

EMERGENCY PREPAREDNESS AND RESPONSE WEEKLY SITUATION REPORT

WEEK 24: 7TH TO 14TH JUNE 2026 | KENYA

0 New Events	1 Ongoing Events	4 Outbreaks	0 Humanitarian Crisis
-----------------	---------------------	----------------	--------------------------

0 Grade 3	1 Grade 2	0 Grade 1	2 Ungraded
1 Protracted 3	1 Protracted 2	0 Protracted 1	

Overview of the Current Health Emergencies in Kenya 2026

Kenya is responding to multiple concurrent public health emergencies, including mpox in multiple counties, measles in three counties, cholera in two counties, dengue fever in one County, and food insecurity in nine arid and semi-arid counties. The country is also at high-risk Ebola disease due to Bundibugyo virus following the current outbreak in the Democratic Republic of the Congo and Uganda.

Summary of Ongoing Public Health Emergencies in Kenya, June 2026

Event	Total Cases	Confirmed cases	Deaths	Case Fatality Rate	Case Contacts	Counties	Start of reporting period	WHO Grade
Mpox	1,147	1,147	19	1.7%	1,376	39	31 July 2024	Protracted 2
Six new confirmed cases reported in the past week: Nairobi (3), Kiambu (1), Embu (1) and Tharaka Nithi (1) counties. Total of 198 cases reported from eighteen counties in 2026.								
Cholera	37	2	0	0%	N/A	2	May 2026	Protracted 3
Five new cases reported in the past week from Garissa (4) and Nairobi (1). Nairobi County reporting its first case in 2026 from Ruaraka sub county.								
Measles	449	70	0	0%	N/A	3	Nov 2025	Ungraded
Four new cases reported in the past week, all from Kilifi South sub county, Kilifi County. Cumulative 449 cases including 70 confirmed have been reported. Outbreak is active in four sub-counties.								

Dengue Fever	1,583	52 (PCR)	5 suspected	N/A	N/A	1	2026	Ungraded
Three hundred and fourteen new cases reported in the past week from Dadaab (296) and Garissa Township (17) in Garissa County. Cumulative 1,583 cases including 5 suspected deaths have occurred in the county.								
Drought	N/A	N/A	N/A	N/A	N/A	9	2025	Grade 2
3.7 million people are facing acute food insecurity (IPC Phase 3 or above) across 23 ASAL counties, including 545,000 in Emergency (Phase 4). Reduced humanitarian aid, poor rainfall and high food prices are the primary drivers.								

Bundibugyo Virus Disease (BVD) outbreak in the Democratic Republic of Congo and Uganda

The Bundibugyo virus disease (BVD) outbreak in the Democratic Republic of the Congo continues to evolve rapidly, with increasing case numbers and geographic spread. WHO determined the outbreak to constitute a Public Health Emergency of International Concern.

In DRC, the outbreak is three provinces: Ituri Province (717 cases, 146 deaths; CFR 20.4%), North Kivu Province (62 cases, 34 deaths; CFR 54.8%) and South Kivu Province (3 cases, 1 death; CFR 33.3%). In Uganda, outbreak has been reported in capital city-Kampala and Wakiso District and is epidemiologically linked to transmission originating in the DRC, with evidence of both imported infections and secondary transmission among contacts and healthcare workers.

Country*	Cumulative Confirmed Cases	Active Confirmed Cases	Recovered	Confirmed Deaths	Suspected Cases under Investigation	Contact Follow-up Rate	HCW Infections
DRC	782	267	181	181	136	56.5%	19
Uganda	19	0	0	2	0	90%	5

* **Data source:** Ministry of Health Uganda | Ministry of Health DRC

Kenya Preparedness and Readiness Actions

The overall readiness for BVD response is moderate at 66%, with Infection Prevention and Control (IPC) case management and Logistics being inadequate (below 50%) (Figure 1). Kenya is proactively strengthening its preparedness and readiness measures to prevent, detect, and respond to any potential importation of cases.

Contact Tracing	Rapid Response Teams	Laboratory	Public Awareness and RCCE	Safe and Dignified Burials	Coordination	Surveillance	Travel Points of Entry	Logistics	Case Management	IPC
100%	90%	87%	75%	75%	67%	67%	60%	49%	36%	25%

Figure 1: Readiness status for BVD outbreak by pillar, Kenya, May 2026

Risk assessment has identified 13 very high risk and 12 high risk counties, with the remaining 22 counties classified as medium risk (Figure 2).

