

“Ebola Business”: Tracking Social Media Narratives in the DRC Following the 17th Ebola Outbreak

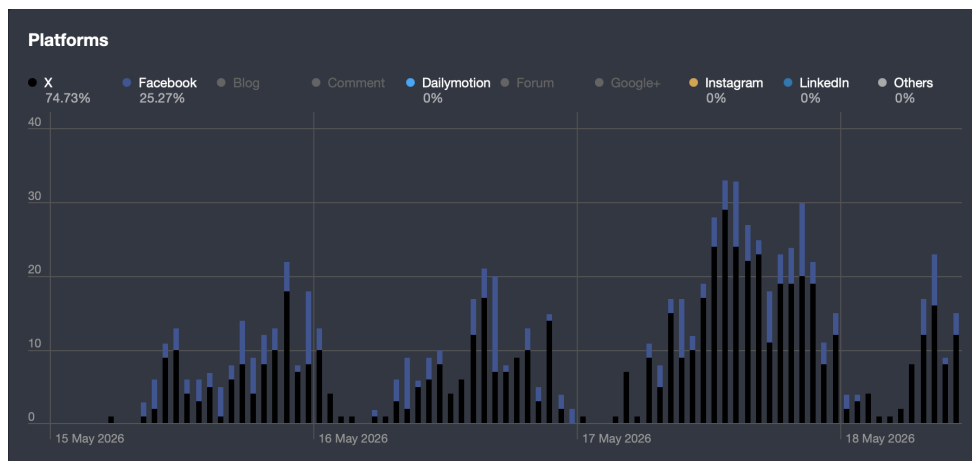
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This briefing by Insecurity Insight analyses public social media activity between 00:00 on May 14 to 11:00 CET on May 18, 2026



This briefing analyses public social media activity relating to the 17th Ebola epidemic caused by the Bundibugyo virus in the Democratic Republic of the Congo covering the period 14 May and 18 May at 11:00. The **WHO** was alerted to a high-mortality illness in Mongbwalu, Ituri, on 05 May; INRB analysed samples on 14 May; and Bundibugyo virus disease was laboratory-confirmed on 15 May. The WHO reported confirmed and suspected cases in Ituri Province, including Bunia, Rwampara and Mongbwalu, and declared the DRC/Uganda event a public health emergency of international concern on 16 May.

Monitoring identified **819 public posts** across social media platforms. Of these, **93 high-engagement posts** were downloaded for closer analysis, together with their **1,246 adjoining comments**. The conversation was concentrated on X and Facebook. The topics were discussed on social media since 15 May and activity increased around the subject sharply on 17 May, driven by reporting on the Ebola outbreak in Ituri, the reported case in Goma, Rwanda’s closure of the Rubavu/Goma border, and response announcements by Congolese health authorities, WHO/OMS-linked actors, provincial authorities and local authorities in Goma. The issue was most posted about from the capital Kinshasa (over 400 posts) and somewhat less through posts shared in the affected areas in the Eastern DRC.



Label	Posts
Kinshasa City	401
Nord-Kivu	64
Eastern	36
Missouri	11
Katanga	10
l'Équateur	9
Kasaï-Occidental	6
S Kivu	5
Maniema	2
Bas-Congo	1

Analysis of the 819 public posts did **not identify harmful information in the main posts reviewed**. The downloaded high-engagement posts were largely informational, operational, and neutral in tone. Posts came from news accounts including Actualite.cd, News.cd, Kivu News, Radio Okapi and Top Congo FM, as well as journalists, MSF, Congolese public-health institutions and WHO-linked accounts. Two posts by the M23 spokesperson on X were detected confirming an Ebola case in Goma.¹ The **1,246 public comments shared in response to the usually factual posts show some politicisation of the outbreak**, particularly where Ebola was discussed alongside Rwanda, AFC/M23 control of Goma, the closure of the border, or distrust in public institutions. Some comments contained disease denial, “Ebola business” narratives, or hostile conflict-linked rhetoric, but these remained scattered and did not develop into a dominant or coordinated harmful-information narrative.

¹ The comments posted in response to the announcement by the M23 spokesperson could not be analysed due to privacy settings.

