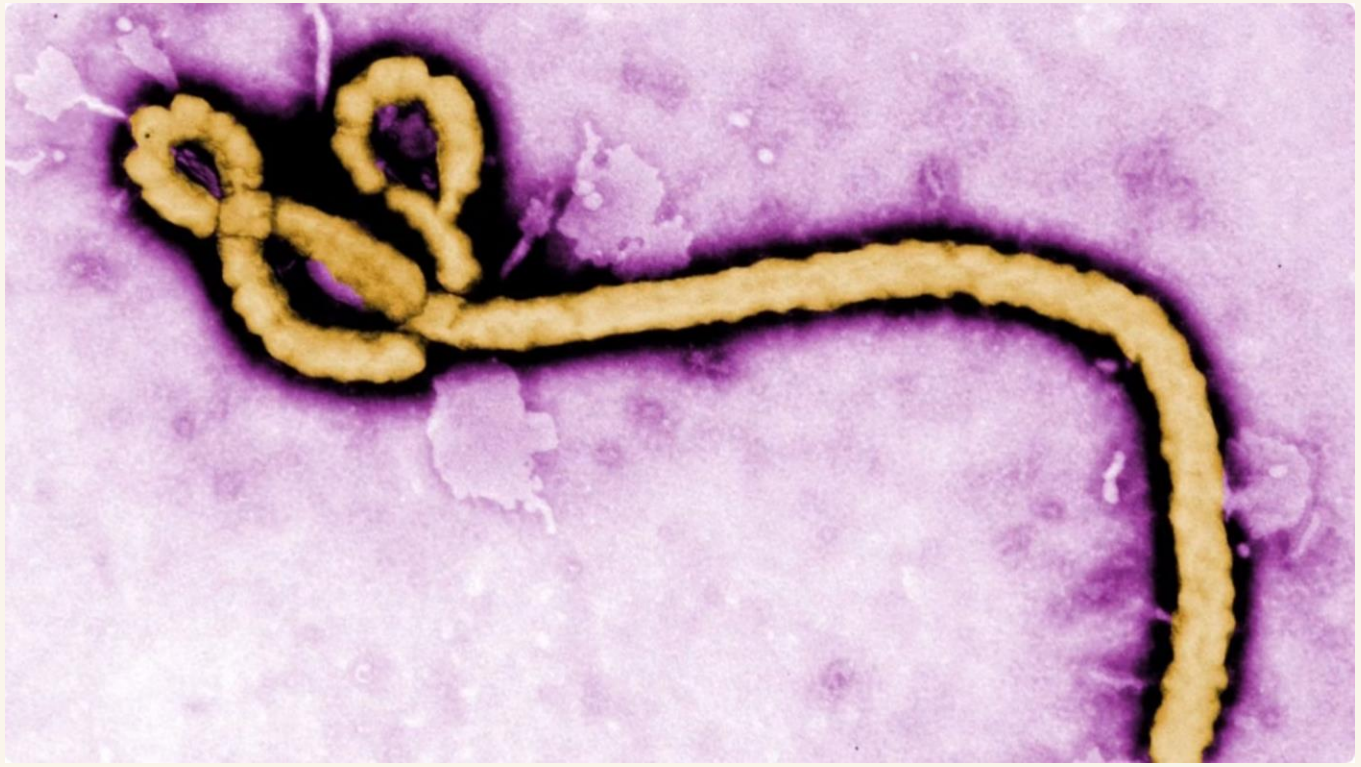


Situation Update: Ebola Bundibugyo Virus Disease

CAPSCA Kenya

Yaounde Cameroon

Sep 2026

Presentations Outline

01

EVD Situation Update

Regional overview covering DRC, Uganda, and France — confirmed cases, deaths, and case fatality rates.

02

Current Situation in Kenya

Alerts, tests, points of entry screening, and county-level distribution of suspected cases.

03

Risk Assessment Updates

Risk mapping across Kenya's counties — very high, high, medium, and low risk classifications.

04

Readiness & Preparedness Updates

Laboratory capacity, healthcare worker sensitization, isolation facilities, and surge capacity status.