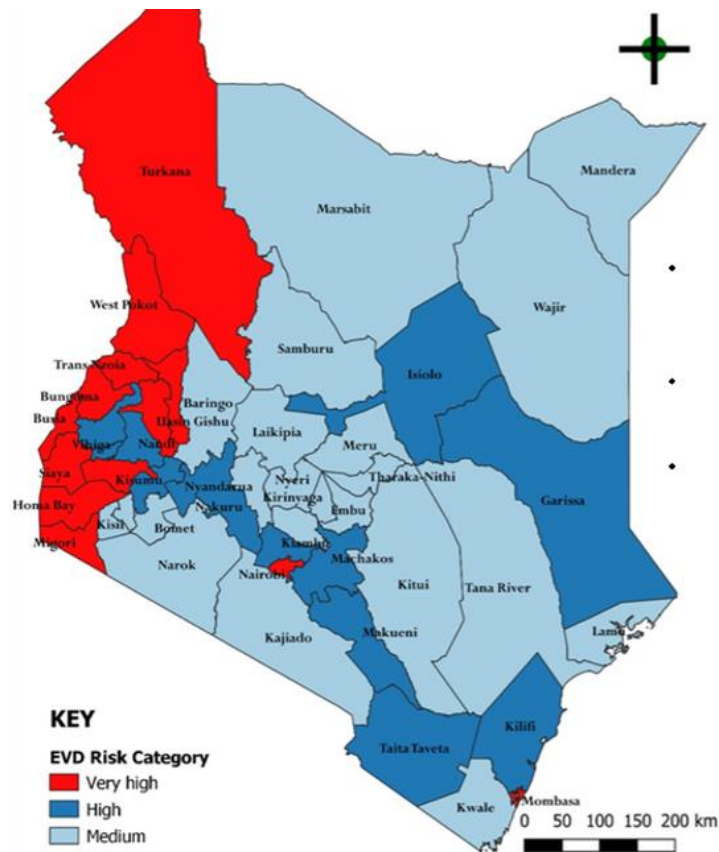


Figure 2: Risk classification status for BVD by county, Kenya, June 2026

Very High Risk: Counties sharing a border with Uganda and South Sudan or serving as international travel hubs (including Nairobi). High Risk: Counties with significant population movement through Points of Entry (land borders and airports). Medium Risk: Counties near high-risk counties with potential spillover due to cross-county interaction

Pillar	Capacity	Implementation of priority readiness actions
Coordination		<ul style="list-style-type: none"> WHO supported in a mapping tool was finalised in collaboration with the KNPHI team to show partners commitments. A publicly accessible dashboard is planned to display partner capacities by county once data is collected. The UN system is pursuing potential funding opportunities for EVD preparedness response.
Surveillance and Data Management		<ul style="list-style-type: none"> Conducted a training for 108 Trainers of Trainees for national rapid response teams on Ebola virus disease Concurrently a refresher training was conducted for rapid response teams in 3 high risk counties (Busia, Turkana and Trans Nzoia) took place last week. Key observations from the training: <ul style="list-style-type: none"> Training content is extensive for a five-day programme and needs to be revised and standardised. Practical materials were insufficient. As of 13 June 2026, total of 92 alerts have been investigated <ul style="list-style-type: none"> 31 alerts investigated in the last one week

