MONTHLY SCIENTIFIC REVIEW ON BUNDIBUGYO EBOLAVIRUS

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All informations comes from a valid and credible source.

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Situation at a glance

- On 5 May 2026, the World Health Organization (WHO) was alerted to a high-fatality outbreak in Ituri Province, Democratic Republic of the Congo (DRC). The causative pathogen was identified on 15 May as Bundibugyo virus.
- On 17 May 2026, WHO declared that the outbreak of Ebola virus disease caused by Bundibugyo virus in the DRC and Uganda constituted a Public Health Emergency of International Concern (PHEIC), although no pandemic risk has been identified at this stage.
- As of 20 October 2026, the DRC had reported 9,552 confirmed cases and 4,602 deaths, with 937 patients hospitalized in isolation. Ituri remains the most affected province since the start of the outbreak, accounting for 6,960 cases and 3,217 deaths. However, the outbreak is progressively spreading to other provinces, with a total of eight provinces currently affected.
- In Kenya, as of 20 October 2026, nine confirmed cases, including one death, had been reported. The index case, imported from the DRC via Uganda, was reported on 6 October. Subsequent cases involved only family contacts and individuals exposed to the index patient, including three healthcare workers and one patient caregiver.
- On 20 October 2026, Nigeria confirmed its first case of Ebola virus disease caused by Bundibugyo virus in Abuja, in a patient who had recently arrived from Uganda. Forty-four contacts were identified, and health authorities placed both public and private healthcare facilities on maximum alert.

Scientific articles

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

2026-09-26

Beyond Ebola Virus in the Largest Documented Bundibugyo Virus Outbreak.

Journal: Viruses

Authors: Damian Stodulski, Natalia Lopez-Escobar, Beatriz Cabanillas

The largest documented Bundibugyo virus outbreak in DRC and Uganda underscores critical gaps in preparedness for non-Ebola orthoebolaviruses, with high mortality, cross-border spread, healthcare worker infections, and no approved treatments or vaccines. This highlights th

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2026-08-20

From reactive trials to regional vaccine sovereignty: a pan-ebolavirus vaccine-readiness framework for East Africa's Sudan virus and Bundibugyo virus threats.

Journal: Front Public Health

Authors: Okechukwu Paul-Chima Ugwu, Chinyere Nneoma Ugwu, Godson Emeka Anyanwu, Mariam Basajja, Maryann Chiamaka Ebuoh

East Africa faces recurring Sudan and Bundibugyo virus threats without licensed vaccines. Uganda’s 2025 outbreak enabled the first efficacy trial, revealing reliance on reactive responses. We propose a proactive, pan-ebolavirus vaccine-readiness platform integrated into r

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2026-08-07

Bundibugyo virus disease: transmission dynamics, infectiousness and viral persistence.

Journal: Int J Infect Dis

Authors: Andrea Bongiovanni, Erica Binetti, Francesca Colavita, Ilaria Mussetto, Laura Scorzolini, Eleonora Lalle, Andrea Antinori, Enrico Girardi, Fabrizio Maggi, Emanuele Nicastri, Francesco Vairo

Bundibugyo virus disease (BVD) is a severe filoviral hemorrhagic fever with limited outbreak data. Transmission occurs via direct contact with blood or body fluids of symptomatic or deceased individuals, with corpse handling posing high risk (aOR 3.83). Incubation average

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2026-09-26

Public Information Demand During the 2026 Bundibugyo Virus Outbreak: A Dual Infodemiology Analysis Across Six Ebola Virus Disease Outbreaks.

Journal: Viruses

Authors: Hakkı Öztürk, Berrak Itır Aylı

During the 2026 Bundibugyo virus outbreak, public information demand centered on risk and transmission, with French-language searches showing sixfold higher misinformation and ninefold higher fear content than English. Google Trends revealed strong correlation between mis

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2026-09-16

Early transmission risks of Ebola disease outbreak caused by Bundibugyo virus in the Democratic Republic of the Congo.

Journal: J Travel Med

Authors: Zihao Guo, Yongdi Yu, Zhaojun Ding, Lirong Cao, Sheikh Taslim Ali, Zhuang Cui, Kai Wang, Marc K C Chong, Daihai He, Shi Zhao, Abdulrazaq G Habib, Yuantao Hao

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2026-09-07

Implementing an intra outbreak ring vaccination clinical trial for Sudan Ebola virus disease within four days of outbreak notification in Uganda.

Journal: Emerg Microbes Infect

Authors: Winters Muttamba, Henry Kyobe Bosa, Misaki Wayengera, Andrew Obuku, Maria Sekimpi, Geofrey Kimbugwe, Wilber Sabiiti, Pauline Byakika-Kibwika, Noah Kiwanuka, Rebecca Nantanda, Diana Atwine, Charles Olaro, Diallo Abdourahamane, Alhassane Toure, Ana Maria Henao-Restrepo, Pontiano Kaleebu, Bruce Kirenga

Within four days of Sudan Ebola virus disease outbreak notification in Uganda, a ring vaccination trial was launched by leveraging pre-existing research protocols, regulatory systems, logistical infrastructure, and trained personnel from the 2022 outbreak. Rapid mobilizat

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2026-09-14

Bundibugyo virus disease evidence map: a rapid research needs appraisal.

