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PUBLIC HEALTH OFFICERS & TECHNICIANS COUNCIL

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NAIROBI

PRACTICE DIRECTIVE

TO: ALL REGISTERED PUBLIC HEALTH OFFICERS AND TECHNICIANS

REF: PHTC/PDC/10/07/ O2/26

DATE: 7th October 2026

RE: MANDATORY DUTIES OF PUBLIC HEALTH OFFICERS AND TECHNICIANS IN THE NATIONAL RESPONSE TO BUNDIBUGYO EBOLA VIRUS DISEASE (EVD)

Background

On 6th October 2026, the Cabinet Secretary for Health confirmed Kenya's first imported case of Bundibugyo Ebola Virus Disease.

No licensed vaccine or specific therapeutic regimen is currently available for Bundibugyo ebolavirus. Containment depends on surveillance, contact tracing, infection prevention and control, and safe and dignified burials. These are core functions of Public Health Officers and Technicians.

Legal Basis

This Directive is issued under the Public Health Officers (Training, Registration and Licensing) Act, Cap. 253G, which vests in the Council the regulation of the practice and conduct of Public Health Officers and Public Health Technicians.

Public Health Officer/Technician shall discharge their duties in accordance with Part IV of the Public Health Act, Cap. 242, on the prevention and suppression of infectious diseases, the Health Act, 2017, and the guidelines and protocols issued by the Ministry of Health for the EVD response. This Directive binds every registered practitioner, whether in national government, county government, private practice, faith-based or non-governmental service.

Mandatory Duties

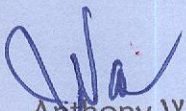
With immediate effect, every registered Public Health Officer/Technician shall comply with the following:

- Availability for deployment: Remain available for deployment by the employer or the responsible county or national authority. No practitioner shall refuse or abandon a lawful deployment in response.
- Surveillance and notification: Report every suspected case meeting the Ministry of Health case definition immediately to the County Disease Surveillance Coordinator. Failure or delay in notification is prohibited.
- Contact tracing: Identify, list, and follow up all contacts for the full 21-day monitoring period, in accordance with Ministry of Health protocols.
- Points of entry: Public Health Officer/Technician deployed at points of entry shall continue to conduct screening, isolation referral, and traveller follow-up strictly in accordance with port health protocols.
- Infection prevention and control: No Public Health Officer/Technician shall enter an isolation area, handle a suspected case or handle human remains without the full prescribed personal protective equipment and training in its donning and doffing. Every breach or exposure shall be reported immediately.

- Safe and dignified burials: The remains of a suspected or confirmed EVD case shall be handled only by trained and designated burial teams under the supervision of a registered Public Health Officer. Practitioners shall liaise with families and faith leaders to respect religious and cultural rites without compromising safety.
- Disinfection and waste management: Use only approved disinfectants at prescribed concentrations. Manage all contaminated waste in accordance with health care waste management guidelines.
- Scope of practice: Practice strictly within the scope of registration. Public Health Technicians shall work under the supervision of a Public Health Officer.
- Confidentiality and communication: Make no statement to the media and post no information, images or patient identities on social media. Public communication on the response rests solely with authorised officers.
- Unregistered persons: Practitioners and employers shall not engage, supervise or work alongside unregistered persons performing public health functions. Any unregistered person offering disinfection, fumigation or body-handling services shall be reported to the Council.
- Self-monitoring: Any practitioner exposed to a suspected or confirmed case shall report immediately and comply with monitoring requirements.

Enforcement and Sanctions

- Non-compliance with any provision of this Directive constitutes professional misconduct under Cap. 253G.
- Any practitioner found in breach shall be subjected to disciplinary proceedings by the Council. Sanctions shall include reprimand, suspension of the practising licence, and removal of the practitioner's name from the Register.
- Refusal or abandonment of deployment, concealment or delayed notification of a suspected case, and unprotected handling of human remains shall be treated as serious misconduct.
- Practising without a valid licence is an offence under Cap. 253G. The Council will refer such cases for prosecution. Additionally, conduct that also constitutes an offence under the Public Health Act, Cap. 242, shall be referred to the relevant authorities for prosecution, in addition to disciplinary action by the Council.



Anthony Wainaina

REGISTRAR / CHIEF EXECUTIVE OFFICER

Copy to:

Principal Secretary, State Department for Public Health and Professional Standards
Director General, Ministry of Health