



## COMMUNITY PROTECTION AND RESILIENCE

### Specific RCCE messages and narratives for Bundibugyo ebolavirus (BVD)

21 May 2026

#### Important Note

The language around the BVD disease name is important and should be field tested to ensure clear understanding, since it is similar to Ebola but with few differences regarding vaccines and treatment (see below).

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

RCCE (Risk Communication and Community Engagement) messages should be tailored to the local context and audience. Adapt messaging based on community needs, literacy levels, and the latest available epidemiological, social, and behavioral data and importantly to community feedback. Always deliver messages in local languages including those used by underserved or vulnerable communities such as migrants and displaced people. Where possible messaging should be made available in multiple accessible formats (written, oral, pictorial, sign language, audio and easy-to-read versions through trusted sources and communication channels).

#### Introduction

Ebola disease is caused by a virus from *the filoviridae* family. There are different kinds of Ebola viruses, but they all cause the same disease – Ebola disease. The different kinds of Ebolaviruses are called species. Three species of Ebola virus have caused large outbreaks in the past:

1. Ebola virus (EVD) - this is the species of Ebolavirus that caused the outbreaks such as in Gabon and Congo (2001-2003), Sierra, Leone, Liberia and Guinea (2014-2016), in Equateur province (2018), in North Kivu and Ituri provinces in 2018-2020, as well as the most recent outbreak in Kasai province (2025).
2. Sudan virus disease (SVD) - this is the species of ebolavirus that caused an outbreak in early 2025 in Uganda.
3. Bundibugyo virus disease (BVD) – This is the species of ebolavirus that is causing the outbreak happening right now.

**Bundibugyo virus disease (BVD)** is one of three Ebola diseases known to cause large outbreaks in people, together with Ebola virus disease (EVD) and Sudan virus disease (SVD).

### **Bundibugyo virus disease - BVD**

#### **Overview**

- Bundibugyo ebolavirus disease (BVD), formerly known as Ebola haemorrhagic fever, is a severe, often fatal illness affecting humans and other primates.
- The virus is first transmitted to people from wild animals (such as fruit bats and non-human primates) and then spreads from person to person through direct contact with the blood, secretions, organs or other bodily fluids of infected people, and people who died from the disease, and with surfaces and materials (e.g. bedding, clothing) contaminated with these fluids.
- The average case fatality rate for BVD has been ranging between 25 to 47% in the two past outbreaks (2007/2008 in Uganda and 2012 in Isiro, Democratic Republic of Congo).
- It is thought that fruit bats can be infected with the virus without falling ill, and that other mammals, such as nonhuman primates, are susceptible to infection leading to illness and death.
- Early care seeking and supportive care, including rehydration, symptom management, and treatment of co-infections improve survival.
- Good outbreak control and better protection of communities rely on taking many types of actions: care for patients, improved infection prevention and control in health facilities, disease surveillance and contact tracing, good laboratory services, safe and dignified burials, risk communication and community engagement and social mobilization and accountability to affected populations.

#### **Differences**

- **For BVD, there is currently no licensed vaccine.** The approved Ebola vaccine currently works for Ebola virus disease, which is caused by a different virus species than Bundibugyo virus. There is no evidence that it can prevent or treat BVD. Research is ongoing 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.

### **Similarities**

- The virus originally comes from an animal reservoir (likely bat) or intermediary animal host (monkeys, antelopes,..etc.).
- 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.

### **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 on the recommended preventive measures, and ensuring safe and dignified burials of people who may have died of the disease that respect local traditions and families.

### **RCCE**

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

### **Transmission**

- It is thought that fruit bats of the Pteropodidae family are natural Ebola virus hosts. Ebola is introduced into the human population through close contact with the blood, secretions, organs or other bodily fluids of infected animals such as fruit bats, chimpanzees, gorillas, monkeys, forest antelope or porcupines found ill or dead in the rainforest.

- Bundibugyo virus disease then spreads through human-to-human transmission via direct contact (through broken skin or mucous membranes) with:
  - blood or body fluids of a person who is sick with or has died from Bundibugyo ebolavirus disease; and
  - objects that have been contaminated with body fluids (like blood, faeces, vomit) from a person sick with Bundibugyo ebolavirus disease or the body of a person who died from Bundibugyo ebolavirus disease.
  - Health-care workers have frequently been infected while treating patients with suspected or confirmed Ebola (including Bundibugyo virus disease). This occurs through close contact with patients when infection control precautions are not strictly practiced.
  - Burial and body preparation ceremonies that involve direct contact with the body of the deceased can also contribute to the transmission of Bundibugyo virus disease.
  - People remain infectious as long as their blood and body fluids contains the virus. After recovery, there is the possibility of sexual transmission, which can be reduced with support and information for survivors.
  - Pregnant women who get Bundibugyo virus disease and recover from the disease may still carry the virus in breastmilk, or in pregnancy related fluids and tissues.
  - For more, read the guidelines on the management of pregnancy and breastfeeding in Ebola <https://iris.who.int/bitstream/handle/10665/330851/9789240001381-eng.pdf>

