Ebola (Bundibugyo Virus Disease): Outbreak Update and Kenya’s Situation



Date: 23 October 2026

Response-Med
REMOTE MEDICAL SUPPORT



Overview

- Current Situation Overview
- Kenya’s Cases and Tracing
- DRC Outbreak Status
- Kenya's Response
- Virus Overview
- Operational Preparedness

Current Situation Overview

Nine (9) linked cases in Kenya, a DRC outbreak still adding cases, and a regional risk that stays elevated.

9
Confirmed cases in Kenya (1 death), all linked to case 1

9,704
Confirmed cases in the DRC (to 20 Oct)

4,687
Deaths in the DRC (to 20 Oct)

5
Countries with a case: DRC, Uganda, France, Kenya, Nigeria

Operational Implications

- Kenya has nine linked cases, all among contacts of the first patient: relatives, health workers and a hospital attendant. No evidence of community transmission; no new case since 20 Oct.
- Cross-border travel links increase the risk of further imported cases: Nigeria confirmed its first case on 20 Oct, in a woman who travelled from eastern DRC via Uganda.
- Airport screening missed the first case. Four health workers who cared for him were infected; three entered quarantine only on 09 Oct.
- WHO advises against travel and trade restrictions on affected countries. Kenya remains open, with no restrictions on travel, trade or gatherings.

WHO Risk Assessment

Very high	Democratic Republic of the Congo
High	Countries sharing a land border with the DRC
Low	Rest of the African region and global

A rapid risk assessment for Kenya is under way. WHO urges all African countries to keep a high level of readiness (21 Oct).

Kenya's Cases: Timeline of Events

From one (1) imported case on 03 Oct to nine (9) confirmed cases by 20 Oct, all contacts of the index case.

03 Oct

Index case lands at JKIA from the DRC via Kampala (Jambojet JM8523) and is isolated at Nairobi Hospital.

05 – 06 Oct

Dies on 05 Oct; sample positive at two labs. Confirmed and announced on 06 Oct, WHO notified, safe burial.

14 – 16 Oct

Two relatives test positive in quarantine: A 39-year-old man (14 Oct) and a 65-year-old woman (16 Oct).

17 Oct

Four more cases: a male relative and three health workers who treated the first patient on 03–04 Oct.

18 – 20 Oct

Eighth case (18 Oct): a 49-year-old Nairobi Hospital patient attendant. Ninth (20 Oct): a 24-year-old relative. Both were already in quarantine.

The Cases

First case (died 05 Oct): 40-year-old Kenyan businessman, resident in the DRC for seven years. Cases 2–9: four family members and four health workers who cared for the first case; all eight patients are stable (MoH, 22 Oct).

Screening Gap and Early Detection

The first patient passed multiple airport temperature checks; the Ministry says medication may have masked his symptoms. Cases 2–9 were found in quarantine, but three health workers were only quarantined on 09 Oct, six days after exposure.

Cross-Border Route: Three Countries in Two Days

A symptomatic traveller crossed from the DRC through Uganda to Nairobi by road and commercial flight.

Beni, DRC

Unwell for approximately one month, treated at several facilities, and departed by road on 02 October.

Kampala, Uganda

Arrives by road, then boards Jambojet JM8523 to Nairobi with 23 passengers and 4 crew.

Nairobi, JKIA

Lands at 13:10 on 03 Oct. Passes routine port-health screening. Relatives and friends take him to hospital by car.

Nairobi Hospital

Isolated on arrival. Sample positive on 05 Oct. Dies at 23:30 that night.

Potential Exposure Locations and Publicly Available Information

DRC

About a month of illness. Family, carers and staff at several health facilities.

Follow-up: Not covered in public reporting.

Uganda

Road transit to Kampala and onward air travel from Kampala.

Follow-up: Not covered in public reporting.

Kenya

135 contacts listed for the first case (22 Oct): all traced, in Kenya and abroad, with foreign health authorities notified under the IHR. 27 were on the flight.

