Pharmaceutical industry's response to the Ebola Bundibugyo virus disease outbreak

8 JUNE 2026 – The latest Ebola Bundibugyo outbreak in Democratic Republic of Congo, Uganda, and neighbouring countries is deeply concerning. Pharmaceutical and biotech companies are working with global partners in a coordinated response.

Accelerating the response

As the scientific, humanitarian, and global health response accelerates to contain the outbreak, pharmaceutical companies remain central to these efforts. While no treatments or vaccines are currently approved against the Bundibugyo virus, companies are working closely with the WHO-led technical process to identify potential candidates that may be effective.

In practice, this means that companies are testing the activity of existing treatments for similar viruses as the fastest possible way to proceed, while in parallel seeking to accelerate the development of novel candidates. Several candidate treatments – including monoclonal antibodies and direct-acting antivirals – are being prioritized for clinical trials under WHO guidance. Lessons learned from rapid development during COVID-19 can potentially help speed up the trials, while ensuring rigour and quality is maintained. Another antiviral therapy will be tested for post-exposure prophylaxis.

On vaccines, efforts focus both on evaluating whether licensed vaccines for different strains of Ebolavirus can offer cross-protection and on rapidly advancing new Bundibugyo strain-specific vaccine candidates. Multiple vaccine technology platforms are being taken forward, with clinical-grade material entering production and trials expected to begin soon – including mRNA and the ChAdOx1 platforms used to respond to COVID-19 as well as the rVSV platform.

Large pharmaceutical companies, vaccine companies from high- and low-income countries, biotechs, and academic researchers have all voluntarily contributed their technologies, capabilities, potential treatments, and vaccines and are working together with key global, regional, and local partners. These include CEPI, GAVI, Africa CDC, and relevant regulatory and preparedness authorities such as WHO, BARDA, EMA ,and the European Commission, including HERA, to make progress as fast as possible. Partners are contributing what they can in terms of scientific expertise, logistical and practical support on the ground, clinical networks, and funding to enable end-to-end R&D, manufacturing scale-up, and coordinated outbreak response. Other companies have contributed funding, emergency medical supplies and PPE, and support for healthcare workers.

This response builds upon the strong track record of pharmaceutical companies voluntarily stepping up in response to health emergencies. During the previous ebolavirus Public Health Emergencies of International Concern (PHEICs), hundreds of thousands of vaccines were donated to support preparedness and response against the Zaire strain of Ebolavirus in high-risk regions. In parallel, over 350,000 people were vaccinated before full licensure under compassionate use and outbreak protocols, supported by WHO-endorsed ring vaccination strategies.

At the same time, outbreak response efforts also advanced the development and deployment of therapeutics targeting the Zaire strain, underscoring the complementary role of treatments in reducing mortality. The data generated in those outbreaks eventually led to regulatory approvals and WHO pre-qualification and the first global vaccine stockpile against Zaire ebolavirus was created, alongside the establishment and donation of therapeutic stockpiles to support rapid treatment access in future outbreaks.