### Who is at risk?

Once an outbreak has started, the people at highest risk are those who are **exposed to infected people and their bodily fluids**:

- **Healthcare workers:** doctors, nurses, lab staff, cleaners in health facilities, without appropriate and consistently used protective equipment
- **Family members and caregivers:** people caring for sick relatives at home are at risk due to direct contact with anybody fluid, including **blood, vomit, urine, faeces, saliva, or sweat**, or household items contaminated by these fluids, such as clothing, bedding, and dishes
- **People involved in burial or cremation practices or ceremonies:** Individuals preparing bodies for funerals, because bodies remain highly infectious after death; traditional burial practices often involve direct contact between mourners and the deceased's body.

- **Close contacts of infected persons** such as household members, sexual partners (virus can persist in bodily fluids, including semen for some time), and anyone who had **direct physical contact** with a person infected
- **Children:** because they often have close physical contact with others, and can not always recognize and report the early symptoms of diseases.
- **Laboratory and response teams:** Lab technicians handling samples, outbreak responders without proper biosafety measures
- **People exposed to wildlife (initial spillover risk):** BDBV, like other Ebola viruses, is believed to originate from animals (likely fruit bats). At-risk groups include:
  - Hunters (“bushmeat” exposure)
  - People handling or preparing wild animals (especially bats, monkeys, forest antelopes)
  - Individuals entering caves or forests where infected animals live
- **Communities in outbreak areas:** especially where health systems are strained, awareness is low, and movement between regions spreads infection.

### Symptoms

- The incubation period, that is, the time between infection with the virus to onset of symptoms, is from 2 to 21 days. A person infected with Bundibugyo ebolavirus cannot spread the disease until they develop symptoms.
- Symptoms of Bundibugyo virus disease (BVD) are characterized by sudden onset fever with general illness symptoms (abdominal pain, lack of appetite, fatigue, malaise, muscle pain, sore throat, nausea, vomiting, diarrhoea).
- It can be difficult to clinically distinguish Bundibugyo virus disease (BVD) from other infectious diseases such as malaria, typhoid fever and meningitis. A range of laboratory diagnostic tests have been developed to confirm the presence of the virus; therefore, the Bundibugyo virus (BVD) can only be detected through a test performed by a specific laboratory.

### Prevention and treatment

- **Early care seeking and supportive care**, including rehydration, symptom management, and treatment of co-infections improve survival.
- A range of potential treatments including blood products, immune therapies and drug therapies are currently being evaluated.
- Seeking early care can be lifesaving and reduce the risk of further transmission.

## **RCCE messages for Ebola**

**Messages for: Communities living in areas at risk of the Bundibugyo virus disease - BVD**

**Target behaviour:** Early care seeking after onset of BVD-like symptoms

**SOCO:** Communities access health care early to improve survival

**Key message:** Contact health authorities for immediate help (using the call centre number at XXX) if you or your loved one has suddenly developed three or more symptoms of Bundibugyo virus disease, including sudden fever, abdominal pain, lack of appetite, fatigue, malaise, muscle pain, sore throat, nausea, vomiting, and diarrhea.

### **Supporting messages:**

- Bundibugyo virus disease is a severe disease that can be fatal. Getting medical care early, as soon as symptoms appear, significantly increases survival.
- Bundibugyo virus disease spreads from person to person:
  - through direct physical contact with the body fluids of someone who is sick with the disease,
  - or items that have been contaminated with the body fluids of a sick person, or someone who has died from the disease.
  - Visiting or caring for an individual who is actively ill with Bundibugyo virus disease increases the risk of infection. Therefore, it is recommended to limit direct physical contact with a person with Ebola disease-like symptoms and to thoroughly wash your hands after touching potentially contaminated items.
- Infected person often shows symptoms that are like other diseases such as Malaria, dengue, and typhoid. This is why if you or someone you know develops symptoms; it is vital to immediately seek medical advice from a medical provider.
- Seeking early medical care can be lifesaving. Health care provided early at a designated treatment centre improves the chances of survival. Doctors and nurses provide various treatments to help your body survive the infection, including treating any other infections you may have at the same time, helping your body to stay hydrated, and managing your fever.
- Whenever and wherever you are at risk of infection, apply the advice given by your community leaders and local authorities to protect yourself and your loved ones.