Points of Entry (PoE)		<ul style="list-style-type: none"> Enhanced surveillance at high-risk points for travellers from DRC and Uganda <ul style="list-style-type: none"> WHO shared a international traveller advisories As of 13 June 2026, total of 108,344 travellers screened for Bundibugyo Virus Disease 984 conveyances screened including 121 aircrafts
Laboratory		<ul style="list-style-type: none"> In the past week: 31 samples received in the labs since the last update tested. A mobile lab is currently deployed in Busia to support testing.
Logistics		<ul style="list-style-type: none"> A shipment of personal protective equipment from the WHO AFRO Regional Emergency Hub is en route to Kenya and is expected to arrive by the end of the week or early next week. Shipment of laboratory reagents was approved and is awaiting dispatch. WHO supported the Kenya National Public Health Institute with two Viral Hemorrhagic Fever diagnostic kits, providing capacity to test up to 1,000 suspected Ebola cases.
Risk communication and community engagement (RCCE)		<ul style="list-style-type: none"> RCCE activities continued at national and county levels, including support to the national Training of Trainers (ToT) on Ebola preparedness and an RCCE webinar on safe and dignified burials. WHO joined ministry of health and other partners to share and inform the media on Kenya's Ebola preparedness and equip them with trusted information to better report during a media briefing, - (see pictures below) Community engagement activities are ongoing in counties identified as high risk and in areas designated for isolation centres. WHO shared materials, including international traveller advisories and Ebola Virus Disease information videos. Infodemic monitoring identified persistent misinformation and risk perceptions. (Find summary below) Positive public feedback on screening measures at points of entry, including JKIA, Malaba, and Busia, was reported through social media monitoring. Development of the National Multi-Sectoral All-Hazards RCCE Strategy is nearing completion.
Case Management/ IPC/ WASH/ SDB		<ul style="list-style-type: none"> WHO currently facilitating an IPC and case management training for clinicians from selected health facilities. Assessments of Ebola Treatment Units and quarantine facilities across high-risk counties is underway to identify capacities and gaps. Virtual trainings are ongoing on weekly basis.

Mpox

New cases*	Cumulative cases	Deaths	Recovered	Case Contacts	Counties
6	1,147	19	1,102	1,376	39

* Data source: Ministry of Health Kenya

Six new confirmed cases reported in the past week, from Nairobi (3), Kiambu (1), Embu (1) and Tharaka Nithi (1) counties. A total of 198 cases including three deaths have been reported across 19 counties in 2026 including from 2 new counties (Embu and Tharak Nithi). Only 23 cases are active

with four in facility care and 19 in home-based isolation and care. Cumulatively, 1,147 cases have occurred across 39/47 counties. Of these,

- 69% (456) of are aged 15–44 years
- A total of 19 deaths occurred
 - 10 (53%) Females; 13 (68%) are HIV Positive
- 1,376 contacts listed
 - 1,141 have completed follow-up
 - 16 contacts confirmed as cases
- Four counties have consistently reported cases: Mombasa (40%), Nairobi (17%), Busia (10%) and Makueni (7.4%)
- A total of 10.2 million travellers screened at 26 points of entry since the beginning of the outbreak in July 2024

