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NIGERIA – EBOLA UPDATE

Nigeria
Flash Update No. 1

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Highlights

- As of 30 October 2026, the Nigeria Centre for Disease Control and Prevention (NCDC) reports one laboratory-confirmed case of Ebola disease (Bundibugyo species) in the Federal Capital Territory (FCT), confirmed on 20 October. No deaths have been reported; the patient was evacuated on 26 October to Switzerland A suspected case reported by Rivers State on 23 October tested negative.
- Sixty-two contacts, including healthcare workers, domestic staff, the patient's spouse and a Bolt driver, have been identified, categorized and are under follow-up; none has tested positive. The national Incident Management System has been activated at the highest level.
- UNICEF's proposed support will align with the government-led response, focusing on risk communication and community engagement (RCCE), community-based surveillance, WASH and infection prevention and control (IPC), essential supplies, and community alert and referral linkages. The scope will depend on identified needs and agreement with NCDC and FCT authorities.

Situation overview

As of 30 October 2026, the Nigeria Centre for Disease Control and Prevention (NCDC) Ebola Disease Situation Report reports one laboratory-confirmed case of Ebola disease (Bundibugyo species) in Federal Capital Territory (FCT), Nigeria, with no deaths. The patient, a 42-year-old woman, returned from Uganda via Addis Ababa on 3 October 2026 and became symptomatic on 7 October, with fever, diarrhoea, generalized body aches and sore throat; no bleeding was reported. She went to a private health facility on 10 October and was admitted to a second private facility on 11 October. NCDC was notified on 19 October, and the NCDC National Reference Laboratory confirmed the case on 20 October; phylogenetic sequencing has been concluded with the African Centre of Excellence for Genomics of Infectious Diseases (ACEGID). She was medically evacuated out of Nigeria on 26 October to Switzerland. Sixty-two contacts, including healthcare workers, domestic staff, her spouse and a Bolt driver, have been identified and categorized; none has tested positive to date.

A further suspected case reported by Rivers State on 23 October tested negative.

The Federal Ministry of Health and Social Welfare and NCDC have activated the national Incident Management System at the highest level, coordinated by the Coordinating Minister of Health and Social Welfare, and finalized an Incident Action Plan. Response measures include contact tracing with daily follow-up by exposure category, revised case definitions (version 3, 22 October), preparation of the University of Abuja Teaching Hospital as an isolation and treatment centre, IPC needs assessments across states and facilities, prepositioning of PPE and laboratory supplies, public advisories and social listening, and enhanced surveillance at points of entry. The nine days between first presentation (10 October) and notification (19 October) raise concern about exposure among healthcare workers, other patients and caregivers at both facilities. Immediate priorities are to complete follow-up of all contacts, close facility IPC gaps, establish referral pathways for suspected cases and strengthen readiness in high-risk states. Clear public communication and community engagement, including countering rumours and stigma, will support early reporting of suspected cases.

Coordination and partnership

UNICEF will support the government-led response in coordination with NCDC, FCT authorities, WHO and partners. Proposed coordination priorities include participating in established response mechanisms, assessing needs affecting children and women, and determining UNICEF's contribution through a multisectoral response plan. Implementation will be guided by joint assessments, agreed responsibilities, and available resources.

UNICEF response: progress and planned actions

Building on earlier preparedness support to government-led coordination mechanisms, UNICEF has developed a multisectoral Ebola preparedness and response plan. UNICEF's Level 3 emergency activation was extended to Nigeria on 23 October to mobilise corporate support for the crisis and ensure fast-track emergency procedures, and an internal loan was allocated immediately to kick-start the response. In addition, internal surge support has been arranged to begin on 27 October. Ongoing and proposed interventions across the areas below will be guided by identified needs, agreement with NCDC and FCT authorities, and available resources.

Risk communication and community engagement. UNICEF's preparedness contributions include technical inputs to the RCCE segment in the National Ebola Communication Strategy, harmonized messaging, and establishment of the National Communication Task Team for digital amplification. The national RCCE working group, co-led by NCDC and UNICEF has been activated and continues to meet daily basis. Daily social listening reports tracking rumours and misinformation shared with stakeholders to guide RCCE priorities. Next steps include expanding culturally appropriate, local-language messaging; strengthening community engagement and feedback; and leveraging schools, faith-based organizations, youth groups, and women's organizations to promote protective practices, address stigma, and encourage timely reporting and care-seeking.

Community-based surveillance. UNICEF has proposed support for contact identification and daily follow-up through community structures and existing community health workers in the FCT, including strengthened community alerts and referral linkages. NCDC issued revised Ebola case definitions (version 3) on 22 October, including a community-based surveillance definition; dissemination of these and of surveillance alerts to all stakeholders nationwide is a priority. Quantified UNICEF results have not yet been consolidated for this reporting period.

Case management. UNICEF is supporting Government and partners to clarify the readiness of designated isolation and treatment capacity in the FCT, including referral pathways, essential supplies, nutrition, WASH, child protection and psychosocial support requirements. The University of Abuja Teaching Hospital (UATH) has been prepared as the isolation and treatment centre following a needs assessment and optimization, and health workers are being sensitized to maintain a high index of suspicion. Referral mechanisms from points of detection to treatment centres, and treatment centres in states with designated points of entry, are being established. UNICEF's role is complementary to the clinical leadership of Government and health partners.

Health and continuity of essential services. Earlier preparedness support included assistance to NCDC's Health Declaration Application plugin to strengthen points-of-entry readiness. Proposed next steps are to support community alert and referral linkages and assess potential disruption to essential services, prioritizing maternal, newborn and child health, immunization and nutrition.

WASH and infection prevention and control. Proposed support, as a member of the WASH/IPC pillar, includes improving access to water, sanitation, hygiene and waste management at affected and designated health facilities, alongside appropriate IPC support at community and household levels.

Child protection and psychosocial support. Proposed support includes assessing protection risks for affected children, including separation from caregivers, and supporting appropriate care arrangements, psychosocial support and referrals where required.

Essential supplies and logistics. Proposed next steps are to review available stocks and delivery capacity, and prepare essential WASH, IPC and health supplies for deployment against agreed needs. Subsequent updates will report verified deliveries, implementation results and outstanding gaps.

Funding

UNICEF Nigeria is appealing for US$10 million over six months to contain the outbreak, interrupt transmission and protect affected and at-risk populations. Reported receipts of US$700,000 leave a substantial funding gap. Urgent, flexible funding is needed for RCCE, surveillance and case detection, IPC, and frontline worker protection and capacity strengthening.

UNICEF thanks its response partners, including the United States Bureau of Global Health Security and Diplomacy, Department of State (Infectious Disease Outbreak Response Fund), and the Mastercard Foundation. An internal Emergency Programme Fund (EPF) loan also supports immediate preparedness and response scale-up. Continued support is essential to prevent further spread and protect vulnerable children and communities.

For further information

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