

# Africa Infodemic Response Alliance

A WHO-HOSTED NETWORK



**AIRA Infodemic Trends Report**

**27 February- 5 March 2025**

**Weekly brief #152**

# Top concerns

## [More than 500 mpox patients escaped in the DRC;Zambia and Uganda are on alert over a possible cross-border spread](#)

The escape of hundreds of patients from mpox treatment centers in the DRC is fueling concerns among in Zambia and Uganda. Between fears of new infections and mistrust in the surveillance measures, uncertainty is growing in the border areas.

## [Concern in the DRC, South Sudan, Angola, and Zambia over the resurgence of cholera](#)

In Goma, Congolese authorities warn of a cholera resurgence amid tensions, while in South Sudan, doctors fear the epidemic will worsen with the onset of the rains. In Angola, the health situation also raises serious concerns, and in Zambia, recurring floods and a lack of access to clean water amplify the risk of contamination.

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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 27 February- 5 March 2025 in Africa.

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## RDC, Zambia, Uganda

**More than 500 mpox patients escaped in the DRC; Zambia and Uganda are on alert over a possible cross-border spread**

**Engagement: 10 posts, 9K likes, 2.5K comments, and 800 shares.**

Keywords : ("Mpox") ("DRC" OR "Zambia" OR "Uganda") ("spread" OR "border" OR "treatment" OR "escape")

- [The escape of more than 500 patients from mpox](#) over the past month due to the current conflict treatment centers in the DRC is causing serious concern, particularly in Zambia and Uganda, where fears of cross-border spread are emerging. Several posts and comments highlight growing tensions in border areas, with residents expressing concerns about the effectiveness of surveillance measures and the risk of a resurgence in infections [\[Link\]](#) [\[Link\]](#) [\[Link\]](#).

### Why is it concerning?

- The current armed conflict in the North and South-kivu regions has severely disrupted the health and communication systems. Health facilities are targeted and patients are fleeing health centers, which further undermine efforts to contain the mpox epidemic in the DRC. Population movements pose a major challenge in the contact tracing and vaccination efforts and border areas between the DRC, Zambia, and Uganda are vulnerable without effective control measures, especially where healthcare infrastructure is limited.
- Health authorities have not yet provided clear answers regarding the measures implemented to locate and the missing patients. On social media, rumors are proliferating about how these patients managed to escape and about the potential worsening of the situation.
- The DRC has been facing various conflicts and health emergencies for several years , which already weakens its healthcare system.
- The geographic proximity and frequent exchanges between the DRC, Zambia, and Uganda create an environment where the virus can spread rapidly if control measures are not rigorously applied. In Uganda, according to the Weekly Epidemiological Bulletin of the Ministry of Health ([Week 48, 2024](#)), the mpox outbreak affects 55 districts, while in Zambia, the [Ministry of Health confirmed two cases \(a couple in Kitwe\) in December 2024](#).

- **Zambia:** Comments coming from Zambia highlight strong concern among the population regarding the escape of mpox patients in the DRC and the risk of cross-border spread. Several themes emerge, namely: fear of uncontrolled spread, distrust in the authorities, demands for stricter controls, comparisons with the handling of Covid-19, and calls for help and despair. Below are some comments:

It's a disaster waiting to happen

And Zambia is busy welcoming foreigners with open arms

Can border security be strengthened please? Balatuletelela abo

Zambia in trouble in Kasumbalesa

This is so sad and really scary at the same time Almighty God, can you please intervene?  
🙏🙏🙏

They always say don't panic. Even when Covid started, they were saying the same thing.  
😞😞

- **Uganda:** Several comments question the very existence of mpox in Uganda, with some asking why the virus would not affect certain specific regions. Some users mention a possible return of the curfew, a measure that recalls the restrictions imposed during the Covid-19 pandemic. Below are some comments:

COVID IN THE 2021 ELECTIONS  
MPOX IN 2025 ????? 🙌😂

Let the health team do their duty. This mpox is not as serious as you say.

It's controllable. Soon you'll hear Mulberg hehe don't mess with it  
Uganda

The curfew is coming back soon.