Cases 2–9 are all contacts of the first patient (MoH, 22 Oct).

Contact Tracing

Nine confirmed cases, all among contacts; all 135 listed contacts are traced. First releases from quarantine begin on 25 Oct.

135

Contacts listed for the first case. All 135 (100%) are traced, in Kenya and abroad (22 Oct).

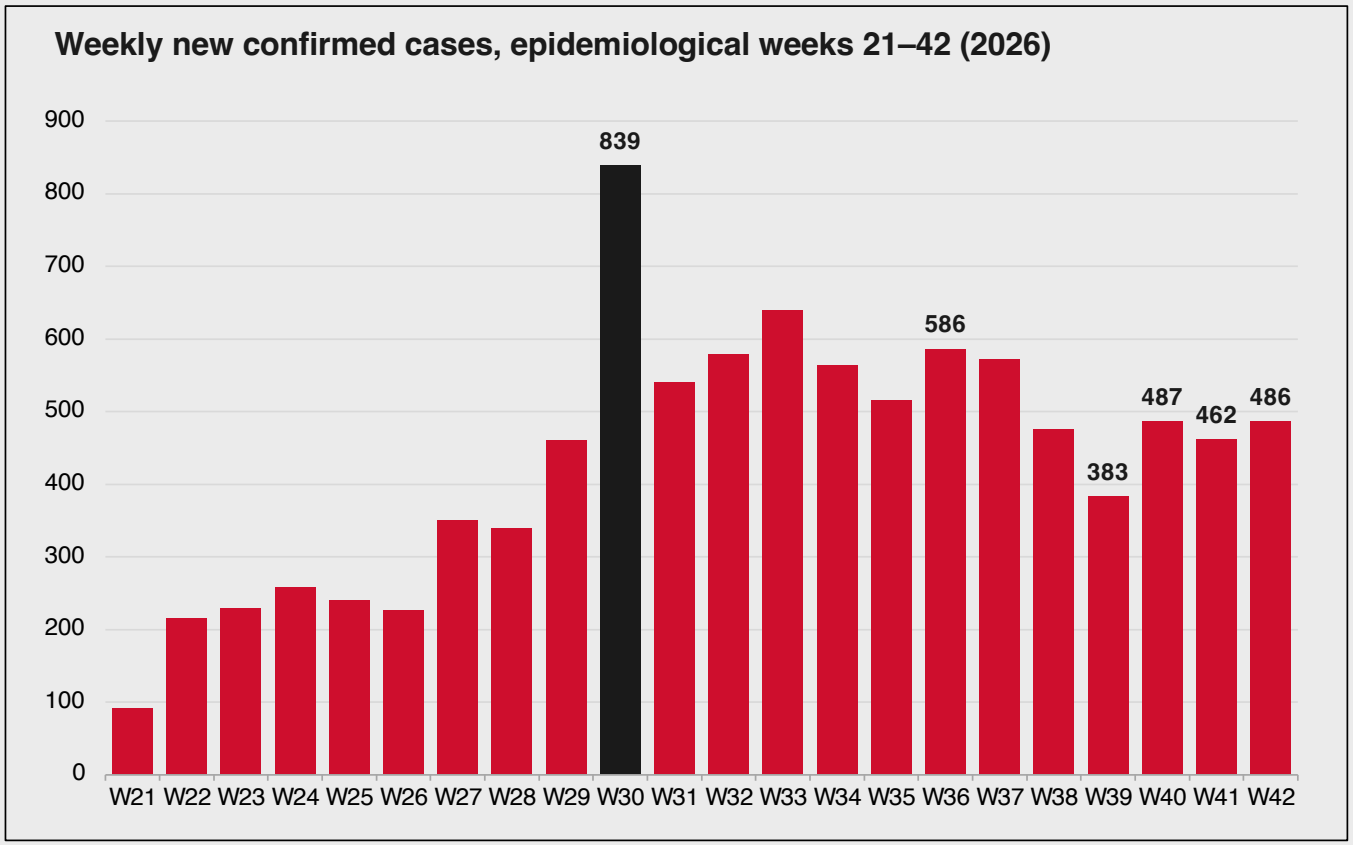
135	**Traced, in Kenya and abroad** 100% of listed contacts; 135 of 135 were traced and quarantined by 20 Oct.
0	**Contacts still being traced** The list may grow as contacts of the later cases are added.
21 days	**Monitoring period** Contacts are monitored for 21 days; two negative tests allow earlier release.

