GET Global Emerging Pathogens Treatment Consortium

STATEMENT RELEASE

Marburg Virus Disease in Ethiopia: Situation Update and Response Efforts



Table of Contents

Overview of the Marburg Virus Disease Outbreak in Ethiopia	1
What is Marburg Virus Disease?	1
Aetiology	1
Reservoir	1
Transmission of MVD	1
Incubation Period	2
Risk factors	2
Treatment	2
Prevention and control	3

Overview of the Marburg Virus Disease Outbreak in Ethiopia

Ethiopia's Ministry of Health has confirmed an outbreak of Marburg virus disease in the South Ethiopia Region, marking the first occurrence of the disease in the country. This confirmation follows laboratory testing of samples from a cluster of suspected viral haemorrhagic fever cases. Genetic analysis conducted by the Ethiopian Public Health Institute shows that the virus is of the same strain previously identified in outbreaks across East Africa. A total of nine cases have been reported, with the outbreak centred in Jinka town in the South Ethiopia Region. National authorities are scaling up response measures, including community-wide screening, case isolation, clinical management, contact tracing, and public awareness campaigns to curb the spread of the Marburg virus, a pathogen in the same family as the Ebola virus. The World Health Organization (WHO) and partners are supporting the government's intensified response efforts. A team with expertise in viral hemorrhagic fever outbreak management has been deployed, together with essential medical supplies and equipment, to help halt transmission and bring the outbreak under control.

What is Marburg Virus Disease?

Marburg Virus Disease is a rare, severe viral hemorrhagic fever which affects both people and other primates, like apes and monkeys. The disease affects multiple organs, disrupts the immune system, and can cause massive bleeding, shock, and multi-organ failure. It has a case fatality ratio of up to 88%, but it can be much lower with good and early patient care.

Aetiology

The disease is caused by the Marburg virus, a dangerous virus that belongs to the same family as Ebola, filoviridae.

Reservoir

The virus is naturally found in the Egyptian rousette bat (Rousettus aegyptiacus) and can spread from bats to people. Bats do not show illness but can shed the virus through saliva, urine, and droppings.

Transmission

1. **Contact with bat habitat:**

This is commonly seen in people who enter caves, mines, or buildings where the fruit bats live can be exposed to the virus. Even without touching the bats directly, inhaling tiny particles contaminated with bat waste can cause infection.

2. Handling bats or dead/infected animals:

Contact with blood and other bodily fluids from this animal can carry the virus.

3. Human-to-Human Transmission:

Marburg virus spreads between people when body fluids from a sick person enter another person's body, usually through the eyes, nose, mouth, broken skin, or during unsafe handling of items contaminated with these fluids.

Incubation Period

The incubation period of Marburg virus disease is 2 to 21 days.

Risk Factors for Transmission

- Those most at risk for Marburg include:
- People in contact with Egyptian rousette bats or their excretions
- People caring for individuals sick with the disease without proper protective equipment
- People in contact with infected non-human primates

Signs and Symptoms

- Initial Marburg symptoms include:
- ·Fever
- ·Chills
- ·Headache
- ·Muscle aches
- ·Rash with both flat and raised bumps, often on the torso
- ·Chest pain
- ·Sore throat
- ·Nausea, vomiting, and diarrhea

As the disease advances, symptoms can become more severe, including **liver failure, delirium, shock, bleeding (hemorrhaging), and multi-organ dysfunction.**

Treatment of Marburg Virus Disease

Currently, there are no licensed treatments for Marburg. Treatment is limited to supportive care. This includes rest, hydration, managing oxygen status and blood pressure, and treatment of secondary infections.

Prevention and Control of MVD

1. Early Detection and Surveillance

- Strengthening surveillance systems to quickly identify suspected cases.
- Prompt laboratory testing to confirm infection.
- Continuous monitoring in affected and high-risk areas.

2. Infection Prevention and Control (IPC)

- Strict adherence to IPC protocols in healthcare settings.
- Use of appropriate personal protective equipment (PPE) for health workers.
- Safe handling of patient samples and proper sanitation of surfaces and equipment.

3. Contact Tracing and Monitoring

- Identification of all contacts of confirmed cases.
- Daily monitoring of contacts for 21 days to detect symptoms early.
- Rapid isolation of any contact who develops symptoms.

4. Community Engagement and Risk Communication

- Public awareness campaigns on symptoms, transmission, and preventive behaviours.
- Encouraging communities to seek care early and report suspected cases.
- Addressing misinformation and engaging local leaders.

5. Safe Burial Practices

- Implementation of safe and dignified burial procedures to prevent exposure.
- Support to families during the burial process.

6. Reducing Human–Animal Transmission

- Avoiding contact with fruit bats (Rousettus aegyptiacus) and primates known to harbour the virus.
- Safe handling and cooking of bushmeat where relevant.

7. Strengthening Cross-Border Preparedness

- Regional coordination between neighbouring countries.
- Sharing surveillance data and response experiences.
- Joint preparedness planning in high-risk zones.

The Global Emerging Pathogens Treatment Consortium (GET) was established in 2014 as a direct response to the 2014-2016 Ebola virus disease outbreaks in West Africa. GET is legally registered in Nigeria, Accra, Ghana, Sierra Leone, and the United States of America. Our primary purpose is to develop African-led and Afrocentric strategies within an international context to address emerging biosecurity threats effectively.



FIND OUT MORE ABOUT THE ORGANIZATION

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