

**People's Democratic Republic of Algeria
Ministry of Higher Education and Scientific Research
University of Tlemcen**



**Faculty of Letters and Languages
Department of English
Section of English**

**The Impact of Cholera and Covid 19 From 19th Century
to 21st Century: A Comparative Historical Study**

Dissertation submitted to the Department of English as a partial fulfilment of the requirements for Master's degree in Literature and Civilisation

Presented by

Mrs. Hafsa ACHAB

Supervised by

Prof. Faiza SENOUCI

Board of Examiners

Dr. Badra Menouer	MCA	President
Prof. Faiza Senouci	Prof	Supervisor
Dr. Souad Hamidi	MCA	Examiner

2024 – 2025

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Dedication

I dedicate this work

To my dear parents, may Allah have mercy on them.

To my beloved husband.

To my brothers, Ayoub and Islam.

To my aunt Djamila and the entire Saouli family.

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The completion of this dissertation would not have been possible without the invaluable guidance, unwavering support, and sincere encouragement of my supervisor, Prof. Faiza SENOUCI. Her insightful feedback, constant motivation, and incredible patience have been a source of strength throughout this academic journey. I am truly grateful for her kindness, her expertise, and her trust in me. Thank you from the bottom of my heart, Madame.

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Abstract

This dissertation presents a comparative historical study of the cholera epidemics of the 19th century and the COVID-19 pandemic of the 21st century, with a particular focus on Europe and the Western world. Despite occurring in vastly different historical and technological contexts, both pandemics reveal striking parallels in how Western societies experience, respond to, and are transformed by public health crises. Covering the period from the early 1800s to the year 2022, the study explores how each outbreak unfolded epidemiologically and examines societal responses through public health measures, economic strategies, and political decision-making. Special attention is given to the role of the media in shaping public opinion and influencing policy. Relying on a comparative historical methodology and using both primary and secondary sources, the study analyzes these two pandemics side by side to highlight recurring patterns in how such crises disrupt labor markets, expose social vulnerabilities, and drive institutional reform. Ultimately, it traces the evolution of global health governance and sheds light on the enduring challenges of managing public trust, inequality, and crisis communication across time.

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Dedication

Acknowledgements

Abstract

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List of Acronyms

CDC: Centers for Disease Control

EUAs: Emergency Use Authorizations

GAVI: Global Alliance for Vaccines and Immunization

ICU: intensive care unit.

OIHP: Office International d'Hygiène Publique

PASC: Post-Acute Sequelae of SARS-CoV-2 Infection (also known as long COVID)

PTSD: Post Traumatic Stress Disorder

SARS-CoV-2: Severe Acute Respiratory Syndrome Coronavirus 2

UNICEF: United Nations International Children's Emergency Fund

WASH: Water, Sanitation, and Hygiene

WHO: World Health Organization

COVID-19: Coronavirus Disease 2019

General Introduction

General Introduction

General Introduction

Throughout history, literature and civilization have mirrored and influenced each other, particularly during times of crisis. Literature does not merely record historical events; it reveals how societies perceive and respond to them. Among the most impactful events that shaped the social, political, and cultural lives of people across centuries are pandemics. From the bubonic plague in the Middle Ages to the Spanish flu in the 20th century, and more recently, the COVID-19 pandemic, health crises have deeply influenced human behavior, government policies, and global relations. In the 19th century, cholera emerged as one of the most destructive epidemics, affecting millions and prompting lasting public health reforms. Likewise, The COVID-19 pandemic emerged during the 21st century, a pandemic that exposed the strengths and weaknesses of modern global governance and rekindled societal fears, divisions, and resilience.

Both cholera and COVID-19 generated complex societal reactions and left behind substantial historical records. However, while both diseases had undeniable global impacts, academic discourse has often treated them separately, with cholera situated firmly in the past and COVID-19 viewed through a contemporary medical or media lens. What remains underexplored is a comparative analysis of these two pandemics—especially how societies understood, responded to, and remembered them. Thus, a critical gap in the previous researches exists regarding the historical continuity and evolution of pandemic narratives and their broader impact on civilization.

General Introduction

This research aims to fill this gap by offering a comparative historical study of the cholera epidemics in the 19th century and the COVID-19 pandemic in the 21st century. The goal is to explore the epidemiological, socioeconomic, political, and discursive impacts of each pandemic while analyzing how these crises reshaped public health systems, influenced media narratives, and contributed to the formation of global health governance. The study positions itself within the field of literature and civilization by focusing on how historical pandemics inform cultural memory, social change, and the evolution of collective understanding.

To achieve the aims of this thesis, the following research questions are proposed:

- How did the cholera epidemics and the Corona Virus pandemic differ and converge in their epidemiological features and societal responses?
- In what ways did both pandemics reshape socioeconomic structures and political decision-making in their respective eras?
- How did the media construct narratives around each pandemic, and what role did these narratives play in shaping public perception and global governance?

Based on these questions, the central hypothesis of this study is that despite occurring in vastly different historical, technological, and social contexts, both the cholera epidemics of the 19th century and the COVID-19 pandemic of the 21st century demonstrate similar patterns in how societies experience public health crises, particularly in the areas of social vulnerability, political governance, and media influence.

General Introduction

The theoretical and methodological approach adopted for this study is interdisciplinary and historically grounded. Drawing from historiography, medical humanities, and civilization studies, the research will use a comparative historical methodology. Primary sources such as reports, public speeches, media articles, and institutional documents will be analyzed alongside secondary literature on epidemiology, public policy, and cultural memory. The study will also refer to relevant literary works and narratives that emerged in the context of both cholera and COVID-19, providing insight into how pandemics become embedded in the cultural imagination.

This extended essay is divided into two chapters. The first chapter offers a historical and epidemiological overview of both cholera and COVID-19, highlighting their origins, symptoms, transmission, and public responses. The second chapter explores the socioeconomic and political effects of both pandemics, including their impact on labor, urban life, and public policy; it also focuses on the role of media in shaping pandemic narratives and the evolution of global health governance, drawing comparisons between the two periods.

Chapter One

Historical and Epidemiological Perspectives

1.1. Introduction

Throughout world history, various crises and pandemics have arisen, causing revolutionary unrest and changes across different sectors. Each pandemic has had consequences on society, the economy, public health systems, and sometimes all of them. Infectious diseases such as Cholera and COVID-19 have been linked to the subconscious fears of the population and exposed weaknesses in health systems, forcing societies to adapt and develop new strategies to manage and prevent future outbreaks. This chapter provides insights into how Cholera spread across different countries, starting from India, with special attention to its symptoms, means of transmission, and early treatment and how it challenged old medical beliefs, particularly the Miasma Theory. It focuses on the case study of Dr. John Snow's work, which led to the discovery and identification of the disease's true source. The chapter also explores the origins of COVID-19, beginning in China, its symptoms, transmission and vaccination, and the initial public responses. Additionally, it provides a comparison between the historical and epidemiological features of Cholera and COVID-19.