05

Operational Gaps & Next Steps

Identified gaps in human resources, commodities, and infrastructure — and the priority actions to address them.

"The single biggest threat to man's continued dominance on the planet is **the virus**..."

— Joshua Lederberg, Ph.D., Nobel laureate

This sobering warning from a Nobel Prize-winning scientist underscores the urgency with which the global health community must treat emerging viral threats such as Ebola Bundibugyo Virus Disease.

Why Bundibugyo Ebola Virus is of Concern to Kenyans?

Active Regional Outbreaks

Ongoing Bundibugyo Virus Disease (BVD) outbreaks are currently active in the **Democratic Republic of Congo** and **Uganda** (just ended) — Kenya's immediate neighbors with extensive cross-border ties.

High Importation Risk

Kenya is at **RISK** of importing a case due to the close economic, social, and transport networks with the two affected countries. Cross-border movement is frequent and difficult to fully control.

Multiple Detection Points

Any imported case is likely to be detected at the **community level**, at a **health facility**, or at **points of entry**. All three settings require heightened vigilance and trained personnel.

Surveillance is the First Line of Defense

Enhanced surveillance — meaning **early detection** and **immediate reporting** — together with rapid response remain being **KEY** in the prevention of spread of BVD. Delays in detection can lead to exponential spread.

Diseases Have No Borders!

The geographic spread of infectious diseases is not constrained by national boundaries. Kenya's position as a regional transport and trade hub makes it especially vulnerable to cross-border disease importation from affected neighboring states.

Introduction: Ebola Virus Disease (EVD)

Viral Hemorrhagic Fever

EVD is **a viral hemorrhagic fever** (VHF) illness — characterized by fever, severe bleeding, and organ failure in advanced stages.

Severe Acute Illness

A severe **acute viral illness** with the potential for deadly outbreaks. Rapid progression from symptom onset to critical illness is a hallmark of EVD.

Zoonotic Origin

Zoonosis: A disease of humans and non-human primates. The virus is believed to originate in animal reservoirs, with fruit bats considered the most likely natural host.

High Case Fatality

It is often **fatal**, with up to **90% case fatality rate** in some outbreaks — making it one of the most lethal infectious diseases known to science.

Sporadic Outbreaks Since 1976

Sporadic outbreaks have occurred since initial recognition in **1976**. Each outbreak demands swift containment to prevent community-level transmission.

Situational Update — Kenya (As of 31st August 2026)

Outbreak Declaration Timeline

- EVD outbreak declared on **15th May 2026** — Ituri Province, DRC; so far **6 provinces** affected
- Species: **Bundibugyo Virus**
- **PHEIC** declared by WHO on **16th May 2026**
- **PHECS** declared by Africa-CDC on **17th May 2026**

Kenya Status (As of 31st August 2026)

