Africa Infodemic Response Alliance

A WHO-HOSTED NETWORK

AIRA Infodemic Trends Report

08-15 April 2025

Weekly brief #157

Top concerns

Meningitis in Nigeria and Ghana, communities ask questions about transmission and vaccine effectiveness

In Nigeria, communities in the north are concerned about the rapid spread of meningitis and are keen to better understand the effectiveness of vaccines. In Ghana, particularly in the Upper West region, residents are expressing similar concerns about the modes of transmission.

Anthrax is of particular concern to Uganda, Kenya and the DRC because of the possibility of transmission to humans

The anthrax threat is causing concern in Uganda, Kenya, and the DRC, prompting local populations—from Nakuru West in Kenya, communities in Virunga in the DRC, and affected areas in Uganda—to call for enhanced measures, increased awareness, and increased surveillance to prevent transmission to humans.

Reference Guide

Persistent trends

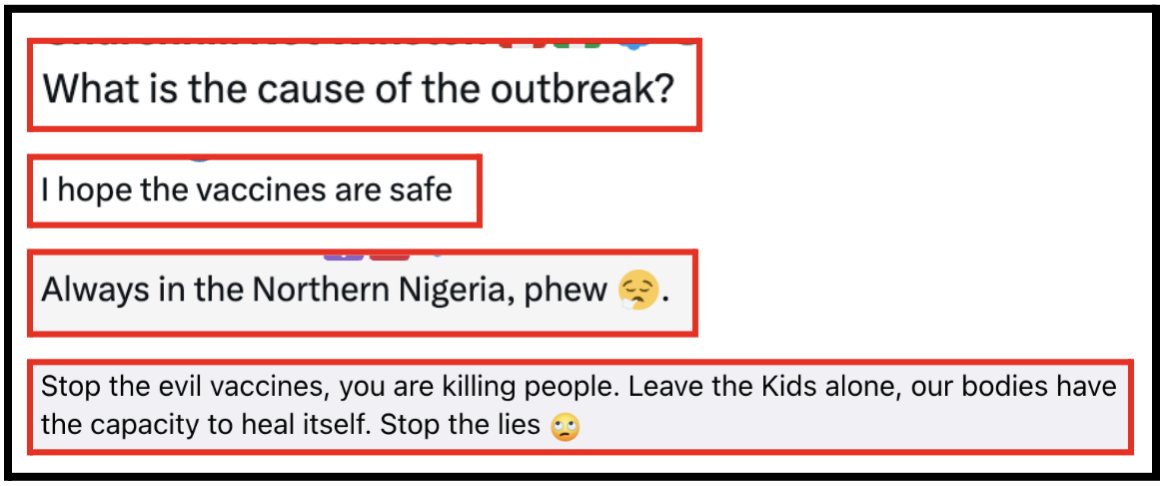
Nigeria, Ghana

Meningitis in Nigeria and Ghana, communities ask questions about transmission and vaccine effectiveness

Engagement : 34 posts, 452 comments, 19 shares

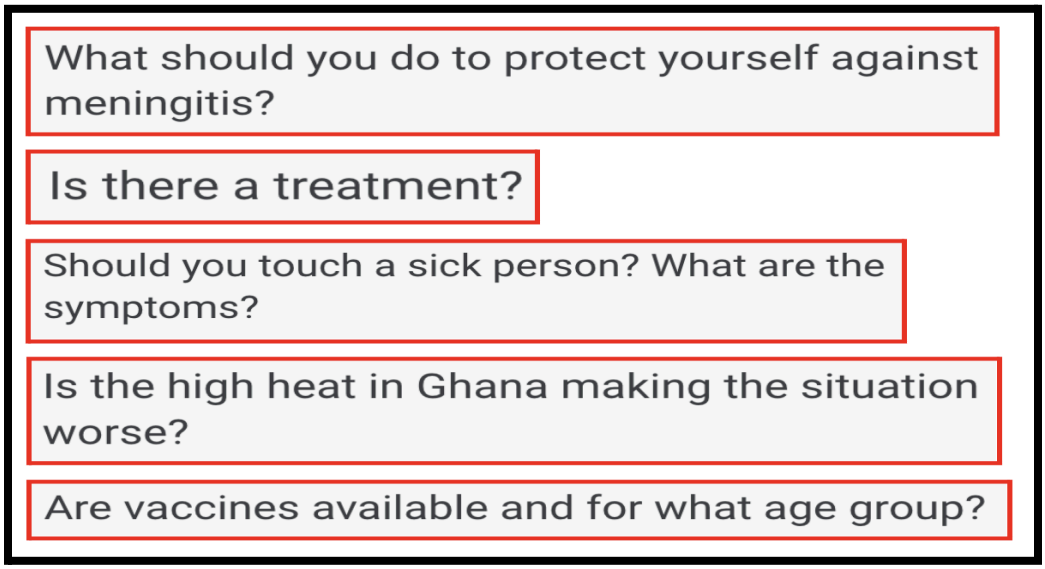
keywords: ("Meningitis" OR "Outbreak") AND ("Nigeria" OR "Ghana") AND ("Vaccine" OR "Vaccination" OR "Health infrastructure" OR "Rural clinics" OR "Emergency response")

