MEETING MINUTES

Emergency CORC Filovirus Meeting — Scientific Update on Research and Development of Medical Countermeasures for Bundibugyo

Date: 17 July 2026

Purpose of the Meeting

The purpose of the meeting co-organized by WHO, Africa CDC, ANRS MIE aimed to :

- Present an epidemiological update on the ongoing outbreak
- Review clinical trials on treatment and post-exposure prophylaxis
- Examine advances in vaccines and diagnostics
- Present research priorities on the current outbreak and next coordination steps

Opening remarks

Nearly two months after the first emergency scientific consultation on Bundibugyo, remarkable progress has been made in integrating research into the response. Close collaboration has been observed between scientists and public health agencies in DRC and Uganda. In particular :

- the PARTNERS therapeutic trial is enrolling patients with participation from INRB, WHO, Africa CDC, Oxford, ITM, ALIMA, MSF, Samaritan's Purse and IMC
- Launch this week of the first post-exposure prophylaxis (PEP) trial using oral obeldesivir for high-risk contacts
- Initiation of the world's first phase 1 clinical trial of a Bundibugyo-specific vaccine candidate (ChAdOx1-BDBV) by the University of Oxford
- Publication of WHO's Target Product Profile (TPP) for Bundibugyo vaccines

It shows the importance of partnerships with the private sector (MappBio, Gilead, Moderna, Oxford with the Serum Institute of India) and remind that clinical trials are only one part of research, stressing the need for work on non-medical measures and community engagement.

Main Discussion Points

1. Epidemiological Situation - Dr Marie-Roseline Belizaire (WHO Afro)

	RDC	UGANDA
INDICATOR	**VALUE**	
CONFIRMED CASES	2,124	20

CONFIRMED DEATHS	823	2
CASE FATALITY RATE	39%	10%
RECOVERIES	390	18
AFFECTED PROVINCES	5	
AFFECTED HEALTH ZONES	46	
COMMENTS	**Observed trends** : 51 new confirmed cases on 16 July, including 32 deaths ; Weeks 25, 26 and 27 recorded the highest case numbers ; 10 health zones account for most cases: Bunia (570), Rampala (418), Nizi, Aniankonde, Lita, Mongolie ; 84% of deaths occur in the community (alarming indicator of access to care) ; 30% of new cases are not linked to monitored contacts **Age and sex distribution** : Over half of cases and deaths occur in the 20–48 age group ; Women are more affected, but mortality is higher among men ; Very high fatality rate among infants under one year (63%). **Latest affected health zone**: Mahagi (bordering Uganda **Health workers affected :** 112 confirmed cases, over 30 deaths	The last patient was discharged on 16 July, marking the start of the 42-day countdown. Of the 20 cases, 15 were imported and 5 were national contacts. Contact tracing reached 100% (831 contacts listed and followed). **Health workers affected :** 4 of the 5 national cases were health workers

2. PARTNERS Clinical Trial (Treatment) - Dr Jepsy Yango (INRB) and Dr Amanda Rojek (University of Oxford)

PARTNERS is designed as a permanent adaptive platform that can evaluate additional therapeutics as evidence emerges.

Key information :

- **Sponsor** : WHO and participating countries
- **Design** : Randomized controlled, open-label, adaptive, platform, factorial design
- **Population** : Patients with laboratory-confirmed filovirus disease
- **Eligibility criteria** : Positive RT PCR ; Admission to a Filovirus treatment center ; No contraindication to study drugs ; no prior antivral or monoclonal antibody treatment, special

population included (children, pregnant women, breastfeeding women, participants in other trials (vaccines, EBOPEP)
- Design: Randomized, open-label, adaptive platform trial using a 2×2 factorial design.
- Intervention arms: MBP134 alone; remdesivir alone; MBP134 plus remdesivir; optimized supportive care alone.**Primary endpoint:** All-cause mortality at 28 days
- **Secondary endpoints:** Viral clearance time, viral load, organ dysfunction progression, safety, pregnancy outcomes

Progress : The PARTNERS trial has advanced significantly since the development of its core protocol and statistical analysis plan in 2024. This included the development of Bundibugyo and countries-specific protocol annexes and their operational implementation, enabling rapid activation of trial sites and the initiation of participant enrolment during the current outbreak:

- Regulatory and ethical approvals have been secured, and the first site in Bunia is already enrolling patients.
- Two additional sites are preparing for activation, and the first monitoring visit is underway.
- The consortium is also preparing to expand the trial to Europe and the United States, ensuring global equity in evidence generation.