**Target behaviour:** Report of Bundibugyo virus disease-like symptoms

**SOCO:** Communities can recognize the main symptoms of Bundibugyo virus disease to facilitate early treatment.

**Key message:** If you or a relative has suddenly developed three or more Bundibugyo virus disease symptoms, please contact the local authorities (using the call centre number at XX.) or your community health worker/community volunteer.

**Supporting messages:**

- The symptoms of Bundibugyo virus disease can be sudden and characterized by sudden onset fever with non-specific symptoms (sudden fever, abdominal pain, lack of appetite, fatigue, malaise, muscle pain, sore throat, nausea, vomiting, and diarrhea).
- It can be difficult to distinguish Bundibugyo virus disease (BVD) from other diseases like malaria, typhoid fever, and Dengue fever. Only a test done in a specific laboratory can confirm whether symptoms are caused by Bundibugyo virus disease (BVD) or not.
- The time between infection to onset of symptoms ranges from 2 to 21 days. Before developing the Ebola disease symptoms, people cannot transmit the disease.
- When a person has developed symptoms of Bundibugyo virus disease, they are encouraged to follow medical advice which can include testing because only a laboratory result will confirm whether these symptoms are caused by the Bundibugyo virus disease (BVD).
- If your health is being monitored as a contact and or if you develop symptoms of Ebola disease, PLEASE, call the local hotline at XXXX. Seeking early care can be lifesaving.

**Target behaviour:** Know how Bundibugyo virus disease – BVD - is transmitted.

**SOCO:** Communities and their leaders know the ways the virus is transmitted, and how to limit its spread

**Key message:** Once an epidemic has started, Bundibugyo Ebolavirus disease spreads from person to person through contact with the body fluids of a person who has symptoms of the disease, or has died from the disease.

### **Supporting messages:**

Bundibugyo virus disease (BVD) infects people when they come in close contact with people with the disease, through contact with body fluids or human waste, or surfaces or materials like clothing, bedding or dishes that are contaminated with these fluids

During an epidemic, Bundibugyo virus disease – BVD - spreads via:

- **direct contact** with blood or other body fluids (faeces, vomit, saliva, urine, sweat, breast milk, semen, pregnancy fluids, blood) of an infected or deceased person. The virus in these fluids enters the human body through broken skin or mucous membrane of the eyes, nose or mouth.
- **indirect contact** with surfaces and materials (e.g., bedding, clothing) contaminated with these fluids.
- **sexual transmission** of the Bundibugyo Ebola virus is possible through the semen of a male survivor of the disease. The virus can remain in the semen for some time after the man recovers from the disease.
- **Wild animals like monkeys, antelope, bats and rats** can be infected with the virus. Animals found sick or dead in the forest are particularly risky.

### **Target behaviour: Promotion of Ebola disease measures for controlling the outbreak**

**SOCO: Communities practice behaviours that support the prevention and control of the Ebola epidemic.**

**Key message:** If you have developed symptoms that could be Bundibugyo virus disease, especially after close contact with someone who has been ill, you are encouraged to report it to your local health authority.

### **Supporting messages:**

- You are encouraged to follow all national and local public health recommendations to help protect yourself and your loved ones and your community against Bundibugyo virus disease (BVD) infection.
- If you have been in close contact with someone who has fallen ill with Bundibugyo virus disease or if you experience similar symptoms, your health will be monitored by people from the health services.
- You will be identified as a close contact if you have:
  - lived or stayed in the same household or room with someone with confirmed or probable Bundibugyo virus disease status.
  - been in a health facility where there was a person infected with the virus

- shared objects or touched the same surfaces with someone who was infected with the Bundibugyo virus disease (BVD).
  - participated in a funeral or burial of someone who died with symptoms of the disease.
- Once you have been identified as a contact of someone with Bundibugyo virus disease symptoms, you will be monitored (as a contact) by the health authorities for 21 days from the last day you were with the person who was ill.
- Monitoring people who have been in contact with someone infected with Ebola is one of the most effective ways to stop the spread of an outbreak and protect communities. Regular health checks and early reporting of symptoms help ensure that anyone who becomes ill can receive care quickly, improving their chances of recovery while reducing the risk of passing the virus to others.
- Therefore:
  - accept a visit at least twice a day, by people from the health authorities to follow up and monitor your health
  - provide them with precise information, and answer all questions as accurately as you can
  - avoid travelling unless travel has been discussed with your local health authority for them to ensure appropriate follow-up in your host area.
  - report any symptoms immediately to your local health authority.
- Even if you do not have Bundibugyo virus disease (BVD) symptoms and you are not a contact, you are strongly encouraged to apply all recommended measures to help break the transmission chain.