Key dates, 03 October to 17 November



DRC Outbreak: Cases Plateau, Spread Continues

Weekly cases are holding near 460–490; week 42 had 486 cases, and an eighth province is affected.



9,704 Confirmed cases to 20 Oct

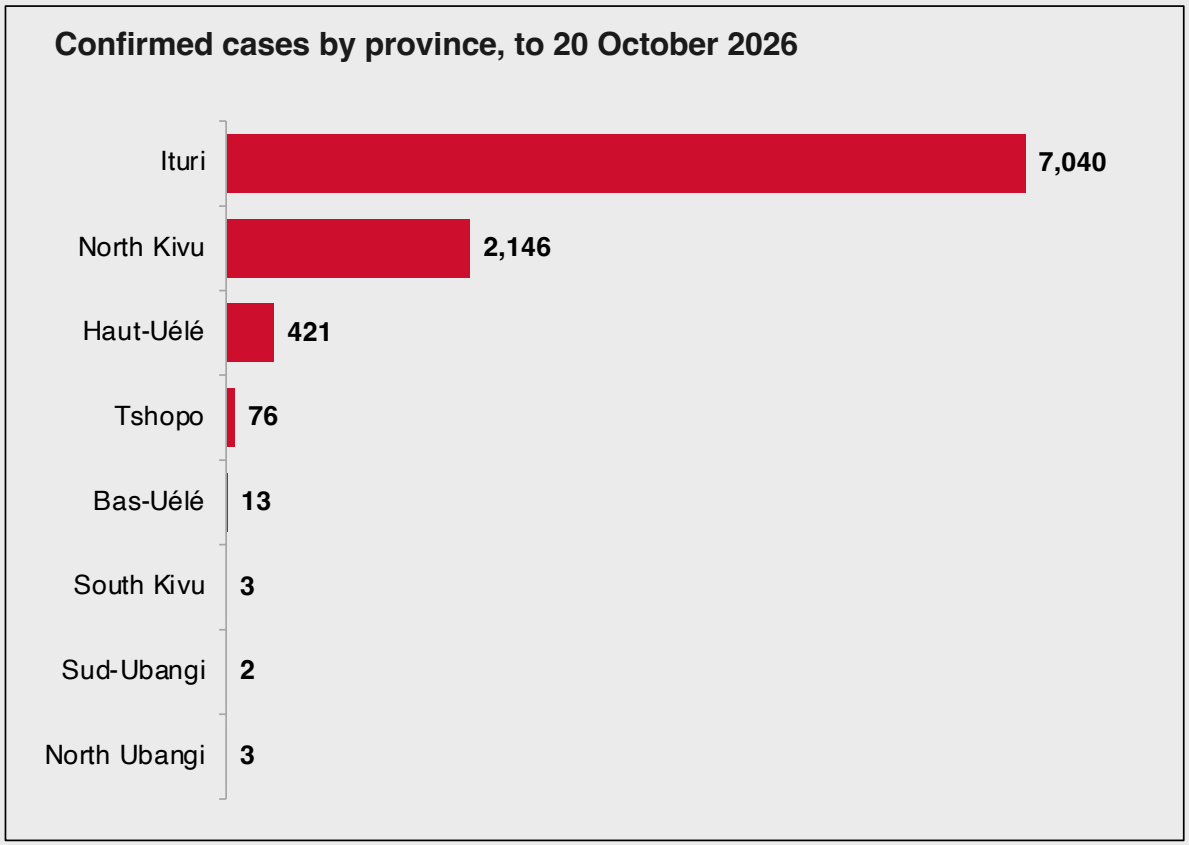
4,687 Confirmed deaths, crude fatality about 48%