For further information, the Oxford trial website is available at partnerstrial.ndm.ox.ac.uk, and the trial team can be contacted directly at ask.partners@ndm.ox.ac.uk.

Discussions:

Several attendees sought clarification on the status of the combination arm (MBP134 plus remdesivir), and the **Oxford team confirmed that this arm is open and enrolling.**

Statisticians raised the possibility of using the rate of viral decline as a more robust measure of viral control than time to clearance, arguing that it is less sensitive to initial viral load.

Participants also asked about the inclusion of people living with HIV, which was confirmed, and about plans for pediatric pharmacokinetic studies, which Gilead indicated are underway. The PARTNERS team confirmed that prior vaccination with Ervebo will be captured in case report forms to assess any potential influence on disease severity.

3. EBOPEP Trial (Post Exposure Prophylaxis) – Dr Placide Mbala (INRB)

The EBOPEP trial ("Ebola Post-Exposure Prophylaxis Preparedness and Efficacy Evaluation") aims to evaluate prophylaxis in high-risk contacts. EBO-PEP is conceived as a pan-filovirus platform trial with master and sub-protocols allowing evaluation of different interventions (vaccines, antivirals and monoclonal antibodies) across future outbreaks. Previous outbreaks showed that even high-risk vaccinated contacts could develop disease, and vaccine-induced antibodies do not develop before day 10.
An observational study during the 10th Ebola outbreak (high-risk unvaccinated contacts receiving MRB114 and Regeneron) showed no disease development, but efficacy could not be concluded.
For the ongoing Bundibugyo outbreak, the platform was rapidly adapted through the development of a BDBV-specific sub-protocol evaluating oral obeldesivir in a randomized placebo-controlled trial, together with a parallel compassionate use sub-protocol offering remdesivir to pregnant or breastfeeding women and children under 12 years of age who are not eligible for obeldesivir.

Trial Design

Characteristic	Description
Sponsor	**INRB (co-sponsor: ANRS)**
Design	**Double-blind, placebo-controlled, superiority, 2 parallel arms**
Drug	**Oral obeldesivir vs. placebo**

Randomization	**1:1**
Countries	**DRC and Uganda**

High-risk contact definition: Direct contact with a PCR-confirmed patient with diarrhea, vomiting or external bleeding ; Direct contact with bodily fluids ; Direct contact with a confirmed or probable corpse ; Contaminated needle-stick injury

Inclusion criteria: Non-pregnant adults with high-risk contact within 5 days ; No signs/symptoms of disease

Exclusion criteria: Confirmed filovirus disease in past 5 years ; Under 12 years ; Pregnant or breastfeeding; Decompensated cirrhosis or renal injury

Treatment regimen: Obeldesivir twice daily for 10 days under directly observed treatment. Follow-up until day 42 Visits on days 1, 5, 10 and 21 (blood sampling) Home visits possible

Advantages of obeldesivir: Oral administration ; Same mechanism of action as remdesivir ; No cold chain required ; Can be combined with other approved Ebola therapeutics

Compassionate Use Sub-Protocol : Pregnant/breastfeeding women and children under 12 cannot receive obeldesivir (unpublished embryotoxicity data, no pediatric formulation). They will receive remdesivir under compassionate use.

Progress : The EBOPEP trial has moved rapidly from preparation to implementation.

- Ethical approval has been obtained, drugs have been delivered, and the first participant was enrolled on 16 July 2026.
- Additional candidates were identified the following day.
- The trial benefits from operational flexibility, including home visits, and integrates a compassionate-use sub-protocol for pregnant or breastfeeding women and children under 12, who receive remdesivir due to the absence of pediatric obeldesivir data
- **Funding** : Although initial funding since 2023 supported site readiness, the trial now requires an additional 13 million of Euros to reach full scale. Africa CDC has committed USD 1 million, and discussions are ongoing with BPI France, the Gates Foundation and Wellcome Trust to secure the remaining resources.