Preparing for the future

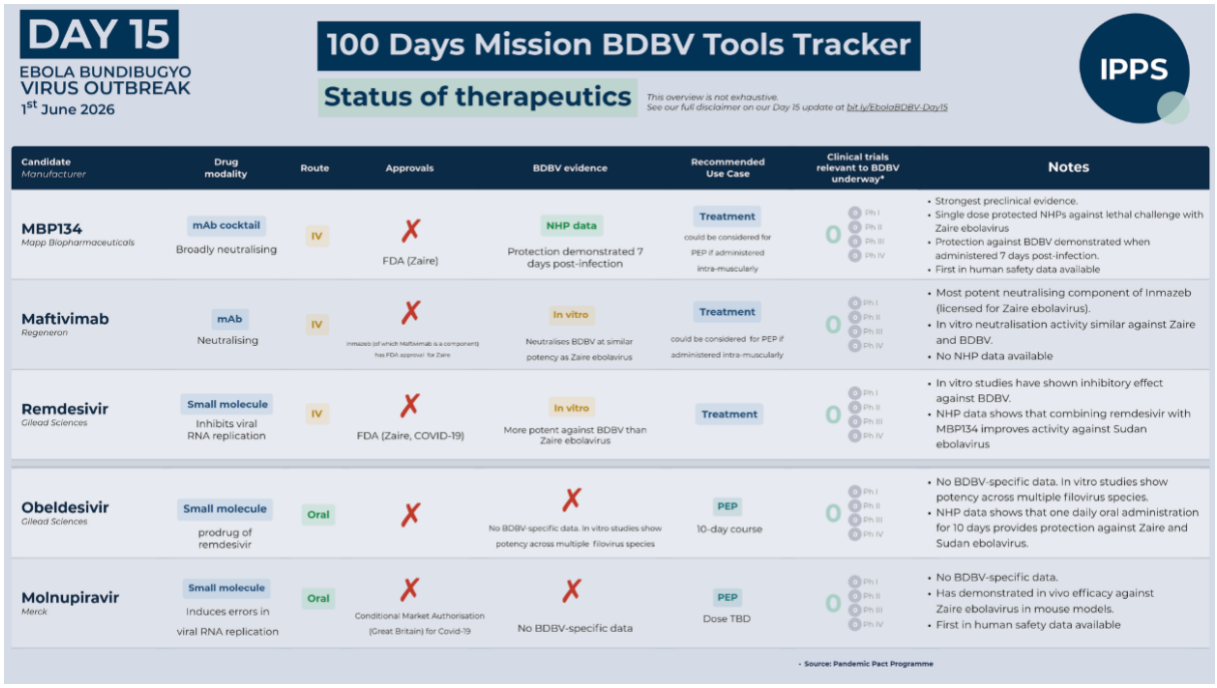
The current outbreak reinforces the need for strong preparedness systems, which must be in place before crises emerge and require sustained investment before and on an ongoing basis after outbreaks occur. Considering that only 10% of candidate drugs and vaccines that enter clinical development reach patients, recent data shows that many high-risk viruses lack sufficient R&D programs to provide the chance that the needed treatments and vaccines will be available in the future.

Investment in platform technologies and viral family approaches is also crucial in cases like Ebola. This allows tools to be adapted more quickly across different strains where no solutions may yet exist and achieve the goals of the 100 Day Mission. New public-private collaboration models and risk-sharing measures to attract and support more investment in R&D into emerging infectious diseases where outbreaks are sporadic and unpredictable are also critical.

The Ebola Bundibugyo outbreak serves as another reminder of why it is so important to safeguard the rapid and open pathogen and data sharing. Doing so allows scientists to work as quickly as possible on developing the medicines and vaccines needed to respond to future outbreaks. Effective responses require maintaining global stockpiles, alongside early and sustained financing and predictable demand signals; strengthening of regulatory collaboration and accelerated pathways; and sustainable investment in delivery systems, resilient supply chains, workforce, and infrastructure that ensure medicines and vaccines can get to the people who need them in a timely manner.

Note to the media

- INTREPID Alliance: Antiviral Clinical and Preclinical Development Landscape
- IPPS tracker for Ebola (Bundibugyo) Day 15: The Status of Diagnostics, Investigational Therapeutics and Vaccines



