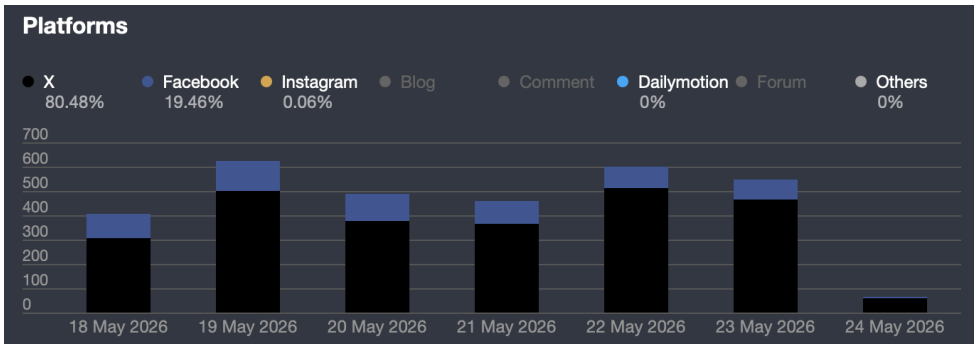
“There is no Ebola in the Congo”: Tracking Social Media Narratives in the DRC Following the 17th Ebola Outbreak

25 May 2026

This briefing by Insecurity Insight analyses public social media activity between 11:00 on 18 May and 10:00 CET on 24 May 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 18 May at 11:00 and 24 May at 10:00. Social media monitoring identified 2,607 public posts across social media platforms published with IP addresses in the DRC, all of which were manually reviewed for relevance. 1,724 comments for 53 high-engagement posts were also downloaded. The public social media conversation was concentrated on X and Facebook and dominated by posts from the capital Kinshasa. Combined estimated reach was approximately 44.6 million social media users.



Label	Posts
Kinshasa City	1.61 k
Nord-Kivu	220
S Kivu	131
Eastern	97
Katanga	63
l'Équateur	53
Bas-Congo	10
Kasaï-Occidental	4
Maniema	3
Kasaï-Oriental	2

During this monitoring period (11am CET May 18 to 10am CET May 24), two arson attacks on Ebola response facilities at Rwampara (21 May) and Mongbwalu (22–23 May) occurred amidst protests that injured at least one health worker and resulted in the flight of confirmed or suspected Ebola patients into the community, creating immediate public-health risk and generating social media coverage.

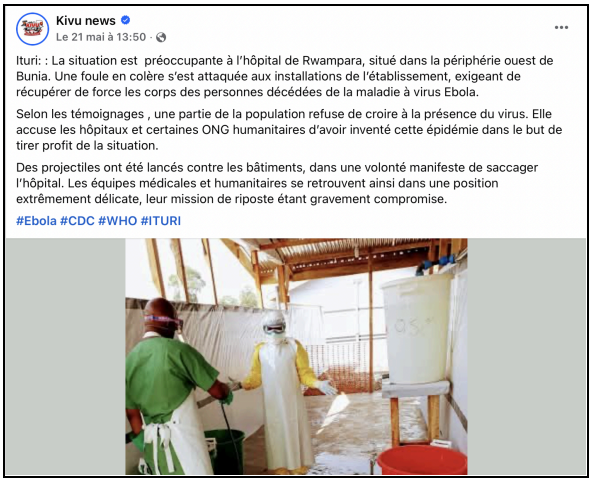
Rwampara, Bunia, Ituri - 21 May	Mongbwalu, Ituri - 22–23 May
Six isolation tents with suspected Ebola patients set on fire, body of dead suspected Ebola patient retrieved; six patients fled (three confirmed, three suspected). All six subsequently located. One health worker injured, health workers placed under military protection. **81 posts • 105 comments • Est. reach: 1.6M**	Unidentified perpetrators reportedly burned isolation tents overnight (22–23 May). Of 28 suspected Ebola patients in isolation, 13 patients reported missing, according to the hospital director; some later reporting cited 18 missing. **15 posts • 0 comments collected • Est. reach: 424K**
Coverage of both events on social media by posts (not comments) was largely factual and informational: edited media accounts and journalists reported the sequence of events in neutral tones.	

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PREVIOUS EDITION

Insecurity Insight

Rwampara, Bunia, Ituri — 21 May 2026
Protesters threw projectiles at the hospital and set fire to isolation tents operated by the INGO ALIMA after being prevented from retrieving the body of a local footballer who had died from Ebola. Hospital staff refused to release the body to the family in line with strict Ebola protocols, as victims can remain highly infectious after death. However, the footballer's parents insisted that he had died of typhoid and argued that burying him would not have posed a health risk.