You are encouraged to:

- wash your hands regularly with soap and water or with alcohol-based hand rub solutions
- stop at official checkpoints to allow temperature screening, contact tracing, and other relevant health requirements aiming to controlling the disease
- provide the required information for the health declaration forms at public entry points (hospitals, markets, churches, game places, public offices, banks, airports, borders etc.)
- refrain from touching or handling the bodies of persons who have died with symptoms of an illness.
- avoid touching or eating wild animals found sick or dead in the forest, especially during the BVD outbreak

- By staying connected with health teams and watching for symptoms together, communities can protect one another and help bring outbreaks under control more quickly.

### **Messages for: People caring for someone with Ebola disease**

#### **Target behaviour: Promotion of Ebola virus disease protective behaviours**

**SOCO:** Ebola disease patients' care givers practice safe behaviours to protect themselves, patients and community against spread of the virus

**Key message:** To limit the spread of the disease, persons with Ebola disease-like symptoms should immediately be directed to a hospital or treatment centre for assessment, testing, and care.

#### **Supporting messages:**

- DO NOT care for persons with symptoms that match Bundibugyo virus disease at home. Avoid close physical contact with the sick person and immediately go to a healthcare facility for testing and care.
- Early intensive supportive care including rehydration and treatment of symptoms can improve survival. Seeking early care can be lifesaving.
- If you or a loved one tests positive for Bundibugyo virus disease, early care at a designated treatment centre is essential.
- At the treatment centre, health professionals will provide all patients with free care needed for recovery. This includes room, water, medicines, food, and any assistance to safely connect with your loved ones.
- To maximize the chances of recovery and for the safety of others, all patients should remain at the treatment centre until cleared to leave by the centre staff.
- If you or a loved one tests negative to Bundibugyo virus disease but still has symptoms:
  - Remain cautious and keep observing your symptoms.
  - Do not consider yourself cleared until a health worker confirms it.
  - follow your health and care providers' advice because testing negative for the Bundibugyo ebolavirus disease, while still having symptoms, may require further laboratory analysis.

## **Messages for: Community member in context of caring for the dead during Bundibugyo virus disease (BVD) outbreaks**

### **Target behaviour: Safe care for the dead**

**SOCO:** Community members report community deaths and promote safe and dignified burials that limit virus transmission during burial ceremonies in context of Bundibugyo Ebolavirus disease outbreaks

**Key message:** The bodies of people who die of Bundibugyo virus disease are very infectious. Anyone who dies with symptoms of the disease should be reported to health authorities so that a specialised team can support the family to safely bury and mourn their loved one.

### **Supporting messages:**

- Any person showing symptoms of Bundibugyo virus disease before dying must be reported to local health authorities to assess and determine if a safe and dignified burial is required.
- Please call the hotline at XXX to alert the local authorities about any death with Ebola disease-like symptoms in your area.
- During a Bundibugyo virus outbreak, safe and dignified burials are an important way to protect families and communities while still honoring loved ones with respect and care.
- Funeral-related practices that involve direct contact with the body or items of a person deceased with symptoms of Bundibugyo virus disease increases the risks of the spread of the virus.
- If a loved one has died from suspected or confirmed Bundibugyo virus disease, do not touch the body.
- A person who has died from Bundibugyo virus disease can still spread the virus to others when the body is handled without protective measures.
- You should follow the guidance of burial teams and local health authorities including:
- Do not wash, kiss or touch the body of someone who has passed away following symptoms of Bundibugyo virus disease, or from confirmed BVD. The body should be handled only by specially trained people wearing appropriate personal protective equipment and will be buried in a body bag provided by health authorities.

- Allow burial teams to take a swab from the mouth of the deceased to test for BVD. If your loved one was confirmed to have died of this disease, health authorities will be in contact with you to provide further help to protect you and your family.
- Your preferences and cultural and religious needs can still be met when your loved one receives a safe and dignified burial. Talk to the burial team about your needs before they begin to prepare your loved one's body for burial.
- Losing a loved one is painful, by following guidance for a safe and dignified burial from local health authorities and burial teams, you can reduce the risk of more people getting sick and help save lives
- If your loved one has died after symptoms of Bundibugyo virus disease, protect those who have gathered to mourn their passing:
  - Do not touch the body of the deceased or open the body bag
  - Avoid sharing food, drinks, or dishes between mourners, and don't dip/wash hands into a shared, stagnant basin of water.
  - Avoid close contact between mourners (including hugging, shaking hands, and touching faces)
  - Wash hands with soap and water or alcohol-based handrub after touching any person or surface at the site of the burial or where the person was sick, died, or where their body was prepared for burial.