DAY 15
EBOLA BUNDIBUGYO VIRUS OUTBREAK
1st June 2026

100 Days Mission BDBV Tools Tracker

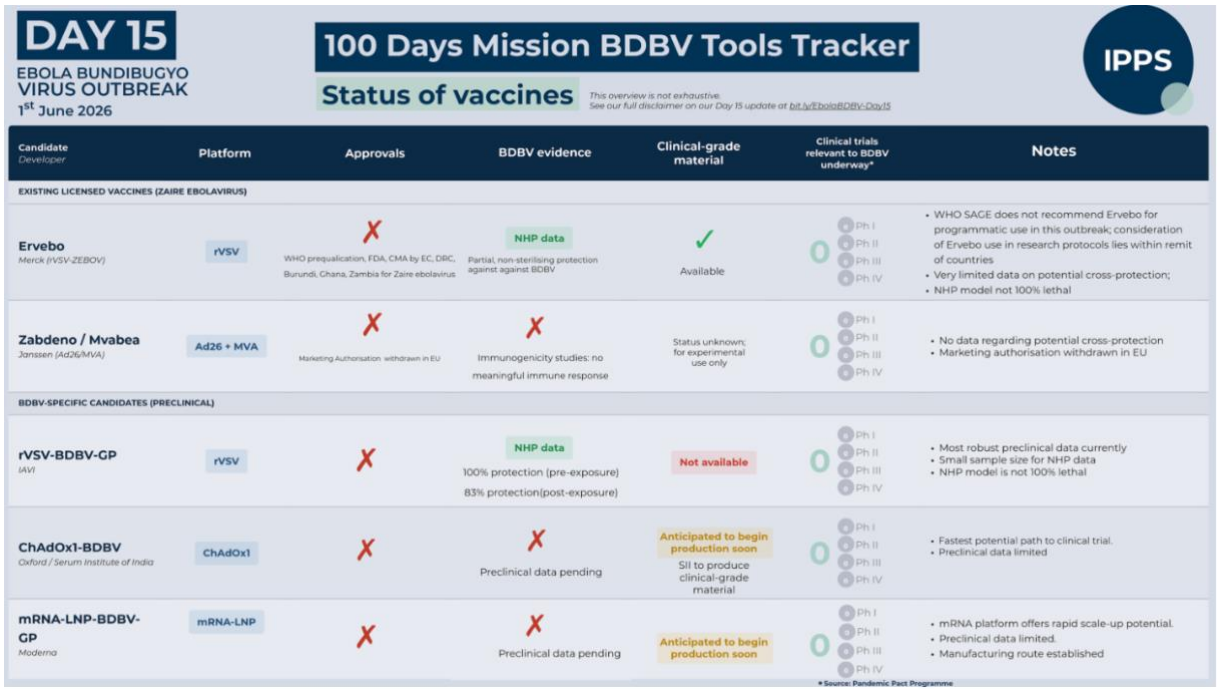
Status of therapeutics

This overview is not exhaustive. See our full disclaimer on our Day 15 update at bit.ly/EbolaBDBV-Day15

IPPS

Candidate / Manufacturer	Drug modality	Route	Approvals	BDBV evidence	Recommended Use Case	Clinical trials relevant to BDBV underway*	Notes
MBP134 — Mapp Biopharmaceuticals	mAb cocktail — Broadly neutralising	IV	✗ FDA (Zaire)	NHP data — Protection demonstrated 7 days post-infection	Treatment — could be considered for PEP if administered intra-muscularly	0 (Ph I, Ph II, Ph III, Ph IV)	• Strongest preclinical evidence. • Single dose protected NHPs against lethal challenge with Zaire ebolavirus • Protection against BDBV demonstrated when administered 7 days post-infection. • First in human safety data available
Maftivimab — Regeneron	mAb — Neutralising	IV	✗ Inmazeb (of which Maftivimab is a component) has FDA approval for Zaire	In vitro — Neutralises BDBV at similar potency as Zaire ebolavirus	Treatment — could be considered for PEP if administered intra-muscularly	0 (Ph I, Ph II, Ph III, Ph IV)	• Most potent neutralising component of Inmazeb (licensed for Zaire ebolavirus). • In vitro neutralisation activity similar against Zaire and BDBV. • No NHP data available
Remdesivir — Gilead Sciences	Small molecule — Inhibits viral RNA replication	IV	✗ FDA (Zaire, COVID-19)	In vitro — More potent against BDBV than Zaire ebolavirus	Treatment	0 (Ph I, Ph II, Ph III, Ph IV)	• In vitro studies have shown inhibitory effect against BDBV. • NHP data shows that combining remdesivir with MBP134 improves activity against Sudan ebolavirus
Obeldesivir — Gilead Sciences	Small molecule — prodrug of remdesivir	Oral	✗	✗ No BDBV-specific data. In vitro studies show potency across multiple filovirus species	PEP — 10-day course	0 (Ph I, Ph II, Ph III, Ph IV)	• No BDBV-specific data. In vitro studies show potency across multiple filovirus species. • NHP data shows that one daily oral administration for 10 days provides protection against Zaire and Sudan ebolavirus.
Molnupiravir — Merck	Small molecule — Induces errors in viral RNA replication	Oral	✗ Conditional Market Authorisation (Great Britain) for Covid-19	✗ No BDBV-specific data	PEP — Dose TBD	0 (Ph I, Ph II, Ph III, Ph IV)	• No BDBV-specific data. • Has demonstrated in vivo efficacy against Zaire ebolavirus in mouse models. • First in human safety data available

