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Lassa fever misinformation: A multi-state case study of Lagos, Kano, Niger, Cross River and Ebonyi States

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Introduction

Lassa fever poses a significant threat to Nigeria's public health, with 100 fatalities and over 2,700 suspected cases across 13 states by March 2025. Despite advancements in surveillance and response mechanisms, widespread misinformation is still a major hurdle. It undermines public health efforts and increases distrust in standard healthcare. This study sought to answer the research question: What is the predominant misinformation about Lassa fever across the selected states in Nigeria, and how do these shape public health behaviours? The aim of this study was to determine the predominant Lassa fever misinformation in Lagos, Kano, Niger, Borno, Cross River, and Ebonyi States in Nigeria.

Methods

Cross-sectional study integrated rumour surveillance across six Lassa fever endemic Nigerian states (Lagos, Kano, Niger, Borno, Cross River, Ebonyi). Over two months, structured questionnaires were administered to community members, combining standardised knowledge items with an open-ended question on circulating rumours. Content analysis was conducted from narrative responses (n=146) using Nvivo 14, to examine the frequency of misinformation, associations between rumour clusters and geographical location, and high-impact false narratives. This approach provided both quantitative insight into rumour spread and qualitative understanding of local misconceptions.

Results

Cross River, Ebonyi and Niger States revealed widespread supernatural causation theories like witchcraft and spiritual punishment. Government conspiracy theories appeared significant in Kano and Niger States. Prevention and treatment of misconceptions, including reliance on traditional medicine and spiritual interventions, were identified in all states. Healthcare avoidance due to misinformation was also reported across all states, but Ebonyi State recorded the highest.

Conclusion

Lassa fever misinformation showed regional variations, shaped by cultural and educational factors. Debunking supernatural myths and building trust is essential. Targeted risk communication must address misinformation urgently to improve trust in healthcare and health-seeking behaviours. Involving religious and traditional leaders is vital for effective misinformation management.