+560 Confirmed cases between 12 and 20 Oct

- Largest Ebola outbreak recorded in the DRC. Declared 15 May; WHO emergency (PHEIC) since 17 May.
- Peak was week 30 (839, incl. a backlog). Week 42 had 486 cases; 152 were added on 19–20 Oct. Contact follow-up averaged 79% vs a 95% target.

DRC: Cases by Province

Ituri and North Kivu account for 95% of confirmed cases, and an eighth province is now affected.



Emerging Hotspots

North Ubangi, new province

Eighth affected province (18 Oct): 3 cases, 1 death in Wapinda health zone, near the CAR border.

Dungu, Haut-Uélé

Borders South Sudan and has confirmed cases. Haut-Uélé has 421 cases, up from 352 on 02 Oct.

Sud-Ubangi

Seventh affected province after a first case on 10 Sep (Bulu health zone, north-west DRC).

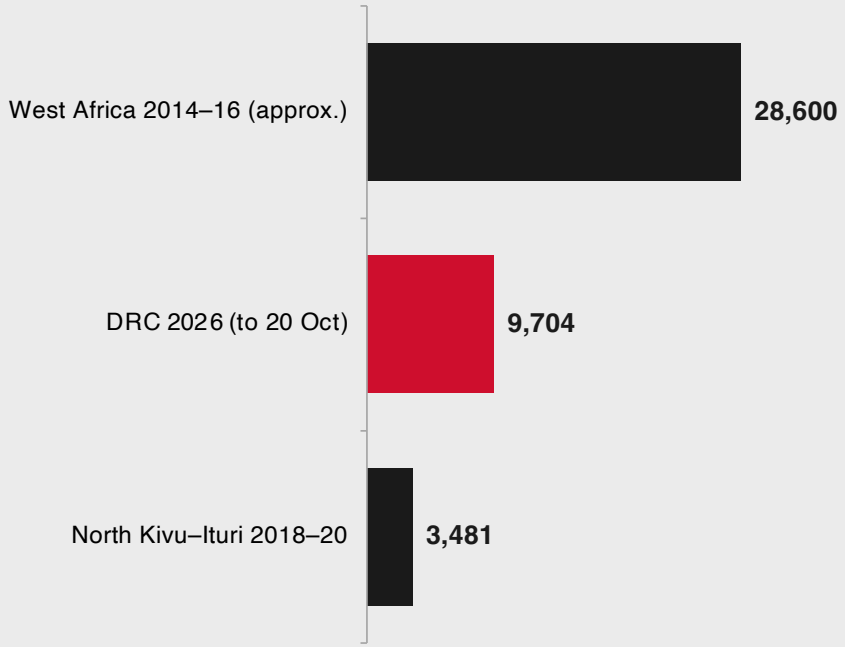
Tshopo

Renewed activity: 76 cases, up from 48 on 02 Oct, across 7 health zones.

Challenges to Outbreak Control

No licensed vaccine or treatment; late detection and gaps in contact tracing hinder control

Largest Ebola outbreaks, by number of cases



79%

contact follow-up, last seven bulletins to 20 Oct (INSP), against a 95% WHO target

18%

of confirmed cases infected in health facilities (WHO estimate, 25 Aug)

3 – 4×

possible true infections versus confirmed totals (WHO modelling, Aug)

50

health workers dead since the outbreak began (Africa CDC, 1 Oct)

No licensed vaccine or specific treatment exists for Bundibugyo virus. Ervebo (licensed for Zaire ebolavirus) has been given to 8,673 people, mainly frontline workers; its effect here is unknown. The Tumaini vaccine trial is due by end-October.

