MONTHLY SCIENTIFIC REVIEW ON BUNDIBUGYO EBOLAVIRUS

The content of this document is subject to change as the health situation evolves.
All informations comes from a valid and credible source.

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Situation at a glance

- In January 2025, two filovirus outbreak clusters were reported on the African continent: a Marburg virus disease outbreak in Tanzania and a Sudan virus disease outbreak in Uganda.
- On 1 September 2025, the Democratic Republic of the Congo reported an Ebola virus disease (EVD) outbreak in Kasaï Province, in the southwest of the country. More than 53 cases were confirmed, including at least 45 deaths. Health authorities officially declared the end of the outbreak on 1 December 2025.
- In November 2025, a new Marburg outbreak occurred in Ethiopia, with 13 confirmed cases including 8 deaths as of 10 December 2025.

Scientific articles

This section presents relevant articles published on peer-reviewed scientific journals or pre-print platforms.

2026-05-04

Engineered Bispecific Antibodies Achieve Broad and Potent Protection Against Multiple Ebolavirus Species.

Journal: Emerg Microbes Infect

Authors: Jinge Zhou, Baoyue Zhang, Yanfeng Yao, Fangxu Li, Shaohong Chen, Yan Wu, Ying Xie, Xiaoping Guo, Wujian Li, Cheng Peng, Yun Peng, Ge Gao, Feihu Yan, Rui Gong, Xinghai Zhang, Sandra Chiu

This study engineers bispecific antibodies (bsAbs) targeting distinct ebolavirus epitopes, demonstrating potent neutralization and protection in mouse models. The IgG-ScFv format showed superior efficacy, offering a promising strategy for broad, durable protection against multiple ebolavirus species.

See details

2026-03-17

A highly potent nanobody-based bispecific therapeutic provides broad-spectrum protection against ebolavirus.

Journal: Nat Commun

Authors: Meihua Wang, Xinghai Zhang, Wujian Li, Yanfeng Yao, Entao Li, Baoyue Zhang, Jinge Zhou, Shunli Liu, Yongxiang Gao, Zhongliang Zhu, Lixia Zhu, Mengyao Liu, Jing Hu, Cheng Peng, Fangxu Li, Miaoyu Chen, Hang Liu, Chengbing Yao, Yuhua Shang, Feihu Yan, Peng Gong, Tengchuan Jin, Sandra Chiu

Camelid-derived nanobodies 1A10 and BA2 neutralize EBOV, SUDV, and BDBV in vitro and in vivo, targeting conserved, non-overlapping epitopes. A bispecific antibody (BA2-1A10) offers potent protection against all three viruses in rodent models, showing promise as a broad-spectrum anti-ebolavirus therapeutic.

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Relevant news

This section presents official reports from health agencies, manufacturers and press releases with reliable sources.

2026-01-08

Quick takes: Funds for vaccines targeting filoviruses, pneumococcal disease, and HIV

Source: CIDRAP

CEPI and Horizon Europe fund $26.7M for filovirus vaccine development, targeting Ebola, Sudan, Bundibugyo, and Marburg viruses. Virometix's V-212 pneumococcal vaccine shows safety and immune response in phase 1 trial. IAVI initiates HIV vaccine trial in South Africa using Moderna's mRNA platform, aiming to advance prevention amid global funding cuts.

See details

2026-05-18

WHO declares Ebola outbreak an emergency as CDC restricts travel, confirms US doctor infected

Source: CIDRAP

WHO declared Bundibugyo Ebola outbreak in DRC and Uganda a global health emergency. Over 390 suspected cases, 100 deaths, likely undercounted. Delayed detection due to lab errors facilitated spread. Healthcare worker infections raise nosocomial transmission concerns. CDC

See details

2026-05-18

Initial genomes from May 2026 Bundibugyo Virus Disease Outbreak in the Democratic Republic of the Congo and Uganda

Source: Virological

Initial genomes from the May 2026 Bundibugyo virus outbreak in DRC and Uganda show a new spillover event. Three near-complete genomes were sequenced in under 16 hours. Early phylogeny links cases in Bunia and Kampala. More genomes are being added; analyses remain preliminary.

