An update on the Marburg Virus Disease Outbreak in Ethiopia

January 2026

Overview

The Ethiopian Ministry of Health (MoH) has declared an end to the country's first confirmed Marburg Virus Disease (MVD) outbreak. This declaration followed the completion of the World Health Organization (WHO) recommended two consecutive incubation periods (42 days) without reporting a new suspected, confirmed, or death of a suspected MVD case, after the recovery (discharge) or safe burial of the last known case.[1] The last known laboratory confirmed MVD case demised, and a safe burial was conducted on 14 December 2025. The outbreak was first confirmed on 14 November 2025 in Jinka town, South Ethiopia Regional State, following the laboratory detection of the Marburg virus (MARV) by the Ethiopian Public Health Institute (EPHI) National Reference Laboratory in an adult who developed viral haemorrhagic fever (VHF) symptoms on 23 October 2025.[1]

Epidemiological findings

By the end of the outbreak, as of 25 January 2026, 19 cases (14 laboratory-confirmed and five probable cases), including nine deaths (four laboratory-confirmed cases and all five probable cases), have been recorded, with a case fatality rate (CFR) of 64.3%.[1]

Cases were reported from the Jinka, Malle, and Dasench woredas (districts), located in the South Ethiopia Region State, as well as from Hawassa, in the Sidama Region. Through contact tracing, epidemiological links were established, including travel history to Jinka town, where the outbreak was first reported.[1-3] In total, 857 contacts were identified and completed the 21 days of daily symptoms monitoring. Figure 1 shows the distribution of the MVD outbreak in Ethiopia.[1]

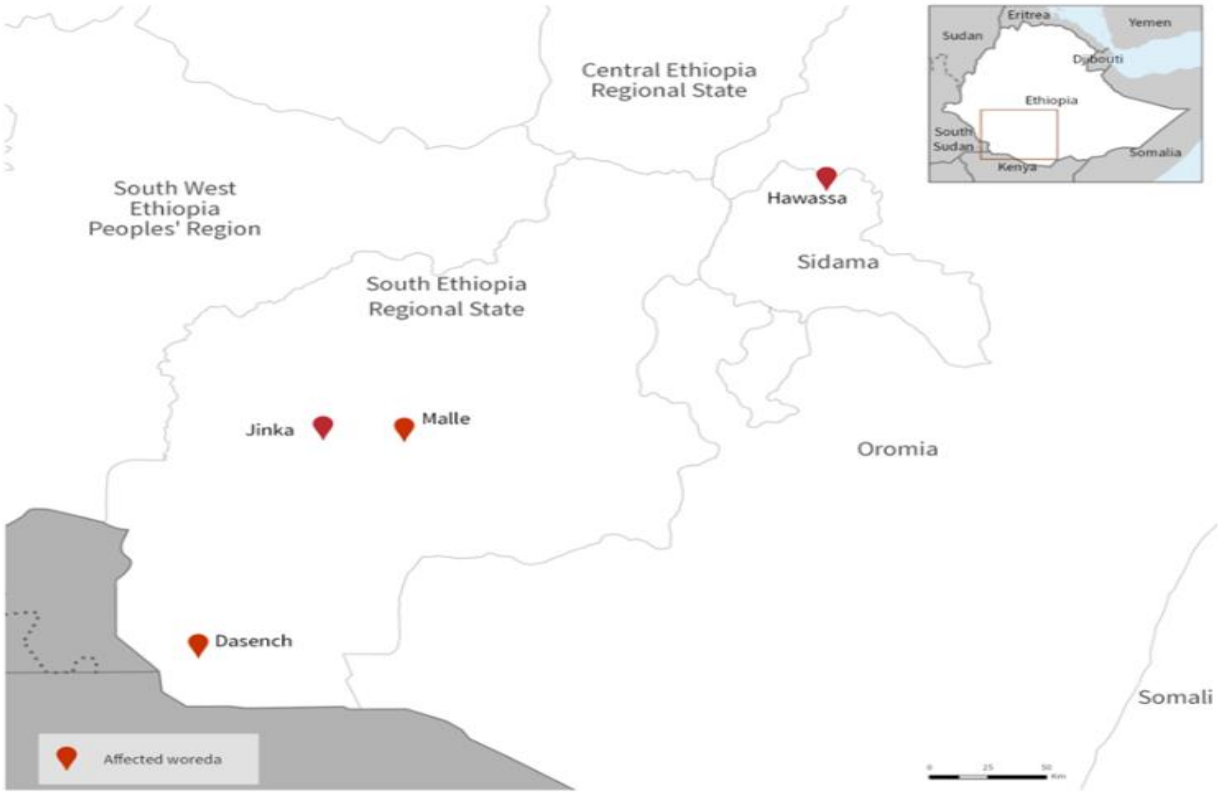

Figure 1. Map of areas reporting MVD outbreak in the South Ethiopia Regional State and Sidama Region, Ethiopia (Source: WHO).[1]

