



Department of Health & Social Care

*From Rt Hon Dame Diana Johnson DBE MP
Minister of State for Public Health and Prevention*

*39 Victoria Street
London
SW1H 0EU*

8th September 2026

Dear Layla,

Thank you for your letter of 1 July addressed to the Minister for Public Health and Prevention and the Chief Medical Officer (CMO) regarding the Government's response to the current Ebola outbreak in the Democratic Republic of the Congo (DRC) and Uganda, and the United Kingdom's preparedness to respond to any potential imported cases. I am responding as Minister for Public Health and Patient Safety with responsibility for UK health protection. I am grateful to the Committee for its continued interest in the UK's response to global health threats. I am also very sorry for the delay in this reply which is due to ministerial changes.

I am aware that Committee members had an opportunity to meet Professor Chris Whitty (CMO) and Professor Susan Hopkins (Chief Executive, UKHSA) on 14 July to understand more about Ebola, the current position in Africa, the associated risk to the UK, and the UK's preparedness and response arrangements. The questions from the Committee members allowed CMO and UKHSA CEX to provide details of the preparedness plans that are in place, including for travellers from affected countries and answer questions on vaccine development, surveillance and scenario modelling. I hope the Committee find the further detail and update in this letter helpful.

Cross-Government coordination and approach

The UK's objectives for the response to this Ebola outbreaks are to support containment at source, back the African-led response, reduce humanitarian impacts, strengthen regional preparedness and protect the UK public. Evidence from previous Ebola outbreaks shows that early, coordinated action is the most effective way to reduce transmission and save lives.

As this is currently an international outbreak, with a low risk to the UK, FCDO is leading the cross-government response, working closely with DHSC, UKHSA, NHS England, the Home Office and other partners. The response is guided by an agreed cross-Government delivery strategy, while DHSC and UKHSA remain responsible for domestic preparedness and response plans, including UKHSA's established public health incident management arrangements.

UK support to the international response

WHO and Africa CDC

The UK strongly supports coordinated international and regional action through the WHO and Africa Centres for Disease Control and Prevention (Africa CDC). As with previous

Ebola outbreaks, national governments remain at the centre of the response, while WHO AFRO and Africa CDC provide strategic and technical support. The current outbreak presents particular challenges, including insecurity, population movements and cross-border transmission risks. International support is therefore focused on strengthening regionally coordinated and nationally led action.

The UK has been actively engaged in supporting the Africa-led coordination effort, recognising the importance of regional leadership, cross-border collaboration and nationally owned response measures. On 27 June, a Continental Incident Management Support Team (IMST) was launched in Kampala under African leadership, bringing together Africa CDC, WHO AFRO and representatives from priority countries and partner organisations, including the UK which engages with the Continental IMST in Kampala and through virtual meetings.

Through the FCDO-funded Tackling Deadly Diseases in Africa Programme (TDDAP2) the UK has worked with the WHO Regional Office for Africa (WHO AFRO) and Africa CDC to strengthen regional health systems and health emergency preparedness. This investment in preparedness has improved surveillance, laboratory capacity and rapid response across the region. Countries are now using these capabilities to detect, track and respond to the current outbreak. We are working closely with both organisations throughout the current outbreak and support their leadership of regional preparedness and response activities.

The UK Government has publicly announced £26.9 million to date to support the Africa-led Ebola response in DRC and Uganda and to accelerate research and development, of which £5m has been provided for R&D, with over £23.million already disbursed to implementing partners. This support has been used to strengthen surveillance, laboratory capacity, infection prevention and control measures, risk communication, cross-border preparedness and clinical response capabilities across affected and at-risk countries. We have supported modelling of outbreak trajectories, and these will model on the impact of different interventions to inform the response. We are supporting the delivery of rapid social and behavioural science research to help ensure the response is effective, appropriate, and trusted by communities.

We will continue to work closely with affected governments, regional organisations and multilateral partners to ensure assistance is coordinated and targeted where it is most needed.

UK Public Health Rapid Support Team (UK-PHRST)

The DHSC-funded UK Public Health Rapid Support Team (UK-PHRST), operated by UKHSA and the London School of Hygiene and Tropical Medicine, was established following the 2014–16 West Africa Ebola outbreak and represents one of the enduring capabilities developed as a result of the lessons from that epidemic. We can deploy the UK-PHRST through the Global Outbreak Alert and Response Network (GOARN) with the experts embedded in the WHO or UNICEF teams or through direct bilateral government requests.

UK-PHRST first deployed technical advisors to support the response to this outbreak on 13 June 2026 and has deployed 10 experts so far, supporting Ebola preparedness and response activities across the region. This includes five personnel to the DRC supporting WHO and UNICEF in Bunia and Kinshasa, one epidemiologist in the Republic of the Congo (Brazzaville), and two personnel in South Sudan supporting readiness activities. These have now all returned to the UK, but a further two experts (in Epidemiology and IPC) have deployed to South Sudan (Juba), to continue to support WHO. In addition, two specialists are providing remote support, including one data analytics advisor supporting the DRC response and the other to Uganda on mental health psychosocial expertise to support their response teams. Remote support is also being given to WHO Headquarters and their global IMST.

The team will continue to deploy specialist expertise and is working closely with partners to support regional coordination activities, including those linked to the Continental IMST.

