

Marburg Virus Disease:

Outbreak Status, the "Vaccine Shedding" Claim, the PREP Act, and Todd Callender's Predictions

A Research Briefing

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Compiled from World Health Organization, Africa CDC, CIDRAP, U.S. Federal Register, and independent fact-checking sources.

Executive Summary

This briefing pulls together four separate threads that are often mixed together in online discussion, and treats each on its own evidentiary footing:

- What Marburg virus disease (MVD) actually is, and the current state of real-world outbreaks (Ethiopia 2025–26 and Uganda 2026).
- The claim that COVID-19 vaccines can “shed” and sicken people who did not receive them — examined against the current scientific and regulatory record.
- The U.S. PREP Act declaration covering Marburg countermeasures, which is frequently cited online as evidence of a hidden “pandemic declaration.”
- Attorney Todd Callender's specific claims that COVID-19 vaccines implanted a dormant Marburg “payload” that will be triggered by 5G signals — and how those claims compare to the published science.

Bottom line: Short answer to “is this the next pandemic”: Based on current WHO/Africa CDC data, no. Marburg outbreaks are real, serious, and deadly for the people infected, but every documented outbreak (including 2025–26) has been small, geographically contained, and stopped by standard contact tracing and isolation. There is no scientific or documented evidence supporting the claim that COVID-19 vaccines contain a dormant Marburg virus that can be “activated” by 5G, and no credible virology supports that mechanism as physically possible. Details and sourcing follow below.

1. What Is Marburg Virus Disease?

Marburg virus disease (MVD) is caused by Marburg virus (MARV), a filovirus in the same family as Ebola. It was first identified in 1967 following simultaneous outbreaks among laboratory workers in Marburg and Frankfurt, Germany, and in Belgrade, in what is now Serbia, linked to imported African green monkeys.

Key facts about the virus:

- Natural reservoir: the Egyptian fruit bat (*Rousettus aegyptiacus*). Human outbreaks typically begin when a person is exposed to bat-infested caves or mines, then spread person-to-person.
- Transmission: direct contact with the blood, secretions, organs, or other bodily fluids of infected people or animals, or with contaminated surfaces and materials (bedding, clothing). It is not airborne.
- Symptoms: sudden high fever, severe headache, malaise, followed by diarrhea, abdominal pain, cramping, nausea and vomiting; severe cases progress to hemorrhagic manifestations around day 5–7.
- Case fatality: historically ranges from roughly 24% to 90% depending on outbreak and care quality; the U.S. Federal Register PREP Act declaration cites an approximate 88% fatality rate for the virus generally, while the 2025–26 Ethiopia outbreak had a case fatality rate of about 64%.

- There is no approved antiviral treatment specific to Marburg; care is supportive (fluids, electrolyte management, treating complications). Vaccine candidates exist but remain investigational — none is licensed for general use as of this writing.

Sources: WHO Disease Outbreak News (DON592); Wikipedia summary of the 2025–26 Ethiopian outbreak, cross-checked against WHO/Africa CDC figures; GOV.UK UKHSA outbreak tracker.

2. Current Outbreak Status (as of September 2026)

2.1 Ethiopia, November 2025 – January 2026 (concluded)

Ethiopia's first-ever MVD outbreak began in Jinka town, South Ethiopia Regional State, with the first known case symptomatic on October 23, 2025. The Ministry of Health confirmed Marburg on November 14, 2025.

- Cumulative total: 19 cases (14 laboratory-confirmed, 5 probable), including 9 confirmed deaths and 5 probable deaths (all probable cases were fatal).
- Case fatality rate: approximately 64.3% among confirmed cases.
- 857 contacts completed 21-day monitoring.
- The Ethiopian Ministry of Health formally declared the outbreak over on January 26, 2026, 42 days (two incubation periods) after the last confirmed patient died and was safely buried.
- Genomic sequencing by the Ethiopian Public Health Institute matched the strain to viruses from previous East African outbreaks — i.e., a natural spillover consistent with known Marburg ecology, not an anomalous or novel strain.