Kenya's Response: Measures and Preparedness

All 135 contacts traced and eight patients stable in care; over 700,000 travellers screened.

700,000+

Travellers screened at points of entry (to 22 Oct)

100%

of the 135 listed contacts traced (22 Oct)

4,917

Health Workers trained in Ebola prevention and management

241

Isolation beds in five hospitals (Nairobi, Eldoret, Mombasa)



Isolation Capacity

Up to 241 isolation beds in five hospitals in Nairobi, Eldoret and Mombasa, including up to 50 intensive care beds at Moi Teaching and Referral Hospital.



Testing

Five designated labs, including mobile labs at the Lwakhaha and Busia borders. Results in 6–12 hours. 461 samples tested since May; a dedicated lab now serves KNH's Ebola unit.



Entry-point Screening

Screening at all points of entry; flights from 10 countries use a dedicated JKIA gate. Health declaration on entry and exit. Kenya Ministry of Health ADaM Portal to generate a QR code for Port Health officials.



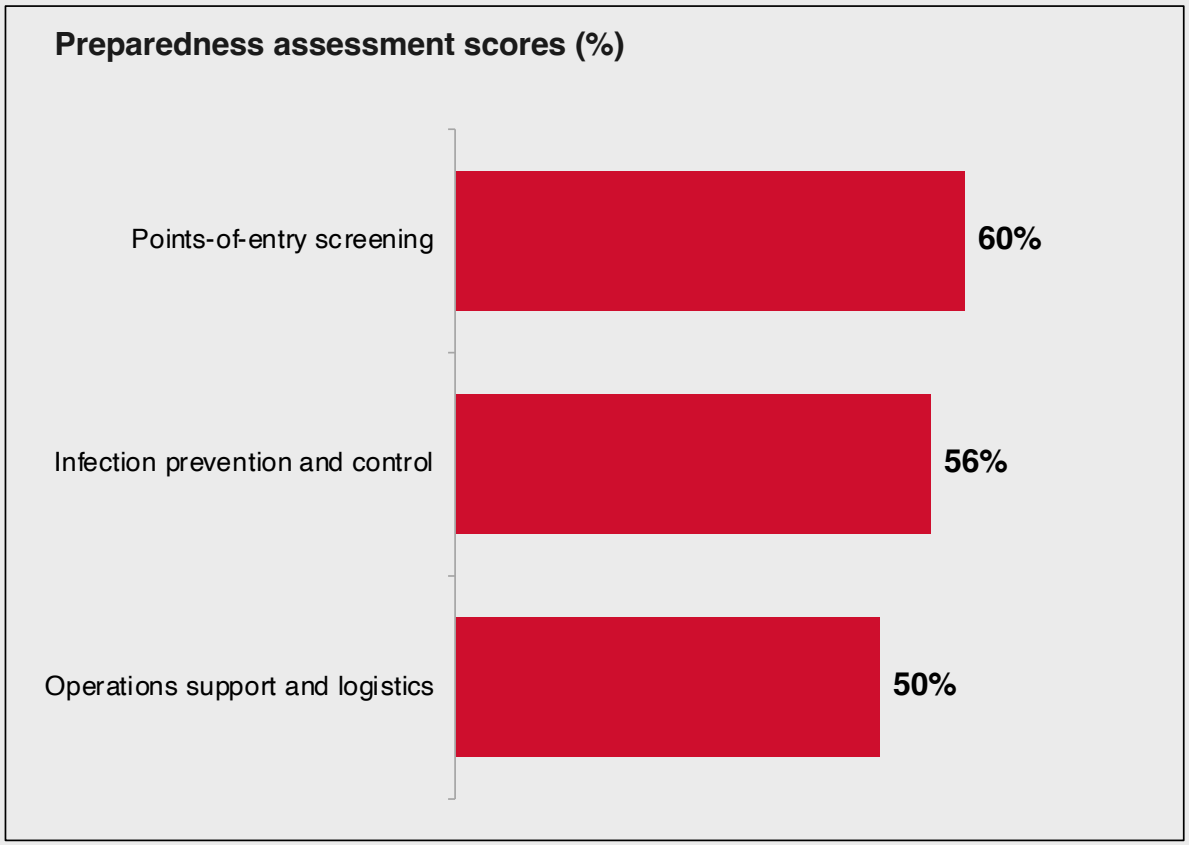
Treatment and Surge

343 trained responders on standby. Patients receive monoclonal antibodies on a compassionate basis, and more medicine arrived from Rwanda on 18 Oct. WHO has supplied about US$70,000 of items.



Kenya’s Response Gaps

Quarantine is detecting cases early, but four health workers who cared for the first patient were infected.



Detection ahead of treatment

Entry screening scored highest (60%) and logistics lowest (50%). The assessment found detection stronger than treatment capacity.

Isolation shortfalls

Gaps in holding, temporary and permanent isolation facilities were flagged in the assessment; the Ministry now reports up to 241 isolation beds.

Screening did not catch the case

The first case passed several airport temperature checks, and had a normal temperature at Entebbe, before reaching Nairobi Hospital.

Health worker exposure

Four health workers who cared for the first patient were infected; three entered quarantine only on 09 Oct. All 135 listed contacts are now traced.

Virus Overview and Transmission

Ebola spreads through contact with body fluids, and its early clinical features mimic other febrile illnesses.

Transmission