- ☐ The Sokoto State Government officially announced the confirmation of approximately 300 meningitis cases during a sensitization campaign held on Friday, April 11, 2025. This event was organized by the State Ward Development Committee Forum in collaboration with the State Ministry of Health and the State Primary Healthcare Development Agency. The outbreak was first reported in February 2025, with cases accumulating over the subsequent weeks. As of the April 11 announcement, 16 patients were still receiving treatment in hospitals, while the remaining individuals had been successfully treated and discharged. Health officials have linked the surge in cases to dry-season conditions that facilitate transmission. In response, the state government has launched an emergency vaccination and awareness campaign, distributing newly supplied **ACWY** doses — (The term ACWY refers to the meningococcal ACWY vaccine, which helps protect against meningococcal disease caused by four serogroups of the bacteria: A, C, W, and Y12).— and mobilizing community health committees to spread prevention messages and encourage early reporting of suspected cases [link][link].
- ☐ Online comments surrounding the meningitis outbreak in Nigeria reveal a strong **demand for information**, marked by **concerns about vaccine safety** and **disease transmission**. While some express moderate concern, others reject vaccination altogether, citing anti-vaccine rhetoric and beliefs in the body's self-healing capacity. At the same time, several Internet users are seeking to understand the **causes of the epidemic** and the reason for its recurrence in the north of the country, reflecting a need for clarity and education from health authorities. Finally, comments expressing weariness with the frequency of outbreaks in northern Nigeria suggest a sense of regional injustice or abandonment. Below are some comments :



- ☐ In Ghana, the Upper West Region remains the national epicenter: as of January 27, 2025, it had reported 17 suspected cases and 6 deaths; the Nandom and Nadowli/Kaleo districts account for the majority of notifications [link]. Figures have since increased: the Ghana Health Service reported 173 suspected cases and 16 cumulative deaths as of early February, while an advisory issued last week called for increased surveillance and community vigilance ahead of the seasonal peak in May. Authorities are awaiting a delivery of ACWY (The term ACWY refers to the meningococcal ACWY vaccine, which helps protect against meningococcal disease caused by four serogroups of the bacteria: A, C, W, and Y12.) vaccines to conduct a targeted campaign, as current stocks are insufficient to cover the entire at-risk population [link][link].

- ☐ Online comments related to the meningitis outbreak in Ghana reveal a strong **demand for information** from the public. Internet users are asking questions about the **symptoms of the disease**, **modes of transmission, protective measures**, as well as the **availability of vaccines and treatments**. Some also raise the possible role of climatic conditions, such as intense heat, in exacerbating the situation. This trend underscores an urgent need for clear, accessible, and localized communication to strengthen understanding of the disease and encourage preventive behaviors. Below are some comments :



Why is it concerning?

