



Kenya Medical Association

NATIONAL EXECUTIVE

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KENYA MEDICAL ASSOCIATION STATEMENT ON EBOLA VIRUS DISEASE (BUNDIBUGYO STRAIN)

The Kenya Medical Association (KMA) is the umbrella professional association for doctors in Kenya. Established in 1968, KMA is mandated to champion the welfare of doctors and advocate for quality healthcare in the country.

KMA wishes to inform the Kenyan public about the ongoing outbreak of Ebola Virus Disease in the Democratic Republic of Congo (DRC) and Uganda. We endorse and reinforce the advisory issued by the Ministry of Health and offer the following guidance.

1. What Is Happening

An outbreak of Ebola Virus Disease caused by the Bundibugyo strain of the Ebola virus has been confirmed in eastern DRC and Uganda since May 2026. The World Health Organization has declared this a global health emergency, a Public Health Emergency of International Concern. As of 26 May 2026, the DRC has reported 906 suspected cases, 105 confirmed cases, 223 suspected deaths, and 10 confirmed deaths. Uganda has reported 7 confirmed cases and 1 confirmed death. Suspected cases have been reported in other parts of the world.

Kenya has confirmed **no cases** linked to this outbreak. The Ministry of Health and the KMA are monitoring the situation closely and have activated preparedness measures. You do not need to panic. You do need to be informed.

2. Know the Symptoms

Ebola is spread through direct contact with the blood or bodily fluids of an infected person. It does not spread through the air or casual contact such as sitting near someone or shaking hands. Early symptoms include:

- Sudden onset of fever
- Severe headache, muscle pain, or extreme weakness
- Vomiting, diarrhoea, or stomach pain
- Unexplained bleeding or bruising

Symptoms appear between 2 and 21 days after exposure to the virus.

3. When to Seek Medical Attention: Act Early, Do Not Wait

If you develop any of the symptoms above AND any of the following apply, seek medical attention IMMEDIATELY:

- You have travelled to DRC, Uganda, or South Sudan in the past 21 days
- You have been in close contact with someone who has recently travelled from these areas
- You have had contact with a person who became ill or died from an undiagnosed illness after returning from these areas

Go to your nearest health facility without delay. Before the healthcare worker examines you, tell them about your travel history or contact history. This is the most important thing you can do for yourself, for your family, and for the health worker caring for you.

4. Seeking Care Is an Act of Responsibility, Not a Reason for Shame

Experience from previous Ebola outbreaks shows that fear of stigma and mistrust of health facilities caused many people to delay seeking care or to conceal their symptoms and travel history. This led to preventable deaths both among those who were ill and among family members and healthcare workers who were then unknowingly exposed.

If you have symptoms and a relevant travel or contact history, presenting to a health facility is the right thing to do. It protects you. It protects your family. It protects your community. The KMA calls on all health workers to treat those who come forward for assessment with dignity and without stigma. A person who presents for assessment has not necessarily been infected. They are following public health guidance responsibly. That deserves respect, not fear.

5. How to Protect Yourself and Your Family

- Wash your hands frequently with soap and water, or use an alcohol-based sanitiser
- Avoid contact with the blood or bodily fluids of any person who is ill
- Avoid handling the body of a person who has died from an undiagnosed illness
- If you are returning from DRC, Uganda, or South Sudan, monitor yourself for symptoms for 21 days and report any illness to a health facility promptly
- Follow all public health advisories from the Ministry of Health

6. Remain Calm and Rely on Credible Sources

Kenya's health preparedness is stronger than at any previous point. The Ministry of Health has activated surveillance at major border crossings and airports, laboratory capacity is in place for rapid testing, and Kenya's Rapid Response Teams are on standby.

Rely on information from the Ministry of Health and established health organisations. Do not share unverified information. Misinformation during disease outbreaks causes harm.

7. Kenya's Preparedness and What More Is Needed

Recent developments make clear that Kenya's role in the regional epidemic response is growing. Reports published on 27 May 2026 indicate that the United States government plans to establish a quarantine and treatment facility on Kenyan soil for American citizens who contract Ebola in the region. The Kenyan government has indicated it welcomes the engagement. The KMA does not oppose international health cooperation. However, this development raises a question the public is right to ask: if Kenya is considered a suitable location to host and treat foreign nationals with confirmed or suspected Ebola, what equivalent provision exists for Kenyan citizens?

The honest answer is that our current capacity has significant gaps. Purpose-built viral haemorrhagic fever isolation units are limited, Ebola-capable laboratories are few, and our members on the frontline have raised serious concerns about the availability of PPE, diagnostic services and isolation support. The Health Cabinet Secretary has himself called on partners to provide emergency financing for PPE, diagnostics, and border screening, an acknowledgement that current resources fall short of what this outbreak demands.

This is not the first time Africa has been asked to carry a burden that wealthier nations are unwilling to bear themselves. During the COVID-19 pandemic, African countries waited at the back of the vaccine queue while high-income nations hoarded doses far beyond their own needs. The lesson from that experience must not be forgotten: international cooperation that serves the interests of wealthy nations while leaving African health systems under-equipped is not partnership; it is convenience dressed in diplomatic language.

The KMA calls on the Government of Kenya to urgently address these gaps and to ensure that any international cooperation agreement includes binding commitments to strengthen Kenya's own health infrastructure, not simply create parallel systems for foreign nationals on our soil. Pandemic preparedness is a constitutional obligation owed to every Kenyan. The KMA will continue to engage the Ministry of Health, Parliament, and all relevant stakeholders on these matters to ensure adequate health service delivery to Kenyans.

8. If You Need to Report a Concern

- Go to your nearest public health facility
- Your County Public Health Officer
- Ministry of Health key public health messages can be accessed through *719# or by calling 719.



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Secretary General

Kenya Medical Association