

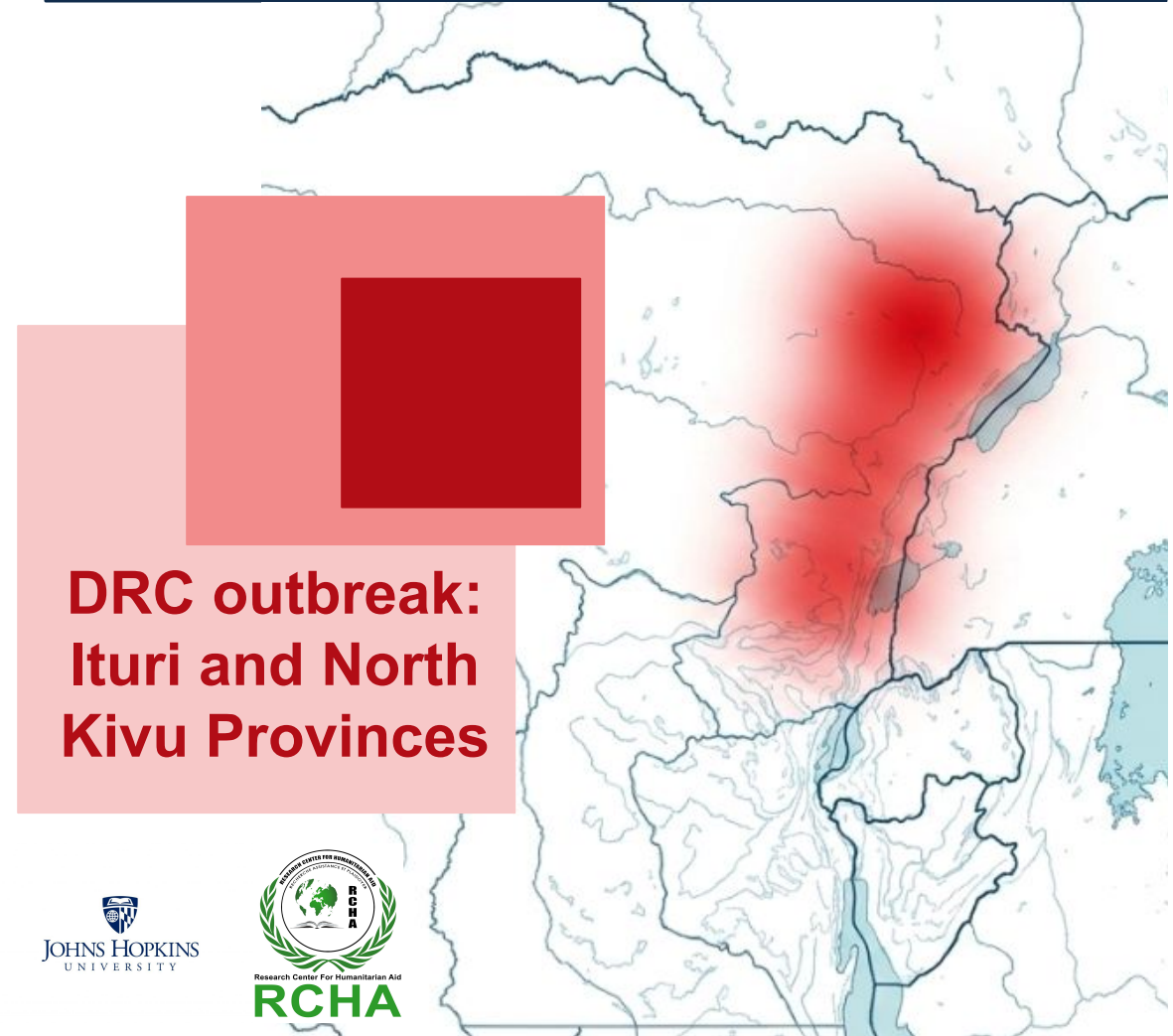
Powering the Response 17th Ebola outbreak (Bundibugyo)

Prepared by : Renewable Energy and Equity Worldwide Lab ([RENEW](#)); Health Energy Action Lab (HEAL) @ Johns Hopkins University; and Research Center for Humanitarian Aid ([rcha-rdc.org](#))

EXECUTIVE CALLOUT

- **Current update:**
Outbreak acceleration is sustained: caseload approaching 5,000 with rising case fatality ratio
- **Root Cause:**
Primary transmission drivers include logistics and administrative failure, not just biological spread.
- **Requirements:**
Urgent need for vaccine development; additional deployment of beds, power, oxygen, and direct-to-provider disbursements.

