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# WHO Lists First Diagnostic for the Bundibugyo Ebola Virus

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# WHO Lists First Diagnostic for the Bundibugyo Ebola Virus

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## WHY IN NEWS

On July 2, 2026, the World Health Organization (WHO) added the first-ever molecular diagnostic test for the Bundibugyo virus (BDBV) to its Emergency Use Listing (EUL), closing a diagnostic gap that had existed since the species was first identified in 2007.

## THE DIAGNOSTIC AND THE OUTBREAK

The test added is the **Altona RealStar Filovirus Screen RT-PCR Kit**, a reverse-transcription polymerase chain reaction (RT-PCR) assay that detects the virus by identifying its genetic material (RNA) in a patient's blood sample. Until now there was **no diagnostic anywhere with WHO Emergency Use Listing specific to the Bundibugyo virus**, even though the species had been known for nearly two decades. That gap meant slower confirmation of cases and weaker outbreak surveillance.

The listing came in the middle of the largest recorded outbreak of Ebola disease caused by the Bundibugyo virus. On **May 17, 2026**, the WHO Director-General declared a **Public Health Emergency of International Concern (PHEIC)** (<https://ujiyari.com/terms/pheic-public-health-emergency-international-concern/>) over a Bundibugyo outbreak in the **Democratic Republic of the Congo (DRC)** that had spread to **Uganda**. By early July 2026, the DRC alone had reported over 1,400 laboratory-confirmed cases and more than 400 deaths.

## What Is the Bundibugyo Virus?

The **Bundibugyo virus (BDBV)** is one of the species of **Ebola virus**, which belongs to the **family Filoviridae** (filoviruses). It was first identified in 2007 during an outbreak in the Bundibugyo district of western Uganda. Ebola disease is a **zoonosis**, meaning it jumps from animals to humans; the natural reservoir is believed to be **fruit bats**.

FEATURE	DETAIL
Pathogen	Bundibugyo virus (BDBV), a species of Ebola virus
Family	Filoviridae (filoviruses)
First identified	2007, Bundibugyo district, Uganda
Natural reservoir	Fruit bats (zoonotic disease)
Transmission	Direct contact with bodily fluids of infected people or animals
Incubation period	About 2 to 21 days
Case fatality	Typically 30 to 50 per cent (higher for some Ebola species)
2026 status	PHEIC declared May 17, 2026 (DRC, spread to Uganda)

Ebola spreads through **direct contact with the bodily fluids** of infected people or animals, and with contaminated surfaces and materials. The **case fatality rate** typically ranges from 30 to 50 per cent, and can be higher for some Ebola species. Symptoms appear after an **incubation period of about 2 to 21 days**.

## THE EMERGENCY USE LISTING MECHANISM

The **Emergency Use Listing (EUL)** is WHO's risk-based procedure to **fast-track the assessment and availability of unlicensed vaccines, diagnostic tests and therapeutics** during declared public-health emergencies. It allows countries and procurement agencies to make time-limited, emergency use of products that have not yet completed the full licensing process, once WHO judges the benefit of early availability to outweigh the risk. The EUL was used widely during the COVID-19 pandemic and is now central to how the world responds to fast-moving outbreaks.

## ANALYSIS AND WAY FORWARD

The listing is significant beyond a single outbreak. It illustrates the principle of **diagnostic equity**: for many pathogens that circulate mainly in low-income regions, tests and treatments lag far behind the science, leaving health systems blind at the moment they most need to see. Closing an 18-year diagnostic gap for a known Ebola species shows both the value and the delay built into current global health security.

The episode also underlines the **One Health approach**, which treats human, animal and environmental health as one interconnected system. Because Ebola is zoonotic with a fruit-bat reservoir, surveillance at the human-wildlife interface is essential to catch spillover early.

For India, the way forward carries a clear opportunity. India is a major manufacturer of vaccines and diagnostics for the developing world, often called the pharmacy of the Global South. Building indigenous filovirus diagnostic and vaccine capacity, and channelling it through WHO's EUL and prequalification routes,

would strengthen both global pandemic preparedness and India's role in health diplomacy. Strengthening the **International Health Regulations (2005)**, the framework that governs PHEIC declarations, remains the shared institutional task.

## UPSC RELEVANCE

**GS Paper 2:** Issues relating to health; important international institutions, agencies and their structure and mandate (<https://ujivari.com/vocab/mandate/>) (WHO); India's role in global health governance and the Global South.

**GS Paper 3:** Science and technology developments and their applications; awareness in the field of biotechnology and health; disaster and epidemic management.

### Prelims pointers:

- The Bundibugyo virus (BDBV) is a species of Ebola virus, family Filoviridae; first identified in 2007 in Uganda.
- Ebola is zoonotic with a fruit-bat reservoir; spreads by direct contact with bodily fluids; incubation about 2 to 21 days; case fatality typically 30 to 50 per cent.
- WHO declared a PHEIC for the Bundibugyo outbreak on May 17, 2026 (DRC, spread to Uganda).
- The first WHO Emergency Use Listing diagnostic for BDBV is the Altona RealStar Filovirus Screen RT-PCR Kit, listed July 2, 2026.
- Emergency Use Listing (EUL) fast-tracks unlicensed vaccines, tests and treatments during public-health emergencies.
- A PHEIC is declared under the International Health Regulations (2005).

**Mains question:** “Diagnostic equity is as central to global health security as vaccine equity.” Examine this statement in the context of WHO's Emergency Use Listing mechanism and India's potential as a diagnostics and vaccine hub for the Global South. (15 marks, 250 words)

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**Event:** On July 2, 2026, WHO added the first molecular diagnostic for the Bundibugyo virus to its Emergency Use Listing (EUL).

**The test:** Altona RealStar Filovirus Screen RT-PCR Kit, which detects viral RNA in blood samples.

**The pathogen:** Bundibugyo virus (BDBV), a species of Ebola virus in the family Filoviridae, first identified in 2007 in Uganda.

**Disease profile:** Zoonotic, fruit-bat reservoir; spreads via direct contact with bodily fluids; incubation about 2 to 21 days; case fatality typically 30 to 50 per cent.

**Emergency:** PHEIC declared May 17, 2026 for a Bundibugyo outbreak in the DRC that spread to Uganda, with hundreds of deaths.

**EUL:** WHO's risk-based mechanism to fast-track unlicensed vaccines, tests and treatments during public-health emergencies.

**PHEIC:** A Public Health Emergency of International Concern is declared by the WHO Director-General under the International Health Regulations (2005).

**India angle:** As the pharmacy of the Global South, India can build filovirus diagnostic and vaccine capacity for global preparedness.

**Sources:** *World Health Organization* (<https://www.who.int/>), *PIB* (<https://pib.gov.in/>), *Down To Earth* (<https://www.downtoearth.org.in/>)

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