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Emerging Problems in Infectious Diseases

Re-emergence of Ebola and Marburg virus diseases and recent activity in Africa – the need to shift to more proactive emergency responses

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Abstract

Ebola virus disease and Marburg virus disease are severe, highly lethal infections caused by filoviruses, characterized by rapid transmission, complex clinical management, and major socio-economic impact. A narrative review of recent outbreaks between 2021 and 2025 underscores persistent systemic gaps that compromise early detection and effective containment. The recurrence of Ebola and Marburg outbreaks demonstrates that, although progress has been made since the 2014-2016 West African epidemic, substantial vulnerabilities persist.

Key words: Ebola virus disease; Marburg virus disease; epidemic surveillance.

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Background

Ebola virus disease (EVD) and Marburg virus disease (MVD) are severe, acute, zoonotic infections caused by filoviruses from the *Filoviridae* family. Both are classified as filoviral hemorrhagic fevers, with clinical course, diagnostic challenges, and principles of case management.

Over the last decade, outbreaks of Ebola and Marburg viral diseases (both known as severe forms of viral hemorrhagic fever) have been reported in several African countries. In Guinea and Côte d'Ivoire, the most recent outbreaks occurred in 2021 [1,2], while Uganda faced an Ebola epidemic in 2022 [3]. By late 2025, the Democratic Republic of Congo had reported a significant Ebola outbreak involving 64 cases, including 45 deaths (34 confirmed and 11 probable) [4]. More recently, in November 2025, Ethiopia confirmed six deaths associated with the Marburg disease [5]. This resurgence renews longstanding concerns about the persistent vulnerability of national health systems in Africa, and elsewhere, to rapidly transmissible, highly lethal pathogens with profound socioeconomic consequences.

Recent epidemic responses have exposed persistent gaps that compromise surveillance and early outbreak control: delayed diagnosis, limited access to adequately equipped molecular diagnostic laboratories, difficulties in the coordinated application of containment measures, and inadequate risk communication and community engagement.

Despite progress in recent years, including the approval of effective Ebola vaccines and improvements in treatment protocols, significant gaps remain, limiting the timely containment of outbreaks.

In this context, sustained investment is urgently needed in active surveillance, continuous training of healthcare professionals, improved early warning systems, and stronger regional laboratory networks. Cross-border collaboration must be prioritized, given the transnational nature of these pathogens.

The recurrence of these severe viral infections highlights ongoing risks and underscores the need to strengthen local and regional surveillance systems, while building upon response capacities developed after the 2014–2016 West African Ebola epidemic. The latest outbreaks tell us that threats remain, especially from new zoonotic spillover events.

Conclusions

The increasing frequency of Ebola and Marburg outbreaks necessitates moving from reactive emergency responses to proactive, sustained "One Health" strategies that strengthen health systems, improve rapid detection, and foster community trust to stop transmission chains early.

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Conflict of interest
No conflict of interest is declared.

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