**Messages for: People recovering from Bundibugyo virus disease (BVD) and their family members**

**Target behaviour:** Promotion of Bundibugyo virus disease protective behaviours by survivors

**SOCO:** Community members adopt adequate behaviours to promote stigma-free and protective practices for Bundibugyo ebolavirus disease survivors

**Key message:** The Bundibugyo virus disease survivors deserve to be well-supported and stress-free when they return home.

**Supporting messages:**

- To maintain their health and safety, Bundibugyo virus disease survivors will need regular medical checks and care for any remaining health challenges that are likely to occur after the they have survived being ill with Bundibugyo virus disease. Possible

health challenges that Bundibugyo virus disease survivors may continue to experience include:

- feeling tired
- headache
- muscle and joint pain
- eye pain and vision problems
- weight loss
- belly pain and loss of appetite
- hair loss and skin problems
- trouble sleeping
- memory loss
- hearing loss
- depression and anxiety.

To help address the stigma against Bundibugyo ebolavirus disease survivors, they will need love, inclusion, and re-integration so that they do not feel excluded from their community.

- The community and family members should show respect, dignity, and compassion to Bundibugyo ebolavirus disease survivors, their partners, and their families to promote an environment that banishes stigma and discrimination.
- If you are a man recovering from Bundibugyo ebolavirus disease, you will be advised to observe safer sex practices, including using a condom each time you have sex, until semen multiple tests have confirmed that the virus is not present in your sexual fluids.
- If you are a woman breastfeeding:
  - doctors may tell you to not breastfeed your baby. In that case, health authorities will support you with adequate milk replacement for your baby.
  - after recovering, follow your doctor's testing recommendations to know when you can begin to breastfeed again safely.
- If you became infected with Bundibugyo ebolavirus disease while you were pregnant and have recovered from the illness and are still pregnant, it is important for you and for your baby that you receive dedicated medical care until after your baby is born.
- A person who survives Bundibugyo virus brings hope to families, communities, and others still fighting the disease.

## **Messages for: All communities — What to expect at the treatment centre**

**Target behaviour:** Communities seek care early without fear.

**SOCO:** Community members have an accurate picture of care at the treatment centre so that fear does not delay life-saving treatment.

**Key message:** People who go to the treatment centre early have the best chance of surviving. Your family will be kept informed. You will be cared for with dignity.

- Care at the treatment centre is completely free. No payment is required for treatment, medicines, food, or water.
- Your family will be kept informed of your condition while you are there. The health team will help you stay in contact with your loved ones.
- Your cultural and religious needs will be respected. You can speak to a community or religious leader. Your dignity will be protected at all times.
- If you recover and are discharged — and many people do recover — the health team will continue to support you after you leave.
- Early intensive supportive care, including rehydration and treatment of symptoms, can improve survival. Seeking early care can be lifesaving.

## **Messages for: Parents and caregivers — Children with symptoms or identified as contacts**

**Target behaviour:** Parents seek care immediately for children with BVD-like symptoms and cooperate with contact monitoring.

**SOCO:** Parents and caregivers are not prevented by fear or lack of information from getting timely care for children.

**Key message:** If your child develops symptoms of Bundibugyo virus disease (BVD), contact the local hotline at [XXXX] immediately. Early care gives children the best chance of surviving. A caregiver will be supported to stay with a young child at the treatment centre.

### **If your child has symptoms:**

- Children can get Bundibugyo virus disease (BVD). Symptoms in children include sudden fever, tiredness, loss of appetite, vomiting, diarrhoea, and rash. If your child develops symptoms suddenly, call [XXXX] immediately.

- Do not wait. In children, illness can worsen quickly. The earlier a child receives medical care, the better their chances of recovery.
- A parent or primary caregiver will be supported to accompany a young child admitted to the treatment centre.

**If your child is identified as a close contact:**

- Being identified as a close contact does not mean your child is sick. Contact monitoring is a protective measure.
- During the 21-day monitoring period, your child should stay home. If your child develops any symptom, call [XXXX] immediately — do not wait for the next health team visit.
- If your family needs food, water, or other support during the monitoring period, tell the health team. Support is available.

**Orphaned and separated children:**

- A child who has survived Bundibugyo virus disease or whose parent has died from the disease is not a source of infection. They need care and protection, not exclusion.
- If a child in your neighbourhood has lost their caregiver and has no one to look after them, contact [XXXX] immediately. Child protection services will ensure the child is safe and supported.
- A child who has recovered from Bundibugyo virus disease and has been cleared by health authorities can return to school. They are not contagious and should be welcomed back with kindness.