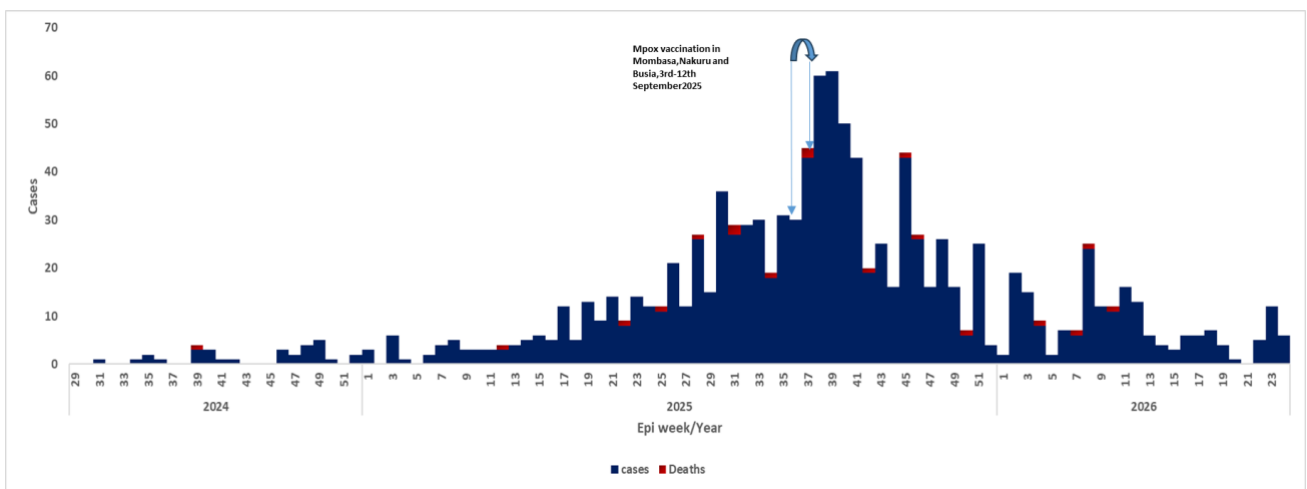


Figure 3: Epi curve of mpox cases in Kenya, July 2024 - June 2026

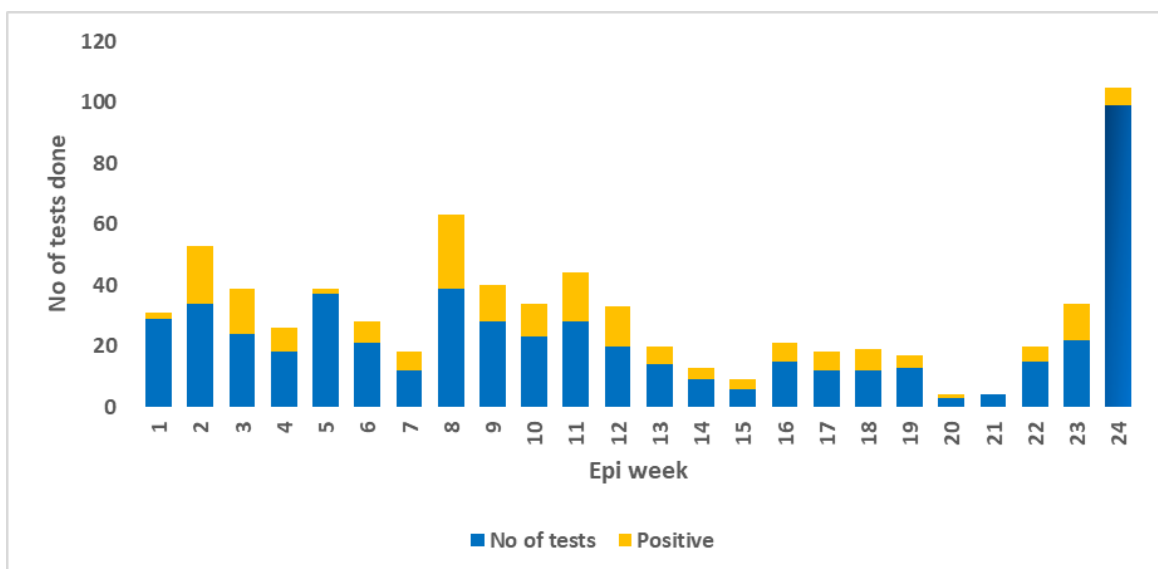


Figure 4: Trends in Laboratory testing of mpox, Kenya, January - June 2026

- The number of samples had shown a fluctuation at week 20 and 21, but from week 22 to 24, it is showing an upward trend

- Most of the samples tested in week 24 are from Nairobi County **92/99**
- The majority of samples tested from Nairobi County were collected from healthcare workers who had been identified as contacts of confirmed cases managed at Kenyatta University Teaching, Referral and Research Hospital (KUTRRH).

Response Activities

- Planned Mpox vaccination campaign for high-risk counties Mombasa, Kilifi and Busia expected to begin early July 2026.

3. Cholera

New cases*	Cumulative cases	Deaths	Recovered	Case Contacts	Counties
5	37	0	1	0	2

* Source: Kenya National Public Health Institute

Since the last update, the outbreak has been detected in a second county: cases are now confirmed in Garissa County (Dagahaley camp, Dadaab sub-county) and in Nairobi County (Lucky Summer ward, Ruaraka sub-county). Cumulatively, 37 cases have occurred. The index case was a 59-year-old male, resident of Dagahaley refugee camp with a date of onset of 13 May 2026. The most recent case has an onset date of 12 June 2026 (Garissa County). In the past week, 5 new cases were reported: Garissa (4) and Nairobi (1). Three cases remain admitted.

Table 1: Demographic characterization of Cholera cases, Kenya, June 2026

Characteristic	Frequency (%) N=37
Age	
<2 yrs	8(21.6%)
2- 4 yrs	6 (16.2%)
5 – 14 yrs	1(2.7%)
15 – 44 yrs	12 (32.4%)
45 – 59 yrs	5(13.5%)
≥60	5(5%)
Sex (Female)	20 (54%)
Deaths (suspected)	5 (CFR –0.49%)
Sub county (County)	
Dadaab (Garissa)	36 (80.6%)
Ruaraka (Nairobi)	1 (3.5%)
Case classification	
Confirmed (Culture)	2(%5.4)
RDT	16(50%)
Suspected	19(51%)