1.2. The Cholera Epidemics (19th–20th Century)

Cholera epidemics are among the most devastating medical emergencies in modern history, with far-reaching consequences for global public health policies and medical developments. Cholera, in fact, spread from the Indian subcontinent to the rest of the world through multiple ways, for instance trade and migration, resulting in

significant mortality and social upheaval. Because the disease occurred again in the nineteenth and early twentieth centuries, it became crucial to expose how low sanitation standards would contribute in the emergence of a new epidemiological feature.

1.2.1. Definition of Cholera

Cholera is more than a medical case; it is a worldwide health crisis resulting from the inability to access clean water and the underdeveloped public health infrastructure. This disease triggered by the bacterium *Vibrio cholerae*¹, spreads quickly in regions with abundant contaminated water sources, for instance surface water, sewage rivers, urban runoff, and rainwater stored in unclean containers. Beyond its biological impact, cholera represents larger issues of inequality and underdevelopment, which disproportionately affect vulnerable groups. In the context of global health, the World Health Organization defines:

Cholera is an acute diarrheal illness resulting from the ingestion of food or water infected with the bacteria *Vibrio cholerae*. It is a worldwide public health menace and signifies inequality as well as insufficient social and economic advancement. Access to potable water, fundamental sanitation, and hygiene is crucial for the prevention of cholera and other watery illnesses. (WHO, 2024)

¹ *Vibrio cholerae*: A Gram-negative bacterium that causes cholera transmitted via contaminated water or food.

Understanding cholera as both a medical condition and a marker of social disparity lays the foundation for exploring its origins, symptoms, and the broader factors that influence its spread and persistence.

1.2.2 Origins and Spread: India as the Epicenter and Global Dissemination

The impact of cholera has varied through history in intensity and location, with some regions enduring repeated outbreaks until nowadays some areas have faced relentless outbreaks, while others have had just fleeting encounters and successfully overcame it. Dr. John Snow (1855) agreed that cholera's first major outbreak in 1817 began in India, specifically within the Ganges and Brahmaputra River delta.. This initial outbreak allowed the travel of the disease far beyond India's borders, eventually reaching Europe by the 1830s fueled by commercial exchanges and international human movement.

The second pandemic in the 1830s was characterized by a rapid expansion from India to Asia, Europe, and even North America, highlighting its capacity for international transmission. The third pandemic, lasting from 1846 to 1862 followed a similar trajectory of outbreaks which resulted in significant death numbers and influenced public health responses worldwide.

Between 1865 and 1875, another more severe outbreak occurred. The latter was marked by a severe mortality rate across Asia, Europe, and North America, prompting authorities to implement more structured public health strategies. From 1881 to 1896, some cities in Asia and Europe continued to grapple with cholera outbreaks frequently ,

highlighting the persistent public health challenges posed by the disease in industrial urban areas. As Frank M. Snowden (2019) confirms that these pandemics exposed vulnerabilities in urban sanitation and emphasized the necessity for systematic health reforms.

Another wave of cholera emerged between 1899 and 1923, continuing the pattern of its spread. During this time, advancements in medical understanding began to inform more effective containment strategies. The seventh and ongoing pandemic began in 1961, initially affecting Asia and later spreading to South America and Africa. Snowden (2019) explains that this pandemic saw the emergence of the El Tor² strain of *Vibrio cholerae*, which has adapted and continues to pose public health challenges, particularly in impoverished settings. As Snowden (2019) states, “every year there are roughly 1.3 to 4.0 million cases, and 21,000 to 143,000 deaths worldwide” (p. 532). This enduring global burden highlights the persistent nature of cholera and the urgent need for long-term solutions, particularly in vulnerable regions.

1.2.3 The Epidemiological Features of Cholera

Cholera's epidemiological profile highlights its patterns of spread and management over time. The disease is primarily associated with contaminated water sources, which act as conduits for transmission. Historically, cholera epidemics have surged in densely populated areas with inadequate sanitation facilities, causing

² Al Tor: A biotype of *Vibrio cholerae*, identified in 1905 at a quarantine station in El-Tor, Egypt. Pradhan, S., Baidya, A. K., Ghosh, A., Paul, K., & Chowdhury, R. (2010). *The El Tor biotype of Vibrio cholerae exhibits a growth advantage in the stationary phase in mixed cultures with the classical biotype*. *Journal of Bacteriology*, 192(4), 955–963.

widespread outbreaks. As noted by Hamlin (2009), the epidemiological study of cholera began to gain traction in the mid-19th century, with significant contributions from medical scholars reporting on local outbreaks and treatment responses, such as in John Snow's work *Mode of Communication of Cholera* on cholera transmission through water sources.

1.2.3.1 Clinical Symptoms of 19th-Century Cholera

The symptoms of cholera manifest quite rapidly following infection. The disease is primarily marked by severe diarrhea, vomiting, and dehydration, which can rapidly lead to shock and potentially death if not treated. Christopher Hamlin (2009) describes these symptoms as the "brutal reality" of cholera, noting that they can appear within hours of exposure to the bacterium, *Vibrio cholerae*. Filtration methods of water purported by various early medical practitioners also indicated a growing understanding of symptomatology and prevention, emphasizing the urgent need for public health improvements to reduce mortality rates.

1.2.3.2 Waterborne Transmission and Environmental Factors

F. M. Reif (1992) confirmed that cholera is mainly spread through contaminated drinking water and food. The ecological factors significantly influence how cholera outbreaks occur, with elements like flooding and inadequate sanitation being crucial contributors. Historically, cholera was perceived as an exotic disease primarily affecting colonial areas, which led to misconceptions regarding how it was transmitted.

It was not until rigorous scientific investigations by pioneers like Robert Koch and John Snow that the understanding of cholera's causes and spread was clarified.

The following image illustrates the critical risk of cholera transmission when sanitation facilities contaminate nearby water sources:

Figure 1: When latrines contaminate drinking-water, cholera danger lurks



Adapted from *Cholera in Peru*, by F. M. Reiff, 1992, *World Health*, 25(4), pp. 18–19

[\[WH-1992-Jul-Aug-p18-19-eng.pdf\]](#)

This photograph showcases a child near an ancient latrine³, sheds light on the alarming realities many communities face regarding sanitation and its profound impact

³Latrine: is a basic sanitation facility designed for the safe disposal of human waste, often situated near water sources. Cambridge University Press. (2025). *Latrine*. In *Cambridge English Dictionary*. <https://dictionary.cambridge.org/dictionary/english/latrine>

on health. The dilapidated toilet, perched precariously above stagnant water, symbolizes not just outdated infrastructure but also the chronic neglect of basic human needs. The proximity of the toilet to water sources serves as a powerful illustration of how easily cholera and other waterborne diseases can spread.

1.2.3.3 Early Treatments of Cholera

Early treatments for cholera were largely empirical, often involving rehydration and various herbal remedies with limited scientific backing. Throughout the 19th century, notable works by medical practitioners, According to Hamlin (2009), methods such as oral rehydration and bloodletting were used inconsistently. Despite the rudimentary nature of these treatments, they established a foundation for systematic inquiry into cholera management, emphasizing the need for both medical and community-based interventions to combat dehydration and prevent further spread.

1.2.4 The Miasma Theory

The cholera epidemic during the mid-19th century was deeply influenced by the prevailing miasma theory. This theory stated that diseases were caused by "bad air" arising from decomposing organic matter. Miasma was derived from the Greek term for pollution, and for many, it explained disease spread through polluted air rather than direct contagion or contaminated water.

