Kenya has confirmed its first Ebola death after a Kenyan man who had been living in the Democratic Republic of Congo for seven years travelled to Nairobi and later tested positive for the virus.

The man fell ill about a month ago and was treated at several hospitals in DR Congo before travelling to Kenya. He arrived in Nairobi on Saturday after first travelling by road to Kampala, Uganda, where he boarded a flight to the Kenyan capital.

According to Health Minister Aden Duale, the patient went through routine screening at Nairobi's main airport but was later taken to a hospital by a relative.

He died at 23:30 local time on Monday. He was buried the following day under public health safety procedures.

After his condition worsened, doctors transferred him to an isolation facility that had been established during the Covid-19 pandemic.

It was there that he developed fever, chills, severe fatigue and weakness, painful swallowing, muscle pain and bleeding beneath the skin.

Given his symptoms and recent travel history, doctors suspected a viral haemorrhagic fever and collected samples for testing.

The results confirmed Ebola caused by the **Bundibugyo species**, a relatively rare strain of the virus.

"Doctors suspected a viral haemorrhagic fever based on his symptoms and travel history and collected samples for testing. The sample tested positive for Ebola Bundibugyo virus," Duale said.

Kenyan health authorities have identified at least 28 people who came into contact with the patient, including relatives and healthcare workers.

They are also tracing another 23 passengers and four crew members who travelled on the same flight from Kampala to Nairobi.

A senior health ministry official said the patient may have passed through airport screening because medication he was taking had masked some of his symptoms.

Kenya had already tightened health checks at airports and border crossings after

the Ebola outbreak was declared in DR Congo. Those measures have now been further strengthened.

Duale urged Kenyans not to panic, saying health authorities had systems in place to contain the virus.

He also called on health workers to remain alert and maintain strict infection prevention and control measures, regardless of the illness being treated.

The Kenyan case comes as DR Congo continues to battle its largest recorded Ebola outbreak.

The World Health Organization (WHO) has recorded 8,544 cases and 4,114 deaths in the current outbreak, which began in May.

The scale of the outbreak has raised concern among health organisations working in the country. Médecins Sans Frontières (MSF) has warned that the actual death toll could be higher because of gaps in surveillance and testing, particularly in areas affected by conflict.

On Monday, MSF said Ebola was spreading rapidly, with new hotspots emerging in North Kivu province, which borders Ituri, where the outbreak began.

The organisation said the situation had intensified sharply since early September, with North Kivu now accounting for almost 40% of newly confirmed cases across the country.

DR Congo has a long history with Ebola. The virus was first identified there in 1976, and the country has experienced repeated outbreaks over the years.

The latest outbreak has been particularly difficult to contain because it is unfolding in eastern DR Congo, a region that has endured decades of armed conflict.

Multiple rebel groups operate in the area amid long-running ethnic tensions and struggles for political influence and control of valuable natural resources.

The conflict has displaced millions of people and placed further pressure on an already fragile health system, making disease surveillance, testing and access to healthcare more difficult.

The latest outbreak has also crossed DR Congo’s borders before.

After DR Congo declared the outbreak in May, Uganda reported two Ebola deaths. The World Health Organization later declared Uganda free of the disease in August.

Since then, all known cases have been reported in DR Congo until the latest case in Kenya.

Ebola spreads mainly through direct contact with infected bodily fluids, including blood and vomit.

The current outbreak is caused by the Bundibugyo species, for which there is no approved vaccine or treatment.

Four vaccines are currently in development, with human trials for one of them beginning in July.

For Kenya, the death marks a new challenge as health authorities work to determine how far the virus may have travelled and whether anyone else was exposed before the patient was isolated.