**Messages for: Pregnant women and their families**

**Target behaviour:** Pregnant women with BVD-like symptoms seek care immediately.

**SOCO:** Pregnant women and their families understand that early care-seeking is the best protection for mother and baby, and that dedicated care is available.

**Key message:** If you are pregnant and develop symptoms of Bundibugyo virus disease (BVD), seek care immediately. The treatment centre provides dedicated care for pregnant women. Your baby and your life are both a priority.

- Pregnant women who develop Bundibugyo virus disease are at high risk of becoming seriously ill. Seeking care as soon as symptoms appear is the most important step to protect yourself and your baby.

- If you are pregnant and have been in close contact with someone who was sick with Bundibugyo ebolavirus disease, contact [XXXX] immediately, even if you feel well.
- At the treatment centre, health workers will provide dedicated care that considers both your health and the health of your pregnancy.
- Your older children will not be left without care. Tell the health team about your children and they will help you provide appropriate care and support to your children.
- If you have recovered from Bundibugyo ebolavirus disease and are still pregnant, continue attending medical check-ups. If you are breastfeeding, speak to your doctor before resuming breastfeeding. Health workers will support you with safe alternatives for your baby if needed.

**Note for community health workers:** *Deliver these messages through female community health workers wherever possible. Fear of delivery in isolation must be addressed directly and honestly.*

**Messages for: People exposed to direct physical contact with animal and animal products-fluids**

**Target behaviour: Promotion of protective behaviours to avoid animal to human virus transmission**

**SOCO:** Community members adopt adequate behaviours to protect themselves and others against Bundibugyo virus disease (BVD) transmission from animals to humans.

**Key message:** You are encouraged to correctly wash your hands before, during, and after direct contact with wild animals, and their meat, organs and blood.

**Supporting messages:**

- During a Bundibugyo virus disease outbreak, all wild animal products (blood and meat) should be safely handled, cleaned and cooked before eating. The virus can be transmitted to humans through direct physical contact with infected animals.
- Fruit bats can be infected with Bundibugyo virus without having any signs or symptoms. Never touch fruit bats.
- Other animals, including monkeys, rats, agoutis, and antelope, may fall sick or die from Bundibugyo virus (BVDB). Never touch or eat an animal found sick or already dead.

- The virus can pass from an animal to a human during butchering, cooking or eating. Thoroughly wash and cook meat from wild animals before eating and correctly wash your hands before, during and after contact with animals and related products.
- You should wear gloves and other appropriate protective clothing (including masks) if you are in a place inhabited by fruit bats (like caves or mines), or if you must handle sick animals.

## RELIGIOUS AND FAITH LEADERS

**SOCO:** Faith leaders use their trusted position to promote safe burials, accurate information, and early care-seeking in their congregations

### Target behaviour Key message + Supporting messages

<p><b>Safe and dignified burial</b></p>	<p><b>Key message: When someone dies with symptoms of Bundibugyo virus disease, call [XXXX] before any body preparation takes place. The burial team will work with the family to honour their loved one with dignity while keeping the community safe.</b></p> <ul style="list-style-type: none"> <li>– The body remains highly infectious after death. Washing or touching the body without protection can infect those who love the person most.</li> <li>– Safe burial is not abandonment — burial teams will work with families to respect their cultural and religious needs.</li> <li>– At mourning gatherings: encourage handwashing, avoid embracing or sharing food, and do not touch or open the body bag.</li> </ul>
<p><b>Counter misinformation and encourage early care</b></p>	<p><b>Key message: If anyone in your congregation develops sudden fever, fatigue, vomiting, or diarrhoea — encourage them to call [XXXX] immediately, not after trying other treatments first.</b></p> <ul style="list-style-type: none"> <li>– Symptoms: sudden fever, fatigue, muscle pain, loss of appetite, sore throat, vomiting, diarrhoea. Heavy bleeding is rare — do not wait for it.</li> <li>– There is currently no vaccine or medicine proven to work for this type of Ebola. Delaying care reduces the chance of survival.</li> <li>– Rumours that this outbreak is fabricated or politically motivated delay care and cost lives. Correct them calmly with facts. Faith and medicine are not in conflict.</li> </ul>

## PHARMACIES AND DRUG SELLERS

**SOCO:** Pharmacy staff refer symptomatic customers to health services, protect themselves from exposure, and provide accurate information — not unproven products