Factor of Concern	Explanations and Key Data	Sources
High case fatality rates	Nigeria : 1 742 cas suspects (1er octobre 2023 – 11 mars 2024) avec 153 décès, CFR ≈ 8,8%1. Ghana : ≥ 120 cas et 16 décès confirmés en février – avril 2025 (CFR ≥ 13%, certains clusters > 30%)2	World Health Organization (WHO) https://fr.apanews.net/health/ghana-plus-de-120-cas-de-meningite-et-16-deces-enregistres/
Geographic concentration in the “meningitis belt”	Both countries are located in the Sahel region, where the dry season (december → june) – dust winds, cold nights, respiratory infections – increases the vulnerability of the nasal mucosa and promotes the transmission of Neisseria meningitidis.	WHO | Regional Office for Africa Iris

Cyclical re-emergence of epidemics	Historically, large outbreaks recur every 8–12 years in these regions. The persistence of strains not covered by the old A vaccine (MenAfriVac) explains the resurgence of cases due to serogroups C, W, and X.	World Health Organization (WHO)
Vaccination coverage still incomplete	Despite the introduction of conjugate vaccines, gaps remain in northern Nigeria and Upper West Ghana, where logistical access and catch-up campaigns remain partial, creating pockets of “zero-dose”.	Gavi
Clinical severity and sequelae	In the absence of immediate antibiotic treatment, 1 in 6 patients dies and 1 in 5 suffers neurological after-effects (deafness, cognitive impairment). The rapid progression (<24 hours) requires ultra-rapid diagnosis and treatment.	World Health Organization (WHO)World Health Organization (WHO)
Pressure on communities and online misinformation	Social listening data show many doubts about vaccine efficacy and the causes of the disease, requiring clear communication to avoid vaccine hesitancy and promote rapid access to care.	AP NewsPulitzer Center

What can we do?

- ☐ Targeted catch-up vaccination, launch “ring” campaigns in LGAs (Local Government Areas) that have crossed the epidemic threshold: Kebbi, Sokoto, and Katsina in Nigeria, and the Upper West region in Ghana. Use ACWY conjugate vaccines or Men5CV, which cover the C/W/X serogroups responsible for the current outbreaks. Nigeria already has one million doses supplied from the Gavi-WHO emergency stockpile for this operation [Link].

- ☐ Early detection and treatment, equip each district hospital with latex or PCR tests to confirm cases within 30 minutes and immediately administer injectable ceftriaxone without waiting for results, as recommended by WHO.
- ☐ Understand the barriers to early diagnosis and treatment at the health facility and early seeking care behavior at the community level. If the lack of information is one of the main issues, targeted community communication withmessages in Hausa and Dagbani via local radio stations, religious leaders, and SMS could be deployed. This approach aims to reduce consultation delays in rural areas and counter rumors about vaccine inefficacy.
- ☐ Cross-border One Health coordination could help to harmonize alert thresholds and deploy mixed response teams (physician, epidemiologist, veterinarian) able to quickly investigate any community outbreak in the "meningitis belt" — in line with the "Forecasting and Preparedness" pillar of the WHO roadmap.

Uganda, Kenya, DRC

Anthrax is of particular concern to Uganda, Kenya and the DRC because of the possibility of transmission to humans

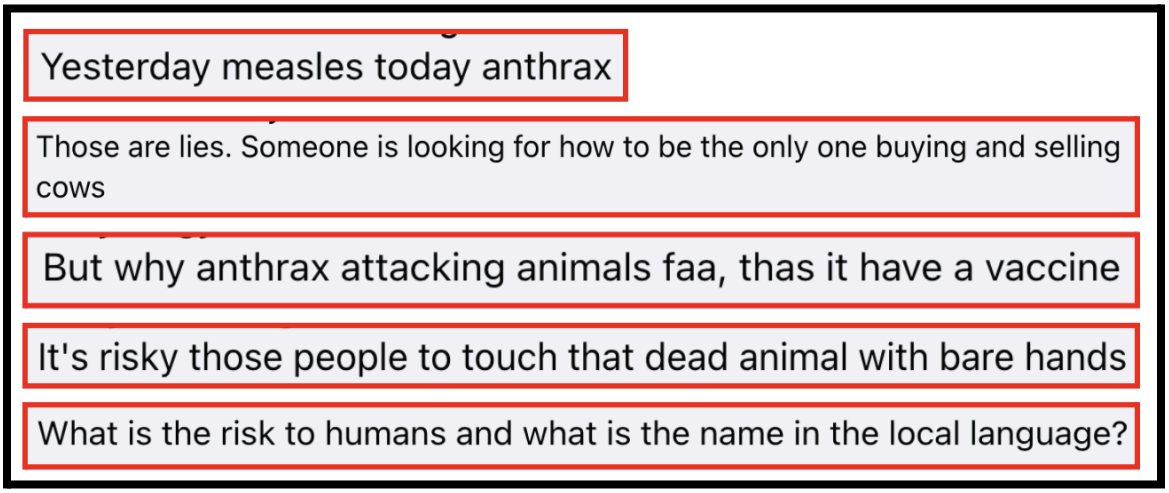
Engagement: 24 posts, 342 comments, and 17 shares