Sources: WHO Disease Outbreak News DON592 (26 Jan 2026); ECDC Communicable Disease Threats Report; Africa CDC statements.

2.2 Uganda, June–July 2026

Separately from Ethiopia, and while Uganda was already managing an Ebola (Bundibugyo virus) outbreak, Ugandan health authorities notified WHO on June 30–July 1, 2026 of an isolated Marburg case in Kyegegwa District, western Uganda, identified through enhanced surveillance being run for the Ebola response. A child who died was confirmed positive for Marburg.

- As of the Africa CDC statement on July 1, 2026, no contacts of the Marburg case had developed symptoms and there was no other active Marburg case identified in the country.
- Uganda's Ministry of Health was notably slow to publicly confirm the outbreak even after notifying WHO, which drew criticism and a public request for an update from WHO in mid-July 2026.
- This outbreak is distinct from, and much smaller than, Uganda's concurrent Ebola outbreak, which by mid-August 2026 had produced over 1,300 combined Ebola cases and 400+ deaths across the DRC and Uganda.

Sources: STAT News (July 1 and July 16, 2026); Reuters via CNBC Africa; Health Policy Watch; GOV.UK UKHSA outbreak tracker; CIDRAP.

2.3 Historical pattern

Since 1967, roughly a dozen to fifteen confirmed MVD outbreaks have occurred, almost all in sub-Saharan Africa (Uganda, DRC, Angola, Guinea, Ghana, Equatorial Guinea, Tanzania, and now Ethiopia), with isolated imported/lab cases historically in Europe and the U.S. Case counts per outbreak have ranged from single digits to several hundred (Angola, 2004–05, was the largest on record with over 200 deaths). Outbreaks have consistently been controlled through case isolation, contact tracing, and safe burial practices — the same toolkit used against Ebola.

3. The “COVID-19 Vaccine Shedding” Claim

A recurring claim in the material connecting Marburg to COVID-19 vaccination holds that vaccinated people can “shed” vaccine components, spike protein, or even latent pathogens to people around them. This claim predates the Marburg-specific version and has been examined extensively by public health agencies and independent fact-checkers.

3.1 What the science says

- None of the COVID-19 vaccines authorized or licensed in the United States (Pfizer-BioNTech, Moderna, Novavax; the discontinued Johnson & Johnson) contain a live, replicating virus. mRNA and protein-subunit vaccines cannot reproduce themselves inside the body, which is the biological precondition for “shedding” in the way that some live attenuated vaccines (e.g., oral polio, rotavirus) can occasionally shed.
- The CDC's official position, stated on its vaccine mythbusting page, is that COVID-19 vaccines recommended for use in the U.S. do not shed or release their components.
- Infectious disease specialists (e.g., Dr. Amesh Adalja, Johns Hopkins Center for Health Security; Dr. Bill Hanage, Harvard T.H. Chan School of Public Health) have stated on the record that there is no evidence of shedding of any consequence from these vaccines.
- A 2023 University of Colorado study on aerosol transfer of SARS-CoV-2 antibodies was subsequently misrepresented on social media as proof of “vaccine shedding”; the study's lead author, Dr. Ross Kedl, stated publicly that this characterization did not reflect his team's findings.
- Multiple independent fact-checking organizations (FactCheck.org, PolitiFact, Reuters, USA Today, Lead Stories, Science Feedback) have separately reviewed and rejected the shedding claim.

On the specific claim that vaccines carry a hidden Marburg payload: There is no documented biological or regulatory pathway by which an mRNA or protein-subunit COVID-19 vaccine could carry, store, or release a separate live virus such as Marburg. This is a distinct and separate claim from ordinary “shedding” and has no support in peer-reviewed virology, vaccine manufacturing records, or regulatory filings (FDA/EMA approval dossiers, which detail vaccine composition and manufacturing processes in public review documents).

