



Phoenix Aviation Statement on Ebola in Kenya

15 October 2026 · Dr Lucy Obolensky, Medical Director

Summary

Phoenix Aviation continues to operate normally in Kenya. One imported case of Ebola (Bundibugyo virus disease) was confirmed in Nairobi on 6 October 2026. A second case has since been confirmed in a close family contact of that patient, who was already in quarantine when they developed symptoms and were diagnosed. There is no evidence of community transmission in Kenya at this time.

This statement sets out the current situation, our position, the measures we have put in place, and the latest guidance from the Kenya Ministry of Health (MoH), the World Health Organization (WHO), the US Centers for Disease Control and Prevention (CDC) and the UK Health Security Agency (UKHSA).

Current situation in Kenya

There have been two confirmed cases of Ebola in Kenya to date: the imported index case, and a close family contact of that patient. Both cases are directly linked, and the second case was identified within the existing quarantine and monitoring of known contacts.

- **The patient:** a Kenyan national who had lived and worked in the Democratic Republic of the Congo (DRC) for the past seven years.
- **The journey:** he became unwell in the DRC, then travelled by road across the border to Kampala, Uganda, and flew from Kampala to Nairobi, arriving on 3 October 2026.
- **Outcome:** he was isolated at a Nairobi hospital, tested positive for Bundibugyo virus at two national reference laboratories, and died two days later, on the night of 5 October. He was buried under Kenya's safe and dignified burial protocol.
- **Contact tracing:** the MoH has identified the patient's contacts in Kenya, including family members, healthcare workers, and fellow passengers and crew on the Kampala–Nairobi flight. Contacts are being traced, quarantined and monitored daily for 21 days.
- **Second case:** a close family contact of the index case has subsequently been confirmed. This individual was already in quarantine under active MoH monitoring at symptom onset and was diagnosed promptly. Transmission of Ebola virus occurs only from symptomatic individuals, with infectivity increasing as viral load rises over the course of illness. As this case was quarantined throughout the pre-symptomatic period and through the onset of illness, opportunities for onward transmission were effectively eliminated, and the risk of further spread from this case is assessed as minimal.

Kenya has prepared for this scenario since May 2026. By 6 October it had screened more than 650,000 travellers at points of entry, trained about 5,000 health workers, and designated five treatment facilities with 141 beds. A national Ebola information line (toll-free 719) is open.

Regional context

The source of this case is the Bundibugyo virus outbreak in eastern DRC, declared in mid-May 2026 and designated a Public Health Emergency of International Concern by WHO. CDC figures to 2 October put the DRC at more than 8,400 confirmed cases and around 4,080 deaths.

Uganda recorded cases earlier in the year but declared its outbreak over in late August 2026. There are no licensed vaccines or specific treatments for Bundibugyo virus; candidate products are in clinical trials.

Ebola is not airborne. It spreads through direct contact with the blood or body fluids of a person who is ill or has died from the disease, or with contaminated materials. People are not infectious before symptoms begin, and the incubation period is 2 to 21 days.

Phoenix position

Phoenix is not raising alarm, but we are taking this seriously. Two linked cases, an imported index case isolated in hospital and a family contact who was already in quarantine when symptoms began, together with active contact tracing, represent a contained event. The risk to clients, patients and crew travelling with us remains low.

We are working within Kenya MoH and CDC guidance and will adjust our measures promptly if that guidance changes. As a EURAMI-accredited aeromedical operator, our crews are trained in infection prevention and control, and our clinical governance team is monitoring the situation daily.

Measures Phoenix has in place

1. **Aircraft cleaning:** all cabin and cockpit surfaces are wiped down with appropriate disinfectant between flights.
2. **Hand hygiene:** alcohol-based hand sanitiser gel is available on every aircraft for passengers and crew.
3. **Travel history:** we are asking ALL passengers to provide travel history documentation before boarding, so that anyone who has been in an affected area within the past 21 days is identified before flight.

What the health authorities advise

No authority currently recommends restricting travel to Kenya. The advice is to practise good hygiene, avoid contact with people who are ill after travel from affected areas, and seek care early.

Organisation	Current position
WHO	Advises against any restriction of travel to, or trade with, Kenya, Uganda or the DRC. Says Kenya has put important control measures in place; the priority is detecting any further cases quickly.
US Embassy Nairobi / CDC	Health alert issued 6 October. Anyone who may have been exposed should call their healthcare provider before attending a facility if symptoms develop. Travellers from an outbreak area should monitor their health for 21 days, keep taking malaria prophylaxis (malaria can mimic Ebola), and confirm their insurance covers medical evacuation.
CDC (DRC and Uganda)	Travel Health Notices remain in place for the DRC and Uganda, with US entry measures for travellers recently in the DRC, Uganda or South Sudan. Kenya is not subject to these measures at the time of writing.
UKHSA / TravelHealthPro	Advises travellers to the DRC and Uganda to take extra precautions and to check the latest advice regularly.
Kenya MoH	Advises frequent handwashing or alcohol-based hand rub, avoiding close contact with sick people coming from countries with active transmission, avoiding non-essential travel to affected areas, and seeking care promptly at a recognised facility. Information line: 719.

Our recommendations for clients

- Continue planned travel within Kenya; no change to normal operations is needed.
- Have travel history documentation ready for any Phoenix flight, covering the past 21 days.
- Please tell us before a flight if any passenger or patient has been in the DRC, Uganda or South Sudan in the past 21 days, or has had contact with a suspected or confirmed case.
- Anyone who develops fever, severe headache, muscle pain, weakness, vomiting, diarrhoea or unexplained bleeding within 21 days of possible exposure should phone ahead to a healthcare provider before attending.
- Continue malaria prophylaxis as prescribed.
- Check the latest CDC, State Department and Kenya MoH updates, as guidance may change quickly.

We will update this statement if the situation changes.

For questions, please contact the Phoenix Medical Director, Dr Lucy Obolensky.

lucy@phoenixaviation.co.ke