



ASEAN BIOLOGICAL THREATS SURVEILLANCE CENTRE

DISEASE ALERT



Korea Disease Control and
Prevention Agency



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**First alert : October 7, 2026 | Ebola Disease Caused by Bundibugyo virus
In Kenya**

Event Description

On October 6, 2026, the Ministry of Health of the Republic of Kenya issued a press release on its first imported case of Ebola disease caused by Bundibugyo virus (BDBV), involving a Kenyan citizen who had resided in the Democratic Republic of the Congo (DRC). The individual travelled from the DRC through Uganda before arriving in Nairobi on October 3. The case was laboratory confirmed following presentation with symptoms compatible with viral haemorrhagic fever and subsequently resulted in death on October 5.



Figure 1. Countries confirming Ebola disease caused by BDBV as of October 6, 2026

Epidemiological Information

- On October 6, 2026, the Ministry of Health of the Republic of Kenya issued a press release on its first imported case of Ebola disease caused by BDBV, in a Kenyan citizen who had been residing in the DRC for the previous seven years.
- On October 3, the patient travelled from the DRC to Kampala, Uganda, by road before boarding to Nairobi, Kenya, arriving at Jomo Kenyatta International Airport (JKIA) at approximately 1:10 PM. Upon arrival, the individual underwent routine public health and immigration screening procedures at JKIA before being transported by a relative and a friend directly to Nairobi Hospital. At presentation, the patient exhibited fever, chills, intense fatigue, generalized weakness, muscle pain, painful swallowing, sore throat, and haemorrhagic manifestations including bleeding beneath the skin at injection sites.

Based on the clinical presentation and recent travel history to the DRC, attending clinicians suspected of a viral haemorrhagic fever and immediately collected diagnostic specimens for laboratory testing. Laboratory testing conducted by the National Virology Reference Laboratory (NVRL) and Kenya Medical Research Institute (KEMRI) confirmed infection with Ebola disease caused by BDBV.

- On the night of October 5, the patient died despite receiving supportive treatment, becoming Kenya's first confirmed and fatal imported case of Bundibugyo Ebola virus disease.
- Available epidemiological evidence indicates that exposure most likely occurred in the DRC before travel to Kenya, making this an imported case associated with the ongoing Bundibugyo Ebola outbreak in the DRC.
- The imported case occurred within the context of the ongoing outbreak of Ebola disease caused by BDBV in the DRC, which was first reported on May 5, 2026. As of October 6, 2026, the outbreak resulted in 8,603 confirmed cases and 4,148 deaths. Cross-border spread associated with travel from the DRC has been documented in multiple countries. Uganda reported an outbreak between May 11 and 28 July 2026, resulting in 20 confirmed cases and two deaths. France reported an imported case on June 24, 2026, and no secondary cases were subsequently identified. Germany reported an imported case on 13 July 2026, with no evidence of local transmission or secondary infections. The confirmation of an imported case in Kenya further demonstrates the continued risk of international spread associated with population movement from areas experiencing active Ebola transmission.

Response Measures

- Kenyan health authorities rapidly isolated the patient in a separate room at the Accident and Emergency Department of Nairobi Hospital immediately upon arrival and was subsequently transferred to the hospital's East Wing Isolation Facility for continued management.
- Kenyan authorities activated Ebola response protocols, including laboratory confirmation through the National Virology Reference Laboratory and KEMRI.
- Epidemiological investigations, contact identification, and tracing activities have been initiated to identify individuals who may have been exposed during travel, healthcare interactions, and community contacts.
- Infection prevention and control measures have been reinforced in healthcare facilities involved in the management of the case.
- Surveillance activities are being strengthened to detect any additional suspected cases among identified contacts and travellers arriving from affected areas.

- Coordination between national public health authorities, healthcare facilities, laboratories, and international partners is ongoing to support response activities and reduce the risk of secondary transmission.

Recommendations

- The WHO has determined that this event constitutes a Public Health Emergency of International Concern (PHEIC).
- Communities should be actively engaged to support early case identification, safe care practices, and safe and dignified burials.
- Healthcare workers should be trained and equipped with appropriate personal protective equipment (PPE) to prevent nosocomial transmission.
- Contacts of confirmed and suspected cases should be monitored for 21 days, with restrictions on travel where appropriate.
- Cross-border coordination and screening at points of entry should be strengthened to reduce the risk of international spread.
- There are currently no licensed vaccines or specific therapeutics for Bundibugyo virus; therefore, outbreak control relies on early detection, supportive care, and strict public health measures.
- WHO advises affected countries to activate emergency coordination mechanisms and strengthen surveillance, contact tracing, laboratory testing, case management, and infection prevention and control (IPC). There are no travel or trade restrictions issued based on the current situation.

Sources:

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