

Ebola spreads to Nigeria and Kenya as epidemic expands beyond Congo (DRC)

Benjamin Mateus
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Nigeria's health ministry confirmed on October 20 that a woman in Abuja has Bundibugyo ebolavirus disease, making Nigeria the fifth country to detect the virus since the Congolese health ministry declared the outbreak on May 15. She arrived from Uganda, fell ill on October 7, and was admitted to a private hospital in the capital on October 11. Laboratory confirmation came nine days later.

Health authorities have identified 44 contacts, including health workers, other patients and fellow travelers, and the Nigeria Centre for Disease Control (NCDC) has activated its incident management system. Uganda's health ministry says she only transited the country after a business trip to eastern Congo. "We are doing everything possible to contain this case," Health Minister Muhammad Pate said. The NCDC had asked travelers from affected countries to fill out health declarations since September 22, and it is not yet clear whether any entry measure flagged her.

The confirmation came 12 years to the day after the World Health Organization (WHO) declared Nigeria free of Ebola in 2014, when a single traveler from Liberia had seeded 19 confirmed cases and eight deaths in Lagos. Africa's most populous country is now drawn into an epidemic centered about 2,600 kilometers away in eastern Congo.

Kenya, which confirmed its first imported case on October 6, now has nine cases. All belong to one cluster around the first patient, a Kenyan man who traveled by road from Beni in the Congo to Kampala and flew to Nairobi, where he died on October 5. At least three of those infected are health workers who cared for him, according to CIDRAP. The ninth, a 24-year-old relative, was already in quarantine when he fell ill. Of 135 contacts, 134 are in quarantine.

In Congo, the health ministry's bulletin for October

18, day 156, records 9,552 confirmed cases and 4,602 confirmed deaths, a case fatality ratio of 48.2 percent. The epidemic has now reached 66 health zones in eight provinces, with Nord-Ubangi on the border with the Central African Republic the newest. The bulletin's authors wrote that the 97 new cases that day, against 40 the day before, "point to a resurgence of transmission." Thirty of the 41 deaths occurred in the community, outside any treatment center.

Médecins Sans Frontières (MSF) has warned that assuming the outbreak was under control "would be a mistake." Anthony Kergosien, MSF's emergency coordinator in Congo, said on September 18, "The outbreak is not shrinking, it is moving," warning that undetected chains of transmission were taking hold in the response's main hubs. MSF reported on October 6 new hotspots emerging every week in North Kivu and treatment capacity "stretched to its limit." Stéphanie Hoffmann, who coordinates MSF's treatment center in Butembo, said, "It is like fighting a megafire." Speaking to Belgian broadcaster VRT this week, she warned, "If more help doesn't arrive, I can't see an end to this epidemic."

The bulletin shows what lies behind that warning. Teams saw 76.9 percent of the 32,744 contacts under follow-up, against a target of 95 percent, and in Bunia, the provincial capital of Ituri, only 26 percent. Of 468 suspected cases investigated on October 18, only 232 had reached a transit or treatment center. In North Kivu, beds for suspected patients are 93.8 percent full and 91 patients are being treated in clinics that are not Ebola centers. Threats against response teams have halted investigations around six cases in Bafwasende, Tshopo. Since the start, 269 frontline health workers have been infected. In Kisangani, the bulletin reports a 22nd infected health worker at a health center with no

triage area, no protective equipment, no working incinerator and only two of 16 staff vaccinated. In Beni, only 322 of 7,105 frontline workers targeted for the Ervebo vaccine, developed against a different Ebola species, have received it. North Kivu authorities have barred entry from Ituri for a week, according to CIDRAP.

The current Ebola outbreak is expanding far more quickly than the worst previous epidemic, which ravaged parts of West Africa in 2014–2016, and briefly caused panic in the United States when some aid workers returned home from the affected areas.

At day 156, the Congo's laboratory-confirmed cases and deaths alone are each about three times West Africa's totals at the same point, 3,069 cases and 1,552 deaths, although West Africa's count then included probable and suspected cases. The case fatality ratio varies sharply across the affected region. In Bunia it stands at 33.4 percent. In North Kivu it reaches 56.4 percent, and in the Beni, Katwa and Butembo zones between 60 and 68 percent. In West Africa in 2014–16, deaths were 39.5 percent of all cases counted, a figure that included probable and suspected cases. The highest ratios are recorded in North Kivu, where beds are fullest and patients are treated outside Ebola centers. In Kenya, where the ninth patient was isolated and treated at the first sign of illness, the eight patients after the first are reported stable.

Children are dying at the highest rates of all. At MSF's treatment center in Butembo, 24 of the 30 children admitted between June and September died, most of them under five. Children under five make up 24 percent of confirmed cases in North Kivu, and infants under one, 13 percent. "Children cannot continue to wait for data generated in adults," MSF's deputy director of operations, Dr. Guyguy Manangama, said, noting that the EBO-PEP prophylaxis trial excludes children under 20 kilograms. In Ituri, education officials reported that at least 10 schoolchildren have died among 25 infected since classes resumed.

The epidemic is also killing children indirectly. Reuters reported that routine vaccinations in Ituri's hot spots fell by more than half between April and June, first-dose measles vaccination in Mongbwalu fell by 69 percent, and maternal deaths in Ituri rose nearly 70 percent. Congo has recorded 126,000 measles cases this

year.

Health workers in Bunia have gone months without pay. Africa CDC Director-General Jean Kaseya said on October 15 that donors had disbursed \$962 million to the organizations running the response, but more than \$700 million cannot be accounted for because most of them have not reported how it was spent. Health Minister Samuel-Roger Kamba said the government could trace only \$220 million. "Such a situation is unacceptable and demands clarification," Prince Bahati, a nurse in Bunia, told the Associated Press.

Global health security money that should be building treatment centers in North Kivu, paying the nurses of Bunia and developing new vaccines is deliberately withheld, as part of the policy of a ruling class that regards the lives of workers and the poor, in Africa and globally, as expendable.



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