("Anthrax" OR "Outbreak") AND ("Uganda" OR "Kenya" OR "DRC" OR "Virunga" OR "Nakuru West") AND ("Transmission to humans" OR "Contaminated meat" OR "Wildlife infection" OR "Zoonotic disease" OR "Animal carcasses" OR "Lack of awareness" OR "Public health risk" OR "Surveillance request")

- ☐ In Uganda, according to recent reports published on April 11, 2025, multiple anthrax outbreaks have been reported across several districts. The data covers the reporting period from April 1 to April 6, 2025. In Kabale district, five suspected cases were admitted to the hospital, with a total of seven suspected cases reported following exposure to infected livestock. In Buhweju district, two deaths (one confirmed by laboratory testing) and eleven suspected cases were reported. In Moroto district, a 45-year-old woman died after consuming raw meat from a dead cow, which had reportedly died three days earlier. Authorities have linked these outbreaks to the handling and consumption of contaminated meat, and they have urged communities to avoid contact with dead animals and report any suspicious deaths of livestock.

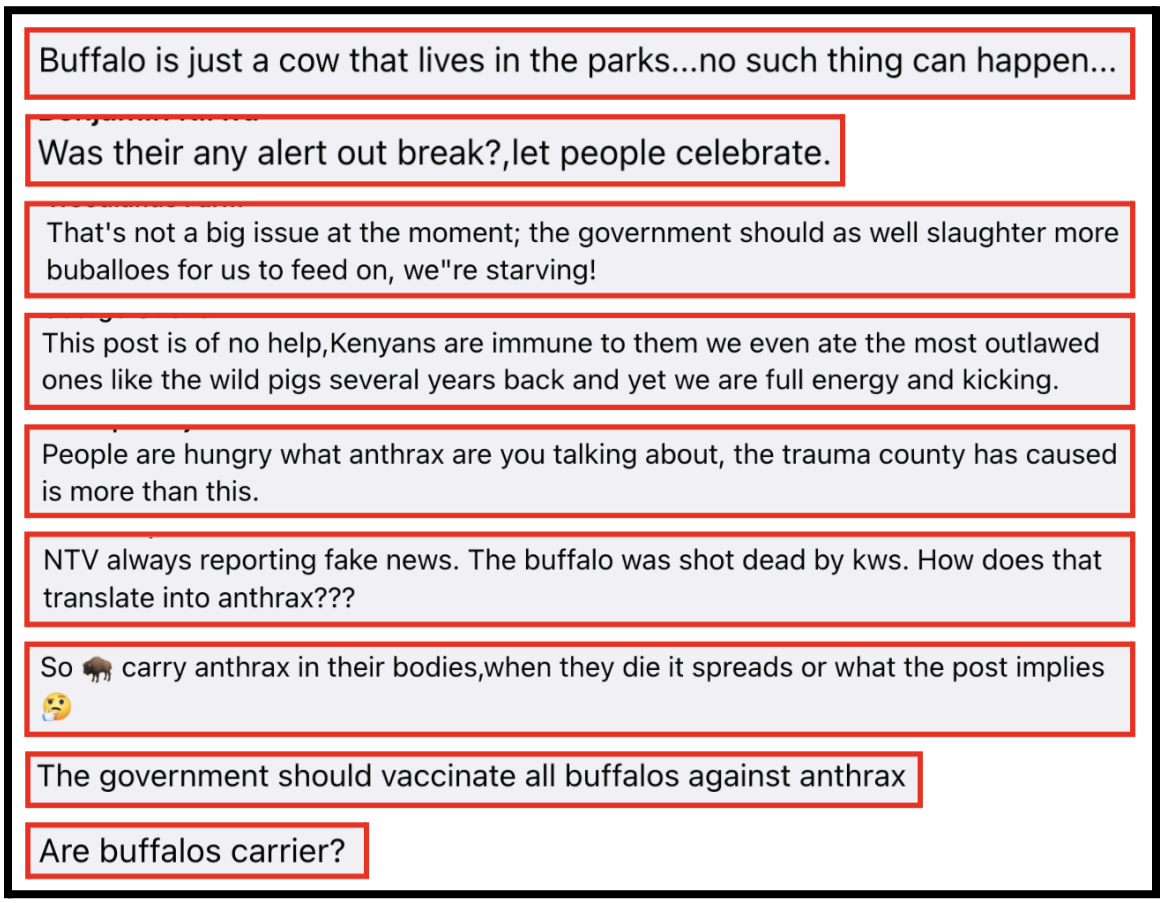
In Bushenyi district, an outbreak was confirmed in the Kyabugyimbi sub-county, with nine suspected cases (one confirmed) and one death. Health authorities are actively tracing community contacts to contain the spread of *Bacillus anthracis*, the bacterium responsible for anthrax [link] [link][link][link].

