LEGAL NOTICE NO. 203

THE PUBLIC HEALTH ACT

(Cap. 242)

IN EXERCISE of the powers conferred by section 35 of the Public Health Act, the Cabinet Secretary for Health makes the following Order—

THE PUBLIC HEALTH (DECLARATION OF FORMIDABLE EPIDEMIC DISEASE) ORDER, 2026

Citation.

1. This Order may be cited as the Public Health (Declaration of Formidable Epidemic Disease) Order, 2026.

Declaration of formidable disease.

2. The Ebola (Bundibugyo Virus) Disease is hereby declared to be a formidable epidemic disease.

Dated the 12th October, 2026.

ADEN DUALE,
Cabinet Secretary for Health.

LEGAL NOTICE NO. 204

THE PUBLIC HEALTH ACT

(Cap. 242)

THE PUBLIC HEALTH (EBOLA DISEASE) RULES, 2026

ARRANGEMENT OF RULES

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THE PUBLIC HEALTH ACT
(Cap. 242)

IN EXERCISE of the powers conferred by section 36 of the Public Health Act, the Cabinet Secretary for Health makes the following Rules —

THE PUBLIC HEALTH (EBOLA DISEASE) RULES, 2026

PART I—PRELIMINARY

Citation.

3. These Rules may be cited as the Public Health (Ebola Disease) Rules, 2026.

Interpretation.

4. In these Rules, unless the context otherwise requires—

"Act" means the Public Health Act; *Cap. 242.*

"confirmed case" means a person, whether living or deceased, in whom infection with a virus that causes Ebola disease has been confirmed by an designated laboratory diagnostic test;

"contact" means a person reasonably considered, following an assessment of the circumstances of exposure, to have been exposed to infection with a virus that causes Ebola disease through—

(a) contact with a person who has, or is suspected to have, Ebola disease, or with the body of such a person;

(b) contact with blood or other body fluids of such a person; or

(c) contact with an animal, material, article or surface that is infected or contaminated, or is reasonably suspected to be infected or contaminated, with a virus that causes Ebola.

"contact tracing" means the identification, listing, assessment and follow-up of contacts for the purposes of detecting illness and preventing the transmission of Ebola disease;

"decontamination" means the application of appropriate cleaning, disinfection or other infection prevention and control procedures to remove or inactivate a virus that causes Ebola disease on premises, conveyances, equipment, articles or other contaminated surfaces;

"designated facility" means a health facility designated under rule 16;

"Ebola disease" means a disease in humans caused by a virus belonging to the genus *Orthoebolavirus*, including Ebola virus, Sudan virus, *Bundibugyo* virus and *Taï* Forest virus;

"health declaration" means a declaration, in paper or electronic form, containing the health, travel, exposure and contact information required under these Rules;

"isolation" means the separation of a suspected or confirmed case from other persons, in a manner that prevents the transmission of Ebola disease, for the period during which the person may transmit the disease;

"medical officer of health" has the meaning assigned to it in the Act, and for the purpose of a county government, the county director for health of a respective county;

"national government administrative officer" means an officer recruited and appointed as such under section 15 of the National Government Co-ordination Act; Cap. 127

"point of entry" means an airport, seaport, inland port or land border crossing through which persons, conveyances or goods enter or leave Kenya, and includes the facilities and areas providing services in connection with that entry or departure;

"port health officer" means a medical officer of health or other officer authorised under the Act to perform public health functions at a point of entry;

"quarantine" means the restriction of activities or separation from other persons of a contact, under medical supervision, for the purpose of preventing the possible transmission of Ebola disease;

"screening" means a preliminary assessment to identify a person who may require further clinical assessment, testing or other public health measures in relation to Ebola disease and includes—

(a) reviewing a health declaration;

(b) obtaining relevant information on symptoms, travel history and possible exposure;

(c) observing signs of illness or measuring body temperature;

"suspected case" means a person, whether living or deceased, in respect of whom a medical officer of health or medical practitioner has, having regard to clinical signs and symptoms, the circumstances of death or relevant epidemiological information, reasonable grounds to suspect Ebola disease.