If so, how come it does not exist in Mbale and Kamuli district?  
🤔

You are lying, leave Uganda and Ugandans alone

## What can we do?

- Implementation of common protocols: for example, the [WHO recommends](#) establishing standardized protocols for the early detection of cases and emergency management. See the WHO guide on emergency management.
- Strengthening controls at strategic points: Increase the presence of health personnel at border posts (e.g., Kasumbalesa) and implement health control measures to quickly identify and isolate individuals showing symptoms.
- Interstate coordination: the IOM emphasizes the importance of cross-border collaboration in the context of population mobility. Consult the [IOM recommendations on health and migration](#).
- Dissemination of regular updates: issue information bulletins to address the population's concerns and questions, and reassure them about the measures taken to contain the spread of the disease. Understand which communication channels and messengers are trusted by the affected population, especially in the areas where the armed conflict has disrupted the usual communication channels. Design communication strategies specific to the displaced population and in local languages.
- Active information monitoring: continuously monitor social networks to quickly detect false information and respond with corrective messages based on scientific data and guidelines from credible sources.
- Mobilize opinion leaders and experts: involve recognized figures (community leaders, public health specialists, journalists) in disseminating verified information to enhance the credibility of the messages.
- Ensure continuity of care: ensure that treatment centers have the necessary resources (medications, vaccines, personnel) to adequately care for patients. The WHO stresses the importance of an uninterrupted supply chain to prevent the progression of the epidemic. See the [WHO guide for continuity of care in emergency situations](#).
- Raise awareness about the importance of treatment: conduct awareness campaigns to inform the public about the risks associated with premature discontinuation of care, in order to reduce fear and stigma that drive some patients to flee.

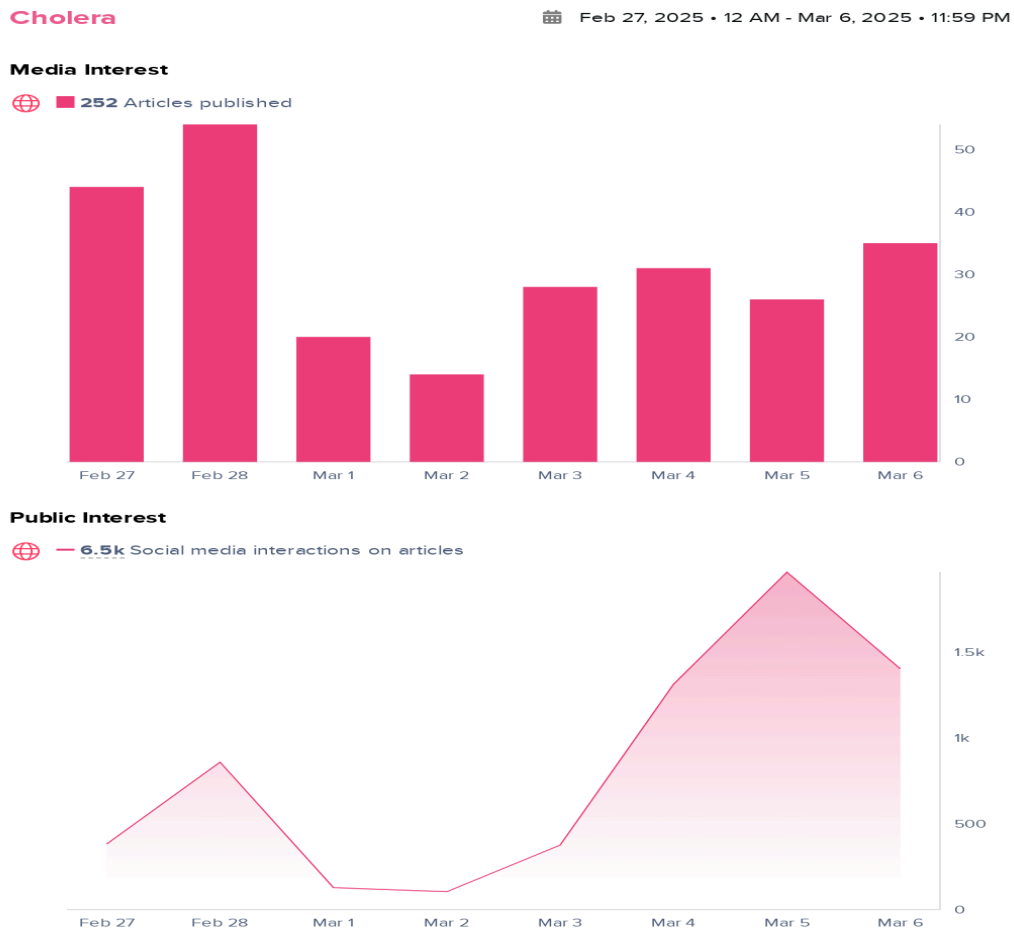
- Implement community support mechanisms: collaborate with local associations and healthcare professionals to offer psychological and social support to affected individuals, in order to avoid isolation and the spread of misinformation.

