AMIGOS INTERNACIONALES

BUNDIBUGYO EBOLAVIRUS RESPONSE

FIELD UPDATE NO. 05

Deaths Surpass 2,000 as Congo Ebola Outbreak Reaches 4,381 Confirmed Cases

The fastest-growing Ebola outbreak on record continues to accelerate. Government data now report 4,381 confirmed cases and 2,011 deaths, while WHO warns that most new infections are still being detected outside known monitored contact chains.

Recent Ituri field image supplied in the Marie-Claire Foundation response report. Exact capture date and location were not provided in the translated source.

4,381	2,011	45.9%	60-70%
confirmed DRC cases	confirmed deaths	reported case fatality	new cases outside monitored contacts

EXECUTIVE BRIEFING

As of August 11, 2026, DRC government data reported 4,381 confirmed Bundibugyo virus disease cases and 2,011 deaths across five provinces - a case-fatality ratio of about 45.9%. WHO analysis released August 10 indicates transmission likely began as early as February, months before the May 15 declaration, helping explain why the response has been forced to catch up.

WHO officials report that roughly 60-70% of new cases are occurring outside known monitored contact chains, while deaths doubled from about 1,000 to more than 2,000 in roughly three weeks. The central need remains intensely local: find infections earlier, trace exposures, refer suspected cases quickly, protect health workers, and build community trust.

1 | WHAT CHANGED THIS WEEK

- Genomic analysis indicates the outbreak likely began in February, months before the May 15 declaration.
- Some early infections were initially treated as malaria or typhoid, while diagnostic efforts first focused on the more common Zaire ebolavirus.
- By August 11, DRC government totals had reached 4,381 confirmed cases and 2,011 deaths across five provinces.
- WHO officials reported that 60-70% of new cases are appearing outside known monitored contact chains - a major sign that surveillance is not yet keeping pace with transmission.
- Response operations continue under difficult conditions including health-worker strikes, insecurity and rebel threats, poor roads, displacement, misinformation, community distrust, and shortages of protective equipment and basic services.

The change since mid-July illustrates the speed of escalation. The figures below use dated public baselines and should not be interpreted as a single continuous surveillance series because reporting backlogs and testing expansion can affect daily totals.

Public reporting date	Confirmed DRC baseline
July 15, 2026 - WHO	2,124 cases / 828 deaths
August 10, 2026 - WHO / public reporting	4,200+ cases / 1,900+ deaths
August 11, 2026 - DRC government data	4,381 cases / 2,011 deaths

2 | WHY COMMUNITY SURVEILLANCE MATTERS NOW

The current pattern reinforces what Amigos medical leadership has been emphasizing from the field: cases cannot be contained only inside treatment centers. Teams must find illness earlier in communities, investigate alerts and rumors, trace exposures, move suspected cases safely for testing and isolation, and keep local leaders engaged.

FROM DR. PAUL	“Communities completely cut off.” In his field account, Dr. Paul Mulyamboga described mothers unable to reach health care and explained the need to protect health workers, intensify surveillance among people who may have been exposed, and support medical and nutritional care.

Current response gap	Amigos-supported response emphasis
New cases outside monitored contact lists	Active case finding, alert investigation, contact tracing, and community screening
Delayed access to care in remote communities	Rapid referral, transport support, and coordination with health authorities
Fear, rumors, and misinformation	Risk communication, community dialogue, local leadership, and psychosocial support
Exposure risk for frontline workers	PPE, hand hygiene, infection prevention, decontamination, and safer workflows
Difficult terrain and changing hotspots	Fuel, vehicles, communications, data tools, and flexible field logistics

3 | AMIGOS AND PARTNER OPERATIONS

The most recent structured partner report received by Amigos on August 5 documented 28 weekly activities across seven response pillars in Ituri. It also listed 150 biological samples transported and up to 75 suspected cases referred. These are operational figures from the prior reporting cycle - not August 11 epidemiological totals - and are presented separately from national case counts.

28	7	150	75
partner-reported activities	response pillars	samples transported	suspected referrals

Across recent field reporting, Amigos, Doctors on Mission International, and the Marie-Claire Foundation have described work focused on surveillance, case and rumor finding, contact tracing, risk communication and community engagement (RCCE), psychosocial support, IPC/WASH, specimen movement, coordination, and support connected to treatment and isolation activities.