Data cutoff	August 2026 (Incorporating SitRep 93)
Pathogen:	Ebola Bundibugyo (No approved therapeutics)
Scope	6 provinces affected (DRC)



National Epidemiological Snapshot: August 18 (SitRep93)

4,945

**Confirmed
Cases**

2,325

**Confirmed
Deaths**

1,040

Recoveries

47.0%

**Case Fatality
Ratio**

**Geographic
Spread:**

6 Provinces
(Haut-Uélé, Ituri,
Nord-Kivu, Sud-Kivu,
Tshopo & Bas Uélé)

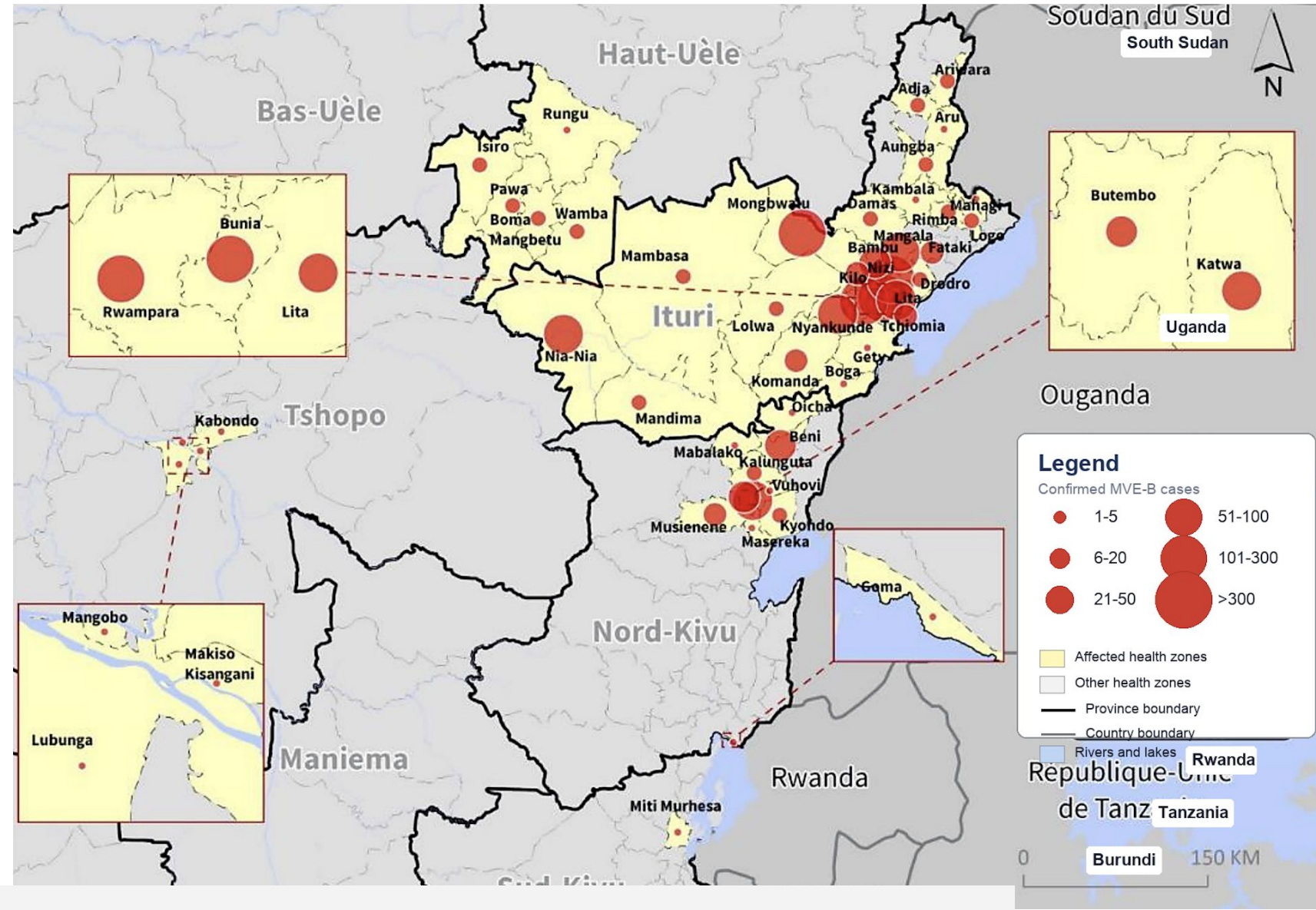
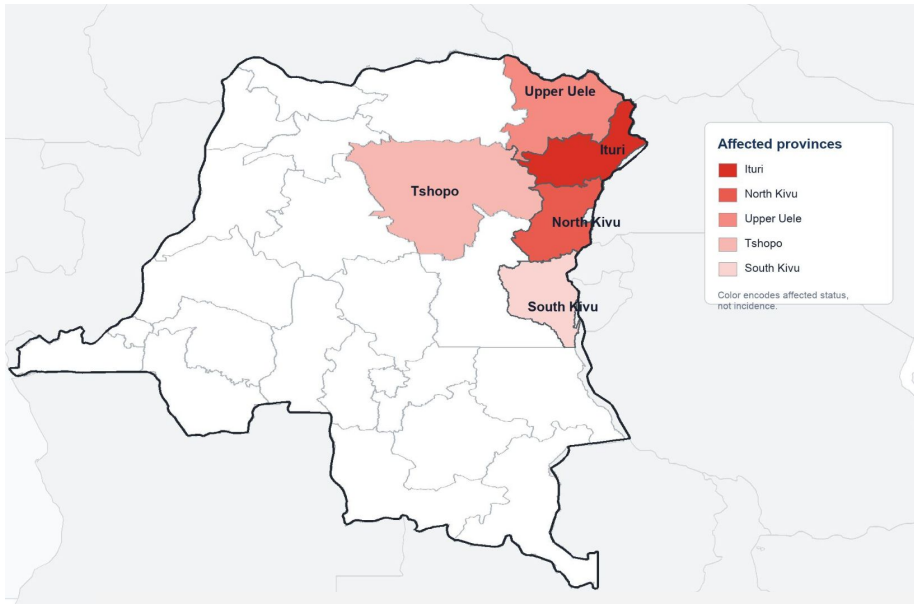