- [ ] Online comments reveal a mix of skepticism, misinformation, and legitimate concerns regarding the anthrax outbreak. Some users question the credibility of health alerts, which they view as too frequent or unclear, while others express suspicions of economic manipulation, particularly related to the livestock trade. Questions about the existence of a vaccine and the persistence of the disease reflect a lack of access to reliable and accessible information. Meanwhile, some internet users express concrete health concerns, especially regarding the risks of handling dead animals without protection—indicating partial awareness of zoonotic threats. Below are a few sample comments:



- [ ] Kenya: according to a news report, authorities in Nakuru West, Kenya, are warning of a possible anthrax infection after residents slaughtered and shared meat from buffalos suspected to have strayed from Lake Nakuru National Park. Two of the four buffalos, which had injured a woman, were put down by the Kenya Wildlife Service. Elizabeth Kiptoo, Director of Public Health, emphasized that consuming uninspected meat poses a high risk of contracting zoonotic diseases such as anthrax, recalling a major outbreak that occurred in 2015. She urged the public to avoid eating meat from animals slaughtered without veterinary inspection and to report any dead or suspicious animals to help prevent the spread of the disease.

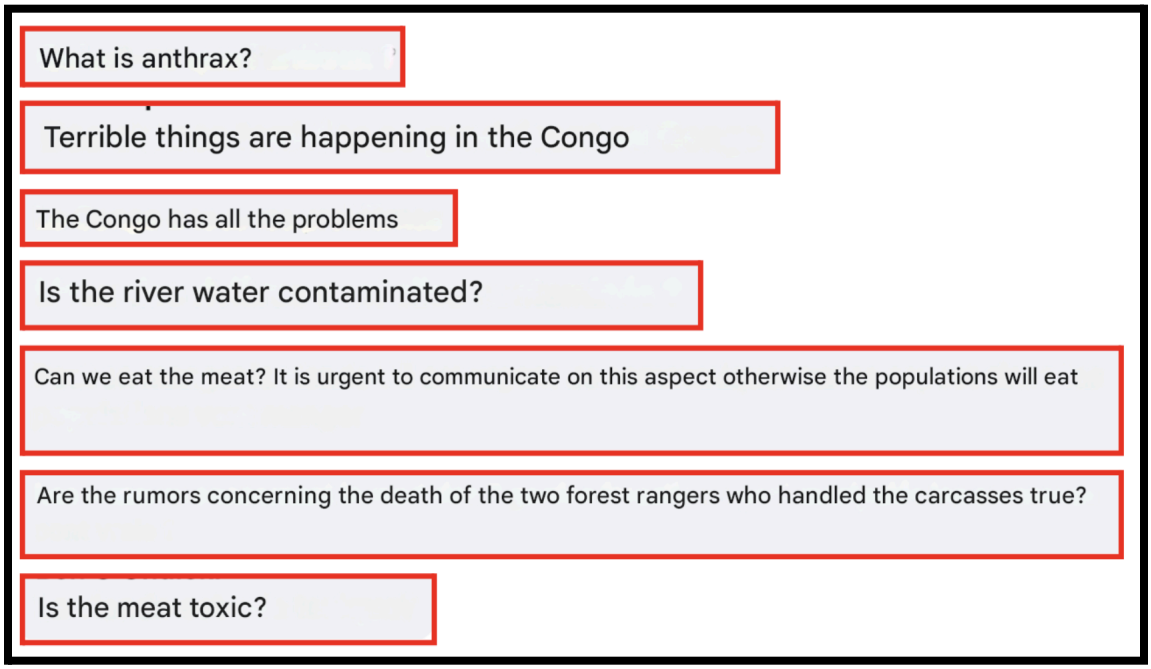
- ☐ Online comments in Kenya about the anthrax incident reveal widespread misinformation, downplaying of health risks, and socio-economic frustration linked to food insecurity. Some users outright reject the idea of danger, saying the buffalos are just “park cows” and nothing serious can happen. Others label the alerts as “fake news,” question their credibility, or accuse the media of manipulation. Several comments express a sense of urgency driven by hunger, minimizing concerns about anthrax in favor of access to meat.
- ☐ However, some users are asking legitimate questions about the role of buffalo in disease transmission and the need to vaccinate humans, highlighting the clear need for accurate and accessible information. Here are some examples of reactions:



- ☐ DRC: according to a BBC report, fifty hippopotamuses and other large animals have been killed by anthrax in Virunga National Park in the Democratic Republic of the Congo. Footage released by the park shows the animals lying motionless along the Ishasha River. The park director, Emmanuel de Merode, stated that despite difficult access and logistical challenges, recovery and burial operations using caustic soda are underway to limit the spread of the infection.

Tests confirmed the presence of *Bacillus anthracis*, the bacterium responsible for anthrax, and the Congolese Institute for Nature Conservation has advised residents to be cautious by avoiding contact with wildlife and boiling water from local sources. Additionally, the park, which spans 7,800 km² and hosts exceptional biodiversity, continues to suffer from ongoing conflict between rebel groups and the Congolese army, further complicating efforts to protect its vulnerable wildlife [Link].

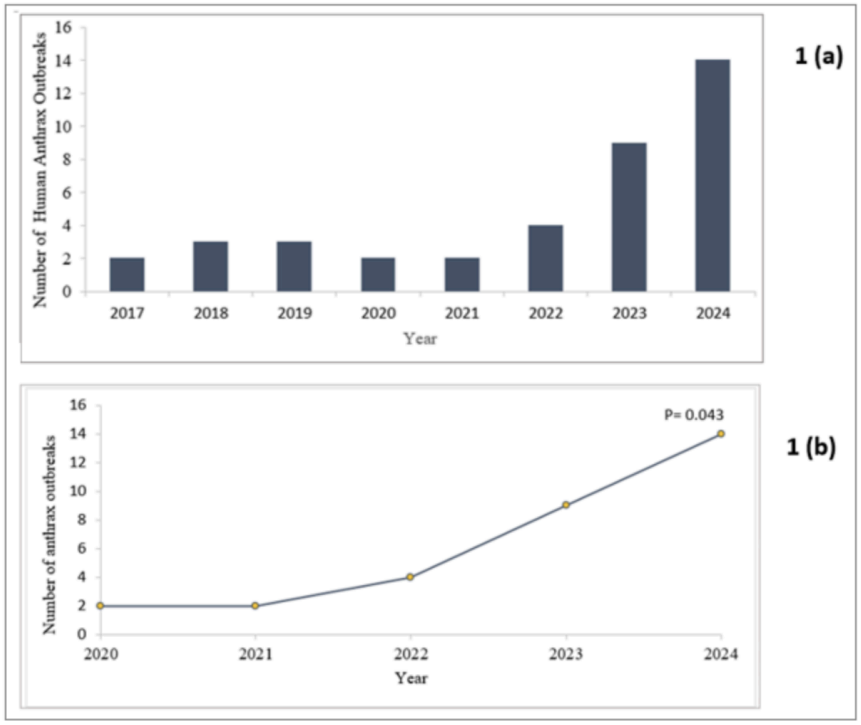
- ☐ Online reactions on Congolese social media reveal deep public concern, a need for reliable information, and widespread confusion. Many users are asking basic questions about the nature of the disease, the risks of eating meat, or water contamination, while others express a sense of resignation in the face of the country's repeated crises. Some comments spread unverified rumors, while others call for urgent communication on preventive measures. Below are screenshots illustrating these comments from social media platforms:



Comments in French, translated via Google Translate

Why is it concerning?

Anthrax outbreaks in humans, Uganda, 2017–2024



- ☐ During the study period (2017-2024), Uganda experienced a continued increase of human anthrax outbreaks, especially since 2020 (Figure 1(a) and 1(b)). Overall, these outbreaks resulted in 1,165 cases, including 149 confirmed cases (12.8%), and deaths, resulting in an overall case fatality rate (CFR) of 3% (35/1,165).

- ☐ Consumption of uninspected meat in Kenya, in Nakuru West, residents slaughtered and shared meat from buffalo that had strayed out of Lake Nakuru National Park. Health officials warn that such behaviour—driven by food insecurity—exposes the community to gastro-intestinal anthrax, whose fatality rate can exceed 50 % without prompt treatment [Link].

- ☐ Mass wildlife deaths in the DRC, in Virunga National Park, with at least 50 hippopotamuses and other large mammals have died; carcasses are floating in the Ishasha River, threatening downstream drinking water and livestock. The presence of the bacillus in an open ecosystem increases the likelihood of human spill-over [Link].

- ☐ Environmental persistence of spores, b*acillus anthracis* spores survive for decades in soil or sediments; any disturbance (floods, drought, farming) can reactivate transmission. This longevity makes each outbreak hard to eradicate and calls for permanent vigilance [Link].

- ☐ Multiple exposure routes and low animal-vaccination coverage, clandestine slaughter, handling carcasses without protection and under-cooking meat create several pathways for human infection. In all three countries, systematic livestock vaccination is limited to pilot areas, leaving vast herds vulnerable [Link].

- ☐ Misinformation and online scepticism, social media is rife with claims that the risk is exaggerated ("buffalo are just park cows"), accusations of economic manipulation, and rumours that vaccines are useless. This climate of doubt delays carcass reporting and healthcare-seeking, silently fuelling the epidemic [Link].

What can we do?

Axis	Priority Actions	Evidence / Standards
1. Prevent in animals	- Routine vaccination and "ring vaccination" around outbreak areas; follow annual vaccination protocols for cattle, sheep, goats, and buffaloes. - Immediately report any suspicious animal death to veterinary authorities.	**WHO**: Livestock vaccination is the most effective measure to break the transmission chain. *World Health Organization (WHO)*

2. Dispose of carcasses	- Bury or incinerate infected carcasses; apply lime or caustic soda to inactivate spores. - Transport remains to approved sites using protected personnel.	**FAO**: Guidelines for safe carcass management *openknowledge.fao.org*
3. Protect human health	- Ban the cutting and consumption of meat from dead or slaughtered animals without veterinary inspection. - Provide post-exposure prophylaxis (ciprofloxacin, doxycycline) to at-risk contacts, following CDC/WHO protocols.	**WHO**: Do not handle carcasses of animals that died suddenly. *WHO Apps*
4. Risk communication	- Simple messages: “Do not touch – do not eat – report.” - Disseminate via local languages through radio, religious leaders, and community veterinarians. - Rapidly correct rumors (e.g., “wild animal meat is safe”).	**Kenya national strategy**: Emphasize community communication and refusal of uninspected meat. *faolex.fao.org*

5. Surveillance & rapid response	- Map contaminated soils; monitor wildlife (e.g., Virunga cases) and livestock. - Use rapid tests/PCR to confirm *B. anthracis*. - Deploy mobile One Health teams (veterinary + public health) to trace human contacts.	**FAO**: Spores can persist for decades; continuous vigilance is needed. *openknowledge.fao.org*
6. Cross-border cooperation	- Share epidemiological data between Uganda, DRC, and Kenya; harmonize livestock movement bans. - Train border posts to recognize clinical signs and verify health certificates.	**WOAH**: International standards for disease notification and safe trade. *woah.org*

