# We should stop stigma by renaming Ebola, strains

**ON** May 17, the World Health Organisation (WHO) declared the Ebola outbreak in DR Congo and Uganda an international health emergency. That decision was right. With a fatality rate of 30%-50% and an incubation period of two to 21 days, indeed this virus demands global attention. Uganda, to its credit, has built a stellar record in preventing widespread community transmission of epidemics. Yet, as we fight the disease, we must also confront an unnecessary wound. Stigma is written into the names themselves. The three main strains are Bundibugyo, Zaire, and Sudan. The first two have no vaccine. And, the troubling link is their names. Each borrows from a Ugandan district or a sovereign nation. Bundibugyo is not a virus, but a district. Zaire isn't even the DRC's name anymore. Sudan is a nation of over 50 million people. Why should these places be branded by a killer disease?

We have been here before. When COVID-19 emerged, early attempts to brand it the "Chinese flu" or "Wuhan virus" were rightly rejected. Public health leaders, including WHO, warned that geographic labels stigmatise communities, fuel discrimination and undermine epidemic response.

## EDITORIAL

**Editorial Tel:** 0414 337000/337139/337125;
**Fax:** 0414 235843; P. O. BOX 9815 Kampala.
**Email:** news@newvision.co.ug;
**Marketing/Advertising Tel:** 0414337000
**Fax:** 0414 232050
**Email:** advertising@newvision.co.ug
Member of the Audit Bureau of Circulation (ABC);
Company listed on the Uganda Securities Exchange
**www.newvision.co.ug**

That pushback was correct. A virus has no nationality and neither does a bacterium hold a passport. So, why the double standard with Ebola? WHO's own guidelines, issued in 2015, state that disease names should avoid geographic locations, people's names, species of animal, or terms that incite fear.

Ebola itself violates that principle, named after a river near the 1976 outbreak site. The strain names double down on the error. In fact. Using scientific lineage designations would be more accurate, neutral and consistent with modern virology.

Stigma is not abstract. It has consequences. During past outbreaks, communities in Bundibugyo faced economic isolation and social suspicion. Tourist cancellations, trade disruptions and investor hesitancy follow names on a map.

Stigma also drives cases underground. If your home district becomes shorthand for death, you are less likely to report symptoms or seek care. That helps no one. Uganda's success in containment comes from trust between health workers and communities. Naming conventions should reinforce that trust, not erode it. We do not speak of "American HIV" or "Spanish Flu" in modern discourse because we understand the damage. Africa deserves the same respect. If WHO can lead the world in declaring emergencies, it can also lead in updating outdated nomenclature.