1.2.4.1 The Society's Understanding of the Miasma Theory During Cholera Outbreaks

The miasma theory became highly persuasive due to a mix of ideological beliefs and social prejudices. Figures like Edwin Chadwick⁴ reinforced the idea that noxious air from unsanitary conditions was detrimental to health, especially among the poor. The *Morning Chronicle*⁵ even urged public health officials to continue their efforts based on miasma, which resulted in measures that inadvertently worsened conditions, such as poisoning the water supply without addressing sanitation.

Steven Johnson (2006) notes that the miasma theory's resilience stemmed from a convergence of various forces—tradition, conceptual limitations, and social biases—that made it difficult for society to abandon an idea that was at once comforting and easy to understand. This led many to overlook the reality that cholera could spread through contaminated water, without ever considering the evidence that contradicted their beliefs.

The association of foul air with the poor further reinforced the miasma theory, as many believed that the health issues faced by the working class resulted from their living conditions rather than any external pathogens. Despite the insights provided by early epidemiological analyses, the overriding belief in miasma kept public health responses misaligned with the emerging evidence of waterborne diseases (Johnson, 2006).

⁴ Edwin Chadwick: (1800-1890) A British social reform advocate recognized for his contributions to sanitation and public health. He was instrumental in improving urban sanitation and reducing disease. Encyclopædia Britannica. (2025, April 25). *Sir Edwin Chadwick*. In *Encyclopedia Britannica*.

⁵ The *Morning Chronicle*: a British newspaper published in London from 1769 to 1865. Ditto Books. (2025). *The Morning Chronicle*.

1.2.5 The 1854 London Outbreak and Dr. John Snow's Contributions

The 1854 cholera outbreak in London is a pivotal case study in public health, largely due to the groundbreaking work of Dr. John Snow⁶. During a particularly severe mini-epidemic in Soho, which claimed over 500 lives in just over a week, Snow conducted a meticulous investigation that linked the outbreak to contaminated water from the Broad Street pump. By comparing cholera mortality rates between different water supply sources, he convinced the concerned authorities to dismantle the pump handle which led to a decline in cases. The latter demonstrated that districts receiving cleaner water experienced significantly lower death rates. His groundbreaking method offered strong support for the theory that cholera was transmitted through contaminated water, and also laid the foundation for modern epidemiology, challenging the prevailing miasmatic view of disease transmission at the time. (Snow, 1855) . However, as the world moved into the 21st century, a new and vastly different challenge emerged — one that would test the resilience of global health systems, governments, and societies on an unprecedented scale.

1.3. The COVID-19 Pandemic (21st Century)

The pandemic of COVID-19 has significantly altered the global landscape, impacting public health, international cooperation, and geopolitical dynamics. Originating in Wuhan, China, the widespread emergence of the virus highlighted the interconnectedness of the world and underscored existing vulnerabilities in global

⁶ John Snow: (1813-1858) A British Physician and pioneer of epidemiology, best known for proving that cholera is waterborne.

health systems. Initial responses included widespread panic and measures such as lockdowns and social distancing, which aimed to mitigate transmission but also led to economic and social disruptions. As the world navigates the aftermath, it is crucial to learn from these challenges and prioritize public health preparedness to better confront future pandemics.

1.3.1 Definition of Covid-19

According to the World Health Organization' (WHO) latest update, COVID-19 is defined as an illness caused by the SARS-CoV-2⁷ coronavirus, which originated from a zoonotic spillover event likely linked to wildlife markets. It is characterized by a relatively high transmission rate compared to its predecessor, SARS, but lower case fatality rates.

1.3.2 Origins and Global Spread

The origins of Corona Virus 2019 are closely tied to a zoonotic spillover event, primarily involving the SARS-CoV-2 virus, which likely emerged from bats, with the possibility of another animal as an intermediary host. The outbreak first drew attention in December 2019 in Wuhan, China, prominently linked to a "wet food market" where live wildlife and other animals were sold for consumption. As stated by Brands and Gavin (2020) "COVID-19 began as a food system risk," (p.186) emphasizing how these markets, which aggregate stressed animals from various regions, facilitate pathogen transmission across species.

⁷ SARS-CoV-2: Severe Acute Respiratory Syndrome Coronavirus 2. It is the virus responsible for COVID-19.

In late December 2019, Chinese authorities informed the WHO about a cluster of pneumonia cases in Wuhan, but initially downplayed the possibility of person-to-person transmission. Despite this, the virus had already begun to spread, with the first case potentially occurring as early as November 17th. By January 23rd, 2020, Wuhan was placed under lockdown, but prior to this, a significant number of people, estimated to be around five million, had already left the city, many carrying the virus with them. This mass movement coincided with Lunar New Year⁸ celebrations, a period of extensive travel within China, further accelerating the virus's dispersal across the country. (South China Morning Post, 2020). This growing spread prompted international concern and led to the first public health alert by the World Health Organization. The following figure illustrates the initial WHO announcement regarding the outbreak, marking the beginning of the global response to what would later become a pandemic.

⁸ Lunar New Year: a traditional festival celebrated in many Asian cultures, marking the beginning of the lunar calendar year with family gatherings, feasts, and cultural festivities. Dictionary.com. (2024, February 5). *Lunar New Year*.

Disease Outbreak News

Pneumonia of unknown cause – China

5 January 2020

Description of the situation

On 31 December 2019, the WHO China Country Office was informed of cases of pneumonia of unknown etiology (unknown cause) detected in Wuhan City, Hubei Province of China. As of 3 January 2020, a total of 44 patients with pneumonia of unknown etiology have been reported to WHO by the national authorities in China. Of the 44 cases reported, 11 are severely ill, while the remaining 33 patients are in stable condition. According to media reports, the concerned market in Wuhan was closed on 1 January 2020 for environmental sanitation and disinfection.

Figure 2: First WHO announcement on the Coronavirus (2020)

Source: Note. Screenshot of the first WHO article about the Coronavirus. World Health Organization. (2020, January 05). *Pneumonia of unknown cause – China*. [[Pneumonia of unknown cause – China](#)]

As cases began to appear across China, the virus also spread internationally. By January 20th, 2020, cases were reported in Japan, Thailand, and South Korea. The lack of early containment measures and the initial underestimation of the virus's transmissibility allowed it to gain a foothold in various countries, including Italy, the UK, and the US (MacKenzie, 2020). The situation escalated rapidly, leading the WHO to declare a pandemic as the virus spread to multiple continents, causing widespread infections and prompting lockdowns in numerous countries by March 2020.

1.3.3. Epidemiological Features of Covid-19

The COVID-19 pandemic resulted in millions of hospital admissions and fatalities across the globe (MacKenzie, 2020). The illness is known to produce a variety of symptoms, from mild respiratory issues to severe distress, with the elderly and those with comorbidities being disproportionately affected . Understanding the epidemiology of COVID-19, including its symptoms, transmission, and the role of vaccines, is vital for informing effective public health strategies and addressing future health challenges .