* 21% (8) of cases are under 2 years

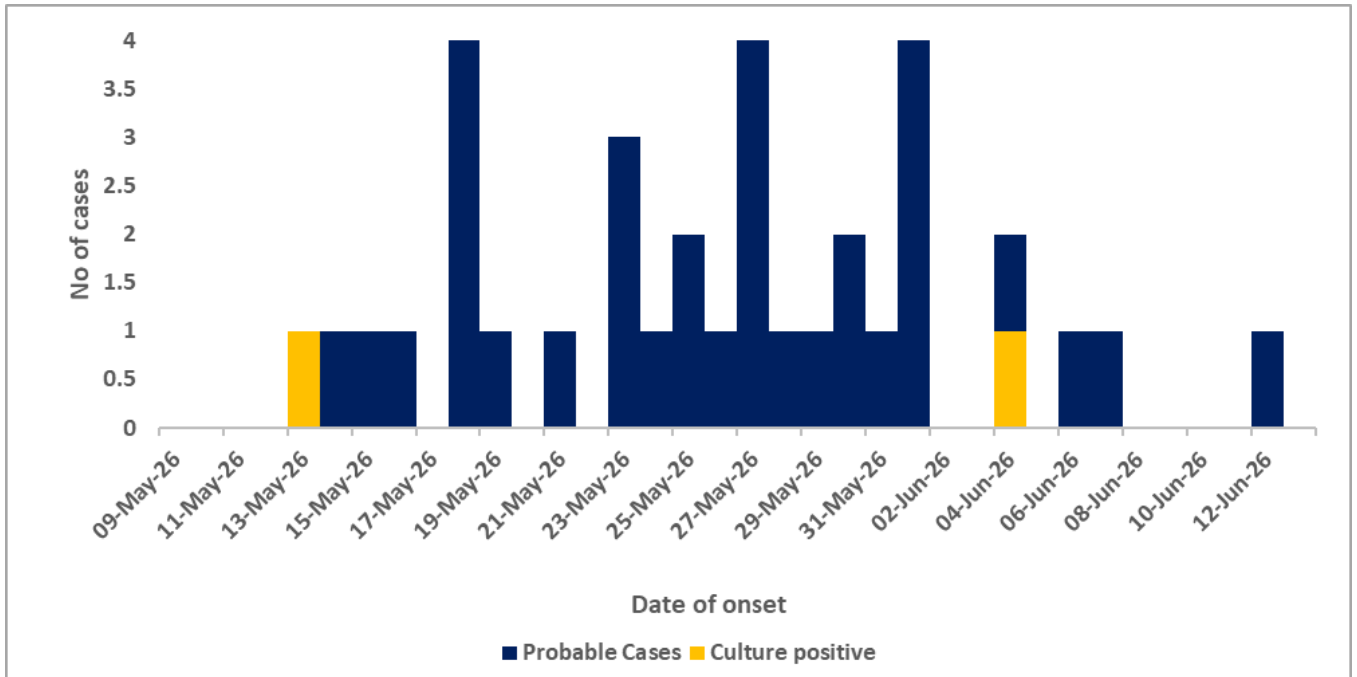


Figure 5: Epi Curve of Confirmed Cholera Cases, Kenya, 2026

Response Activities

- Continued implementation of case management, IPC, contact tracing, and active surveillance activities to prevent secondary transmission
- Sustained WASH interventions, including environmental disinfection, hygiene promotion, handwashing, and safe water handling practices
- Ongoing cross-county surveillance coordination and information sharing with Wajir South teams for early case detection and response
- Continued monitoring of environmental risk factors and population movement patterns to guide response activities.

4. Dengue Fever

New cases	Cumulative cases	Deaths	Recovered	Case Contacts	Counties
314	1,269	5	0	0	3

* Source: Ministry of Health Kenya

Three hundred and fourteen new cases were reported in the past week, from Dadaab (296) and Garissa Township (17). The upsurge, ongoing since January 2026 across three sub-counties, has reached a cumulative 1,583 cases. For the first time, 5 suspected deaths attributed to dengue have been reported: Four in Garissa Township and one in Hagadera refugee camp.