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2026-05-21

Risk to Europe remains very low as Ebola outbreak intensifies in DRC

Source: ECDC

ECDC reports very low risk to Europe from the Bundibugyo Ebola outbreak in DRC and Uganda. Exit screening is key; travellers must monitor symptoms. Transmission risk in EU/EEA is very low. Countries should reinforce preparedness. Nearly 600 suspected cases and 139 deaths reported in DRC.

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2026-05-17

Epidemic of Ebola Disease caused by Bundibugyo virus in the Democratic Republic of the Congo and Uganda determined a public health emergency of international concern

Source: WHO

WHO has declared the Ebola Bundibugyo outbreak in DRC and Uganda a Public Health Emergency of International Concern. Rapid spread, cross-border cases and limited tools prompted the decision. WHO urges stronger surveillance, coordination and support to affected regions.

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2026-05-17

Urgence de santé publique de portée internationale (USPPI) liée à la maladie à virus Bundibugyo en République démocratique du Congo et en Ouganda.

Source: PAHO

WHO declared the Bundibugyo Ebola outbreak in DRC and Uganda a Public Health Emergency of International Concern. Over 246 suspected cases and 80 deaths reported. Two imported cases detected in Uganda. No vaccine exists; early detection, isolation and contact tracing are essential.

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2026-05-20

Ebola crisis: a new strain with no vaccine or treatment

Source: UNRIC

The Bundibugyo Ebola strain has triggered an international health emergency. With over 500 suspected cases and 130 deaths in DRC, cases have also appeared in Uganda and one in Germany. No vaccine or treatment exists, and WHO warns rapid, coordinated response is essential.

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2026-03-03

Filovirus research and development roadmap

Source: WHO

WHO’s 2026 Filovirus R&D roadmap outlines priorities to strengthen preparedness for Ebola and Marburg outbreaks. It promotes coordinated global research, open data sharing, faster vaccine and therapeutic development, and improved trial protocols to accelerate outbreak response.

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Clinical Studies

This section presents relevant clinical trials.

Guidelines and practical information

This section lists official manuals of recommendations for clinical practice or public health policy published by leading health organizations.

CDC	**Ebola Disease Outbreak in the Democratic Republic of the Congo and Uganda**
ECDC	**hreat assessment brief: Ebola disease outbreak caused by Bundibugyo virus – Democratic Republic of the Congo and Uganda – 2026**
CDC	**Clinical Guidance for Ebola Disease**
CDC	**Infection prevention and control guideline for Ebola and Marburg diseases**
CDC	**Public Health Guidance for Ebola Disease**

Fact sheets

Brief description of Ebola virus disease

Phylogeny

Ebola virus disease is caused by viruses belonging to the genus Orthoebolavirus within the Filoviridae family. Six species are currently identified, three of which are responsible for major outbreaks in humans: Ebola virus (EBOV), Sudan virus (SUDV) and Bundibugyo virus (BDBV). The Bundibugyo virus (BDBV) was first identified in 2007–2008 in Bundibugyo District, Uganda, and later during a 2012 outbreak in the DRC. The two previously reported outbreaks had case-fatality rates of 31% and 34%.

Transmission

Initial transmission to humans is thought to occur through close contact with infected animals, alive or dead, particularly bats or non-human primates. Human-to-human transmission occurs through direct contact with blood or bodily fluids of infected individuals, living or deceased, or through contact with contaminated surfaces. Infected individuals are not contagious before symptom onset. They become contagious as soon as symptoms begin.

Diagnosis

Diagnosis relies primarily on detection of viral RNA by RT-PCR during the acute phase, performed in laboratories with appropriate biosafety capacity. Rapid antigen tests may be used as first-line tools in remote areas but require PCR confirmation. Serological tests (IgM/IgG) are used for seroprevalence studies or to document past infections but are not suitable for early diagnosis.

Symptoms

The incubation period ranges from 2 to 21 days. Illness usually begins with non-specific symptoms such as fever, fatigue, headache and myalgia, followed by gastrointestinal signs including vomiting, diarrhea and abdominal pain. Hemorrhagic manifestations may occur in some cases, along with multiorgan failure. The observed fatality rate is lower than that of outbreaks caused by Ebola virus (Zaire), but the disease remains severe and requires intensive care.

Treatment & Vaccination

To date, no specific antiviral treatment or approved vaccine exists for Bundibugyo virus.