For Ebola - New vaccines for Bundibugyo ebolavirus
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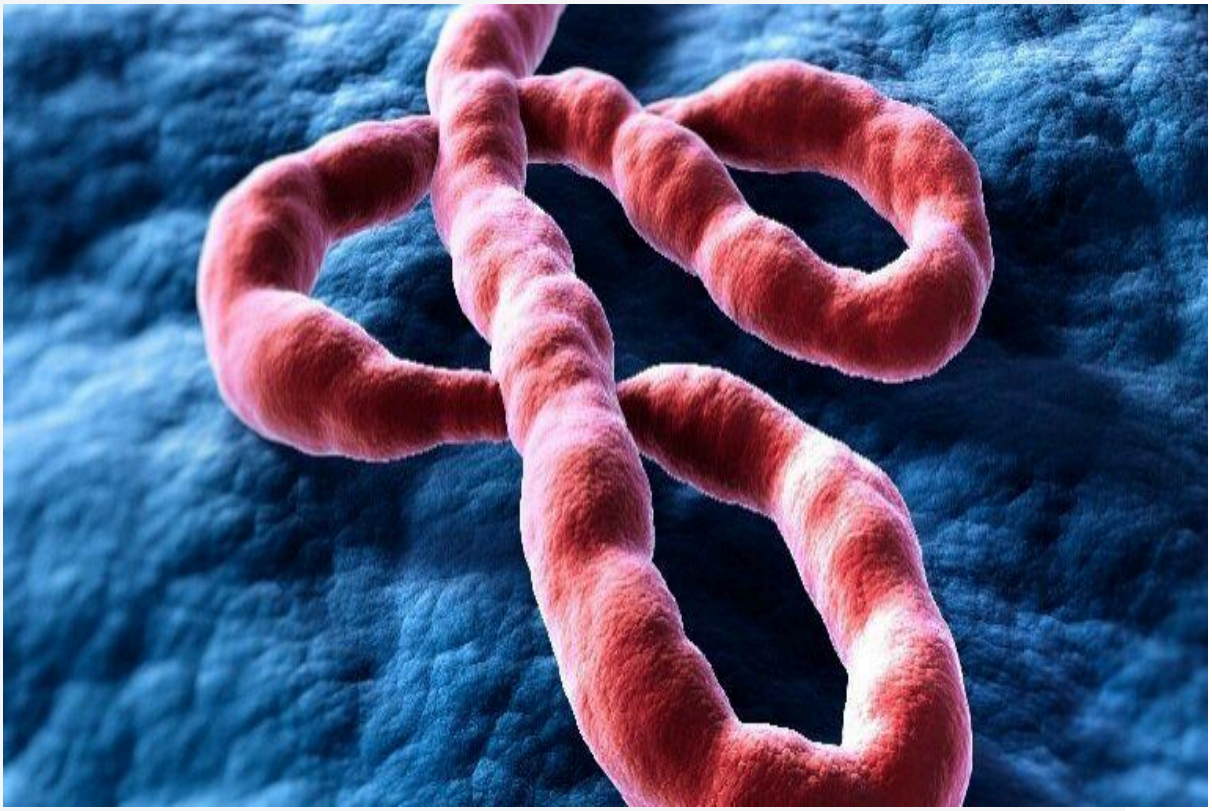

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Ebola:
Bundibugyo:
Another GMO Vaccine by Astrazenica
Same as the very lethal Astrazeneca Vaccine for covid, plagued with innumerable side effects causing all autopsies to be banned world- wide to this day from March 2020. And; has many semipermanent and permanent side effects to heart, immune system and pancreas and kidneys, which many times resulted in death.

New AstraZeneca Vaccine:

Genetically modified virus
Adeno virus from chimp
Inject That into people.
Systemic circulation
Enters cell
Makes mRNA that goes in cytoplasm
And then the cell makes the immuno potent protein vaccine made internally in ribosomes that use mRNA to make proteins in the cytoplasm of the cell.

Detection:

Glycoproteins cover the surface where the virus capsid or other virus proteins are presented on the surface of infected cells.

Carrying on with GMO viral vaccine

Spread by liquids and ba and ody fluids only, not by air like Influenza and covid

Cell

ChAdOx1 Bundibugyo vaccine (Oxford / Serum Institute)

Uses the chimpanzee adenovirus (ChAdOx1) platform

Similar technology was used in the Oxford AZ COVID-19 vaccine

Potentially be ready for early efficacy assessment in 2–3 months

How the ChAdOx system works

Genes for the antigen are inserted into a viral vector

Injection(im)

Biodistribution

Cell entry

Delivers DNA instructions into the cell

Antigen production

Cell manufactures the viral protein:

Both cause human cells to manufacture a viral antigen

COVID vaccine → spike protein

Ebola vaccine → Ebola glycoprotein

For the SARS-CoV-2, spike protein, immunologically important antigen, is believed to be associated with cells surfaces rather than freely circulating.

National Foundation for Infectious Diseases®

Ebola

Ebola is a rare and deadly disease caused by infection with a virus that can cause disease in humans and other primates

What is Ebola?

Ebola is a rare and deadly disease caused by infection with a virus of the family *Filoviridae*, genus *Ebolavirus*. Ebola can cause disease in humans and other primates (monkeys, gorillas, and chimpanzees).

Ebola was first discovered in 1976 near the Ebola River in what is now the Democratic Republic of the Congo. Since then, outbreaks have appeared sporadically in several African countries. Transmission to other countries is very unusual.

How Common or Serious is Ebola?

The 2014-2015 Ebola epidemic was the largest in history, affecting multiple countries in West Africa. On May 15, 2026, the Ministry of Health of the Democratic Republic of the Congo (DRC) confirmed an Ebola outbreak in northeastern DRC. On May 17, the World Health Organization determined this outbreak to be a public health emergency of international concern.

Although the risk of an Ebola outbreak in the United States is very low, the Centers for Disease Control and Prevention (CDC) have taken precautions to prevent an outbreak from happening, including issuing health alerts for US clinicians and travelers. There is little risk of catching Ebola for travelers who

have not been in close personal contact with someone infected with Ebola virus.

There are at least 6 different species of Ebola. There are 2 licensed Ebola vaccines and there are some treatments, but these vaccines and treatments have not been shown to be effective for all Ebola species.

Symptoms

It can take anywhere from two to 21 days after infection for symptoms to appear, but the average length of time is 8-10 days. Symptoms include fever (greater than 101.5°F), severe headache, muscle pain, weakness, diarrhea, vomiting, stomach pain, and unexplained bleeding or bruising.

Prevention

Healthcare professionals caring for Ebola patients and those in close contact with Ebola patients are at highest risk of getting sick, as they may come into contact with the blood or body fluids of sick patients. The virus is spread to humans when there is direct contact (through broken skin; areas of the skin that have been opened by cuts, abrasions, dermatitis, chapped skin; or mucous membranes) with:

- blood or body fluids
- objects that have been contaminated with the virus (e.g., needles)
- the body of a person who is seriously ill or who has died due to Ebola
- infected animals

Ebola vaccine is recommended for certain individuals age 18 years and older who are at high risk for potential exposure, including those who are:

- responding to an Ebola outbreak
- working in a laboratory that handles specimens that might contain live Ebola virus
- working in a federally or state designated Ebola treatment center

Treatment (So far does not include Act RX):

Treatment usually involves supportive care to manage symptoms and treat other infections that may occur.

The US Food and Drug Administration has approved two monoclonal antibody treatments, which are proteins made in a lab that bind to a portion of the surface of the virus and prevent the Ebola virus from entering human cells. These treatments have been shown to improve survival rates.