4 | IMMEDIATE OPERATING PRIORITIES

- Personal protective equipment for clinical personnel, community teams, and high-risk field work.
- Fuel, transportation, and vehicle support for contact tracing, specimen movement, supervision, and referrals.
- Communications and data tools so alerts, contact lists, field observations, and response decisions move quickly.
- Additional trained community volunteers and healthcare personnel, with appropriate protection and supervision.
- Local-language community engagement, dialogue, rumor management, and psychosocial support.
- Flexible emergency funding that can move rapidly as new transmission areas and urgent supply gaps emerge.

Partner-provided field photographs from the Ituri response. Precise capture dates and locations were not supplied in the translated report.

5 | SCIENCE: IMPORTANT PROGRESS, NOT YET A SUBSTITUTE

There is still no licensed vaccine or approved strain-specific treatment for Bundibugyo virus disease. Two research efforts are important signs of progress, but neither replaces today's outbreak-control work.

- Vaccine research: Oxford University vaccinated the first healthy adult volunteer on July 24 in the first human trial of the ChAdOx1 BDBV vaccine. The Phase I study is assessing safety and immune response; it is not a vaccination campaign in Congo.
- Treatment research: The WHO-sponsored PARTNERS trial is enrolling patients in the DRC to evaluate MBP134, remdesivir, and their combination for possible survival benefit. Participants continue to receive comprehensive supportive care.

6 | DATA INTEGRITY AND FIELD INTELLIGENCE

Amigos maintains two distinct evidence tracks: dated official/public epidemiological baselines and separately attributed field observations. We do not merge the two into a single total. This protects the usefulness of frontline intelligence without presenting operational estimates as official surveillance data.

In the July 31 field statement, Dr. Paul cited more than 3,500 positive cases and more than 1,500 deaths - figures then above the most recent WHO-confirmed totals. Amigos labeled those numbers as field estimates requiring verification. By August 11, the DRC government baseline had risen to 4,381 confirmed cases and 2,011 deaths. That movement does not prove any particular earlier estimate was exact; it does reinforce why field observations, reporting delays, and official data should be preserved as separate, dated evidence streams.

REPORTING RULE	Every number in an Amigos public report should answer four questions: What period does it cover? Who reported it? Is it a target, an activity result, or an epidemiological count? Has it been reconciled with an official source?
ACCELERATION	Government data released August 11 show 4,381 confirmed cases and 2,011 deaths. The second 1,000 confirmed deaths accumulated in roughly three weeks, compared with about nine weeks for the first 1,000 - a stark measure of the outbreak's acceleration.

7 | PRIORITIES FOR THE NEXT REPORTING PERIOD

- Expand active case finding and contact tracing in communities where new cases are appearing outside monitored contact lists.
- Protect frontline personnel with dependable PPE, IPC supplies, hand hygiene, and safe work practices.
- Improve rapid referral, specimen movement, transport, fuel, and communications across hard-to-reach areas.
- Strengthen community dialogue and rumor management through trusted local leaders and health workers.
- Document actual weekly outputs by health zone: alerts investigated, contacts followed, people screened, samples transported, referrals completed, and people reached.
- Report expenditures, urgent supply gaps, next-week priorities, and field photographs with captions and permission status.

THE CORE STRATEGY	The scale of the outbreak is changing rapidly, but the strategy for stopping it remains intensely local: find infections earlier, protect frontline workers, earn community trust, and reach people before the virus reaches the next household.

SOURCES AND VERIFICATION

1. Associated Press, August 10, 2026: WHO briefing on earlier outbreak onset, delayed detection, and 60-70% of new cases outside monitored contacts.
2. DRC government data reported August 11 by Associated Press, Reuters, and CBS News: 4,381 confirmed cases, 2,011 deaths, five affected provinces, and approximately 45.9% case fatality.
3. World Health Organization, “Ebola outbreak - DRC 2026”: outbreak overview, response priorities, and status of vaccine/treatment availability.
4. World Health Organization, July 2, 2026: PARTNERS treatment trial evaluating MBP134, remdesivir, and combination therapy in the DRC.
5. University of Oxford, July 24, 2026: first healthy volunteer vaccinated in the Phase I ChAdOx1 BDBV vaccine trial.
6. Marie-Claire Foundation, Week 4 community-response report, Ituri Province; English translation received by Amigos August 5, 2026.
7. Dr. Paul Mulyamboga field video/transcript and prior Amigos field statements regarding community access, surveillance, health-worker protection, and response needs.

Prepared by Amigos Internacionales for public accountability, donor communication, institutional partners, and media use. Epidemiological figures are date-stamped because the outbreak is evolving rapidly.