Among the mainly factual posts, some introduced framing that warrants attention. First, one edited media post reported with reference to community testimony that part of the population accuses hospitals and certain humanitarian NGOs of having fabricated this epidemic in order to profit from the situation. The post did not contextualise the underlying tensions between the community and the health system, nor did it reference the consequences of such accusations for patients isolating in treatment facilities. The report which presented community accusations of fabrication alongside descriptions of the attack without situating either within the broader dynamics of health system distrust may have increased the visibility of denial narratives and inadvertently amplified scepticism towards the health response.

Second, the posts of Patrick Muyaya, the Congolese Minister of Communication, were not consistent. The minister first posted that no patient had fled, a corrected post later acknowledged that six patients had been temporarily unaccounted for and had all been found. This matters because official misinformation, even when quickly corrected, creates a window in which false information circulates unchallenged, and feeds the broader narrative that authorities cannot be trusted to communicate honestly about the outbreak. However, three separate journalist accounts reported ALIMA's condemnation of the attack, and calling for vigilance against unverified information on social media. While ALIMA's institutional voice was therefore present in the information space via media reporting, no direct post from ALIMA's own account was detected.

The information space around Rwampara was shaped almost entirely by media accounts of varying reach and editorial quality, with no direct institutional presence from the health response. This creates a structural vulnerability: when the primary responders are absent from the conversation, the framing of the incident is left to journalists and commentators.

Third, one post framed the attack as evidence of government indifference, accompanied by opposition political hashtags; this embeds the Ebola response in a pre-existing anti-government narrative, which risks deterring community cooperation with state-led response structures even among those who accept the epidemic is real.

One hundred and five comments were collected under high-engagement Rwampara posts of which 13 percent were critical of the health response, and one comment constituted a direct threat to burn health facilities:

> ***"We'll burn down all those hospitals involved with Ebola—there are some people who want to"*** *("Nous brûleront tout ses hôpitaux, qui sont concernées avec Ebola ya lokuta wana")*

Mongbwalu, Ituri — 22–23 May 2026
In the early hours of 23 May, unidentified perpetrators burned isolation tents at the Hôpital Général de Référence de Mongbwalu, 85 kilometres north of Bunia and the epidemic's epicentre.

Coverage was limited and neutral: edited media and several journalists reported the facts of the attack, the patient disappearances, and the risk of community spread accurately. No posts in the Mongbwalu cluster introduced harmful, misleading, or conspiracy-linked framing. One post noted explicitly that the Mongbwalu incident followed Rwampara, flagging the emerging pattern.

Risk escalation
The Rwampara and Mongbwalu incidents, occurring within 48 hours of each other, represent a qualitative escalation beyond what was observed in the **14–18 May period**. Both involved deliberate destruction of Ebola response infrastructure and the flight of infected or suspected patients into communities.

During the **10th Ebola response** (August 2018 to June 2020) Insecurity Insight recorded 49 arson attacks on Ebola facilities.

The social media environment around these incidents is mixed: coverage from established news accounts and journalists is factual and accurate. However, the comment section of Rwampara posts reveals a subset of users who frame community resistance as legitimate, reinforce denial narratives, and in at least one case explicitly threaten further attacks on health facilities.

Aid actors have reported escalating narratives in **Butembo, North Kivu** threatening to burn health centres treating Ebola cases. Social media monitoring identified one mention of Butembo in an operational context only. No threatening content was detected on public set Facebook and X posts leaving the possibility that rumors and incitement may be spreading in closed groups.

On Sunday 25 May a third attack, and a second on Mongbwalu took place, not covered by this monitoring. These three incidents make the Butembo threat more credible as a pattern and monitoring and preparedness are recommended, particularly should confirmed cases approach the area.

OVERVIEW

2,607	53	1,724	44.6M
Public posts downloaded All reviewed; 18–24 May 2026	**Posts with comments downloaded** X ≥15 replies or FB ≥50 comments	**Comments analysed** From the 53 high-engagement posts	**Estimated reach** Across X and Facebook

CATEGORIES OF HARMFUL CONTENT

Social media discussions focused on conspiracy theories around the origin of the infection. Concerns around safe burials, that according to available information motivated the attacks on the Ebola treatment centres among local communities and families, did not feature prominently on social media. Only eight percent of comments in response to the Rwampara arson attack included calls for increased awareness of the health measures.

1 · CORRUPTION NARRATIVES

Comments referenced embezzlement and others more broadly framed Ebola as a financial vehicle for state or donor actors.

> ***"That's all lies – Ebola doesn't exist anymore; they just want to make money – they're scammers."***
> *("C'est des mensonges Ebola n'existe plus , ils veulent créés l'argent ils sont mpiaka.")*

2 · TRAVEL RESTRICTIONS AND WORLD CUP NARRATIVES

Since the 18 May, the **US Embassy in Kinshasa** has halted all visa applications for the United States 'to the health and safety of the American people' The Football World Cup is scheduled to kick off on June 11 and the men's team from the Democratic Republic of Congo is scheduled to play in Houston, Texas, against Portugal on June 17. Comments linked the epidemic to the Trump

administration's travel ban and World Cup exclusion, with several alleging the outbreak was fabricated by the United States to prevent Congolese nationals attending the tournament.

