- ☐ Collaborate with traditional leaders, religious figures, and influential personalities to relay prevention messages and address the concerns of the populations in their languages and cultural contexts.

Ethiopia, Namibia, DRC, Angola, Zimbabwe, Ghana

Cholera crisis in Ethiopia, Namibia, DRC, Angola, Zimbabwe, and Ghana – citizens demand transparency and clarity

Engagement: 19 posts, 734 comments, 186 shares.

Keywords: ("Cholera crisis") ("Ethiopia" OR "Namibia" OR "DRC" OR "Angola" OR "Zimbabwe" OR "Ghana") ("transparency" OR "clear communication" OR "sanitation" OR "water access" OR "socioeconomic challenges")

- ☐ **Zimbabwe;** Weekly cholera surveillance for week 9 of 2025 confirms that 44 suspected cholera cases and 3 deaths were reported this week. Suspected cases were reported in Mt Darwin district (1) in Mash Central province, UMP district (25) in Mash East province and Beitbridge district (4) in Mat South province. The cumulative figures for cholera are 225 suspected cases, 30 confirmed cases, 3 suspected deaths and 3 confirmed deaths. [Link][Link].
- ☐ **The Democratic Republic of the Congo (DRC)** is experiencing a significant increase in cholera cases, as well as other preventable diseases such as smallpox and measles, particularly in the northeastern region of North Kivu [Link]. This surge is attributed to ongoing violence, the destruction of vital infrastructure, and the suspension of USAID funding, which has severely weakened the health system. The situation has been further aggravated by the collapse of water supply and sanitation facilities, forcing many people to drink contaminated water, thereby spreading diseases [Link][Link][Link].
- ☐ As of 11 March 2025, a total of 6,651 cholera cases have been reported in Angola, with 240 death (Case Fatality Rate of 3.6%). Out of the total cases 3,702 were male and 2,949 were female. Of the total number of deaths, 166 were male and 74 female. Overall, 13 out of 21 provinces have been affected. Luanda province has reported the highest caseload (3,477) followed by Bengo (2,203)[Link].
- ☐ **La région centrale du Ghana** est actuellement confrontée à une importante épidémie de choléra, avec plus de 1 895 cas suspects et 12 décès signalés le 23 février 2025. The outbreak has also affected healthcare workers, with four staff members among the infected. This crisis was mentioned during the annual review of the region's health sector performance, where it was noted that the outbreak has put considerable pressure on the region's health resources[Link][Link].

- ☐ **Namibia** has reported its first case of cholera in ten years, located in the Kunene region, near the border with Angola. The confirmation of the case constitutes a major alert for the country's health authorities. The patient, a 55-year-old woman, was hospitalized for diarrhea symptoms but recovered and was able to leave the hospital. This case has prompted Namibia to strengthen its cholera control measures [Link][Link].
- ☐ **Ethiopia**is facing a rapidly spreading cholera epidemic in the Gambella region, which has infected over 1,200 people. First detected in the Akobo woreda on February 11, the epidemic has since spread to eight woredas and four refugee camps. This public health crisis has been exacerbated by the influx of refugees fleeing the violence in neighboring South Sudan, putting a strain on the region's already limited health resources.

What can we do?

- ☐ In Nigeria, establish regular information campaigns via community radio, social media, and SMS to remind people of the importance of hygiene, water purification, and sanitation practices, especially in high-risk areas.
  Organize public meetings and workshops with community leaders, neighborhood representatives, and religious figures to disseminate clear prevention messages and address the population's questions.
- ☐ In Ghana, use social media and digital platforms (Facebook, WhatsApp, etc.) to publish infographics and explanatory videos on prevention measures, particularly the importance of hygiene, water purification, and sanitation in high-risk zones.
  Work closely with journalists and radio stations to ensure regular and contextualized coverage of the epidemic's evolution, in order to avoid misinformation and strengthen public trust.
- ☐ In the DRC, rely on community leaders and religious representatives to disseminate precise and reliable information, due to the unavailability of traditional communication channels in some areas.
- ☐ In Angola, use social media campaigns, radio, and television to inform about the importance of access to safe drinking water and sanitation, and to explain the sanitary measures in place.
  Set up local working groups bringing together health authorities, NGOs, and infrastructure experts to quickly identify critical areas and prioritize interventions, particularly by strengthening water supply systems and sanitary facilities.

- ☐ In Ethiopia, establish information dissemination systems via community radios and SMS in the Gambella region to provide continuous updates on preventive measures, given the high risk of rapid spread linked to the influx of refugees and unsanitary living conditions.
- ☐ In Zimbabwe, develop targeted educational campaigns in artisanal mining areas and regions affected by the outbreak, emphasizing the importance of access to safe drinking water and effective hygiene practices.

Persistent trend

Mpox in Africa, persistent questions amid an emerging variant and vaccine uncertainties

- ☐ In several African countries—most notably the Democratic Republic of the Congo (DRC), Uganda, Tanzania, Zambia, Sierra Leone, and South Africa—mpox continues to raise serious concerns. In the DRC, the emergence of a new variant (Clade 1A), characterized by increased transmissibility in areas already weakened by conflict and fragile health infrastructures, fuels fears of a rapid, nationwide outbreak [Link]. In Uganda, a high concentration of cases in the Kampala region—exceeding 1,983 confirmed cases with 13 deaths, according to WHO's Multi-Country Situation Report No. 48 published on March 10, 2025—raises doubts about the effectiveness of control measures and outbreak management.
- ☐ In Tanzania, the confirmation of new cases in strategic areas such as Kagera, coupled with high cross-border mobility, reinforces fears of an epidemic outbreak amid limited health resources. In Zambia, the occurrence of the first mpox-related death, alongside a recent increase in cases, underscores the vulnerability of the population. Additionally, in Sierra Leone, the declaration of a public health emergency, driven by a growing number of cases and deaths, intensifies general concern, while in South Africa, the detection of local transmission in regions like Gauteng highlights the urgent need for enhanced surveillance.
- ☐ These developments are particularly alarming because they reveal that, despite ongoing efforts to contain the outbreak, the lack of centralized communication

and effective regional coordination continues to fuel misinformation and reinforce public distrust. This issue has already been thoroughly addressed in AIRA's Infodemic Trends Report No. 151, which provides a detailed analysis of the situation and identifies the specific challenges related to the mpox outbreak in the region. The report offers concrete recommendations—such as strengthening surveillance systems, organizing targeted awareness campaigns, and actively involving community leaders—to improve communication and coordinate an effective response. Data derived from social listening tools and analyses of social media interactions serve as the basis for guiding actions intended to contain the virus and reduce the vulnerability of affected populations.

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

Cholera

- ☐ WHO, cholera outbreaks, Q&A
- ☐ VFA, cholera social media toolkit
- ☐ Global Task Force on Cholera Control, clarifying rumours and community concerns.
- ☐ SSHAP, key considerations: socio behavioural insight for community- centred cholera preparedness and response in Mozambique, 2023
- ☐ SSHAP, social, behavioural and community dynamics related to the cholera outbreak in Malawi, 2022

Meningitis

- ☐ WHO : Meningitis fact sheets
- ☐ WHO: SOP for surveillance, preparedness, and response to meningitis epidemics in Africa

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.