

Reconsidering Ebola virus nomenclature: a call for a stigma-free and precise terminology



Ebola virus disease is a severe, and very often fatal, emerging and re-emerging zoonotic infection that is a major threat to global health. Since its discovery along the Ebola River in the Democratic Republic of Congo in 1976, *Orthoebolavirus*, commonly known as *Ebolavirus*, has caused 42 outbreaks in 18 countries. Over 80% (34 of 42) of Ebola virus disease outbreaks have occurred in Africa.¹ The most difficult to contain Ebola virus disease epidemic so far was in west Africa between December, 2013, and June, 2016, where 28 610 cases were confirmed, with a case fatality rate of 40%.² Uganda is highly prone to Ebola virus disease occurrence and has so far had seven outbreaks since 2000. Five of these were caused by *Orthoebolavirus sudanense* (Sudan ebolavirus).¹ The most recent Ebola virus disease health-care emergency was declared in Uganda on Jan 30, 2025.

The International Classification Of Diseases 11th version provides names for the different Ebola virus diseases based on the causative species of *Orthoebolavirus*.³ Infectious disease nomenclature shapes perception, influences policy, and reduces outbreak stigma.⁴⁻⁶ The renaming of monkeypox to *Mpox* by WHO in 2022 underscores the need for revisiting disease names that carry geographical, animal-related, or socially stigmatising connotations.^{5,7} In this context, we propose a reconsideration of the name *Ebola*, a term historically linked to severe outbreaks of haemorrhagic fever, as not all of the four strains known to infect humans are as virulent as the original Zaire strain.⁷

In 1976, Ebola virus disease was named after the Ebola River in the Democratic Republic of Congo,⁸ and this designation was intended to specifically localise the viral origin to a region that was considered remote at the time and therefore not of immediate global concern. However, this approach has inadvertently contributed to stigmatisation of affected regions today, reinforcing negative associations with the Democratic Republic of Congo and neighbouring countries, such as Uganda. Stigmatisation linked to disease outbreaks often negatively impacts tourism, economic stability, and international relations.⁴ For example, during the Middle East respiratory syndrome outbreak, countries in the

Middle East, particularly Saudi Arabia, faced a significant reduction in international travel, and economic activity due to fear and negative perceptions about disease transmission. Similarly, the Spanish influenza pandemic (1918–1919) led to widespread fear and discrimination, causing disruptions in global trade, strained diplomatic interactions, and economic downturns due to avoidance behaviours, travel restrictions, and reduced workforce productivity. These consequences illustrate how disease-related stigma can severely affect social and economic interactions between nations.

Furthermore, different *Orthoebolavirus* species have been named after regions where they were first identified, including *Orthoebolavirus sudanense*, *Orthoebolavirus bundibugyoense* (*Bundibugyo ebolavirus*), and *Orthoebolavirus zairense* (*Zaire ebolavirus*).⁶ These names not only perpetuate regional stigma, but also fail to accurately reflect evolving virological characteristics of the disease. Advances in genomic sequencing have revealed significant genetic diversity among *Orthoebolaviruses*, influencing transmissibility, pathogenicity, and response to therapeutics.⁹ For instance, *Orthoebolavirus bundibugyoense* exhibits lower case fatality rates compared with *Orthoebolavirus zairense*, whereas *Orthoebolavirus sudanense* has shown differing outbreak patterns and clinical manifestations.⁹ Given these virological and clinical distinctions, a more systematic and neutral nomenclature that is based on viral taxonomy, rather than geography, is warranted.^{6,10}

Beyond geographical concerns, Ebola virus disease has become synonymous with high fatality rates, global health emergencies, widespread fear, and high-cost disease response measures. The name Ebola evokes both public and health-care worker dread, potentially complicating public health messaging and response efforts. Surveillance and response to *Orthoebolavirus* epidemics are still isolated, and not well integrated into public health systems, resulting in importation and deployment of semi-specialised or poorly trained personnel to respond to local disease activity. A more neutral, scientifically precise nomenclature could help reposition the disease within a framework of evidence-based virology, rather than fear-based associations.^{6,10}

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Uganda's current Ebola virus disease outbreak is milder, with about a dozen cases to date, two fatalities, and minimal secondary transmission. Ebola virus disease has a wide spectrum of infection, going beyond just the geographical entity. Thus, there might be a need to revisit the current nomenclature.

From a virological standpoint, Ebola virus disease is caused by members of the *Filoviridae* family.^{6,9} We propose a more descriptive term that aligns with modern taxonomic conventions, such as Filoviral haemorrhagic fever or severe viral haemorrhagic fever, would better reflect the disease's pathology and aetiology. A precedent for such a transition exists in the naming of SARS-CoV-2 and COVID-19, where geographical locations were avoided when naming the novel virus and associated disease, and, recently, monkeypox to Mpox, where the name was changed to lessen associated stigma.⁷ Renaming *Orthoebolavirus* strains—for example, *Orthoebolavirus sudanense* to *Orthoebolavirus S* and *Orthoebolavirus zairense* to *Orthoebolavirus Z*—would continue the trend for less stigmatising language.

However, the severity of Ebola virus disease represents a key nomenclature issue. The challenge arises with other severe, but unrelated, haemorrhagic fevers such as Crimean-Congo haemorrhagic fever, making the proposed label of severe viral haemorrhagic fever potentially unclear. Crimean-Congo haemorrhagic fever could be classified as tickborne viral haemorrhagic fever, whereas Ebola virus disease would be Filoviral haemorrhagic fever, still without undue stigma and in line with WHO guidelines recommending avoidance of geographical, population-specific, or culturally sensitive disease names.¹⁰ Adoption of new nomenclature would require a phased transition acceptable among health-care professionals, researchers, and the public. Engaging communities will ensure cultural sensitivity and adoption.

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