Objects.

5. The objects of these Rules are—

(a) to prevent and control the transmission of Ebola disease through surveillance, contact tracing and appropriate public health measures;

(b) to facilitate the timely detection, notification and investigation of Ebola disease;

(c) to facilitate safe assessment, referral and care of persons with suspected or confirmed Ebola disease;

(d) provide for the safe and dignified handling and disposal of the bodies of persons who have died from suspected or confirmed Ebola disease; and

(e) ensure that measures for preventing and controlling Ebola disease are proportionate to the public health risk and respect human dignity and fundamental rights and freedoms.

Application.

6. (1) These Rules shall apply to the prevention, detection, notification, control and suppression of Ebola disease, including measures undertaken at points of entry.

(2) Where the application of a provision of these Rules depends on an order made under section 36 of the Act, that provision shall apply only within the area, and to the extent, specified in the order.

Technical lead institution.

7. (1) The Kenya National Public Health Institute shall be the lead national technical institution responsible for coordinating and overseeing the prevention, detection, preparedness, response and recovery activities relating to Ebola disease in Kenya.

(2) The Kenya National Public Health Institute shall—

(a) provide national technical leadership and strategic direction relating to Ebola disease in Kenya; and

(b) coordinate public health interventions, including disease surveillance, early warning and risk assessment, laboratory diagnosis, case investigation, contact tracing, infection prevention and control, risk communication and community engagement, points of entry surveillance, emergency preparedness and response, and coordination of national and subnational public health response capacities.

(3) in order to discharge the mandate under subrules (1) and (2) the Kenya National Public Health Institute shall establish, activate and coordinate the national public health Incident Management System (IMS) for Ebola disease outbreaks through the National Public Health Emergency Operations Centre (PHEOC), which shall serve as the central technical and operational coordination mechanism for the response.

(4) The Kenya National Public Health Institute shall oversee the Incident Command Structure, comprising—

(a) an Incident Manager; and

(b) designated technical and operational pillars responsible for surveillance, laboratory services, case management coordination, infection prevention and control, points of entry, risk communication and community engagement, logistics, planning, operations, finance and administration, and any other functions as may be necessary for the discharge of this mandate.

(5) In exercising the mandate under this rule, the Kenya National Public Health Institute shall collaborate with relevant Ministries, Departments and Agencies, County Governments, development partners and other stakeholders.

PART II—PUBLIC HEALTH MEASURES AT POINTS OF ENTRY

Entry controls and screening.

8. (1) A person entering Kenya shall comply with any entry restriction or condition lawfully imposed under the Act, these Rules and any other written law.

(2) A person entering or departing from Kenya shall undergo screening and provide contact particulars, relevant travel history and information concerning symptoms or possible exposure to Ebola disease through a health declaration.

(3) A person entering or departing from Kenya shall comply with the screening requirement under rule (2) and provide information that is true and accurate to the best of the person's knowledge.

(4) Where a person refuses to comply with the requirement to undergo screening under subrule (2) or provide information as required under rule (3), the port health officer may—

(a) refer the matter to an immigration officer for further action under section 48(1)(d) and section 33(2)(a) of the Kenya Citizenship and Immigration Act; or Cap. 170

(b) where there is evidence of a public health risk, arrange for separation, further medical assessment and any isolation or quarantine in accordance with the Act and these Rules.

(5) An immigration officer shall not refuse entry to a citizen of Kenya under section 33(2)(a) of the Kenya Citizenship and Immigration Act.

Medical assessment, isolation and referral.

9. (1) Where screening or other available information gives reasonable grounds to suspect Ebola disease, a port health officer shall arrange prompt separation, medical assessment and any necessary testing.

(2) Where isolation is required, a port health officer shall arrange isolation and safe referral to a designated health facility, in accordance with the Act and these Rules.

(3) A port health officer shall, while the referral of a suspected or confirmed case is pending, separate and arrange for separate accommodation of the suspected or confirmed case from other travellers and contacts.