> ***"Create a virtual virus to stop Congolese people from going to the World Cup 👌 The Americans are very clever ✍️"*** *("Crée Un virus virtuelle, pour empêcher les congolais d'aller participer à la coupe du monde 👌 Les américains sont très malin ✍️")*

3 · DISEASE FABRICATION NARRATIVES

Few comments attributed the epidemic to deliberate laboratory engineering, variously blaming China, the United States, or other actors. This category did not generate significant secondary engagement.

> ***"Releasing a virus from a biobank, just as China did in 2019 with the coronavirus🤔🤔🤔🤔"*** *("Relâcher le virus de la bio Banque comme la Chine l'a faite en 2019 avec Corona virus🤔🤔🤔🤔")*

Date	Sub-topic coded observations (% of day's posts; remainder: general outbreak reporting)[1]
18 May	US travel restrictions (~39%); US emergency funding announcement (<1%); World Cup (<1%)
19 May	US travel restrictions (~19%); World Cup (~5%); US aid (~3%)
20 May	US emergency funding announcement (~4%)
21 May	US travel restrictions (~34%); Rwampara incident (~26%); World Cup (~21%); US emergency funding announcement (~1%)
22 May	World Cup (~8%); Rwampara incident (~7%); US travel restrictions (~1%); Mongbwalu incident (<1%)
23 May	World Cup (~36%); Rwampara incident (~4%); Mongbwalu incident (~2%); US travel restrictions (<1%)
24 May (partial day reporting)	World Cup (~10%); Mongbwalu incident (~3%)

COMMUNITY PERCEPTIONS TO HEALTH MEASURES AND MESSAGING

Questions and information gaps are more prominent than factual information about hygiene measures and treatment options. Several commenters asked what concrete measures the government was taking to limit spread, and others questioned whether a treatment or cure already exists for this strain, suggesting that public communications on the Bundibugyo variant's clinical profile have not reached comment audiences. A smaller number of commenters expressed uncertainty about whether the epidemic was localised to Ituri or posed a wider national risk.

[1]The sub-topic column captures only those posts and comments that were tagged during analysis; the large majority of posts on any given day cover general outbreak and response reporting not assigned to a specific sub-topic.

The conversations also suggest a complex dynamic in which conspiracy theories about the origins of the disease on social media reinforce perceptions that resistance to public health measures is legitimate, particularly in relation to community grieving expressed through burial practices. Official explanations for these measures are often rejected when communities perceive them as externally imposed justifications intended to conceal the true motives behind the requests.

Communication following attacks on health facilities remains highly challenging. Silence may be interpreted as indifference and can leave space for rumours and misinterpretations to spread. At the same time, inconsistent information—common in rapidly evolving situations—risks undermining public trust. Determining when to communicate and what information to share therefore represents a critical yet highly complex aspect of crisis management.

Factual and accurate information is essential. Equally important, however, are compassion and an understanding of the difficult emotions caused by anxiety and grief in order to reach communities and families already deeply affected by yet another threatening crisis after years of worsening insecurity.

CHANGE SINCE MAY 14 - 18 PERIOD

Escalation:

- Two physical attacks on Ebola response facilities occurred. Comment data around these incidents shows denial narratives being used to justify or normalise community resistance to the response.

Continuity:

- Funding-diversion and 'Ebola business' narratives remain the most structurally embedded harmful narrative.
- Rwandan/Tutsi-linked hostile rhetoric remains present but has not escalated into a dominant pattern.

Change:

- A new narrative cluster – the World Cup / US visa conspiracy – has emerged, unique to this period, connecting epidemic denial to popular sporting sentiment. It may not be a coincidence that the first attack was triggered by the Ebola death of a talented local footballer.

The primary risk remains a trust and acceptance risk, but the Rwampara and Mongbwalu incidents indicate that this trust deficit is now translating into physical obstruction of the response in affected communities. Harmful narratives, particularly denial and funding-diversion framings, appear in comment sections of factual posts about these incidents, reaching audiences already exposed to response reporting. Continued monitoring is necessary to assess whether this pattern develops further.

Safety and security of health staff and patients remains a high risk and requires careful preparedness following best practices in an acceptance-based approach that builds trust while ensuring safety.

This report provides a snapshot of publicly visible social media activity between 18–24 May 2026 and should be understood as a continuation of the early assessment begun on 14 May. 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. Funded by the European Union. Views and opinions expressed are however those of the author(s) only and do not necessarily reflect those of the European Union. Neither the European Union nor the granting authority can be held responsible for them.

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

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