International Health Regulations Strengthening Programme (IHR-SP)

The DHSC-funded International Health Regulations Strengthening Programme (IHR-SP) which is delivered by UKHSA, supports countries and regional institutions to strengthen core public health capacities and implementation of the International Health Regulations. Like the UK-PHRST, it reflects the UK's long-term commitment to strengthening global health security and preventing outbreaks from becoming international threats.

Since the start of this outbreak, IHR-SP personnel based at Africa CDC have pivoted their activities to support the regional response. They have supported the Continental IMST through Africa CDC in both Addis Ababa and Kampala and, to enable the step-change that is required in the Ebola response strategy, they have led the work to establish an expert Scientific and Technical Advisory Cell (STAC) to support the Continental IMST. The Programme is also providing capacity-strengthening support in neighbouring and higher-risk countries. IHR-SP teams in Zambia, Ethiopia and Nigeria have also been supporting their host countries to assess their preparedness and surveillance capabilities. These activities are helping to strengthen surveillance, preparedness and response capabilities across the region.

Research and development

UK research and development focuses on five areas: diagnostics, therapeutics and vaccines, together with modelling and data analysis, and social and behavioural sciences research and risk communication to inform community engagement and risk communication, with the new Multi-Hazard Research Network and support to WHO, working with national and regional partners. Through UKHSA core funding the UK is investing in diagnostics to assess and validate six available rapid diagnostic tests (RDTs). We are also supporting the validation of rapid diagnostic tests (RDTs) in DRC (through our partner PATH) and the development of a new RDT through Institut Pasteur Dakar (IPD).

The PARTNERS trial of novel therapeutics recruited its first patient in DRC on 2 July, and is supported jointly by Wellcome, Gates and FCDO.

Through funding to CEPI (Coalition for Epidemic Preparedness Innovations) the UK is helping to accelerate development of four vaccine candidates and other essential research (through the UK's existing £160m investment 2022-2027). On 13 July, CEPI announced the Oxford Vaccine Group's (ChAdOx) candidate, with funding from CEPI and building on earlier investment from DHSC's UK Vaccine Network, entered a Phase 1 (first in human) clinical trial, testing for safety and immune response. On 24 July, the University of Oxford reported that the first volunteer in trial had been vaccinated.

UK preparedness and response

The risk to the UK public remains low, however UKHSA continues to monitor the situation closely and update risk assessments as required. We continue to keep preparedness arrangements under review and are supporting the international response to contain the outbreak at source. I have outlined our response and preparedness actions more specifically below.

Border measures, surveillance and testing

The UK has long-standing arrangements to respond to high consequence infectious diseases, including Ebola. These arrangements have been strengthened through lessons learned from previous outbreaks, including the 2014–16 West Africa Ebola epidemic, and are embedded within standing public health, healthcare and cross-government response mechanisms. The UK maintains proportionate and risk-based public health measures at the border, supported by surveillance systems, clinical guidance and established public health pathways. This includes making information on Ebola available at airports. UKHSA works closely with international partners, across government and the devolved nations to monitor developments and assess implications for the UK.

On 15 May 2026, UKHSA activated the Returning Workers Scheme (RWS) which supports and monitors the health of UK-based personnel (including healthcare workers), who may be exposed to Ebola through their work in affected areas, now including high risk areas of South Sudan. By 11 August, 86 have registered with the RWS; 19 are still in the field and 67 have returned. On return, the deploying organisation or the individual are requested to inform UKHSA. UKHSA staff then interview the individual to assess any potential exposures and determine their risk exposure and future actions. Individuals with high or very high-risk exposures have daily contact, symptom and temperature checks with UKHSA and have a fast-track pathway to testing through specialist infection capabilities within the NHS.

UKHSA has a general Ebola PCR assay and also a specific Bundibugyo assay available and can return a result within 4-6 hours of specimen receipt. UKHSA also runs a 24/7 Imported Fever Service for NHS infection teams who can call and discuss potential cases and arrange rapid testing. The UK has proven capabilities to investigate suspected cases

quickly and safely, supported by specialist laboratory expertise and public health response arrangements. These systems are kept under continual review in light of developments in affected countries and neighbouring states. Our surveillance systems are designed to identify and investigate any potential imported cases rapidly and ensure that appropriate public health measures can be implemented where necessary.

Clinical Readiness in the NHS

Experience from Ebola outbreaks and subsequent health emergencies has informed enduring operational structures, surge arrangements, specialist expertise and cross-government coordination mechanisms which continue to support preparedness today. The NHS maintains robust and well-rehearsed arrangements for the safe assessment and management of patients with suspected or confirmed Viral Haemorrhagic Fevers (VHFs), including Ebola. These arrangements include specialist clinical pathways, infection prevention and control procedures, dedicated treatment facilities and access to expert clinical advice through the High Consequence Infectious Disease network. Guidance for healthcare professionals continues to be reviewed and updated as required. The NHS and UKHSA maintain surveillance and rapid response systems to ensure that any suspected case can be identified, assessed and managed safely and appropriately. Preparedness arrangements remain under continuous review in line with evolving risk assessments.

I hope this information is helpful.

Yours sincerely,

A handwritten signature in dark ink, reading "Diana Johnson". The signature is fluid and cursive, with the first name "Diana" and last name "Johnson" clearly distinguishable.

**RT HON DAME DIANA JOHNSON DBE MP
MINISTER OF STATE**