Target behaviour	Key message + Supporting messages
<p><b>Refer — do not sell to symptomatic customers</b></p>	<p><b>Key message: If a customer has sudden fever, vomiting, or diarrhoea — and has recently been in contact with someone very sick, or travelled through affected places — do not sell them medicine. Call [XXXX] or direct them to the nearest health facility now.</b></p> <ul style="list-style-type: none"> <li>– <b>Ask:</b> 'Have you been in close contact with someone very sick recently? Have you traveled through ... Province? If yes to either — refer immediately.</li> <li>– <b>Selling</b> antimalarials to someone who may have Bundibugyo virus disease delays the care that may save their life. Symptoms are identical to malaria at the start — only a lab test can confirm.</li> <li>– <b>Referring</b> is not turning someone away: 'Your symptoms need to be checked first. Please call [XXXX] now — I can help you make the call.'</li> </ul>
<p><b>Protect yourself at the counter</b></p>	<p><b>Key message: Wash hands with soap and water or alcohol-based hand rub after every customer interaction. Do not handle vomit or body fluids without guidance — call [XXXX] first.</b></p> <ul style="list-style-type: none"> <li>– A customer who is vomiting or visibly very unwell is a higher-risk interaction. The disease spreads through direct contact with body fluids.</li> <li>– If a customer vomits at your counter: cover the area, move others away, and call [XXXX] for decontamination guidance before cleaning.</li> <li>– If you feel unwell after serving a very sick customer — stop working, stay away from others, and call [XXXX] immediately.</li> </ul>

Share accurate information and correct misinformation

**Key message: Three messages for every customer who asks: no medicine prevents or cures this type of Ebola; the Ebola vaccine from other outbreaks does not work for this type; early care at a treatment centre is the best available action — call [XXXX].**

– **Do** not sell any product claiming to prevent or treat Ebola. This causes people to delay proper care and significantly reduces survival chances.

– Display the symptoms list and hotline [XXXX] visibly at your counter — every customer who passes through may need to see it.

– **Correct** rumours directly and calmly: 'I understand why people are saying that, but what health authorities confirm is...' Your credibility as a health provider matters here.

## **Messages for: Community health workers and community leaders — Responding to rumours**

*Dismissing rumours without acknowledging the underlying concern damages trust. These responses acknowledge the concern, provide accurate information, and reinforce partnership with the community.*

### **“There is a vaccine or cure being withheld from our community.”**

Acknowledge: We understand why people feel this way.

Correct: The treatments and vaccine that have been used in other Ebola epidemics are for a different type of Ebola. For Bundibugyo ebolavirus disease, there is currently no vaccine that is proven to work, and no specific medicine that targets this virus. Scientists are working urgently to change this. If a vaccine or treatment becomes available, your community will be among the first to know.

Reinforce: Early care-seeking — going to the treatment centre quickly — is the most effective way to survive right now. This is the honest, best advice we have.

### **“The treatment centre is where people go to die. No one comes back.”**

Acknowledge: We know that people have heard frightening things about treatment centres. The fear of dying alone is real and understandable.

Correct: In recent epidemics, more than half of people who had Bundibugyo virus disease (BVD) survived. People do recover from Bundibugyo ebolavirus disease, especially those who seek care early. Supportive care, including rehydration and treatment of symptoms, significantly improves survival. Your family will be kept informed of your condition while you are there.

Reinforce: We invite community leaders to visit the treatment centre to see the conditions for themselves. Survivor voices are the most powerful testimony.

**“Traditional remedies can prevent or treat Bundibugyo ebolavirus disease.”**

Acknowledge: Traditional medicine plays an important role in our communities.

Correct: For Bundibugyo ebolavirus disease, there is no evidence that traditional remedies prevent or treat the disease. Delaying care at the treatment centre in favour of home treatment significantly reduces the chance of survival. Using traditional practices at home also puts family members and healers at risk of infection through direct contact with body fluids.

Reinforce: Traditional healers can play a vital role in encouraging early care-seeking and supporting families — without putting themselves at risk. We encourage traditional healers to work with health teams.

**“The body bag and burial procedures are not honourable.”**

Acknowledge: Burial practices carry enormous cultural and spiritual significance. We do not dismiss the weight of this.

Correct: The bodies of people who die from Bundibugyo ebolavirus disease are highly infectious. Safe and dignified burial procedures are necessary to protect the family and community from further infections.

Reinforce: Before the burial begins, the burial team will speak with the family about their cultural and religious needs. Many elements of a dignified, respectful burial can still be observed. Please speak to the burial team about what matters most to your family.