Discussions:

Several biostatisticians emphasized that individual randomization is more efficient and requires smaller sample sizes, enabling faster generation of evidence.

Some participants raised the question of potential interference within rings, suggesting that treated contacts might become less infectious and thereby indirectly protect untreated contacts.
WHO explained that this issue had been examined through modelling work conducted by its Expert Clinical Trial Design Group, and that the choice of a 21-day endpoint was intended to capture these dynamics.

Ethical concerns were raised regarding the randomization of healthcare workers facing very high-risk exposures, as participants noted that such an approach may be difficult to accept in certain contexts. The trial team clarified that pregnant and breastfeeding women, as well as children under 12, will receive remdesivir under compassionate use, given the absence of safety data for obeldesivir in these groups.

Operational questions also emerged, including whether EBOPEP sites could expand beyond Bunia to locations such as Butembo or Beni. INRB indicated that opening additional sites in emerging hotspots is feasible and already under consideration.

4. Vaccine update – Dr. Rachael Bonawitz (CEPI)

CEPI presented a research strategy based on four parallel product development tracks: rapid-response platform vaccines, rVSV-based vaccines, evaluation of cross-reactive antibodies, and post-exposure prophylaxis and therapeutics. This strategy is supported by enabling scientific and operational activities, including assay development, coordination mechanisms and efforts to ensure equitable access and affordable supply. CEPI's approach aims to accelerate Bundibugyo-specific vaccine development while generating the evidence needed to guide global decision-making.

CEPI Funded BDBV specific vaccine candidates :

VACCINE	DEVELOPER	NHP DATA	BDBV CLINICAL DATA
RVSV-BDBV	PHV/IAVI	Yes (protection)	No
MRNA-BDBV	Moderna	No (EBOV/SUDV/ MARV-GP-mRNA data)	No
CHADOX1-BDBV	University of Oxford	No (EBOV/SUDV data)	No (Phase 1 initiated this week)

Cross protection evidence : Existing evidence remains limited. Ervebo shows partial protection in macaques and reduced cross-reactive antibody titers in humans. AD26/MVA regimens show low or absent neutralizing titers. Other investigational vaccines have sparse data, though prime-boost rVSV SUDV+EBOV regimens show improved protection in macaques.

Progress :

- CEPI recently closed two complementary calls aimed at accelerating early-stage BDBV vaccine candidates and another to rapidly generate serological evidence on cross-reactive immunity. Results from the latter are expected within approximately two months and will inform WHO SAGE deliberations.Phase 1 initiated this week for the ChadOx1-bdbv vaccine

Discussions:

Participants asked whether the 2026 Bundibugyo virus sequence was being used in current vaccine candidates; Moderna and Oxford confirmed that it is, while PHV explained that it is developing both a historical (2007/2008) construct and a 2026 construct to allow direct extrapolation from existing non-human primate data while maintaining contingency options.

Several attendees shared emerging data relevant to cross-protection. Preliminary results from NML/PHAC in Winnipeg suggest that ferrets vaccinated with VSV-EBOV are protected against BDBV challenge 28 days later. Stefan Pöhlmann reported evidence of BDBV neutralization by antibodies induced by Ervebo. WHO and CEPI emphasized the importance of such findings for upcoming SAGE deliberations, particularly given that more than 300,000 individuals have been vaccinated with Ervebo in North Kivu and Ituri, offering a unique opportunity for case-control or test-negative studies.

Participants also raised questions about anti-vector immunity in individuals previously vaccinated with ChAdOx1 or rVSV, and about potential immune imprinting following EBOV vaccination. CEPI noted that these issues are being actively investigated.

5. Diagnostics – Dr. Eddy Lusamaki (INRB)

Initial GeneXpert tests were negative, but INRB confirmed Bundibugyo using Altona, RADI One and BioFire assays. Sequencing was required to identify the species. More than ten mobile laboratories are operational, with point-of-care PCR and sequencing capacity deployed in Bunia and Goma.

