NATIONAL INSTITUTE FOR COMMUNICABLE DISEASES
Division of the National Health Laboratory Service

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24-hour hotline number: 0800 212 552

Bundibugyo virus disease: Frequently Asked Questions

1. What is Bundibugyo virus disease?

Bundibugyo virus disease (BVD) is a severe, often fatal illness caused by *Bundibugyo ebolavirus (BVDV)*, one of the species within the *Ebolavirus* genus known to cause disease in humans. BVD has caused two recognized outbreaks prior to the current May 2026 outbreak. The first occurred in Uganda in 2007–2008 and the second in the Democratic Republic of the Congo in 2012. Together, these outbreaks resulted in just over 200 confirmed and probable cases and approximately 66 deaths. BVD is clinically similar to other Ebola virus disease (EVD) and Sudan virus disease (SVD) and may cause outbreaks associated with high mortality rates.

2. Who is at risk for BVD?

Bundibugyo virus disease has a zoonotic origin, meaning that infection originates in animals before spreading to humans. Specific species of bats are considered the most likely natural reservoir hosts, although this has not been conclusively proven. Non-human primates and possibly other wildlife may also become infected. Persons who have close contact with infected animals, infected people, or contaminated environments are at risk of infection. Healthcare workers, laboratory personnel, household contacts, caregivers, and mourners participating in burial practices involving direct contact with the deceased are at increased risk.

3. Does BVD occur in South Africa?

BVD does not occur naturally in South Africa, and no confirmed cases have been reported in the country to date. However, imported cases remain possible if travelers return from outbreak-affected countries after exposure to infected persons, animals, or contaminated environments.

4. How is Bundibugyo ebolavirus transmitted?

Bundibugyo ebolavirus spreads through **direct contact** with the blood or body fluids of an infected person. Infectious body fluids may include vomit, diarrhoea, urine, saliva, sweat, breast milk and semen. Infection can occur when these fluids come into contact with broken skin or the eyes, nose or mouth. Transmission may also occur through contact with contaminated items such as clothing, bedding, medical equipment or needles. Traditional burial practices involving direct contact with the body of a deceased person can also spread infection. Bundibugyo ebolavirus is not spread through the air, water, food or casual social contact where there has been no direct exposure to infectious body fluids.

5. How does Bundibugyo ebolavirus affect animals?

Different species of bats are considered the most likely natural hosts of ebolaviruses. Non-human primates such as monkeys, gorillas and chimpanzees (and more rarely other wildlife) may develop severe disease and die following infection. The exact animal reservoir for Bundibugyo ebolavirus has not been conclusively identified.

6. What are the signs and symptoms of BVD in humans?

BVD has an incubation period of 2 to 21 days, with most people developing symptoms between 8 and 10 days after exposure. Early symptoms may include fever, weakness, fatigue, muscle pain, headache and sore throat. As the disease progresses, patients may develop vomiting, diarrhoea, abdominal pain and rash. Some patients may experience internal or external bleeding, although bleeding is not present in all cases. Severe illness can result in dehydration, shock, multi-organ failure and death.

7. How is BVD diagnosed?

BVD can only be confirmed through specific laboratory blood tests. Diagnosis is generally performed once a person develops symptoms consistent with the disease. Laboratory methods include reverse transcription PCR testing to detect viral genetic material, antigen detection tests and serological tests for antibodies. These specialized laboratory tests are available at the National Institute for Communicable Diseases.

8. How is BVD treated?

Treatment for BVD is mainly supportive and includes careful fluid and electrolyte management, oxygen support, maintenance of blood pressure, and treatment of secondary infections or other complications. Early access to medical care improves the chances of survival. Severely ill patients may require intensive supportive care. At present, there are no approved monoclonal antibody therapies specifically licensed for BVD, although research into treatments for different ebolavirus species is ongoing.

9. How is BVD prevented?

At present, there are no licensed vaccines specifically approved for BVD, although candidate vaccines against different ebolaviruses are under evaluation in clinical trials. Preventing the spread of Bundibugyo ebolavirus relies on early identification and isolation of suspected cases, laboratory testing, contact tracing, and strict infection prevention and control measures. People should avoid direct contact with the blood or body fluids of infected persons or animals. Healthcare workers should use appropriate personal protective equipment (PPE), including gloves, masks, gowns and eye protection, when caring for patients. Safe burial practices are essential, and direct contact with the body of a deceased person should be avoided.

14. Where can I find more information?

- Medical/clinical related queries:
  NICD Hotline +27 800 212 552 (for use by healthcare professionals only)

- Laboratory related and result queries:
  Dr Jacqueline Weyer: (Tel) +27 11 386 6376 or 6339, jacquelinew@nicd.ac.za or

  Dr. Naazneen Moolla: (Tel) +27 11 386 6338, naazneenm@nicd.ac.za

  Copy all requests to cezd@nicd.ac.za

- All media requests:
  media@nicd.ac.za

- All outbreak response related requests:
  Outbreak Response Unit, outbreak@nicd.ac.za

Guidelines are available on the NICD website at www.nicd.ac.za on the 'Diseases A-Z' tab. Also see the fact sheet for Ebola virus disease.