**Angola, South Sudan, Zambia, DRC**

**Concern in the DRC, South Sudan, Angola, and Zambia over the resurgence of cholera**

**Engagement: 10 posts, 9K likes, 2.5K comments, and 800 shares.**

Keywords : ("Cholera") AND ("DRC" OR "Democratic Republic of the Congo" OR "South Sudan" OR "Angola" OR "Zambia") AND ("spread" OR "floods" OR "drinking water" OR "sanitation" OR "public health emergency")



Newswhip, 27 February -6 March (DRC, South Sudan, Angola, and Zambia)

- The data shows a peak in media coverage on February 27, followed by a relative decline, while public engagement rises more slowly to peak around March 4-5. The increase in media coverage on February 27, 2025, is linked to reports of a severe cholera outbreak in Sudan's White Nile State, where nearly 100 people have died in less than a month and over [2,700 cases have been reported since February 20](#). The sustained interest in cholera, despite the decrease in article volume after the initial peak, attests to the persistence of online discussions and the importance of clear, ongoing communication to inform and reassure the public.
- **Angola:** According to a UNICEF statement ([UNICEF Angola - Cholera Situation](#)), several Angolan provinces are affected by recurrent cholera outbreaks, aggravated by seasonal floods and urban densification.

Some netizens are demanding the declaration of a "state of emergency" to address the crisis. They believe that authorities should acknowledge the severity of the situation and act accordingly. Below are some comments:

In 3 months, the lethality of cholera exceeds that of covid19 in the same period in Angola. Why not multiply prevention measures, not only individual but collective? The community must rigorously engage in disease prevention. The blockade must take place now.

We did not understand that this is not the case of the Ministry of Health, but in truth and it is certain that our country is not worried about the first time that the country is going to be affected to the fight against cholera is the second time, but we do not remember it a single time ... See more

Since we got vaccinated against COVID 19, we are more and more normal

**When are you going to declare a state of emergency?**

- **DRC:** According to a WHO report ([WHO Report on Cholera in the DRC](#)), the Democratic Republic of the Congo regularly experiences cholera outbreaks, particularly in the eastern part of the country where population movements and political instability complicate epidemiological surveillance.

Some internet users claim that cholera is “politicized,” implying that the disease is being exploited or used for political purposes. Below are some comments:

This epidemic is politicized.


In Congo, drinking water only exists in the homes of those who make politics. The toilets of the presidency never lack water from the regideso while the population drinks water from the rivers.

We are in SANGE now. This epidemic is destroying the floating population on the move. The epicenter is located in the villages of Kigoma, Kanga in the Kigoma group and Runingu in the group bearing the same name in the health zone of Ruzizi, a land of... See more

Cholera also invites itself

You are too fond of vaccinating Congolese children from conception to 7 years old. You don't even know what these vaccines manufactured by Europeans contain.

Rwanda is behind this cholera.

That's not important, chase away the rebels first 

This cholera could not attack the M23!! It was the FARDC who were targeted.

- **Zambia** : Reports from the African Centre for Disease Control and Prevention (Africa CDC) ( [Africa CDC - Cholera updates](#) ) indicate that Zambia is regularly faced with cholera epidemics, particularly in high-density neighborhoods such as Kanyama in Lusaka.