1.3.3.1. Acute and Long-Term Symptoms of COVID-19

COVID-19 presents a multifaceted array of symptoms, with manifestations observed both during the acute phase and in the post-acute sequelae of SARS-CoV-2 infection (PASC)⁹, also known as long COVID. Initial symptoms reported 4–8 weeks post-hospital discharge, irrespective of ICU admission, encompass illness-related fatigue, shortness of breath, symptoms of PTSD¹⁰, pain, changes in voice, coughing, difficulty swallowing, anxiety, depression, impaired concentration, memory, and continence (WHO, 2021). Notably, patients requiring ICU admission exhibit a higher prevalence across nearly all symptom domains compared to their non-ICU counterparts. Emerging evidence indicates that persistent symptoms for instance fatigue, muscle pain,

⁹PASC: (Post-Acute Sequelae of SARS-CoV-2 Infection), also known as long COVID, refers to a range of persistent symptoms that continue or develop after the acute wave of COVID-19. Sreenivas, S. (2024, June 17). *What is Long COVID (PASC)?* WebMD.

¹⁰PTSD: Post Traumatic Stress Disorder is a condition that develops after a person experiences a traumatic event. Mayo Clinic Staff, *PTSD*, Mayo Clinic.

shortness of breath, and headaches—occur regardless of hospitalization status and were observed at a 4-month follow-up.

Moreover, COVID-19 can lead to several complications arising from thrombotic events, direct viral invasion, or immune-mediated reactions. These include ischaemic¹¹ stroke, ischaemic heart disease, myocarditis,¹² myositis¹³, meningitis.. It is recommended that patients discharged from the hospital or managed at home with persistent symptoms undergo screening for physical, cognitive, and mental impairments (WHO, 2021). Late deterioration may occur, marked by inflammatory, thromboembolic, and autonomic complications such as pulmonary embolism, heart attack, heart failure, and stroke.

1.3.3.2 Airborne Transmission and Modes of Infection

Ryan Syrek (2020) stated that COVID-19 spreads mainly through respiratory droplets and aerosols suspended in the air, which can include liquids, solids, or a mixture of both, often originating from sources like spray products, combustion, or biological processes produced when an infected person talks, breathes, coughs, or sneezes. These particles can be inhaled, leading to infection. While the WHO suggests a 1-meter distance to prevent spread, According to the Centers for Disease Control (CDC), maintaining 6 feet or more(about two meters) is recommended . Face masks

¹¹ Ischaemic:A condition caused by restricted blood flow to the body, usually due to a blockage in the blood vessels.WebMD Editorial Contributors, *What Is Ischemia?*

¹² Myocarditis: Inflammation of the heart muscle.Mayo Clinic Staff, *Myocarditis*

¹³ Myositis: Inflammation of the muscles, which can cause muscle weakness, pain, and swelling. Mayo Clinic Staff, *Inflammatory Myositis Clinic*.

are effective in controlling the spread of these droplets and aerosols. Transmission through contaminated surfaces is possible but not considered the main route of spread.

1.3.3.3 Vaccine Development

The rapid development of COVID-19 vaccines represented an unprecedented scientific achievement, driven by the urgent global need for effective preventative measures. Several countries implemented efficient procurement and distribution strategies. The United Arab Emirates introduced Hayat-Vax, Chile deployed CoronaVac, and the United States authorized vaccines from manufacturers like Pfizer-BioNTech, Moderna, and Johnson & Johnson were among the approved options (Mayo Clinic Staff, 2025) . Some vaccines received regulatory authorization in major markets in less than ten months following the commencement of Phase I clinical trials. The median review period for COVID-19 vaccine Emergency Use Authorizations (EUAs) was 21 days—substantially faster than the typical 12-month median approval timeframe for vaccines assessed by U.S. regulatory bodies. As a result, concerns regarding data transparency and regulatory approval emerged in relation to certain vaccines, leading to public skepticism in some countries.

1.4 Conclusion

The comparative study of cholera and COVID-19 offers meaningful insights into how societies have understood and responded to pandemics over time. Cholera, which first emerged in India and spread rapidly through contaminated water and inadequate sanitation, prompted one of the most important breakthroughs in medical history: Dr.

John Snow's identification of waterborne transmission. His work challenged the dominant miasma theory and laid the groundwork for modern epidemiology. In contrast, the COVID-19 pandemic unfolded in a world shaped by globalization and digital communication, exposing deep weaknesses in contemporary health systems. Unlike cholera, its airborne nature required entirely different containment strategies—lockdowns, social distancing, and a race toward vaccine development.

Despite the more than a century separating these two health crises, common threads remain. Both epidemics ignited widespread fear, misinformation, and urgent scientific inquiry. However, their legacies differ: cholera underscored the necessity of sanitation reform and urban infrastructure, while COVID-19 emphasized the importance of biotechnology, international cooperation, and public communication. Together, they remind us that although medical science continues to advance, pandemic response still depends on effective governance, public trust, and a commitment to equity in healthcare access.

Chapter Two

Socioeconomic, Political and Media Impacts of Cholera and Covid 19

2.1 Introduction

Cholera epidemics and the COVID-19 pandemic have each triggered significant socioeconomic and political transformations, albeit in distinct historical contexts. This chapter examines the socioeconomic and political impacts of cholera epidemics and the COVID-19 pandemic through a comparative historical analysis. Cholera and COVID-19 both had severe economic and social consequences, though these took different forms depending on the historical context. Cholera outbreaks in the 19th century disrupted trade, weakened urban labor forces, and exposed the fragility of industrial infrastructures. In contrast, COVID-19 caused a global economic crisis, leading to mass unemployment, strained healthcare systems, and major interruptions in international supply chains. This chapter explores these parallels and differences through historical examples and current data, not only to compare the impacts of each pandemic, but also to better understand how past experiences can inform present and future policy decisions. This chapter further explores how the media influenced public understanding and how global governance structures evolved in response to both pandemics, drawing attention to institutional transformations and communication strategies.

By focusing on economic instability, social vulnerability, government responses, and patterns of recovery, the chapter traces how each crisis revealed underlying structural weaknesses. The aim is not just to document the effects, but to reflect on how

health emergencies and media influence intersect with political and economic systems in ways that shape long-term social outcomes.

2.2 Economic Implications of Cholera and Covid-19

Pandemics beget long-term impacts on economies through interruptions in trade, work, and production. Both the COVID-19 and cholera had an economic impact on stability that extended beyond the health sector to touch lives day-to-day and long-term development.

2.2.1 Cholera and its Economic Impacts

Cholera affected economic activities in different areas that relied on overall trade. With the spread of the disease along main commercial arteries, it affected widespread fear, port closure, and market uncertainty. The economic effect even extended to trade to affect labor markets as well as urban development.

2.2.1.1 Labor Market Challenges During the 19th-Century Cholera Epidemics in Europe

The rapid spread of cholera led to the collapse of labor markets in emerging industrial hubs. This was especially evident during the mid-1800s, when cities such as London and Paris, lacking adequate sewage systems, suffered massive workforce shortages due to illness and death. These disruptions reveal the fragility of early capitalist labor structures when confronted with public health crises. Urban centers experienced abrupt declines in workforce productivity as labor depots became overwhelmed by the health crisis. Employees, often concentrated in overcrowded

locales, became both victims and vectors of the epidemic, exacerbating economic contractions.