(4) Medical examination and specimen collection under these rules shall be undertaken by qualified personnel, with informed consent except where the applicable law permits the measure without consent.

(5) This rule shall apply to persons in transit through Kenya and persons who have not been granted permission to enter Kenya.

Monitoring and quarantine.

10. (1) A contact identified at a point of entry shall be separated, assessed by a medical officer of health, quarantined at a designated quarantine facility and be monitored for twenty-one days from the last relevant exposure.

(2) Notwithstanding subrule (1), a contact whose test results indicate negative after two diagnostic tests, undertaken in accordance with the relevant protocols, may be released from quarantine before the lapse of the twenty-one days.

(3) Where a contact was in transit, a port health officer shall notify the medical officer of health responsible for the contact's destination.

(4) A port health officer may impose quarantine or travel restrictions to any person, including persons in transit through Kenya, where necessary to prevent transmission of the Ebola disease.

(5) A port health officer who imposes quarantine or travel restrictions under subrule (4) shall state the grounds, requirements, duration of the quarantine or travel restriction and the arrangements for reassessment and review.

(6) A person upon whom quarantine or travel restrictions are imposed under subrule (4) shall comply with the requirements of the quarantine or travel restriction.

(7) A port health officer may vary or terminate the quarantine or travel restrictions imposed under subrule (4) where grounds of the quarantine or travel restrictions change or cease to exist.

(8) A port health officer shall not impose quarantine or travel restrictions under subrule (4), on the basis of arrival from a country affected by Ebola disease, without an assessment of exposure.

Duties of conveyance operators.

11. The operator or person in charge of an international conveyance shall—

(a) before arrival, where practicable or immediately upon arrival, notify a port health officer of a suspected case or a death possibly associated with Ebola disease on board the conveyance;

(b) secure the records of the passengers, crew and information required for contact tracing; and

(c) cooperate with lawful arrangements for assessment, safe transfer and infection prevention.

Inspection and decontamination.

12. (1) A port health officer may inspect a conveyance and require decontamination by trained personnel where there are reasonable grounds to suspect contamination with a virus that causes Ebola disease.

(2) A port health officer may direct the restricted use of a conveyance where there are reasonable grounds to suspect contamination with a virus that causes Ebola disease.

(3) A direction restricting the use of a conveyance under subrule (2) shall be in writing and specify the grounds, measures required and the conditions for restoration of use.

(4) A port health officer shall lift directions restricting the use of a conveyance when the grounds for restriction cease to exist.

PART III—NOTIFICATION AND DISEASE CONTROL

Responsibility to notify.

13. (1) A person who becomes aware, or has reasonable grounds to suspect, that another person has Ebola disease or has died from Ebola disease shall immediately orally, electronically or in writing through an available reporting channel notify—

(a) a medical officer of health or the nearest health facility; or

(b) a national government administrative officer.

(2) A national government administrative officer who receives a notification under subrule (1), or who becomes aware of a suspected case or death, shall immediately transmit the notification to the medical officer of health responsible for the area or the nearest health facility.

(3) The person in charge of a school, workplace, residential institution or other premises shall make the notification required under subrule (1) where the suspected illness or death occurs among persons under that person's care or supervision.

(4) A person making a notification shall provide the information reasonably available to that person and shall not be required to transport a suspected case to the medical officer of health, the nearest health facility or the national government administrative officer.

Notification by health facilities and practitioners.

14. (1) A health care professional or person in charge of a health facility who identifies a suspected or confirmed case shall immediately notify the medical officer of health responsible for the area.

(2) The notification requirement shall also apply to a suspected or confirmed death from Ebola disease.

(3) Notification shall include the particulars reasonably necessary to identify the person, locate the person or body, assess the public health risk and commence investigation.

(4) An oral notification under this rule shall be followed by a written or electronic record as soon as practicable.

Testing and notification by laboratories.

15. (1) The testing for a virus that causes Ebola disease shall only be undertaken by—

(a) the national reference laboratory; or

(b) a laboratory designated by the Cabinet Secretary.