Healthcare worker introduction	General public introduction
<ul style="list-style-type: none"> <li>• Ebola disease is caused by viruses from the <i>filoviridae</i> family (2). Three known species have caused large outbreaks:</li> <li>• Ebola virus (EBOV) causing Ebola virus disease (EVD)</li> <li>• Sudan virus (SUDV) causing Sudan virus disease (SVD)</li> <li>• Bundibugyo virus (BDBV) causing Bundibugyo virus disease (BVD). The current Ebola outbreak in the DRC and in Uganda are caused by the <b>Bundibugyo species</b>.</li> </ul>	<ul style="list-style-type: none"> <li>• Bundibugyo virus disease is a kind of Ebola virus disease. There are three kinds of related Ebola-causing viruses which can cause epidemics. The current epidemic is different from previous Ebola epidemics in a few important ways.</li> <li>• The current epidemics in DRC and Uganda are caused by Bundibugyo virus</li> </ul>
<ul style="list-style-type: none"> <li>• The Bundibugyo virus (BDBV) is transmitted through direct close contact with body fluids. The time between exposure to the virus and developing symptoms has been recorded 2-21 days.</li> </ul>	<ul style="list-style-type: none"> <li>• Bundibugyo virus (BVD) is transmitted through physical contact with the body fluids of someone who has symptoms of the disease, or who died from the disease. This includes blood, poop, pee, vomit, sweat, spit, and other fluids of a person who is infected with the virus.</li> <li>• The time between coming into contact with the virus and experiencing the first symptoms of the disease can vary from as little as 2 days to as much as 21 days.</li> </ul>
<ul style="list-style-type: none"> <li>• The BVD Ebola disease case fatality rate (CFR), ranged around 50%.</li> </ul>	<ul style="list-style-type: none"> <li>• In previous epidemics of Bundibugyo virus disease, fewer than half of all people who were infected died from the disease.</li> </ul>
<ul style="list-style-type: none"> <li>• The illness is characterized by acute onset fever with non-specific symptoms (abdominal pain, lack of hunger, fatigue, malaise, muscle pain, sore throat, nausea vomiting, diarrhea)</li> </ul>	<ul style="list-style-type: none"> <li>• People who are sick with Bundibugyo virus disease often experience symptoms that may be common in other diseases. These could include sudden fever, pain in the abdomen, being tired, aches and pains, and sore</li> </ul>

	throat. Other possible symptoms: nausea, vomiting, runny poo.
<ul style="list-style-type: none"> <li>• Previous outbreak was reported in Bundibugyo District in Uganda in 2007/2008, with 149 cases (37 deaths). Case fatality rate was 25%</li> <li>• In 2012, an outbreak was reported in Isiro District in the Democratic Republic of Congo, with 77 cases (36 deaths). Case fatality rate 47%.</li> <li>• DRC is responding to its 17<sup>th</sup> Ebola Outbreak (the current); however it is the second Bundibugyo ebolavirus disease (BVD)</li> </ul>	<ul style="list-style-type: none"> <li>• Bundibugyo virus disease is not the same type of Ebola as recent epidemics in Uganda or DRC, but is not new.</li> <li>• The previous Bundibugyo virus (BVD) epidemic was in 2007-2008 in Bundibugyo District in Uganda, and in 2012 in Isiro District in DRC.</li> </ul>
<p><b>No licensed vaccine currently exists for Ebola disease caused by this Bundibugyo species:</b></p> <ul style="list-style-type: none"> <li>• The widely used rVSV-ZEBOV vaccine has been licensed for (and proven to be effective against) Ebola disease caused by the Zaire ebolavirus species.</li> <li>• There is no scientific evidence that provides protection against Bundibugyo ebolavirus disease.</li> </ul>	<ul style="list-style-type: none"> <li>• The vaccine that is used for Ebola disease in other outbreaks is licensed for (and has been proven to work for) Zaire ebolavirus disease. It has not been licensed /proven/ shown to work for Bundibugyo virus disease.</li> <li>• 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 with the public.</li> </ul>
<p><b>No licensed therapeutics or specific medicines currently exists for Bundibugyo virus disease (BVD):</b></p>	<ul style="list-style-type: none"> <li>• There are not yet any specific medications that target the virus inside the human body. Doctors and nurses</li> </ul>

<ul style="list-style-type: none"><li>• The medicines used in other ebola outbreaks - monoclonal antibodies treatments used (Inmazed and Ebanga) - are specifically targeted to <i>Zaire ebolavirus</i> and are not known to be effective against this BDBV species.</li><li>• Early care seeking and <b>supportive care</b>, including rehydration, symptom management, and treatment of co-infections improve survival</li></ul>	<p>provide lifesaving care while your body fights the virus.</p> <ul style="list-style-type: none"><li>• The best way to survive this disease is by getting early medical care. Getting early medical care to treat the symptoms of the disease can save lives.</li></ul>
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