Specific RCCE messages and narratives for Bundibugyo virus disease – BVD

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Similarities and differences with other Ebola diseases

Bundibugyo virus disease is one of three Ebola diseases known to cause large outbreaks in people, together with Ebola virus disease and Sudan virus disease.

Similarities:

- The virus originally comes from an animal reservoir (likely bat) or intermediary animal host (monkeys, antelopes,..)
- The illnesses are similar and all spread through direct contact with the body fluids of a sick or deceased person or through items or surfaces contaminated through infected body fluids.
- Early intensive supportive care including rehydration and treatment of specific symptoms can improve survival. Seeking early care can be lifesaving and reduce the risk of further transmission.
- Community engagement is key to successfully controlling outbreaks.

Differences:

- **For BVD, there is currently no licensed vaccine**. The approved Ebola vaccine currently works for Ebola virus disease (EVD), which is caused by a different virus species than Bundibugyo virus. There is no evidence that it can prevent or treat BVD. Research is on-going to assess whether or not it still may have some benefits in this outbreak.
- **For the BVD, there are currently no licensed therapeutics.** There are currently no medicines that are proven to work specifically against BVD, like there is for EVD. Candidate therapeutics are available, there is no evidence yet of their efficacy. Clinical trials will help assess their benefits.

The ministries and global partners are looking at potential vaccine and therapeutics candidates. Health workers and scientists will continue to work to identify any possible medications or vaccines that may help people to prevent or survive infections, and will continue to share any updates on candidate treatments or vaccines with the public.

Bundibugyo virus disease - BVD

- The current Ebola outbreaks in the DRC and in Uganda are caused by the Bundibugyo virus species.

- The Bundibugyo virus (BDVB) passes from one person to another through direct close contact with body fluids of someone who has symptoms of the disease or through items or surfaces contaminated with infected body fluids
- The time between exposure to the virus and developing symptoms has been recorded between 2-21 days.
- The average Ebola disease case fatality rate (CFR), across all species, is around 50%.
- The illness is characterized by acute onset fever with non-specific symptoms (abdominal pain, lack of appetite, fatigue, malaise, muscle pain, sore throat, nausea vomiting, diarrhoea and rash).
- For the BVD, there is currently no licensed vaccine. The approved Ebola vaccine currently works for Ebola virus disease, which is caused by a different species than Bundibugyo virus. There is no evidence that they can prevent or treat BVD. Research is on-going to assess whether or not it still may have some benefits in this outbreak
- For the BVD, there are currently no licensed therapeutics. There are currently no medicines that are proven to work specifically against BVD. like there is for EVD. Candidate therapeutics are available, there is no evidence yet of their efficacy. Clinical trials will help assess their benefits.
- Early intensive supportive care including rehydration and treatment of specific symptoms can improve survival. Seeking early care can be lifesaving and reduce the risk of further transmission.
- The best way to survive this disease is by getting early medical care as soon as symptoms appear. Getting early medical care to treat the symptoms of the disease can save lives.
- There are not yet any specific medications that target the virus inside the human body. Doctors and nurses provide lifesaving care while your body fights the virus.

Containment Strategy - At this time, there is no approved vaccine or specific treatment for BVD. Stopping the spread depends on strong public health actions and the support of communities. These measures include quickly identifying people who may be sick, providing safe care, tracing and monitoring contacts, protecting families and communities, strengthening infection prevention and control in health facilities, engaging communities with clear and trusted information, and ensuring safe and dignified burials of people who may have died of the disease that respect local traditions and families.

Community engagement is key to successfully controlling outbreaks. Community engagement is essential to control BVD. Listening to communities, addressing concerns, and sharing clear and trusted information helps people seek care early, adopt protective behaviors, and support response efforts.