212

Alerts Raised

All 212 alerts tested — **All NEGATIVE** from 17 counties

20

POE Alerts

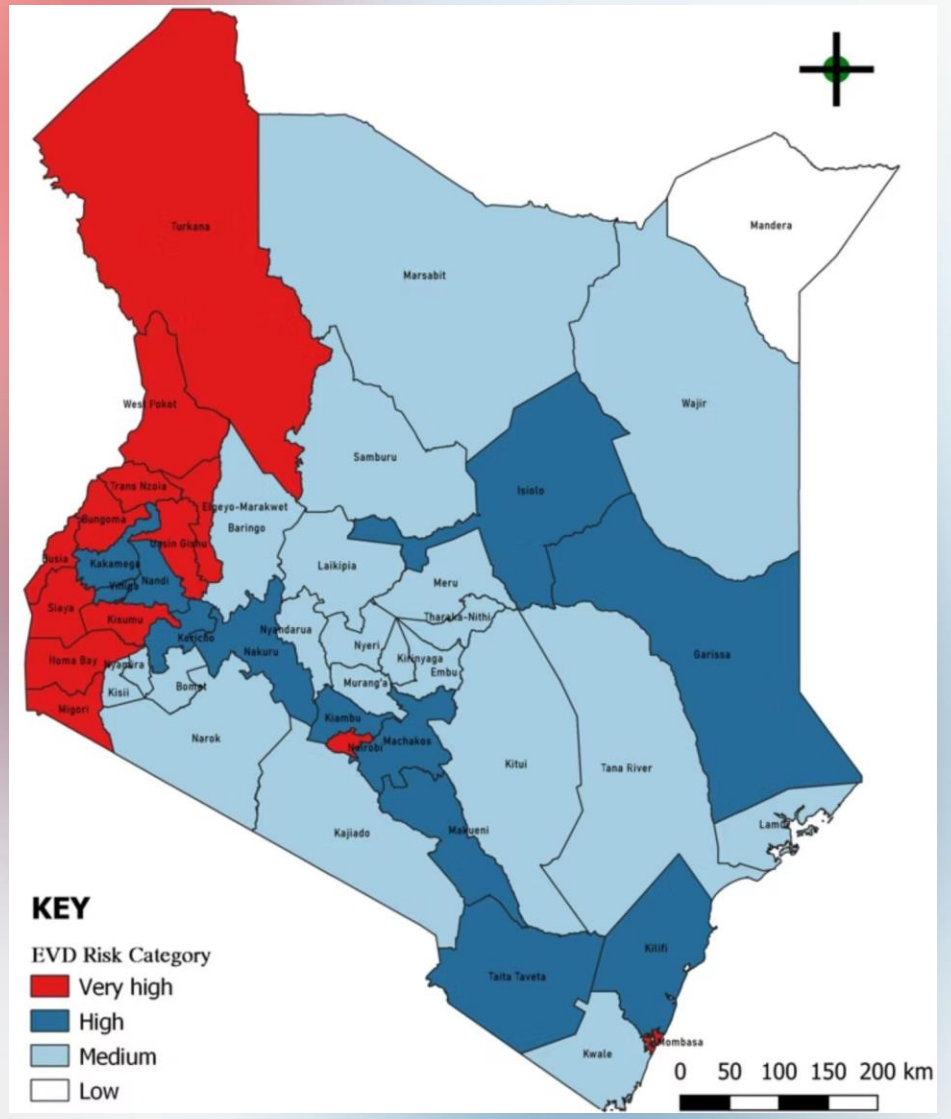
Lwakhakha POE: 18 | Eldoret: 1 | Busia: 1 (May–Aug 2026)

All 212 samples tested for EVD have returned **NEGATIVE** as of 25th August 2026.

Bundibugyo Ebola Virus Disease — Regional Situation Update (As of 31st Aug 2026)

Country	Suspected Cases	Confirmed Cases	Confirmed Deaths	Probable Deaths	CFR (%)	Confirmed Recoveries
Democratic Republic of Congo	395	5,945	2,862	0	**48%**	1,327
Uganda	0	20	2	1	10%	18
France	0	1	0	0	0%	1
Cum. Total	**395**	**5,966**	**2,864**	**1**	**48%**	**1,346**

The DRC bears the overwhelming burden of this outbreak with **5,945 confirmed cases** and a **48% case fatality rate**. The detection of a confirmed case in France underscores the international spread potential of this outbreak and the importance of global vigilance.



Risk Mapping

Very High Risk

- High cross-border movement and trade traffic with Uganda and DRC
- Transport hubs (airports, highways)
- Referral hospitals and mobile populations
- Frequent community interactions across borders

High Risk

- Neighboring very high-risk areas along main transport and trade corridors
- Transport corridor from DRC to Mombasa