They neglected procedures, regulations, and training. They then spent wastefully. Having ignored the warnings of local doctors, they were compelled to “hope for a repetition of the multiplication of loaves and fishes”: it was unrealistic to think that “a badly organized and an inferior staff . . . badly paid” could perform “extraordinary . . . services which require energy, knowledge, and promptitude” (Hamlin, 2009, 126)

This quote confirmed that the epidemic not only exposed the vulnerabilities of emerging capitalist centers but also highlighted systemic failures in labor organization. Many essential services collapsed under the weight of poorly trained, badly organized, and underpaid staff who were unable to manage the health crisis effectively. Authorities often ignored warnings from local doctors, instead relying on unrealistic hopes of success while wastefully allocating resources and failing to adhere to necessary procedures (Hamlin, 2009). The burden of the epidemic fell on the poor and marginalized, many of whom were prevented from engaging in their normal work and required public support for survival. In some cases, officials hesitated to announce outbreaks for fear that it would force the closure of workplaces, further exacerbating the economic and social toll of the disease.

2.2.1.2 Economic Impacts of Cholera on Industrial Cities Like London and Paris

The disruption in labor and trade networks translated to long-term economic downturns that particularly affected large port cities and industrial regions. Cholera outbreaks in the 19th century had lasting economic consequences, particularly in rapidly growing industrial cities. These urban centers, heavily reliant on physical labor and trade, were not equipped to handle the repeated shocks caused by widespread illness and death. With weak infrastructure and limited public health knowledge, local governments struggled to maintain economic stability. In many cases, the resulting stagnation persisted for years, revealing how closely health outcomes were tied to urban planning and social inequality. For example, in 19th-century France, severe labor shortages caused by cholera outbreaks in 1832, 1849, and 1854 led to workforce depletion and disrupted industrial labor markets — a phenomenon analyzed by Franck (2024) across multiple economic sectors.

2.2.1.3 Public Spending and Emergency Costs

Government spending during cholera outbreaks was often reactive, focused on short-term emergency measures rather than long-term solutions. Authorities typically allocated funds for treatment centers, temporary sanitation efforts, and burial services, but these investments did little to prevent future outbreaks. This pattern continues today in many low-income countries where cholera remains endemic. For instance, in 2015, over one million cholera cases were reported across 44 African nations, with an estimated economic impact of \$1 billion, including both direct healthcare costs and

productivity losses (Mogasale et al., 2021). These figures point to a critical gap in prevention strategies.

Rather than waiting for outbreaks to occur, public health experts argue for sustained investment in clean water, sanitation infrastructure, and vaccination programs. Compared to the 19th century, when cities lacked the tools to understand or contain cholera effectively, modern frameworks now prioritize early intervention. However, in many regions, funding and political will remain inconsistent, resulting in a cycle of repeated outbreaks and emergency responses instead of systemic reform.

2.2.2 COVID-19 and its Economic Impact

In contrast to the labor disruptions caused by cholera in industrial hubs, COVID-19's impact was amplified by the rise of service sectors and digital workspaces, which created new vulnerabilities and opportunities. As Jeroen Meester et al. (2021) explain, COVID-19 severely disrupted fragile economies such as Somalia, where small and medium-sized enterprises faced liquidity shortages and declining consumer demand, exacerbating pre-existing vulnerabilities.

2.2.2.1 Unemployment and Market Volatility During the COVID-19 Pandemic

COVID-19 inflicted immediate shocks on employment. The economic shock began in early 2020, following global lockdowns. Social distancing measures to slow the virus's spread severely halted economic activity, particularly affecting service-based sectors such as hospitality, retail, and transportation (MacKenzie, 2020). These sectors experienced unprecedented layoffs. Data indicate that during the second quarter

of 2020, job losses peaked dramatically, with unemployment rates soaring particularly among lower-income groups since much of the essential infrastructure relies heavily on the labor of low-income individuals. It is well-documented that people with lower incomes face a higher risk of death from infectious diseases, largely due to pre-existing health conditions and, in some regions, limited access to healthcare services. In particular, service industry workers who typically lack job security found themselves facing dire circumstances, with many reliant on tips or hourly wages suddenly out of work.

2.2.2.2 Global Supply Chain Disruptions

The pandemic revealed underlying weaknesses in global supply chain networks. While conventional services and manufacturing sectors were affected, some industries had rapid digitalization because remote work became the norm. The shift to hybrid work patterns also transformed labor demand significantly, with a significant increase in remote and flexible job opportunities. For example, the automotive industry saw mass production halts because of a lack of semiconductor chips, which are crucial for modern automobile production. Companies like Ford and General Motors had to shut down plants temporarily, facing huge losses and stock deficiencies.

The tech industry, however, experienced an unprecedented boom; companies like Zoom witnessed user engagement increasing exponentially, literally reshaping office dynamics. All these disturbances point to the fact that how globalization has created new vulnerabilities—what used to be regional epidemics like cholera have now turned

into global crises due to interdependent economies. This means that modern systems, while technologically advanced, are also more susceptible to shock absorption.

2.2.2.3 Economic Recovery and Sectoral Realignment After COVID-19

Corona Virus Disease 2019 hit hard on the majority of industries in the world economy, and there was a necessity for major strategic reorientation and recovery. Businesses responded to its unprecedented challenges, while sectors such as healthcare, technology, and e-commerce experienced colossal growth and rebirth. For instance, the medical industry witnessed expedited innovation in telemedicine and digital health products, which were required for ongoing care under social distancing measures. In contrast, the brick-and-mortar retailing experience faced severe pressure, resulting in a shift toward online shopping platforms, symbolizing the need for businesses to adjust to changing consumer behavior. Moreover, sectors such as tourism and hospitality experienced precipitous declines, triggering targeted recovery efforts with a focus on resilience and sustainability. Coordination of recovery efforts with longer-term goals such as digital transformation and green sustainability reflects a broader awareness that the capacity of industries to adapt to new realities and demands will define future resilience. The recovery from COVID-19 is indicative of a shift towards digital infrastructure, automation, and remote working compared to the cholera era when recovery was mainly dependent on the return of public confidence and basic sanitation infrastructure.

2.3 Comparing Social Vulnerability During Cholera and COVID-19

In the 19th century, cholera disproportionately affected the urban poor due to a lack of clean water and healthcare. In contrast, COVID-19 in the 21st century revealed that even developed nations suffer from gaps in healthcare access and social protection. In the case of cholera, vulnerability is mainly localized, driven by inadequate infrastructure and poverty. In contrast, COVID-19's global spread highlights how modern factors such as urban density, globalization, and interconnectivity can exacerbate vulnerabilities even in developed nations. Regardless, common denominators include:

2.3.1. Impact on Marginalized Groups

Both pandemics severely affect low-income communities, where inadequate access to healthcare, clean water, and sanitation (in cholera) or the inability to work from home (in COVID-19) exacerbates health outcomes.