* Source: Pandemic Pact Programme



DAY 15
EBOLA BUNDIBUGYO VIRUS OUTBREAK
1st June 2026

100 Days Mission BDBV Tools Tracker

Status of vaccines

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IPPS

Candidate / Developer	Platform	Approvals	BDBV evidence	Clinical-grade material	Clinical trials relevant to BDBV underway*	Notes
EXISTING LICENSED VACCINES (ZAIRE EBOLAVIRUS)						
Ervebo — Merck (rVSV-ZEBOV)	rVSV	✗ WHO prequalification, FDA, CMA by EC, DRC, Burundi, Ghana, Zambia for Zaire ebolavirus	NHP data — Partial, non-sterilising protection against against BDBV	✓ Available	0 (Ph I, Ph II, Ph III, Ph IV)	• WHO SAGE does not recommend Ervebo for programmatic use in this outbreak; consideration of Ervebo use in research protocols lies within remit of countries • Very limited data on potential cross-protection; • NHP model not 100% lethal
Zabdeno / Mvabea — Janssen (Ad26/MVA)	Ad26 + MVA	✗ Marketing Authorisation withdrawn in EU	✗ Immunogenicity studies: no meaningful immune response	Status unknown; for experimental use only	0 (Ph I, Ph II, Ph III, Ph IV)	• No data regarding potential cross-protection • Marketing authorisation withdrawn in EU
BDBV-SPECIFIC CANDIDATES (PRECLINICAL)						
rVSV-BDBV-GP — IAVI	rVSV	✗	NHP data — 100% protection (pre-exposure) 83% protection(post-exposure)	Not available	0 (Ph I, Ph II, Ph III, Ph IV)	• Most robust preclinical data currently • Small sample size for NHP data • NHP model is not 100% lethal
ChAdOx1-BDBV — Oxford / Serum Institute of India	ChAdOx1	✗	✗ Preclinical data pending	Anticipated to begin production soon — SII to produce clinical-grade material	0 (Ph I, Ph II, Ph III, Ph IV)	• Fastest potential path to clinical trial. • Preclinical data limited
mRNA-LNP-BDBV-GP — Moderna	mRNA-LNP	✗	✗ Preclinical data pending	Anticipated to begin production soon	0 (Ph I, Ph II, Ph III, Ph IV)	• mRNA platform offers rapid scale-up potential. • Preclinical data limited. • Manufacturing route established

* Source: Pandemic Pact Programme

About BIO

BIO, the Biotechnology Innovation Organization, is the premier biotechnology trade association representing biotech companies, industry leaders, and state biotech associations in the United States and more than 35 countries around the globe. BIO members range from biotech start-ups to some of the world's largest biopharmaceutical companies – all united by the same goal: to develop medical and scientific breakthroughs that prevent and fight disease, restore health, and improve patients' lives.

For more information, visit https://www.bio.org/

About DCVMN

The Developing Countries Vaccine Manufacturers Network (DCVMN) is a voluntary, public health-driven alliance of vaccine manufacturers from developing countries, committed to protecting people against known and emerging infectious diseases by ensuring a consistent supply of high-quality, affordable vaccines and advancing vaccine equity worldwide.

For more information, visit https://dcvmn.org/

About IFPMA

IFPMA represents the innovative pharmaceutical industry at the international level, engaging in official relations with the United Nations and multilateral organizations. Our vision is to ensure that scientific progress translates into the next generation of medicines and vaccines that deliver a healthier future for people everywhere. To achieve this, we act as a trusted partner, bringing our members' expertise to champion pharmaceutical innovation, drive policy that supports the research, development, and delivery of health technologies, and create sustainable solutions that advance global health.

For more information, visit ifpma.org

About Vaccines Europe

Vaccines Europe is a specialised vaccines group within the European Federation of Pharmaceutical Industries and Associations (EFPIA). It represents vaccine companies of all sizes operating in Europe, and currently includes all the major global innovative and research-based vaccine companies, including small and medium-sized enterprises. Their mission is to foster innovation and value recognition of lifecourse immunisation in Europe to protect people against evolving health challenges.

For more information, visit https://www.vaccineseurope.eu/