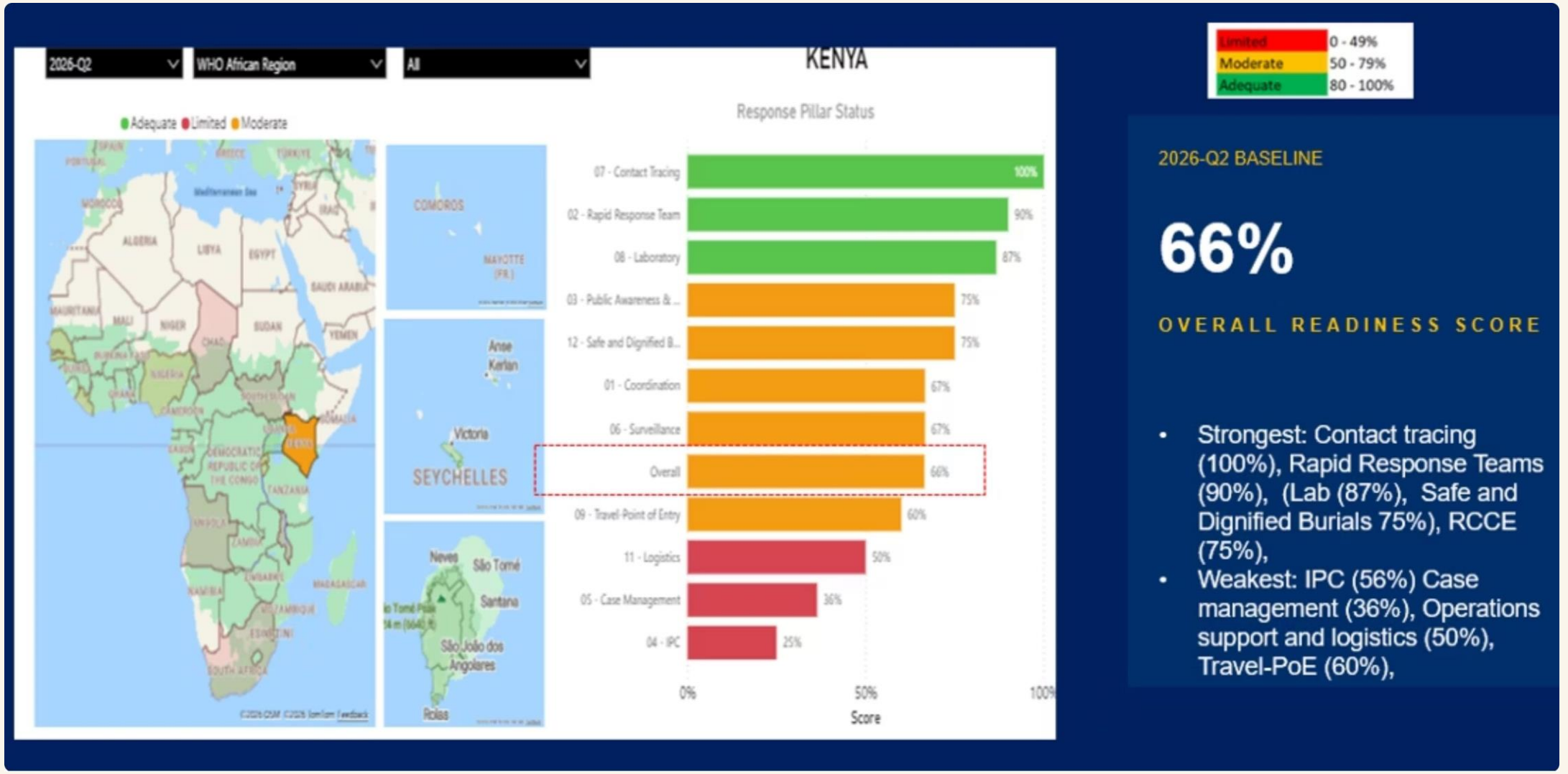
Medium Risk

- Adjacent to very high-risk and high-risk counties
- Moderate population mobility and trade links

Low Risk

- Limited cross-border movement or major transport corridors
- Low international and inter-county travel

Readiness Assessment



Preparedness Status

Coordination & Surveillance

- MoH advisory on EVD sent out to all counties
- PHEOC in **Alert mode** with **Incident Management System (IMS)** constituted on 21st May 2026
- Deployment of **RRTs** to investigate all 206 EVD alerts
- Risk assessment identified **25 high-risk counties**

High-Risk County Classification

- **Very High Risk (12):** Nairobi, Mombasa, Uasin Gishu, Busia, Kisumu, Bungoma, Trans Nzoia, Siaya, West Pokot, Turkana, Homa Bay, Migori
- **High Risk (13):** Vihiga, Kakamega, Nakuru, Kericho, Nandi, Kiambu, Machakos, Makueni, Kilifi, Taita Taveta, Isiolo, Garissa, Elgeyo Marakwet