54/151
Health Zones
(35.7%)

24h Δ - Aug. 16-17, 2026

- 101 new confirmed cases
- 53 deaths total
 - 33 community deaths
 - 20 treatment center deaths

Geography of the outbreak's evolution

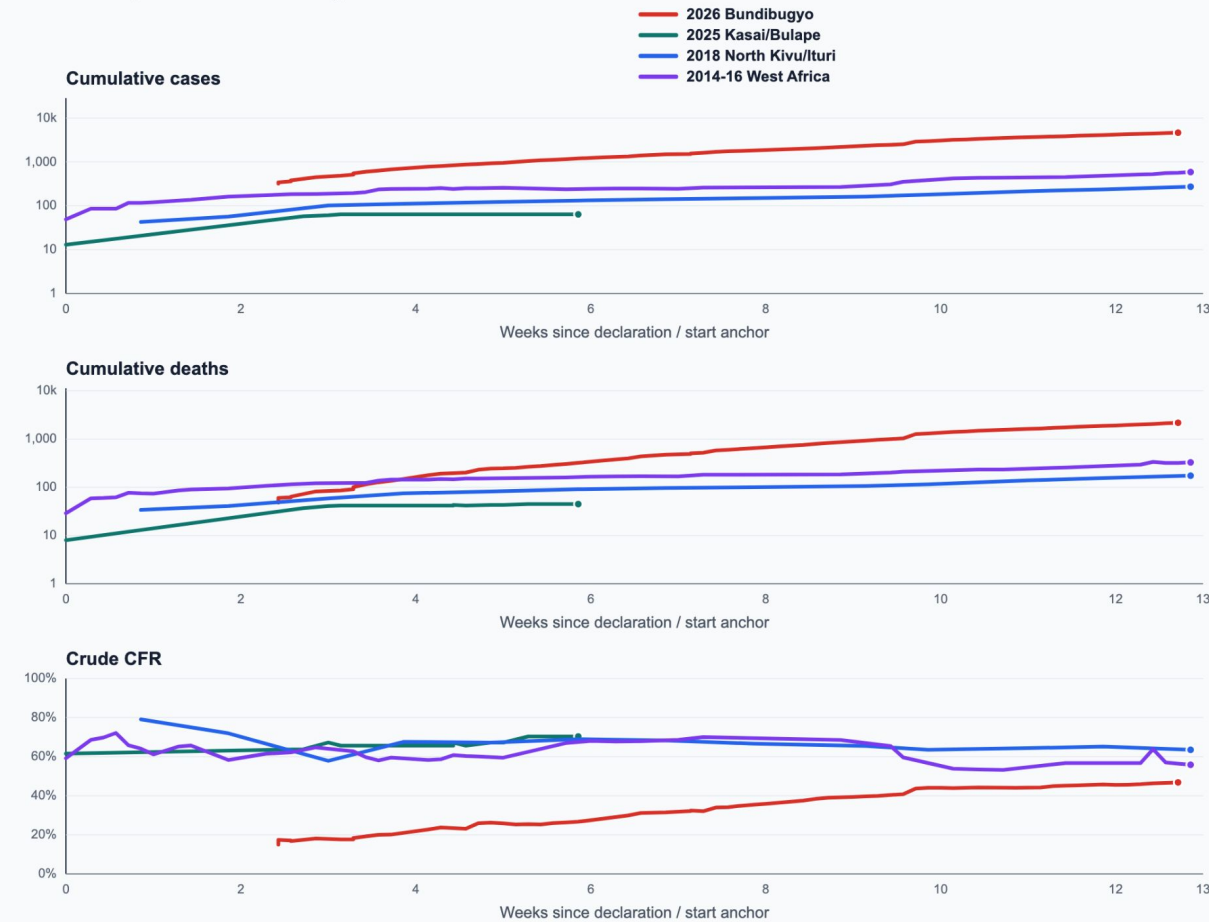


Exposure has remained dominant in Ituri mining communities and to date limited in dense urban settings, with no officially confirmed cases in surrounding countries to date.

How does this outbreak compare to previous? (1/3)