(2) A laboratory that is not specified or designated under subrule (1), which receives a specimen from a suspected case shall immediately refer the specimen to the national reference laboratory or a designated laboratory.

(3)The national reference laboratory or a laboratory designated under subrule (1)(b) shall transmit every result confirming or excluding infection with a virus that causes Ebola disease to the Director-General, Kenya National Public Health Institute, who shall notify the Director-General for Health and the facility in accordance with the relevant protocols.

Investigation and contact tracing.

14. (1) A medical officer of health shall, upon receiving a notification under these Rules, promptly investigate the suspected case or death and arrange for the identification and assessment of contacts.

(2) For the purposes of investigating a suspected case or death, the officer may—

(a) examine the relevant premises and records;

(b) obtain information reasonably necessary to establish the circumstances of illness, death or exposure; and

(c) arrange medical assessment and the collection of specimens; and

(d) require any person to provide information or access lawfully required.

(3) The medical officer may enlist trained community health personnel to assist with identification, follow-up and reporting, but such assistance shall not confer authority to order compulsory examination, isolation or quarantine.

(4) The requirements under rule 7(4) concerning medical examination and specimen collection shall apply to measures undertaken under this rule.

Isolation, quarantine and monitoring.

15. (1) A medical officer of health may, where it is necessary to prevent the transmission of Ebola disease, order and arrange—

(a) isolation and safe referral of a suspected or confirmed case; or

(b) quarantine or restrictions on the movement of a contact, following an assessment of the circumstances of exposure.

(2) An order for isolation or quarantine under this rule shall state the grounds, requirements, place, duration of the order and the arrangements for reassessment and review.

(3) Where the order for isolation or quarantine was given orally in urgent circumstances, the order shall be confirmed in writing as soon as practicable.

(4) A contact shall be placed under quarantine, in accordance with the approved protocols for twenty-one days from the last relevant exposure, and shall be monitored daily for symptoms of Ebola disease.

(5) A contact who develops symptoms consistent with Ebola disease while under quarantine shall be moved to isolation and managed as a suspected case.

(6) A person shall be released from quarantine or isolation only in accordance with the conditions and criteria set out in the approved protocols for infection, prevention and control approved by the Cabinet Secretary.

(7) The responsible medical officer of health shall ensure that—

(a) suspected cases, confirmed cases and contacts are accommodated separately as appropriate;

(b) persons under compulsory isolation or quarantine have access to appropriate care, food, water and essential assistance; and

(c) the measure is reassessed and varied or terminated promptly when its grounds change or cease to exist.

(8) The costs of isolation or quarantine shall be borne—

(a) by the government, where the quarantine or isolation facility is a government facility; or

(b) by the person, where quarantine or isolation facility is at a private facility, unless the placement was directed in writing by a medical officer of health.

Designation of health facilities.

16. (1) The Cabinet Secretary shall by notice in the *Gazette*, in collaboration with the relevant county governments, designate suitable facilities for the assessment, isolation, testing, treatment or quarantine of persons under these Rules.

(2) The Cabinet Secretary shall specify the purpose for which the facility may be used in the Notice.

Duties of health facilities.

17. (1) The person in charge of a health facility receiving a suspected or confirmed case shall—

(a) provide initial assessment and necessary care within the facility's capacity;

(b) apply appropriate infection prevention measures; and

(c) arrange prompt and safe referral to a designated health facility, where further care is required.

(2) The person in charge of a designated health facility shall ensure appropriate protection and training of personnel, safe handling of specimens and infectious waste and prompt reporting and assessment of occupational exposure.

(3) The designation of a private facility shall not, of itself, entitle the facility to any payment by the government.

Inspection and decontamination of premises.

18. (1) Subject to the Act, an officer authorised under the Act may, where there are reasonable grounds to believe that premises, a conveyance or an article is contaminated with a virus that causes Ebola disease, direct or arrange its decontamination or restrict its use.

(2) The direction under subrule (1) shall specify the grounds, the measures required and the conditions for restoration of use.

