Ebola: The Bundibugyo virus is back

Edward Eremugo Kenyi

Editor-in-Chief
South Sudan medical Journal

Email:
southsudanmedicaljournal@gmail.com

On 17 May 2026, the World Health Organization (WHO) declared the new outbreak of Ebola Virus Disease (EVD) in the Democratic Republic of the Congo (DRC), a public health emergency of international concern.[1] As of 22 May 2026, there were 750 suspected cases, and 177 deaths had been reported in the DRC; two cases (with one death) had been reported in Kampala, Uganda. New cases and deaths are expected to rise as the virus spreads. This is the 17th EVD outbreak in the DRC since the first in 1976.[2]

This outbreak is caused by a rare strain of the Ebola virus, the Bundibugyo type, which had previously caused only two outbreaks: the 2007 outbreak in Bundibugyo province in western Uganda[3] and the 2012 outbreak in Isiro, Pawa, Dungu, and Province Orientale in the DRC.[4] There are two other types of the virus that caused most of the last outbreaks: the Ebola (Zaire) and Sudan viruses.

First transmitted from wild animals to humans, the virus can spread from person to person through close contact with an infected person's body fluids, leading to symptoms, appearing after two to 21 days, including fever, fatigue, myalgia, vomiting, diarrhoea, headache, and internal and external bleeding with high mortality up to 50%. Although two vaccine types have been approved for the Zaire strain of the virus, there is no vaccine for the Bundibugyo virus. We need one urgently.

Although the current outbreak is not considered a pandemic, the threat of serious regional spread of this virus is very high, thus necessitating the declaration of an international emergency. DRC and Uganda have activated their national disaster/emergency management mechanisms and establish emergency operation centers. The WHO and Africa CDC have sent teams into the countries to provide support. South Sudan has raised its emergency and surveillance levels amid ongoing monitoring of the situation in the DRC.

But why does the Ebola virus keep coming back? Is it because of the endemicity in fruit bats, which act as the reservoirs, and eating these bats allow the virus to cross into humans, makes it difficult to control? The DRC regions involved are rife with conflict, poverty, isolation, and inadequate health infrastructure. How can we conduct community prevention and disease surveillance more effectively in such conditions?

As the health authorities respond to the emergency, the outbreak reminds us to continually evaluate our work and develop new out-of-the-box, multipronged approaches to tackle this disease. Perhaps then we can break the cycle.

Reference:

1. World Health Organization. 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, WHO: Geneva. 17 May 2026.
2. World Health Organization. Ebola virus disease - Democratic Republic of the Congo. Disease Outbreak News. WHO. 1 December 2025.
3. Wamala et al. "Ebola Hemorrhagic Fever Associated with Novel Virus Strain, Uganda, 2007–2008". Emerging Infectious Diseases. July 2010; 16 (7): 1087–1092.
4. Ebola outbreak in Democratic Republic of Congo (Update) – WHO Regional Office for Africa: WHO. 20 August 2012.

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