2.3.2. Healthcare Access Issues

Inadequate healthcare infrastructure remains a critical challenge for both diseases. Cholera outcomes depend heavily on immediate treatment, yet under-resourced health systems often struggle to provide timely care. Similarly, overwhelmed hospital systems during COVID-19 have led to increased fatalities and a re-evaluation of national healthcare capacities.

2.3.3. Social Disruption and Psychological Impact

Prolonged exposure to disease outbreaks results in long-term psychological stress. In cholera, the fear and recurrent nature of outbreaks can foster chronic stress in communities, while COVID-19 has introduced widespread mental health challenges due to unprecedented social isolation and economic uncertainty.

These parallel highlights that while scientific knowledge has advanced, social inequality remains a consistent vulnerability across pandemics.

2.4. Political and Policy Responses

It is essential to situate these responses within their historical timeframes: cholera governance reflects the public health thinking of the 1800s, while COVID-19 responses represent contemporary crisis management in a hyper-connected global world. Government responses to pandemics are often as critical as the epidemiological determinants of disease spread. Policies aimed at mitigating outbreaks are multifaceted and differ significantly depending on the nature of the pathogen and the socio-economic context.

2.4.1 Policy Responses to Cholera

Policy measures for cholera primarily focus on long-term infrastructural investments and community-based interventions. Key components of an effective cholera response include:

2.4.1.1. WASH (Water, Sanitation, and Hygiene) Initiatives

Provision of safe water and improved sanitation are fundamental to preventing cholera outbreaks 10. In Nigeria, for example, the government has emphasized the necessity to strengthen water, sanitation, and hygiene infrastructure to mitigate future outbreaks.

2.4.1.2. Disease Surveillance

Early detection of cholera outbreaks through robust surveillance systems is essential. However, the overwhelming focus on COVID-19 has jeopardized this measure, leading to reduced capacity in cholera containment.

2.4.1.3. Multi-sectoral Coordination

Effective cholera control requires coordinated efforts spanning public health, engineering, and community mobilization 10. The Nigerian government's establishment of a National Strategic Plan targeting a 67% reduction in cholera morbidity and mortality by 2023 reflects the importance of integrated policy responses.

These responses were shaped by limited medical knowledge and a belief in the miasma theory, which led to policies focused on air quality rather than water sanitation. The slow adaptation to germ theory shows how ideology can delay effective governance. In addition to that, the policy framework for cholera is largely reactive with a focus on mitigating imminent threats while bolstering long-term resilience. However, limitations in resource allocation and politics will often result in inadequate implementation of these measures in low-income areas. The inherent link between

cholera and poverty underscores the need for sustained infrastructural investments to address the root causes of the disease.

2.4.2 Policy Responses to Corona Virus

The COVID-19 pandemic triggered an unprecedented global policy response, characterized by rapid, large-scale interventions. Some highlighted policy responses include:

2.4.2.1. Lockdowns and Social Distancing Measures

Governments worldwide imposed lockdowns, travel bans, and social distancing guidelines to limit COVID-19 transmission. These measures, although effective in reducing the infection spread, led to significant economic and social disruptions.

2.4.2.2. Economic Relief and Subsidy Packages:

Many countries introduced fiscal stimulus packages to support households and businesses affected by the pandemic. Policies varied, but there was a common trend toward emergency Keynesian measures¹⁴ involving substantial deficit spending.

2.4.2.3. Healthcare System Overhaul

¹⁴ Keynesian measures: It comes from the economist John Maynard Keynes, who believed that during economic downturns or crises, the government should spend more money, even if it means going into debt to help people and businesses to recover.

COVID-19 exposed inadequacies in existing healthcare infrastructures, prompting governments to enhance hospital capacities, increase testing, and accelerate vaccine development and distribution.

2.4.2.4. Public Health Communication and Technology Integration

Advancements in digital technology allowed for rapid dissemination of public health information, although challenges persisted in reaching marginalized groups .

2.4.2.5. Inclusive Policy Approaches

Although many responses were robust, certain vulnerable groups such as refugees and migrants were often left behind. Studies highlight that refugees, in particular, faced disproportionate barriers to accessing healthcare services amid the pandemic.

Unlike in the 19th century, today's governments leveraged digital technologies and global institutions like the WHO. This indicates an evolution not only in medical science but in policy-making mechanisms and international cooperation. The global response to COVID-19 revealed how public health decisions quickly evolved into deeply political and economic questions, requiring collaboration beyond traditional epidemiology (Eleanor Jane Murray). In many cases, mitigation policies such as lockdowns, mobility restrictions, and vaccine strategies became contested not only on scientific grounds but also due to socioeconomic concerns and political ideologies.

2.5 The Role of Media

Media is a significant driver in shaping the awareness and response of the public during epidemics and wields significant influence on personal behavior, government policy, and the shape of global health interventions (Smith, 2020). During the 19th-century cholera pandemics and the 21st-century pandemic of COVID-19, media organizations have played a significant role in information provision, establishing risk, and shaping public discourse. The stories built by media outlets have the ability to boost public health efforts or, on the other hand, erode them based on the accuracy, framing, and accessibility of information presented. Additionally, the rise of influential authors and journalists during such moments has further estimated the impact of media stories, molding public discourse and policy choices with lesser impact. An examination of the role of single figures and how they affected is necessary to achieve the collective effect of media during both pandemics.

2.5.1 Media During Cholera (19th Century)

During outbreaks of cholera, media comprised mainly newspapers, pamphlets, and visual media such as cartoons. These forms of media had a significant role in shaping public perception of the disease, reporting the unsanitary conditions and the failure of the government to spread it.

2.5.1.1. Newspapers

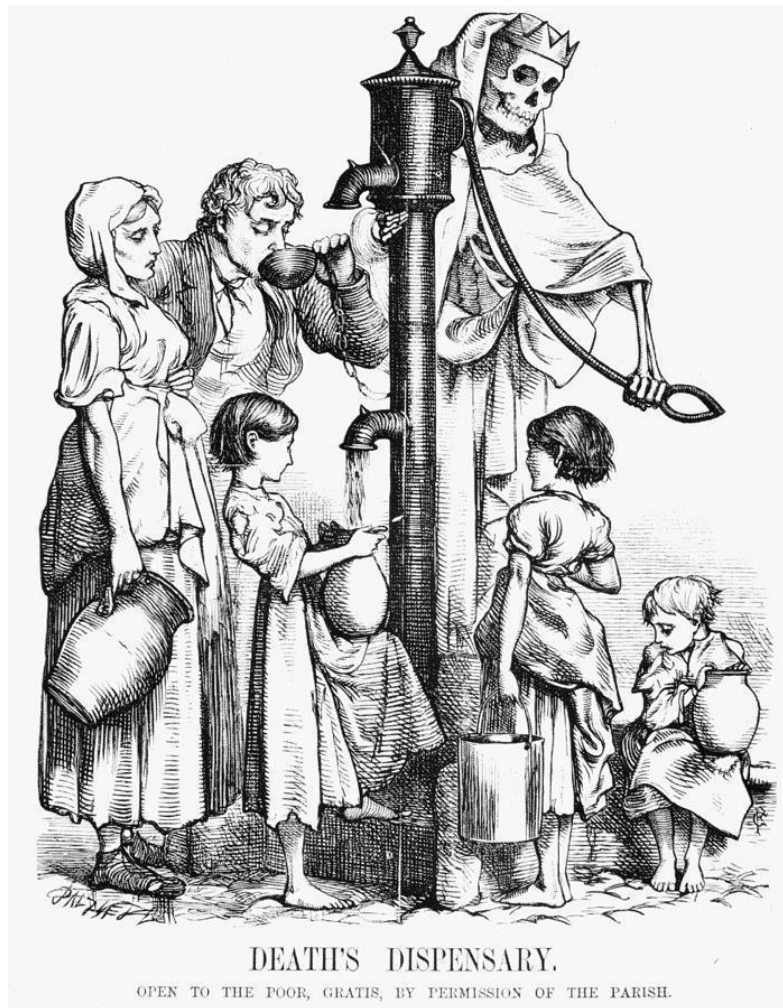
Newspapers reported the spread of cholera, death and case rates, along with the steps taken by the public health authorities to curb the outbreak. They also provided news regarding preventive measures, such as boiling water and sanitation.