Molecular analysis of the laboratory confirmed cases indicated that the circulating strain in this outbreak is the same as the strain previously detected in MVD outbreaks in other East African countries. [3, 4] Investigations conducted under the One Health approach identified the presence of certain species of fruit bats in the affected areas, which are recognised natural reservoirs of MARV.[3]

Public health response and control measures

In response to the outbreak, the Ethiopian MoH, in collaboration with EPHI, WHO, Africa Centre for Disease Control and Prevention (Africa CDC), and other partners, implemented a comprehensive outbreak response.[2, 3, 5] National and regional emergency coordination mechanisms were activated, and multidisciplinary rapid response teams were deployed to affected areas to support surveillance, case investigation, contact tracing, infection prevention and control (IPC), and case management.[2, 3]

Enhanced laboratory surveillance was implemented, with approximately 3 800 samples tested during the course of the outbreak to support case detection.[1] Designated treatment centres were established, with a team of trained healthcare workers deployed. Risk communication and community engagement activities were intensified to promote early reporting, health care-seeking behaviour, and safe burial practices.[1, 3]

Risk assessment

All reported deaths occurred following unsupervised burials, with the latter recognised as a risk factor for further transmission in the community when appropriate infection, prevention, and control measures are not in place. The identification of healthcare workers among the confirmed cases indicates possible occupational exposure within healthcare facilities.[3]

Although no new cases were reported throughout the 42 days following a safe burial of the last known confirmed MVD case on 14 December 2025, there is still a risk of MVD re-emerging after the outbreak has been declared over, due to potential spillovers from contact with the animal reservoir.[1] In addition to monitoring and responding to community feedback and rumours, risk communication and community engagement initiatives are continuing to raise awareness and to dispel stigma against those impacted by the outbreak.[1] Based on the current risk assessment, WHO does not recommend any travel or trade restrictions on Ethiopia.[1]

Public health considerations and recommendations

Although the outbreak has been declared over, the country has entered the recommended 90-day period of enhanced surveillance.[6] The WHO and partners have emphasised the importance of sustained vigilance, particularly in regions with ecological conditions favourable for MARV spillover.[1] Continued strengthening of VHF surveillance, enhanced health facility and laboratory testing capacity, rapid response mechanisms, as well as cross-border collaboration, remains critical for ensuring early detection and containment of future outbreaks. [1, 3, 5] Ongoing community engagement, including raising public awareness and continued health worker trainings are essential to improve preparedness and reduce the risk of delayed detection and response.[1, 3]

The successful containment of this outbreak highlights the value of rapid case detection, coordinated multisectoral response, and strong national and international partnerships in managing the high consequences related to infectious disease threats.[7] To reduce transmission, WHO recommends limiting bat-to-human exposure, particularly in fruit bat-infested mines and caves, as well as improving human-to-human transmission prevention through early isolation of suspected cases, safe and dignified burials, and strict IPC practices in healthcare facilities.[1]

Situation in South Africa

There have been no reports of MVD cases internationally that are linked to this outbreak in Ethiopia, and the risk of MVD importation remains low.[1,6] However, vigilance is vital given the emergence of MVD outbreaks in the African region. Healthcare workers are encouraged to consider MVD in any patient presenting with unexplained acute febrile illness who has a history of potential exposure from being in the mines or caves known to have fruit bat colonies. The National Institute for Communicable Diseases (NICD) serves as the national reference centre for VHF testing, with laboratory diagnostic capacity, and provides expert guidance.[8]

Clinicians identifying a suspected case of MVD should contact the NICD Clinical Hotline (0800 212 552), a 24-hour service for healthcare professionals, to discuss laboratory testing and provide a detailed clinical, travel, and exposure history. VHF diseases, including MVD, are classified as Category 1 notifiable medical conditions

(NMC) in South Africa, and must be reported within 24 hours of clinical suspicion through the NMC notification system.[8]

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