Through direct contact with the blood or other body fluids of an infected person, alive or deceased, or with contaminated materials. Individuals are not infectious before symptom onset.

Early Clinical Presentation

Fever, severe headache, myalgia, fatigue, vomiting and diarrhoea. Haemorrhagic manifestations may occur in later stages. As early symptoms overlap with other acute febrile illnesses, including malaria, always obtain and report relevant travel and exposure history.

21-Day Monitoring Period

The incubation period is 2–21 days. Anyone with potential exposure in an outbreak-affected area should monitor for symptoms for 21 days and contact a healthcare provider before seeking in-person care.

There is no licensed vaccine or specific treatment for Bundibugyo virus. Early isolation and supportive care are critical.

Travel and Mobility: Public Health Measures

WHO advises against travel restrictions; however, screening protocols, travel advisories and national entry requirements may vary and change rapidly

WHO Position

- WHO advises against travel or trade restrictions affecting Kenya, Uganda and the DRC (06 October).
- As of 22 October, Kenya reports no restrictions on travel, trade or public gatherings and says it remains open.
- WHO advises all African countries to sustain a high level of readiness (21 Oct).

Kenya's Entry Screening

- Temperature screening and health declarations for all travellers; new Rules (12 Oct) cover entry and exit.
- Flights from 10 countries, including the DRC, Uganda and South Sudan, use a dedicated JKIA gate.
- The index case passed multiple temperature checks, highlighting the limitations of temperature screening alone.

International Travel Restrictions and Advisories

- US CDC: Level 4 warning for Ituri and North Kivu.
- US entry: restrictions for recent travellers from the DRC, Uganda or South Sudan.
- Earlier entry bans or advisories by several governments on the DRC, Uganda and South Sudan.
- US Travel Advisory for Kenya: Raised from Level 2 to Level 3 on 19 October amid health and security concerns.

Verify entry and transit requirements for all itinerary countries before departure, as regulations may change at short notice.

Kenya MoH: Laboratories and Isolation Centres

Five Designated hospitals, Five Laboratories and a toll-free information line.