Online comments indicate growing concern about the quality of water distributed by tanker trucks and the lack of sustainable sanitation solutions. The population is calling for more precise information on the number of cases and the preventive measures to be adopted. Below are a few comments:



This information is incomplete. Please give us a detailed report on the number of active cases to date, the number of discharges and deaths.

Kanyama is always the first every year to record such cases, I wonder



Sewage and drinking water finally mixed after floods

It was expected after last week's floods

Kanyama is always the first to record cases of cholera and floods that have bewitched him kanshi

With these floods and shallow toilets, it's obvious.

- **South Sudan:** [Data from the South Sudan Ministry of Health](#) indicate a resurgence in cholera cases, especially in flood-prone areas and regions lacking adequate latrines.

The arrival of the rainy season (April-May) raises fears of massive contamination at water points. In several counties, treatment capacities are already under strain due to population movements.

Netizens express their frustration over sporadic and insufficient updates, which do not provide enough information about infection clusters and preventive measures. This lack of detail fuels uncertainty and makes it difficult to understand the full extent of the crisis. Below are some comments:

Where are the cases reported please don't just assume things because you need donations

What are the prevention measures to be taken if I'm to ask ? 🤔

In which areas of Juba specifically?

How can we prevent it ?

which place exactly within Juba where this six cases were been reported?

## What can we do?

- Strengthen regional coordination: health authorities in the affected countries (DRC, South Sudan, Angola, Zambia) should work together to harmonize their surveillance and response protocols. Regular intergovernmental meetings would allow real-time data sharing, adjustment of strategies, and a coordinated response to cholera outbreaks. This regional cooperation would help quickly identify infection clusters and implement appropriate control measures.
- Improve communication and transparency: it is essential to provide regular, clear, and detailed updates on the evolution of the epidemic. Authorities must use accessible channels, such as local radio, social media, and community meetings, to inform the public about the number of cases, affected areas, and current preventive measures. Transparent communication would help reduce rumors and reassure the population, particularly by clarifying border control measures and actions taken to improve access to clean water and sanitation infrastructure.
- Strengthen health infrastructure and access to clean water: investing in improving sanitation systems and drinking water networks is critical to limiting the spread of cholera and the return of cholera years after years.
- Since cholera outbreaks are recurring the region, it is critical to have a more targeted understanding of the current knowledge attitudes and practices related to cholera. Usual messages about preventive measures (handwashing, use of clean water etc.) may not be the most efficient in areas with an already high level of knowledge about preventive measures. [An analytical cross-sectional study conducted](#) in seven cholera-endemic health zones in North Kivu province, DRC, revealed that despite general awareness of the disease, gaps remained in the implementation of appropriate preventive measures. Another [descriptive cross-sectional study](#) was conducted in the Mugunga health area to assess the population's level of knowledge, attitudes, and practices regarding cholera prevention measures. The results highlighted that, although the population was aware of the risks associated with cholera, the implementation of preventive measures remained insufficient, suggesting the need to strengthen health education programs.

## Trend to watch

### The delivery of the malaria vaccine in Uganda raises numerous questions

- The announcement of the receipt of over [2.1 million doses of the malaria vaccine](#) (out of a total of 3.5 million doses planned) for 105 high- and moderate-risk districts across the country. This vaccine, which will be integrated into the national immunization schedule in April 2025 and administered to children under 2 years old, is an additional protective tool to combat severe malaria and prevent deaths, knowing that every day, 10 children under 5 succumb to this disease.
- However, the announcement has also raised many questions regarding its effectiveness, safety, and the deployment procedures of the vaccine[\[Link\]](#)[\[link\]](#)[\[Link\]](#). [AIRA's Trend Report 150](#) highlighted that public skepticism toward vaccines – especially new ones – is particularly strong in Uganda.
- To avoid the spread of misinformation,, it is essential for health authorities to provide regular, clear updates and tailored information campaigns will help address the public's queries and ensure a better understanding of the benefits of the malaria vaccine, which is indispensable for protecting children against this deadly disease.

## 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](#)

### **Malaria**

- WHO, [Malaria vaccines \(RTS,S and R21\)](#)
- 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.