4. The Legal Framework: PREP Act, Not “PRESS Act”

Material circulating online (including some of Callender's commentary) points to a U.S. Federal Register notice from December 9, 2020 as evidence that Marburg was secretly “declared a pandemic.” The actual document is a Public Readiness and Emergency Preparedness (PREP) Act declaration — a routine and long-standing legal mechanism, not a pandemic declaration, and not the “PRESS Act” (a separate, unrelated bill concerning protection of journalists' confidential sources).

4.1 What the PREP Act declaration actually does

- The PREP Act (Public Law 109-148, enacted 2005) authorizes the U.S. Department of Health and Human Services (HHS) Secretary to issue declarations providing limited legal liability immunity to manufacturers, distributors, and administrators of “Covered Countermeasures” (vaccines, drugs, devices) against a specific listed threat, except in cases of willful misconduct.
- On December 9, 2020 (effective November 25, 2020), then-HHS Secretary Alex Azar issued a PREP Act declaration extending this liability-immunity framework to countermeasures against Marburg virus — structurally similar to declarations already in place for Ebola, smallpox, pandemic influenza, anthrax, and other listed threats, and to the COVID-19 PREP Act declaration issued earlier in 2020.
- This declaration does not assert that a Marburg pandemic is occurring or imminent. It exists so that if a Marburg vaccine or treatment were fielded in an emergency, the parties involved in producing and administering it would have defined legal protections — the same purpose the COVID-19 declaration served for COVID countermeasures.
- The declaration has since been folded into a combined Ebola/Marburg PREP Act declaration (amended November 2023, effective January 2024), consistent with routine periodic renewal of these declarations for a range of listed pathogens.

Sources: Federal Register 85 FR 79198 (Dec. 9, 2020); Federal Register 88 FR 226 (Nov. 27, 2023); Faegre Drinker legal summary (Dec. 10, 2020).

Interpretation: A PREP Act liability declaration is a standing administrative/legal tool HHS keeps in place for a roster of recognized biothreats. Its existence for Marburg since 2020 reflects pre-positioned legal readiness (consistent with WHO's own long-standing R&D Blueprint listing of Marburg as an epidemic-prone priority pathogen), not a secret admission of an active or engineered pandemic.

5. Todd Callender's Claims

Todd Callender is a U.S. attorney known for his work in COVID-19 vaccine-injury and military-mandate litigation. Since 2023 he has given a series of interviews (notably with Seth Holehouse on “Man in America,” and with Jeffrey Prather) advancing a specific, detailed claim about Marburg. As reported across several alternative-media outlets, his claim is:

- That people who received COVID-19 mRNA vaccines were, according to unnamed “military whistleblowers,” implanted with a dormant Marburg virus encapsulated in lipid nanoparticles.

- That a specific 5G cell-tower signal pattern (variously described as an 18 GHz or 18 MHz pulsed frequency) could trigger the lipid nanoparticles to rupture and release the virus into the bloodstream.
- That this would be used to manufacture a sudden, mass-casualty Marburg “pandemic,” timed and coordinated by government and public-health authorities, with COVID-19 characterized as a dry run for the mechanism.
- That the December 2020 PREP Act declaration (discussed in Section 4) is evidence the pandemic was “already declared” in advance.

5.1 Assessing the claim against available evidence

This is presented in source material as attorney commentary and interview testimony, not as peer-reviewed research, a legal filing with evidentiary exhibits, or a laboratory finding. Several elements are checkable against independent science and public records:

- Vaccine composition: Independent regulatory review (FDA, EMA) and third-party laboratory analyses of mRNA vaccine contents have published full ingredient and manufacturing data; none show encapsulated whole virus particles of any kind, Marburg or otherwise. Lipid nanoparticles in these vaccines are designed to carry a short mRNA strand, not intact virions, which are orders of magnitude larger and would not survive the vaccine manufacturing and storage process in a viable “dormant” state.
- Radio-frequency biology: There is no published, peer-reviewed mechanism by which a specific radio-frequency signal (5G or otherwise) could selectively rupture a lipid nanoparticle inside human tissue to release infectious virus. This would require both an engineering capability and a biological trigger mechanism that has not been demonstrated or documented in any public scientific literature.
- Attribution: the specific claim rests on unnamed “military whistleblowers” and second-hand accounts; no named virologist, peer-reviewed study, or regulatory document has been produced to substantiate the mechanism.
- The PREP Act point is addressed in Section 4 above: the underlying document is a standard liability-immunity declaration, not a pandemic declaration.