Designated Ebola Treatment Facilities and Beds

Facility	Location	Beds
The Nairobi Hospital	Nairobi	133 (45 HD/ICU)
Moi Teaching and Referral Hospital	Eldoret	50
National Police Service Hospital	Nairobi	49
Kenyatta National Hospital	Nairobi	8 (5 ICU)
Port Reitz Hospital	Mombasa	4

Designated Ebola Testing Laboratories

Laboratory	Location
National Virology Reference Laboratory (NVRL)	Nairobi
Kenya Medical Research Institute (KEMRI)	KEMRI headquarters, Nairobi
KEMRI — Kisumu	Kisumu
Mobile Laboratory — Busia	Alupe / Busia border area, Busia County
Mobile Laboratory — Lwakhakha	Lwakhakha Point of Entry, Bungoma County

Contact Numbers

MoH toll-free: 719. Emergency: 999 / 112.

Remote Site Risk Mitigation

Continuous Awareness

+ Conduct regular toolbox talks and display awareness posters at strategic locations. Disseminate educational graphics, and messages through official channels (WhatsApp, screen savers etc.) to maintain awareness and ensure consistent information sharing.

Hand Washing / Hygiene

+ Provide and maintain hand-washing and sanitising stations at site entry points, clinic, ablution facilities, dining areas and offices, while reinforcing proper hand hygiene practices through toolbox talks.

PPE Readiness

+ Verify PPE stock levels, sizes, expiry dates; ensure emergency responders are trained in PPE use, donning and doffing SOP's, IPC and disposal of PPE. Maintain adequate supplies at the site clinic. Consider implications of community spread and public health clinic preparedness.

Travel History Declaration

+ Require all staff, contractors, and visitors to declare travel and contact history for the past 21 days before site entry, including travel to the DRC and neighbouring high-risk regions.
+ Consider transit and being in low volume areas of airports lounges etc.

Health Questionnaires

+ Implement a short symptom and exposure questionnaire at entry or before deployment, with a clear escalation route.

Engagement with Health Authorities

+ Engage local and national health authorities on relevant capacity programmes, including county surveillance contacts, training and referral arrangements for suspected cases.

Response-Med recommended controls, aligned with Kenya Ministry of Health and WHO guidance.

Response-Med Support

Medical intelligence, Plan Reviews and Assistance Centre support as the situation develops.

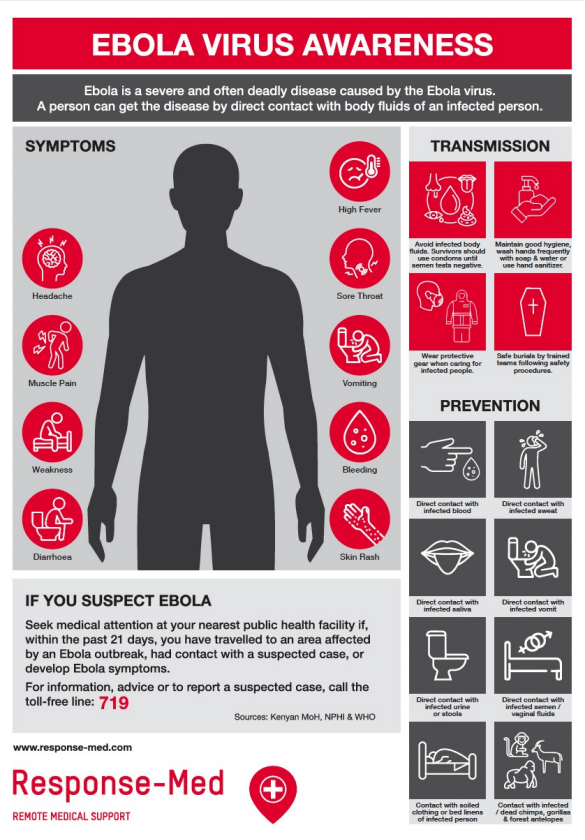
Our Support

Medical intelligence
Surveillance updates as the outbreak develops.

Site Preparedness
Development of site specific recommendations and SOP's.

Medical Emergency Response Plan review
Review of site MERPs, isolation holding and evacuation arrangements. Work with partners to support initiatives to strengthen county and national health initiatives.

24/7 Assistance Centre
Support for suspected exposure and travel queries.





Thank You.

Response-Med 24/7 Assistance
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