Screening & Testing

3,850

Screened (31 Aug)

Travelers from UG & DRC through **26** Points of Entry

521,290

Cumulative Screened

Total travelers screened since outbreak declaration

212

Samples Tested

All **NEGATIVE** for EVD as of 25th August 2026

0

Referred to Isolation

Zero travellers referred to isolation facility to date

Preparedness Status (Continued)

Laboratory Capacity

Five (5) laboratories identified for EVD testing:

- National Public Health Laboratory (NVRL)
- KEMRI Nairobi
- KEMRI Kisumu
- Two mobile laboratories — Busia & Bungoma

Planning & Facilities

- National EVD Preparedness and Response Plan finalized — County level
- Mapping and assessment of isolation facilities ongoing in high-risk counties
- RCCE ongoing — Dissemination of IEC materials

Surge Capacity & Training

343

Surge Capacity

West Africa EVD (102) | FELTP alumni (51) | AVoHC (118) | Basic PHEM (72)

3,021

HCWs Sensitized

2,607 via ECHO platform | **414** in-person

Virtual EVD sensitization sessions are scheduled every **Tuesday and Thursday, 2–4 pm,** for ongoing healthcare worker capacity building.

Risk Communication & Community Engagement

Key messages have been developed and are being disseminated through multiple channels to ensure broad public awareness and community-level vigilance:

Social Media

Active posts on **KNPHI** and **MOH** social media platforms to reach the digitally connected public with timely updates and health guidance.

Broadcast Media

Expert interviews on **radio and television** to reach mass audiences, including rural communities with limited internet access.

Toll-Free Hotline

Toll-free line **719** available for public inquiries, symptom reporting, and guidance — accessible to all Kenyans at no cost.

WhatsApp Jali Chatbot

Interactive chatbot available on **+254 700 719719** providing automated health information and referral guidance around the clock.

Press Releases & IEC Materials

Press releases issued as needed, supplemented by **Information, Education, and Communication (IEC)** materials distributed at community and facility levels.

Operational Gaps

Human Resources

Most staff are **inexperienced** in EVD response. There is a critical need for more structured **trainings and simulation exercises (Simex)** to build operational readiness at all levels.

Operational Support & Logistics

Significant gaps in the **deployment of personnel and resources** to high-risk areas. Logistics systems need strengthening to ensure timely and efficient response operations.

Isolation & Quarantine Facilities

Most existing isolation and quarantine facilities are **not fit for purpose**. Structural, equipment, and infection prevention deficiencies pose a risk to both patients and healthcare workers.

Risk Communication

Inadequate RCCE, including insufficient media campaigns. Community awareness and behavior change communication must be significantly scaled up to prevent panic and misinformation.

Commodity Shortages

Shortage of critical commodities including **PPE, laboratory test kits, and health promotion tools (HPT)**. Supply chain gaps could compromise response effectiveness during a surge.

Operational Research & Innovation

Gaps in **operational research and innovation** limit the ability to adapt response strategies based on real-time evidence and emerging best practices.

Next Steps

1 **Finalize EVD Preparedness and Response Plan**

Complete county-level planning to ensure all 25 high-risk counties have actionable, resourced response frameworks in place.

2 **Human Resource Support**

Surge staff deployment, including county-level personnel, to address critical gaps in experienced EVD responders across high-risk areas.

3 **Procurement of Additional Commodities**

Urgently procure **PPE, pharmaceuticals, and laboratory testing kits** to ensure adequate stockpiles at national and county levels.

Next Steps

4 **Decentralize EVD Testing**

Deploy additional **mobile laboratories** and build testing capacity in high-risk counties to reduce turnaround time and improve case detection.

5 **Renovate Isolation & Quarantine Facilities**

Renovate and equip isolation and quarantine facilities in high-risk counties to meet minimum infection prevention and control standards.

6 **Continuous HCW Sensitization & Public Engagement**

Ongoing training of healthcare workers on EVD, combined with enhanced public engagement campaigns to raise community awareness and reduce stigma.

7 **Additional Resource Mobilization**

Engage **WHO, CDC**, and other partners for additional financial, technical, and logistical support to sustain and scale the national response.

Thank you