Ebola outbreaks: Comparable first 13 weeks

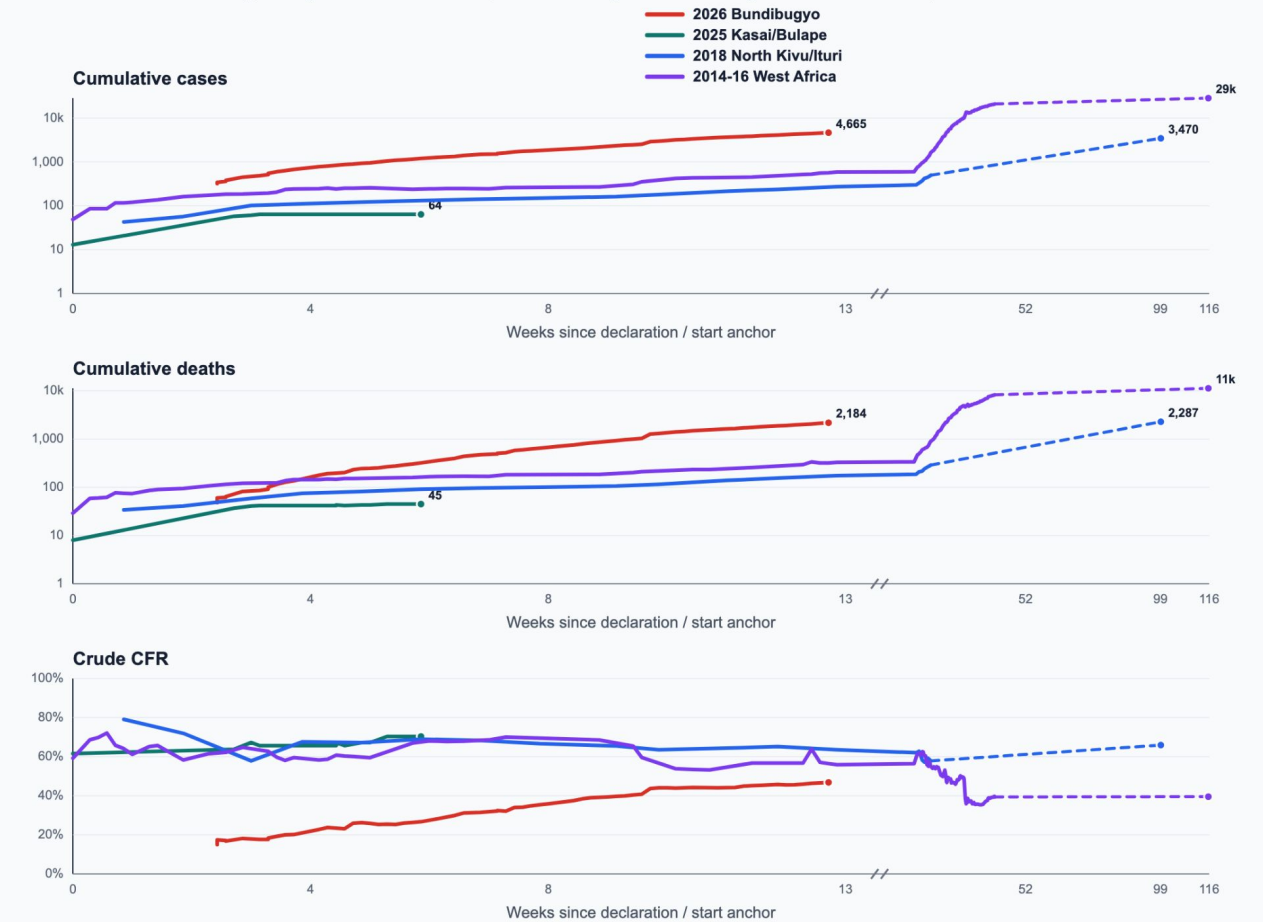
Same week axis; DRC 2026 is confirmed-only, other series use headline totals where stated.



Light annotations only: y-axes for cases/deaths use log scale to keep small DRC outbreaks visible beside West Africa; CFR is crude deaths/cases.
West Africa continuous scaffold ends Jan 2015; dashed segment connects to official WHO final total. Full WHO SitRep extraction can replace that bridge later.

Ebola outbreaks: Full timelines with compressed long tail

Weeks 0-13 are shown normally; the long tail after week 13 is compressed and bridged with dashed segments to official final endpoints.



Light annotations only: y-axes for cases/deaths use log scale to keep small DRC outbreaks visible beside West Africa; CFR is crude deaths/cases.
West Africa continuous scaffold ends Jan 2015; dashed segment connects to official WHO final total. Full WHO SitRep extraction can replace that bridge later.

The current outbreak is already more severe by caseload and deaths than previous outbreaks at equivalent period (13 weeks). At this pace, 100 weeks = 11,000+ deaths.

How does this outbreak compare to previous? (2/3)

Outbreak	Strain / species	Geography	Declaration/start anchor	Officially declared over	Duration	Total cases	Total deaths	Crude CFR
2026 Bundibugyo, DRC	Bundibugyo virus disease / BDBV	DRC: Ituri, Nord-Kivu, Sud-Kivu, Haut-Uélé, Tshopo, Bas-Uélé in latest SitRep; linked event also includes Uganda and France	May 15, 2026	ongoing	13w + 4d (as of Aug 18)	4,945 confirmed	2,325 confirmed deaths	47.0%
2025 Kasai/Bulape, DRC	Ebola virus / EBOV	DRC: Bulape Health Zone, Kasai Province	Sept 4, 2025	Dec 1, 2025	12w + 4d	64	45	70.3%
2018 North Kivu/Ituri, DRC	Ebola virus / Zaire ebolavirus	DRC: North Kivu, Ituri; conflict-affected eastern DRC	Aug 1, 2018	Jun 25, 2020	99w + 1d	3,470	2,287	65.9%
2014-2016 West Africa	Ebola virus / Zaire ebolavirus	Multi-country: Guinea, Liberia, Sierra Leone; linked cases in Mali, Nigeria, Senegal, Spain, Italy, UK, US	Mar 23, 2014 anchor	Jun 9, 2016 final end of flare-up	115w + 4d	28,616	11,310	39.5%