Proportion of categories of content of 1 246 public comments posted in response to 93 factual posts about the 17th Ebola outbreak, 14 to 18 May 2026

~35%

Comments contain a harmful or misleading narrative

~15%

Express open hate speech or death wishes towards specific ethnic groups in the context of reactions to Ebola

~12%

Actively deny Ebola exists or accuse authorities of fabrication

CATEGORIES OF HARMFUL CONTENT

1 · HATE SPEECH

The most severe harmful content targets Rwandans and Tutsi people collectively, exploiting the Ebola crisis to express genocidal and dehumanising sentiments. This category is concentrated in comments under edited media posts about the Rwanda border closure.

“Ebola must start with the Rwandan Tutsis who do not want to return to their home country” (“Ebola doit commencer avec les tutsi rwandais qui ne veulent pas rentrer dans leurs pays d’origine”)

2 · EPIDEMIC DENIAL & DISEASE FABRICATION NARRATIVES

A persistent and public-health-threatening narrative frames the Ebola epidemic as entirely invented, a fiction created to extract international funding. This appears across all posts but peaks under posts highlighting the official confirmation of Ebola cases posts and government response announcements.

“Ebola = distracting the public + siphoning off money from foreign donors.” (“Ebola = distraire la population + sous-tirer l’argent des donateurs Etrangers.”)

In response to a Radio Okapi on the difficulties of contact tracing in the epicenter of the epidemic, Mongbwalu, a social media commenter claiming to be a resident denied observing Ebola symptoms, contributing genuine confusion that may not be bad-faith denial but represents a real obstacle to the outbreak response. Another in Bunia alleged similar observations.

“This is complete nonsense. I’m in Mongbwalu right now, and the authorities and Médecins Sans Frontières are only concerned with covering up the numerous bodies that have turned up over the course of this month, but it’s got nothing to do with Ebola and their containment measures. People here don’t care about that because there’s no sign of the virus here.” (“du n’importe quoi moi suis à mongbwalu à l’instant les autorités et médecins sans frontières cherche seulement comment couvrir les multiples cadavres qui ce sont succédé au cour de ce mois mais sa n’a rien avoir avec ebola et leur mesures barrières là les gens s’en fou de sa car il ya rien comme signe de cette virus ici”)

On the other hand, another social media user highlighted the need for better information.

“Many people there face a lack of information and difficulties with social media; there are no radio stations broadcasting all day long – news is only broadcast for a few minutes at a time – and there is a complete lack of awareness. As a result, people go about their business as usual, despite the mourning in their neighbourhoods” (*Beaucoup des gens là bas, ont le problème de manques d'information, difficultés des réseaux sociaux, pas des radios qui fonctionne tout la journée, on donne des informations pour quelques minutes, l'ignorance est totale, pour cela les gens s'occuper de leurs affaires, malgré les deuil dans des quartiers*)

3 · CORRUPTION NARRATIVE

Distinct from full denial, this category accepts that an outbreak exists but frames the entire government, WHO, and humanitarian response as a vehicle for financial theft. It risks deterring community cooperation with the health response.

“Embezzlement in progress 🔄🔄🔄” (*“Détournement en cours de téléchargement 🔄🔄🔄”*)

4 · TARGETED ATTACKS ON DR. MUYEMBE

A distinct pattern are personal attacks on Dr. Jean-Jacques Muyembe, Director of the National Institute of Biomedical Research and one of the public faces of the Ebola response after his statements confirming cases were quoted by edited media platforms. Commenters across posts portray him as a “fraud” who “creates epidemics” for personal enrichment, directly linking him to COVID-19 to frame Ebola as the latest in a sequence of fabrications.

“That old man’s a healthcare fraudster” (*“Ce vieux c’est un escroc sanitaire”*)

5 · BIO-WEAPON & LABORATORY CREATION NARRATIVES

A subset of commenters claim Ebola is a deliberately engineered biological weapon, variously attributed to the West, the US, Rwanda, or other unnamed entities. These appear most under epidemic declaration posts and expert interview posts.