Journal: EClinicalMedicine

Authors: Louise Sigfrid, Dijana Spasenoska, Sinead O'Dwyer, Marieke de Swart, Eli Harriss, Thomas Mendy, Gemma Villanueva, Nicholas Henschke, Alice Norton

Rapid appraisal of 29 studies (1593 BVD cases) reveals mostly observational data from Uganda and DRC, with fever, vomiting, and diarrhea as common symptoms; hemorrhagic manifestations vary (10.4–54.0%), and CFR is 32.8%. Evidence on cross-reactivity post-Ebola vaccination

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2026-08-04

Bundibugyo virus disease in the Democratic Republic of the Congo and Uganda: moving from outbreak response to planetary health preparedness.

Journal: Lancet Planet Health

Authors: Alimuddin Zumla, Francine Ntoumi, Jean-Jacques Muyembe-Tamfum, Jean B Nachega

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2026-08-15

Accelerating the research response to the Bundibugyo virus emergency.

Journal: Nat Immunol

Authors: Mariah P Csolle, Bronwyn A Bailey, Yuna Chung, Tsharni R Zazryn, Tari Turner, David S Khoury, Miles P Davenport

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2026-09-10

rVSVΔG-ZEBOV-GP vaccine-induced seroreactivity to Bundibugyo virus: a cross-protection dilemma.

Journal: Lancet

Authors: Abhishek N Prasad, Thomas W Geisbert

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Relevant news

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

2026-10-21

Le Nigeria confirme que son premier cas de maladie à virus Ebola vient de l’espèce Bundibugyo

Source: Le Monde

Nigeria confirmed an imported Bundibugyo virus infection in a woman recently arriving from Uganda. She was isolated, 44 contacts were identified, and infection prevention measures were reinforced; the source of infection remained under investigation. [Le Monde unavailable; summary based on UN News, 21 October 2026.]

See details

2026-10-15

Ebola : l’épidémie 2026 en RDC et en Ouganda due à un nouveau variant du virus Bundibugyo identifié

Source: Vih.org

Analysis of 21 high-quality viral genomes from DRC and Uganda identifies a distinct Bundibugyo virus lineage, consistent with a new zoonotic spillover. Increased virulence or transmissibility was not demonstrated. Initial false-negative Zaire-specific tests highlight the need for broader molecular diagnostics and real-time genomic surveillance.

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2026-09-09

Vaccin contre la maladie d’Ebola

Source: WHO

WHO confirms that Ervebo protects against Ebola virus (Zaire), but human protection against Bundibugyo virus remains unproven and no Bundibugyo vaccine is licensed. Evaluation should use research protocols, preferably randomized ring-vaccination trials or well-designed observational studies. Vaccination must complement, not replace, surveillance, isolation and infection prevention.

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2026-10-20

Ebola disease outbreak in the Democratic Republic of the Congo

Source: ECDC

ECDC's 20 October update reports 9,552 confirmed Bundibugyo virus cases and 4,602 deaths in DRC, with 76.9% of identified contacts under follow-up. Modelled EU/EEA importation risk remains very low, but the model excludes healthcare and humanitarian workers, whose exposure risk differs substantially.

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2026-10-21

Ebola: Africa CDC réunit les ministres africains de la Santé face à l’extension de l’épidémie à trois régions du continent

Source: Africa CDC

Africa CDC announces a 28 October ministerial meeting following the spread of Bundibugyo virus disease from DRC to Kenya and Nigeria, affecting Central, East and West Africa. Priorities include cross-border coordination, intensified epidemiological surveillance, community engagement, protection of frontline healthcare workers and strengthened continental preparedness.

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2026-10-26

Ebola disease outbreak 2026: How MSF is responding

Source:

MSF is expanding supportive care, rapid diagnostics and infection prevention for Bundibugyo virus disease in DRC, where no vaccine or treatment is approved for this virus. Research includes the PARTNERS trial of remdesivir and MBP134 and the Tumaini vaccine trial, which vaccinated its first participant on 26 October; efficacy remains under evaluation.

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Clinical Studies

This section presents relevant clinical trials.

2026-07-27

A Study to Investigate the Safety, Reactogenicity, and Immunogenicity of mRNA-1469 Vaccine to Prevent Ebola-Bundibugyo Virus Disease in Healthy Adult Participants

Status: Active not recruiting

Sponsor(s): Moderna Therapeutics (United States)

The main objective of this trial is to evaluate the safety and reactogenicity of mRNA-1469

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2026-09-20

Study of Vaccines Against Bundibugyo Virus Disease in Contacts of Cases in the Democratic Republic of the Congo

Status: Not yet recruiting

Sponsor(s): Jean-Pierre Van geertruyden, Institute of Tropical Medicine, Belgium, Institut National de Recherche Biomedicale (INRB), Epicentre, Médecins Sans Frontières, Belgium, World Health Organization, Coalition for Epidemic Preparedness Innovations

Phase 2/3 adaptive platform trial evaluates candidate Bundibugyo virus vaccines in contacts of confirmed cases in DRC using ring vaccination with blinded, active-controlled randomization and crossover at day 29. The platform enables dynamic addition or discontinuation of

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2026-08-28

Study of Filovirus Disease Morbi-mortality

Status: Not yet recruiting

Sponsor(s): Assistance Publique - Hôpitaux de Paris

An observational cohort of filovirus-infected patients diagnosed in France aims to characterize clinical evolution, prognosis, and pathophysiology of Bundibugyo and other filoviruses, addressing gaps in diagnostic, therapeutic, and preventive strategies due to genetic differences from Ebola Zaire, especially in non-endemic settings.

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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.