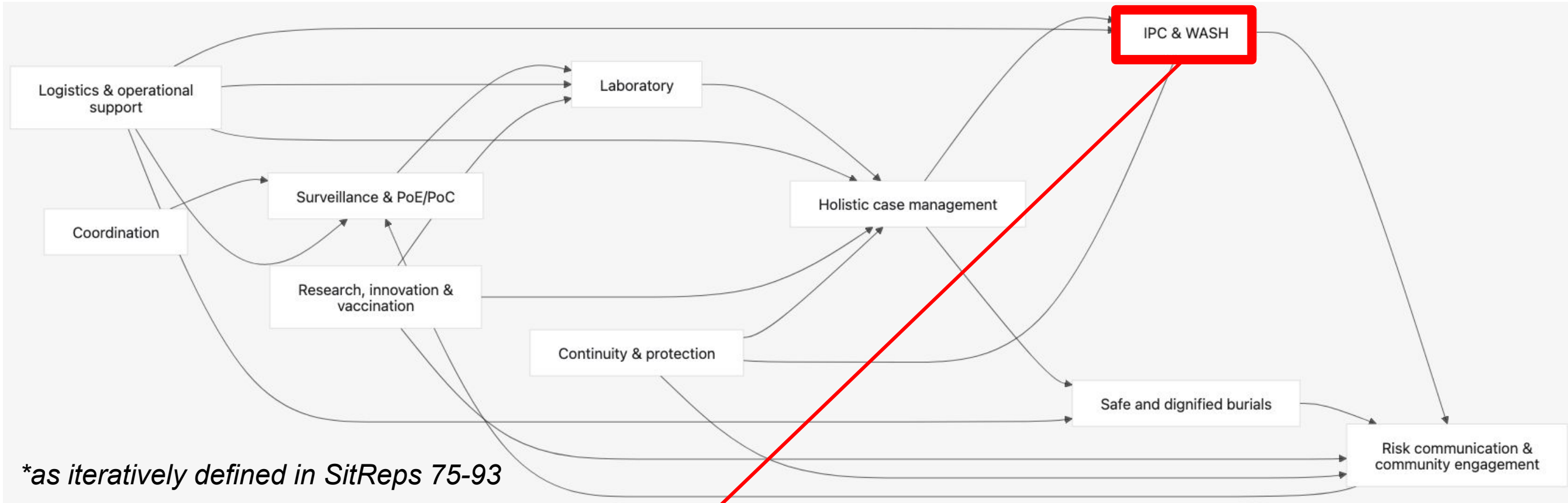
If we fail to contain spread to cities like Kinshasa, Goma, Gisenyi/Rubavu, Kigali, Kampala, Entebbe — we will quickly outpace the 11,000+ dead from the 2014-2016 multi-country outbreak

How does this outbreak compare to previous? (3/3)

	2013-16 West Africa	2018 DRC	2026 DRC
Dominant Strain	Zaire	Zaire	Bundibugyo
Baseline Mortality	40% (Zaire)	66% (Zaire)	~47% (Bundibugyo)
Therapeutics	Yes (mAbs)	Yes (mAb114/REGN-EB3)	None (Vaccine candidates in human trials only)
Primary Humanitarian Friction	Urban Density	Active Rebel Armed Conflict	Global Development Funding Gap = Health Worker Strikes
Current Scale	>28,000 cases	3,470 cases	4,900+ cases (SitRep 93)

The ultimate case fatality ratio for Bundibugyo strain will largely be determined by the control of spread, the availability of life-support resourcing, and the speed of vaccine development and deployment.

10 pillars of response to the virus - dimensions*



**as iteratively defined in SitReps 75-93*



Each week, our consortium will issue a briefing deck like this one that quantitatively, longitudinally, and comparatively tracks response actions along each of the 10 response pillars.

WE CAN — AND MUST — RESPOND RAPIDLY

Aksante sana!

Thanks for your attention!

Merci!

PS: track our hospital power systems — keeping ebola patients alive through electricity and oxygen — live at:

<https://north-kivu-power-named.samuel-b-miles.chatgpt.site/>



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Pour un nouveau jour sur la RDC



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