“It is a biological weapon manufactured in Australia that is often tested in the Congo to assess its effectiveness.” (*“C est une bombe biologique fabriqué en Australie qui est souvent expérimenté au Congo pour voir son niveau des réactions”*)

6 · ANTI-WHO AND ANTI-AID SECTOR NARRATIVES

This narrative frames international health organisations and Western powers as deliberately exploiting the Ebola epidemic to test vaccines, extract mineral wealth, or maintain geopolitical control.

“NGOs and big corporations in action. They’re always developing something in Africa so they can test their experiments (medicines) – my people (Black people) are suffering. An open-air zoo for the laboratories.” (“Les ONG et les grandes firmes en action. Toujours créé quelques choses en Afrique pour pouvoir tester leurs expériences (médicament) mon peuple (noir) souffre. Un zoo à ciel ouvert pour les laboratoires.”)

7 · ELECTION-DISRUPTION NARRATIVES

Several commenters allege that the Ebola epidemic is timed to delay elections, or prevent opposition marches.

“All this just to stop the opposition rally and the elections” (“Tout ça pour empêcher le Marche des opposants et les élections”)

COMMUNITY PERCEPTIONS TO HEALTH MEASURES AND MESSAGING

Positive engagement with the Ebola response exists in the dataset but is mainly concentrated around actors rather than measures. For example, in response to an MSF post stating it was preparing to scale up its medical intervention in the affected zones of Ituri following the official declaration of the epidemic, social media users were largely supportive : healthcare workers offering to volunteer, expressions of gratitude, and references to past success stopping Ebola in Goma in 2018. Other isolated comments across several posts signal personal intent to comply:

“We will follow the health guidelines to protect ourselves against this new strain of Ebola. May God protect us.” (“On va se soumettre aux mesures sanitaires pour se protéger contre cette nouvelle souche d' Ebola. Que Dieu nous protège.”)

Engagement with specific prevention practices is limited and uneven, but present. A commenter identifies themselves as actively doing contact listing in the field, and another acknowledges the logic of quarantining. One LNNGO active in the comment section provided detailed prevention guidance in the dataset, covering symptom recognition, hygiene steps, safe burial, and the hotline number. However, there is little evidence at this stage that the general public is aware of the response innovations developed since 2018. One of the most frequent narratives, in addition to the supportive comments and the harmful narratives already documented, are comments expressing simple uncertainty and speculation about basic facts. Commenters ask what measures the government is taking, or guess that a cure already exists. This pattern suggests the public still needs clearer and more accessible answers on the health response.

“What measures is the government taking to limit the spread? I think there's already a treatment for Ebola.” (“Le gouvernement prend quel mesure pour limites la propagation ? je crois il y a déjà un remède pour soigner Ebola”)

NATURE OF THE RISK: TRUST AND ACCEPTANCE

Initial social media reactions on public platforms between May 14-18 show that **the harmful content in this dataset does not constitute a coordinated campaign**. There are no clear calls to attack health workers, obstruct contact tracing, target the WHO, aid agencies or the Ministry of Health staff by name, or mobilise protests against the response. No single actor or network appears to be driving the narratives systematically.

The risk today is primarily a **trust and acceptance risk**: an erosion of the willingness to engage with health measures, driven by scepticism, funding-diversion narratives, conflict politicisation, and institutional distrust. That risk is less acute than organised obstruction but potentially more durable and harder to counter.

This report provides a snapshot of publicly visible social media activity between 14-18 May 2026 and should be understood as an early assessment of social media narratives on the Ebola crisis in the DRC. Online discourse remains fluid, and continued monitoring is necessary to assess whether current hostile associations remain marginal or develop into broader narratives affecting humanitarian acceptance, access, or staff safety.

Data Use and Privacy Disclaimer

This report includes analysis of publicly available social media content collected from open platforms. All data has been anonymised to remove or obscure identifying details, and no content from closed groups was used. The analysis was conducted in the public interest and in line with the EU General Data Protection Regulation (GDPR), under a legitimate interest basis. The purpose of this analysis is to support humanitarian dialogue, inform policy, protect aid workers and those they help, and contribute to public interest research. This document is published by Insecurity Insight - a Humanitarian to Humanitarian (H2H) organisation committed to the Humanitarian Principles.

We welcome questions and feedback. Email: info@insecurityinsight.org. Find more resources at the **Social Media Monitoring** website.

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