2.5.1.2. Pamphlets

Pamphlets were distributed extensively, providing simple information on the causes, symptoms, and preventive measures of cholera. Pamphlets were usually as a significant source of information to the people, particularly the ones that did not possess other sources of media.

2.5.1.3. Cartoons

Cartoons such as "The Death Dispensary" and "A Court for King Cholera," were not just humorous illustrations; they were strong acts of social and political rebellion, employing satire as a means of protest against governmental inaction and public apathy. There was the employment of visual satire to denounce dirty conditions and government inaction. These cartoons were extremely successful in mobilizing public opinion and coercing authorities into action.

Figure 3: The cartoon titled "Death's Dispensary"

Adapted from *Death's Dispensary*, by The Granger Collection, 1866, in *Alamy Stock Photo*, ID:

FF7FKD. Retrieved from [\[Caricature de la pollution, 1866. /N'Death's Dispensary.' Un dessin animé 1866 indiquant la pollution de l'eau comme source de maladie Photo Stock - Alamy\]](#)

The Death's Dispensary presents a haunting visual metaphor for the deadly consequences of contaminated water sources during the cholera epidemics of the 19th century. Central to the image is a communal water pump, from which several impoverished figures; mostly women and children, are drawing water. The sinister presence of a skeletal figure wearing a crown, unmistakably representing death, looms

behind the pump, implying that the water being dispensed is, in fact, a conduit for the disease.

The skeletal figure gripping the pump handle with a noose at his side underscores the fatal nature of what should be a life-sustaining resource. The tagline beneath, *"Death's Dispensary. Open to the Poor, Gratis, by Permission of the Parish,"* satirically critiques both the public health system and the class disparities of the time. It highlights how the poor, reliant on these public sources, were disproportionately exposed to cholera due to inadequate sanitation and water infrastructure.

This cartoon is a clear example of how satirical visual media played a role in shaping public understanding of the disease and in criticizing the institutions that failed to prevent its spread. It also contributed to the public pressure that eventually led to reforms in sanitation and urban planning. The use of satire was not only a form of expression but also a method of ideological blaming government negligence and drawing attention to the social injustices of the time.

In contrast to the 19th-century cholera epidemics—where government policies were typically shaped by elite-controlled newspapers and delayed reports—the COVID-19 pandemic unfolded in an age of immediate digital communication. This reflects a modern feedback loop between information ecosystems and governance, where public sentiment shaped online drives for or against mask mandates, leading policymakers to react in real time.

2.5.2 Media During COVID-19 (21st Century):

In contrast to the 19th century, the COVID-19 pandemic occurred within a vastly different media landscape, characterized by the dominance of social media networks, news applications, and digital communication channels. These platforms facilitated the rapid dissemination of information but also presented significant challenges in managing misinformation and ensuring content veracity.

2.5.2.1. Social Media

Digital platforms like Facebook, Twitter (now X), and Instagram became primary sources of information about COVID-19. These platforms were used to share news articles, personal experiences, and public health messages. However, they also became breeding grounds for misinformation and conspiracy theories. For instance, the spread of false information about the effectiveness of masks or the safety of social media content about vaccines led to increased hesitancy and weakened public health responses.

2.5.2.2. News Applications

News applications provided real-time updates on the transmission of the virus, along with reported case counts, fatalities, the efforts of governments and public health organizations to combat the pandemic.

2.5.2.3. Digital Communication Channels

Digital communication channels such as WhatsApp and Telegram were used to share information and coordinate responses within communities. However, these channels also became vulnerable to the spread of misinformation.

The misuse of social platforms to spread COVID-19 misinformation has had demonstrable public health consequences, exemplified by U.S. President Joe Biden's assertion that such falsehoods are "killing people" and perpetuating a "pandemic among the unvaccinated, the only pandemic we have is among the unvaccinated." (BBC, 2021). This accusation underscores how digital misinformation transcends theoretical debate, directly influencing vaccine hesitancy and mortality rates. While platforms claimed aggressive action against disinformation, the systemic failure to curb harmful content reveals tensions between corporate self-regulation and societal safety. According to Tzogopoulos (2020), the coronavirus crisis unfolded amid an "almost completely uncontrolled flow of fake news," with social media platforms facilitating the spread of misinformation about false treatments and unverified claims.

On the other hand, and beyond official public health messaging and misinformation campaigns, social media also became a dynamic space where scientific knowledge, personal experience, and cultural traditions intersected. During COVID-19, social media emerged as a vital platform where experts and everyday people converged to share knowledge, blending formal medical advice with personal experiences and alternative remedies. While doctors used Instagram and other platforms to communicate evolving symptoms and offer guidance—even prescribing treatments—to

a wider audience, users exchanged herbal remedies and home-based solutions, reflecting a deep public desire for agency amid uncertainty. This mix highlights both the strength and challenge of social media's role: it democratized access to expertise and fostered community support, but it also blurred the lines between verified medical information and anecdotal practices. In this way, social media became a space where trust was negotiated daily, revealing how in crises, the thirst for connection and control can reshape how knowledge is valued and shared.

2.5.3. The Querdenker Movement: How Germany's Anti-Lockdown Protests Fueled COVID-19 Misinformation

Germany's COVID-19 pandemic witnessed the rise of the country's Querdenker ("Lateral Thinkers") movement in 2020, an anti-lockdown protest group that evolved into a powerful movement of resistance against public health measures. This loose group of individuals ranged from conspiracy believers to regular citizens, united in one aspect: defying government controls. As journalist Joseph de Weck (2020) reported in *Foreign Policy*, the protests produced a surreal scene where constitutional rights activists were joined by far-right extremists and anti-vaccine activists, showing the movement's widespread appeal in German society.

The power of the Querdenker movement was in the advanced utilization of digital platforms. Telegram, the encrypted messaging app, was their primary organizing platform, facilitating instant dissemination of protest news and pandemic conspiracy theories. Facebook groups were echo chambers where vaccine misinformation and

government conspiracy theories were spread unchecked. This cyber framework made mobilization possible in order to mobilize tens of thousands of protesters, for example, the high-profile August 2020 demonstration in Berlin where some protesters attempted to breach the German parliament building (de Weck, 2020).