(3) A restriction shall be limited to the extent and period necessary to address the contamination and shall be lifted promptly when the grounds for contamination cease to exist.

(4) Destruction of an article shall be required only where safe decontamination is insufficient and shall be undertaken in accordance with the Act and these Rules.

PART IV—INTERMENT

Safe and dignified disposal.

19. (1) This Part shall apply to the safe and dignified interment of a person who has died from suspected or confirmed Ebola disease.

(2) The medical officer of health shall arrange assessment of the death and where indicated, post-mortem specimen collection and testing.

(3) The body shall be handled only by trained personnel using appropriate protective equipment, placed in a sealed, leak-resistant body bag bearing an identification reference and, where storage is necessary, kept in a secure designated area.

(4) The body shall not be washed or embalmed, or undressed or redressed for funeral purposes.

(5) A sealed body bag shall not be opened except for an examination or specimen collection authorised by law and undertaken using appropriate infection prevention and control measures.

(6) The medical officer of health shall ensure decontamination of affected premises and equipment, safe disposal of contaminated waste and assessment and follow-up of personnel exposed during body handling or burial.

(7) Where Ebola disease is excluded in accordance with the applicable diagnostic protocol, the medical officer of health shall lift Ebola-specific restrictions and notify the person entitled to take charge of the body.

Burial and records.

20. (1) The medical officer of health shall arrange burial without undue delay, at a site suitable on public health grounds and permitted under applicable law, subject to requirements for death registration, burial permits and investigation of the cause of death.

(2) The medical officer of health shall consult the next of kin, where available, on burial arrangements and permit family participation and religious or cultural observances consistent with infection prevention and control measures.

(3) In the case of an unidentified or unclaimed body, the medical officer of health shall coordinate with the relevant authorities to establish identity, locate the next of kin and preserve identification records before burial.

(4) The medical officer of health shall ensure that—

(a) the identity of the deceased, where known, identification reference, transfers of the body and date and place of burial are recorded; and

(b) the grave is identifiable and its location communicated to the next of kin, where available.

Transport and repatriation

21. (1) The body shall be transported in a suitable conveyance under arrangements approved by the medical officer of health and in accordance with infection prevention and control measures.

(2) A person shall not transfer or repatriate the body of a person who has died of Ebola disease outside Kenya.

PART V— MISCELLANEOUS PROVISIONS

Communication.

22. The Cabinet Secretary shall be responsible for communication on policy matters relating to the Ebola disease in Kenya while the Director General for Health shall provide technical guidance and direction relating to the Ebola disease in Kenya.

Public sensitization by media houses.

23. The Cabinet Secretary shall, in collaboration with media houses and other stakeholders, ensure the provision of timely, accurate and accessible public information on Ebola disease prevention, detection and reporting, and community engagement to address stigma, and facilitate their participation in public education on Ebola disease.

Enforcement assistance.

24. (1) A medical officer of health may request assistance from the National Police Service in enforcing a lawful order for isolation or quarantine or any other lawful order made under these Rules.

(2) Where a person leaves isolation or quarantine contrary to a lawful order, any apprehension or return shall be undertaken under lawful authority, with medical supervision and appropriate infection prevention and control measures.

Offences and penalties.

25. A person who—

(a) without reasonable excuse, fails to comply with a lawful requirement for screening, notification, investigation, contact follow-up, isolation, quarantine, decontamination or safe burial under these Rules;

(b) knowingly provides false or misleading information required under these Rules; or

(c) knowingly aids or facilitates another person to leave or attempt to leave isolation or quarantine contrary to a lawful order,

commits an offence and is liable, on conviction, to the penalty specified under section 164 of the Act.

Review and Duration

26. (1) The Cabinet Secretary shall review the continued necessity of these Rules and restrictions imposed under them at intervals not exceeding three months.

(2) A restriction shall be varied or withdrawn promptly when no longer justified by the assessed public health risk.

(3) These Rules shall cease to have effect twelve months after commencement, unless earlier revoked.

Made on the 12th October, 2026.

ADEN DUALE,
Cabinet Secretary for Health.

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