Assessment: These are represented in the source material as the personal claims and predictions of an individual attorney, based on unnamed sources, and they are not corroborated by peer-reviewed virology, vaccine manufacturing records, or independent laboratory analysis. Treat them as an unverified claim rather than an established fact.

Sources: 2ndsmartestguyintheworld.com (2022); Sons of Liberty Media and Washington Standard reprints of the Man in America interview (Sept. 2023); The Expose (May 2026); Forbidden Knowledge TV; elcolectivodeuno.wordpress.com (June 2026, includes Spanish-language coverage). These are advocacy/opinion outlets, not scientific or investigative-journalism sources, and are cited here only to document what the claim is and where it circulated.

6. Is Marburg the Next Pandemic? An Evidence-Based Assessment

Public health experts do take Marburg seriously as a priority pathogen — that concern is genuine and well documented, separate from the shedding/5G claims above:

- WHO includes Marburg on its priority pathogen list for pandemic preparedness R&D, alongside Ebola, Lassa fever, MERS, and “Disease X” (an unknown future pathogen).
- A 2026 review in the *Journal of Emergency and Disaster Medicine* noted that the increasing frequency of Marburg spillovers (Ghana 2022, Equatorial Guinea and Tanzania 2023, Rwanda 2024, Ethiopia 2025–26, Uganda 2026) is a real trend worth monitoring, tied to expanding human contact with bat habitats and cave/mining environments.
- Investigational vaccines and monoclonal antibody treatments are in development but not yet licensed, which does leave a real gap in available countermeasures.

At the same time, the factors that actually determine pandemic potential point the other way for Marburg, at least based on everything observed to date:

- Transmission requires direct contact with bodily fluids — it is not airborne like influenza or the coronavirus that caused COVID-19, which sharply limits how fast and how far it can spread through casual contact.
- Every recorded outbreak, including the two most recent (Ethiopia and Uganda, 2025–26), has been stopped with conventional public-health measures — case isolation, contact tracing, and safe burial — without requiring novel countermeasures.
- Symptom onset is relatively fast and severe, which tends to help outbreak control because sick individuals are identified and isolated before extensive unnoticed spread (unlike diseases with long asymptomatic transmission windows).
- Outbreak sizes to date have stayed in the range of single digits to low hundreds of cases, never approaching the scale of a regional or global pandemic.

Conclusion: Marburg is a genuinely dangerous disease for the people it infects (case fatality often 50–90%), and public health agencies are right to monitor it closely as spillover frequency appears to be rising. But nothing in the current outbreak data, official WHO/Africa CDC risk assessments, or the broader virological literature supports the specific claim that it is being engineered for release via vaccinated individuals and 5G, or that a Marburg pandemic on the scale of COVID-19 is currently underway or imminent. The claims tying it to vaccine “shedding” and 5G activation are not supported by the published science on vaccine composition, virus biology, or radio-frequency effects on human tissue.

7. Sources Consulted

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- Lead Stories, “Fact Check: COVID-19 Vaccine Shedding Is NOT Real” (Feb. 2024).
- Science Feedback, review of Pfizer trial protocol shedding claims.
- 2ndsmartestguyintheworld.com, Sons of Liberty Media, The Washington Standard, The Expose, Forbidden Knowledge TV, and elcolectivodeuno.wordpress.com — sources documenting Todd Callender's public statements (cited to represent his claims accurately, not as scientific authorities).

Prepared as a research briefing summarizing publicly available reporting as of September 22, 2026. Outbreak figures change as investigations continue; consult WHO Disease Outbreak News and Africa CDC for the latest official updates.