Diagnostic landscape

TECHNOLOGY	AVAILABILITY	LIMITATIONS
RT-PCR	Available	Training, transport, infrastructure
POINT-OF-CARE PCR	Deployable	Cost, closed systems
ISOTHERMAL	In development	Validation
ANTIGEN RDTS	Not available for BDBV	Sensitivity
SEQUENCING	Operational	–
SEROLOGY	In development	–

Major R&D priorities include validation of existing assays for BDBV, development of fit-for-field diagnostic systems, improved sampling approaches, multiplex molecular and serological assays, genomic sequencing, Ag-RDTs and One Health surveillance.

Discussions:

Participants asked about the acceptable price range for diagnostics in low-resource settings; INRB indicated that an ideal cost would fall between USD 1 and 10.

Questions also addressed whether viral clearance would be assessed in body fluids other than blood, and whether lateral flow assays were under development. INRB explained that work is ongoing but that no Bundibugyo-specific product is yet available.

6. Research priorities – Dr. Yazdan Yazdanpanah, Dr. Mosoka Fallah, Dr. Reena Doshi

The top 10 priorities were built on existing filovirus roadmap to Bundibugyo, incorporating CORC scientific consultations bringing together international researchers and frontline experts, GloPID-R SBS roundtables discussions, and WHO TAG recommendations, before final review by WHO, Africa CDC and international partners. Prioritization criteria included patient impact, urgency, decision-making relevance, knowledge gaps and cross-cutting value.

TOP TEN RESEARCH PRIORITIES

- Natural history and pathogenesis
- Social and behavioral research
- Diagnostics and genomic surveillance
- Supportive care and clinical management
- Monoclonal antibodies
- Antivirals and innovative therapies
- Post-exposure prophylaxis
- BDBV vaccines
- Survivors
- Infection prevention and operational research

Implementation phasing :

Phase	*Timeline*	*Examples*
Phase 1	0–6 months	Trial activation, BDBV characterization, innovative diagnostics, cohort establishment…
Phase 2	> 6 months	PEP efficacy evaluation, management optimization…

Phase 3	Post-epidemic	Platform optimization, surveillance…

Africa CDC presented its own priorities, aligned with WHO's, and will share a protocol alignment table.

A research-tracking tool (Kobo/Excel) was introduced to map ongoing and planned projects and avoid duplication.

Discussions:

Some expressed concern that reservoir research was not included among the ten priorities, noting that fundamental gaps remain regarding the role of domestic and wild animals in Bundibugyo virus ecology.

There was strong interest in studies on survivors, including their clinical trajectories, factors associated with survival, long-term sequelae and follow-up strategies. INRB confirmed that a natural history study approved by Drs Laurens and Placide will address these questions.

Participants also welcomed the initiative to map ongoing research projects through the Kobo/Excel tool, emphasizing that such transparency and coordination are essential to avoid duplication and identify opportunities for collaboration.

Conclusion – Dr. Sylvie Briand (WHO)

- **The outbreak's human dimension remains central :** Participants repeatedly emphasized that behind epidemiological curves and clinical protocols are communities facing loss, fear, and disrupted livelihoods. This perspective must continue to guide all scientific and operational decisions.
- **Collaboration has proven decisive.** The meeting showcased coordination between WHO, Africa CDC, ANRS MIE, INRB, academic partners, and humanitarian organizations. The rapid activation of PARTNERS, EBOPEP, and the first Bundibugyo-specific vaccine trial reflects the strength of this collective effort
- **Ethical, rapid, and scientifically rigorous research is a shared responsibility.** Exchanges on trial design, compassionate use, and inclusion criteria underscored the need to maintain high scientific standards and ensure fairness and transparency across all settings, including non-endemic countries
- **Scientific advances must translate into equitable access :** vaccines, therapeutics, and diagnostics only achieve their full value when they reach the populations who need them most, regardless of geography or income level
- **Sustained funding is critical :** Donors should not withdraw support once the outbreak declines because preparedness, platform optimization, and post-epidemic surveillance require long-term investment.
- **Next steps :** The next meeting will take place on **Friday, 24 July 2026 at 16:00 (Geneva time)** and will focus on **public-health measures and social/behavioral research**, including community engagement. The **research priority document** will be shared next week following final WHO/Africa CDC review. All partners are encouraged to complete the **research tracking tool** to support coordination, visibility, and harmonization of ongoing and planned studies.