What made the Querdenker phenomenon particularly concerning was its tangible impact on public health. The movement's persistent spread of vaccine misinformation contributed to significant regional disparities in immunization rates. This vaccine hesitancy directly affected Germany's pandemic response, prolonging the deadly fourth wave of infections in late 2021.

2.6 The Evolution of Global Health Governance from Cholera to COVID-19

The acute public health crises caused by cholera epidemics during the 19th century were instrumental in driving the creation of early global health governance frameworks. The broad popular demand for collective international action against such epidemics led to the convening of international sanitary conferences, precursors to institutions that evolved into contemporary global health organizations like the WHO. The then-existing media played key roles in concentrating minds on local healthcare facilities and system vulnerabilities with the consequence of ushering in trans-border debate and coordination.

2.6.1 The Formation of Global Health Bodies

Intellectual and institutional foundations established during the experience with other pandemics and cholera ultimately resulted in the creation of formal international

health agencies. The Office International d'Hygiène Publique (OIHP) was formed in 1907, and in the post-World War I years, the Health Organization of the League of Nations. They attempted to centralize health information, standardize reporting, coordinate action, and provide technical assistance to member states. But the most revolutionary change in global health governance came after World War II with the founding of the United Nations and, subsequently, the founding of the WHO in 1948.

The WHO was envisioned as a world coordinating body to be tasked with disease surveillance, setting up international health standards, and coordinating emergency operations. Its establishment showed mounting consensus regarding the need for transnational cooperation to assure and promote human health. Throughout the subsequent decades, the global environment of health became far more complex. Organizations such as the World Bank, UNICEF, and GAVI came to play key roles, and forums such as the G20 began to prioritize health in recognition of the implicit tie between health security and overall economic stability. This growing number of stakeholders mirrors the broadening scope of global health as well as the increasing recognition that crises involving health have grave social, political, and economic consequences.

2.7 Recommendations for Strengthening Global Governance

Drawing on the comparative lessons provided in this chapter, various specific suggestions can be made to optimize the performance of global health governance, in particular through improved media and communication practice:

2.7.1. Improve Digital Literacy

Organize targeted public campaigns to increase digital literacy levels, so that citizens are equipped with skills to critically assess the truthfulness and origin of internet material.

2.7.2. Implement integrated surveillance systems

That combine traditional epidemiological resources with real-time digital sources of information to enable rapid detection and response.

2.7.3. Strengthen International Coordinated Response

Promote increased international cooperation between international agencies, national governments, and local media outlets to offer timely and credible information during times of health crisis.

2.7.4. Strategically Counter Misinformation

Collaborate with social media platforms to actively identify and neutralize misinformation prior to its going viral and thereby safeguard public confidence in official health messages.

2.8 Conclusion

In general, the above analysis proves that cholera epidemics and the COVID-19 pandemic, though they have different historical contexts, have significantly influenced socioeconomic and political processes. Cholera epidemics exposed gaps in local infrastructures, necessitating prioritization of long-term investment in water, sanitation, and health to eradicate the root causes of such crises. COVID-19, however, exposed

systemic weaknesses in international health and economic structures, requiring rapid and large-scale policy interventions such as lockdowns and economic stimulus packages. Both pandemics in their disproportionate impacts hit hardest on the vulnerable communities, underscoring the imperative for public health interventions that are inclusive and fair. As populations grapple with actual and potential health crises, the lessons gleaned from these epidemics foster strong health systems, coherent policy, and long-term commitments to address social vulnerabilities, ultimately generating more stability and well being in an interconnected world. In both cases, the media was mirror and sword. Victorian newspapers and cartoons shaped public opinion, sometimes fueling prejudice, sometimes calling for reform. In a period of the digital, social media did not fashion nor repress solidarity and suspicion, but both amplified them, offering an arena for science and conspiracy. But across the ages, stories like these, either outlined in ink or encoded in pixels, have shaped the memory of crisis and the values societies wish to conserve.

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From the 19th-century cholera epidemics to the 21st-century outbreak of COVID-19, pandemics have never been solely about illness—they are stories of fear, loss, resilience, and the reshaping of civilizations. While one was born in the shadows of poor sanitation and imperial trade routes, and the other in the age of globalization and biotechnology, both exposed the limits of human systems and the depths of societal inequality.

Cholera emerged from the margins, devastating those already vulnerable, yet its historical legacy lies not only in death tolls but in how it pushed societies to question flawed theories like miasma and to build the early foundations of public health. Likewise, COVID-19 laid bare the fault lines of our modern world—digital misinformation, fragmented governance, and unequal access to healthcare—while also accelerating scientific breakthroughs and revealing a new form of global interdependence.

Media, in both cases, served as a mirror and a weapon. Victorian newspapers and political cartoons shaped public opinion, sometimes fueling prejudice, sometimes demanding reform. In the digital age, social media amplified both solidarity and suspicion, offering a stage for science and conspiracy alike. Yet across time, these narratives—whether drawn in ink or coded in pixels—have shaped the memory of crisis and the values societies choose to protect.

General conclusion

This study sought not only to compare the two pandemics, but to explore how civilizations remember and react to shared trauma. Cholera and COVID-19, though separated by centuries, speak to the same human conditions: our need to explain suffering, our fear of the unknown, and our drive to create meaning from chaos.

If cholera marked the beginning of global health awareness, then COVID-19 may mark its reinvention. Between these two events lies a thread of transformation, from isolated sanitary reforms to interconnected global governance. Both pandemics changed the course of history, and in their comparison, we discover not only the evolution of medical science and policy, but the shifting stories we tell about ourselves, our communities, and our place in an uncertain world.

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Appendices

Appendix One

Table 1 : Core Similarities and Differences in Societal and Policy Responses

Dimension	Cholera	COVID-19
Scale of Outbreak	Primarily regional, concentrated in areas with poor infrastructure	Global, affecting both developed and developing regions
Primary Vulnerabilities	Lack of safe water, inadequate sanitation, poverty	Urban density, globalization, socio-economic inequalities
Immediate Policy Measures	Incremental improvements in public infrastructure and surveillance	Rapid lockdowns, travel restrictions, and emergency economic relief
Long-Term Policy Focus	Sustainable infrastructure investments (e.g., WASH improvements)	Overhauling healthcare systems and financial stabilization policies
Impact on Mental Health	Community stress due to recurring outbreaks and resource scarcity	Widespread mental health challenges due to isolation and economic uncertainty
Role of Communication	Community-based risk communication	Digital platforms and real-time public health data dissemination

Appendix Two

Table Two: Comparison of Media Narratives between Historical Cholera Outbreaks and the COVID-19 Pandemic

Characteristic	Historical Cholera Media	Modern COVID-19 Media
Primary Channels	Newspapers, pamphlets, early illustrations	Social media, educational apps, digital storytelling
Visual Techniques	Hand-drawn illustrations, engravings	Infographics, flashcards, interactive videos
Message Focus	Sanitation, water safety, community mobilization	Disease transmission, vaccination, behavioral guidelines
Public Engagement	Local newspapers and public meetings	Online communities and global digital platforms
Impact on Governance	Catalyst for infrastructural reforms	Influences policy through rapid dissemination and feedback