Persistent trends

Free mpox treatment causes confusion in the DRC while in Uganda the vaccination of patients raises questions

- ☐ In the Democratic Republic of the Congo (DRC), the country accounts for more than 80 percent of Africa's cases, with over 11,900 confirmed infections in 2024 and numbers still rising in 2025. The case-fatality rate (CFR) ranges from 2 to 5 percent in rural areas, a figure made worse by insecurity and poor access to care. Authorities have declared that treatment is free in a limited network of mpox

treatment centers, where consultations, testing, and—when available—the antiviral tecovirimat are covered. Call-center logs and community reports, however, show that many people assume this free care applies to every health facility; when ordinary clinics charge fees. [link].

- ☐ In Uganda, the outbreak is about 5,000 cases with a CFR below 1 percent—but it raises a different issue: vaccinating people who are already symptomatic. The MVA-BN vaccine, intended for pre-exposure or up to four days after a confirmed contact, is not a curative treatment [link] [link]. Yet social media comments are rife with questions, and even claims, that a delayed injection will speed healing or prevent skin damage. This confusion stems from ambiguous messages about "post-exposure prophylaxis," which some interpret as a "healing" vaccine. Without clear guidelines, some patients are postponing their isolation, hoping for a life-saving injection.
- ☐ Uganda has a small cache for high-risk contacts, but it will be insufficient if the outbreak is not contained. At the same time, laboratories lack PCR reagents, and cold-chain logistics are fragile—especially in remote savannah and rainforest districts [link].
- ☐ Communication gaps amplify the epidemic risk. In the Democratic Republic of Congo, the lack of widespread dissemination of the public list of free clinics is blurring the message of free care, while in Uganda, uncertainty about the role of the vaccine is fueling unrealistic expectations. In both cases, false rumors—ranging from outright denial of the disease to allegations of financial motivation—are spreading online and delaying care-seeking.
- ☐ Three levers are critical to slow transmission. First, publish and update an official map of free mpox centers in the DRC and circulate a clear FAQ on vaccine eligibility in Uganda. Second, strengthen logistics: pre-position tecovirimat, PPE, and PCR reagents in high-priority districts and secure a reliable cold chain for the limited vaccine supply, as recommended in the WHO *Mpox Global Strategic Preparedness and Response Plan*. Finally, mobilize trusted messengers—local radio, religious leaders, and survivors—to counter misinformation, promote early isolation, and make it clear that vaccination is preventive, not curative. Combined, these actions can reduce mortality, limit transmission, and restore public trust in the mpox response.

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

- [ ] Child engagement in the context of disease outbreaks in Eastern and Southern Africa
- [ ] Animation videos on Cholera, Coronavirus and Ebola here
- [ ] 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

Meningitis

Resources for Social Listening Analysts

- [ ] UNICEF: Report on health communications on meningitis, including channels, messages, and good practices in the African meningitis belt.
- [ ] Resources for journalists and fact-checkers
- [ ] World Health Organization (WHO): Global roadmap to defeat meningitis by 2030, with targets to eliminate epidemics of bacterial meningitis and reduce deaths.
- [ ] WHO: Meningitis prevention and control, including vaccination strategies and rapid diagnosis.

Social Media Resources/Content

- [ ] World Meningitis Day: Digital toolkit available at worldmeningitisday.org, with graphics and social media resources.

Anthrax

Resources for Social Listening Analysts

- [ ] IFRC: The International Federation of Red Cross and Red Crescent Societies offers a toolkit for responding to epidemics, including anthrax. This toolkit includes case definitions, risk communication strategies, and prevention measures.

Resources for Journalists and Fact-Checking

- [ ] CDC: The Centers for Disease Control and Prevention offers a comprehensive guide to anthrax, covering infection types, symptoms, and prevention methods.

Resources/Content for Social Media

- [ ] NY Health: The bioterrorism website offers information on the anthrax vaccine and communication resources to raise public awareness.

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.