Table 2: Demographic characteristics of Dengue fever cases, January – June 2026, Garissa County Kenya

Characteristic	Frequency (%) N=1583
Age	
<5 yrs	232 (14.7%)
5 – 14 yrs	227 (14.3)
15- 24 yrs	289 (18.3)
25-44 yrs	592 (37.4)
45- 64 yrs	174 (11.0)
≥65 years	69 (4.4)
Sex (Female)	642 (50.6%)
Deaths (suspected)	5 (CFR –0.49%)
Sub county	
Dadaab	1276 (80.6%)
Fafi	56 (3,5%)
Garissa Township	251 (15,9%)
Case classification	
Confirmed (PCR)	52 (3 %)
RDT	526 (33 %)
Suspected	1005 (64 %)

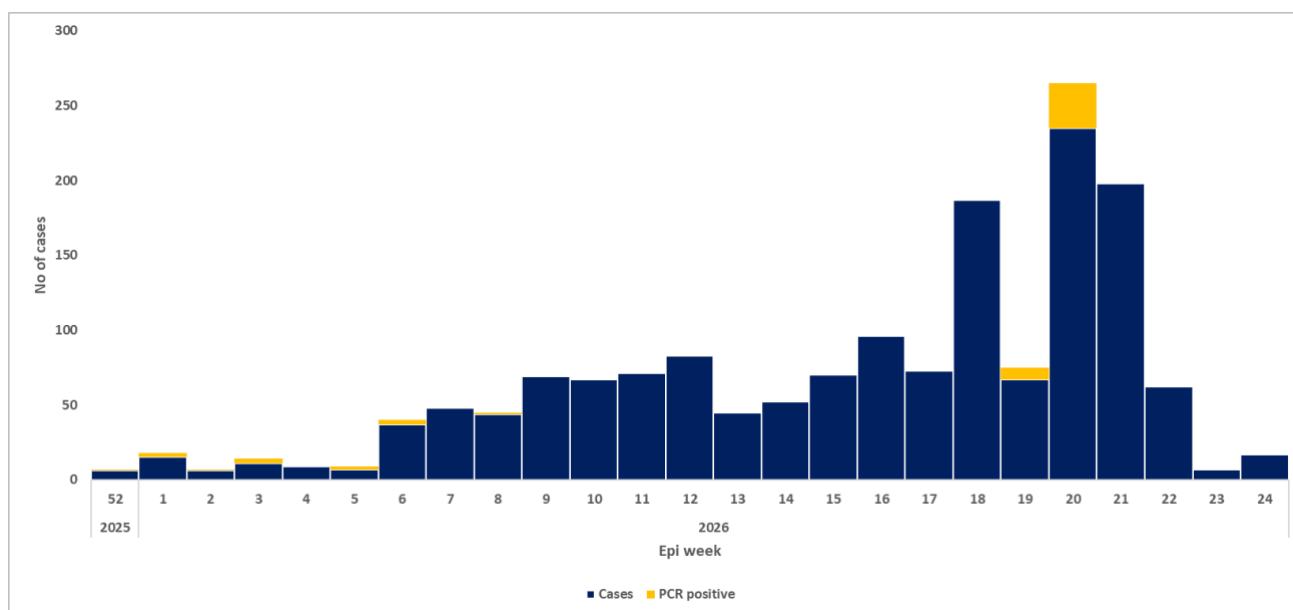


Figure 6: Epi curve of Dengue fever in Garissa County January – June 2026

Response Actions

- County PHEOC fully activated, coordination meetings ongoing
- Case management, Infection Prevention and Control (IPC), Community awareness creation on prevention and control measures, as well as transmission precautions, is ongoing.
- Vector control activities (spraying, environmental cleaning) in response to the Dengue Fever upsurge.
- Surveillance has been heightened for all ongoing events, and all health facilities are informed of the ongoing situation and advised to remain vigilant.

5. Measles

New cases	Cumulative cases	Deaths	Case Contacts	Counties
4	449	0	0	3

* Source: Ministry of Health of Kenya

Four new cases were reported since the last update from Kilifi South. Since onset in November 2025, a total of 449 cases including 70 laboratory-confirmed have been reported. The outbreak has affected six sub-county areas across six counties in 2026; Baringo, Garissa, Fafi sub county and Marsabit are not reporting new cases. Outbreak is active in four sub counties: Garissa (Dadaab (17), Fafi (10), Wajir (Wajir North (38), Mandera (Mandera South (5) and Kilifi (Kilifi South (4).

- 56% (251) of cases are aged 10 years and above.
- 60% (262) of cases are male

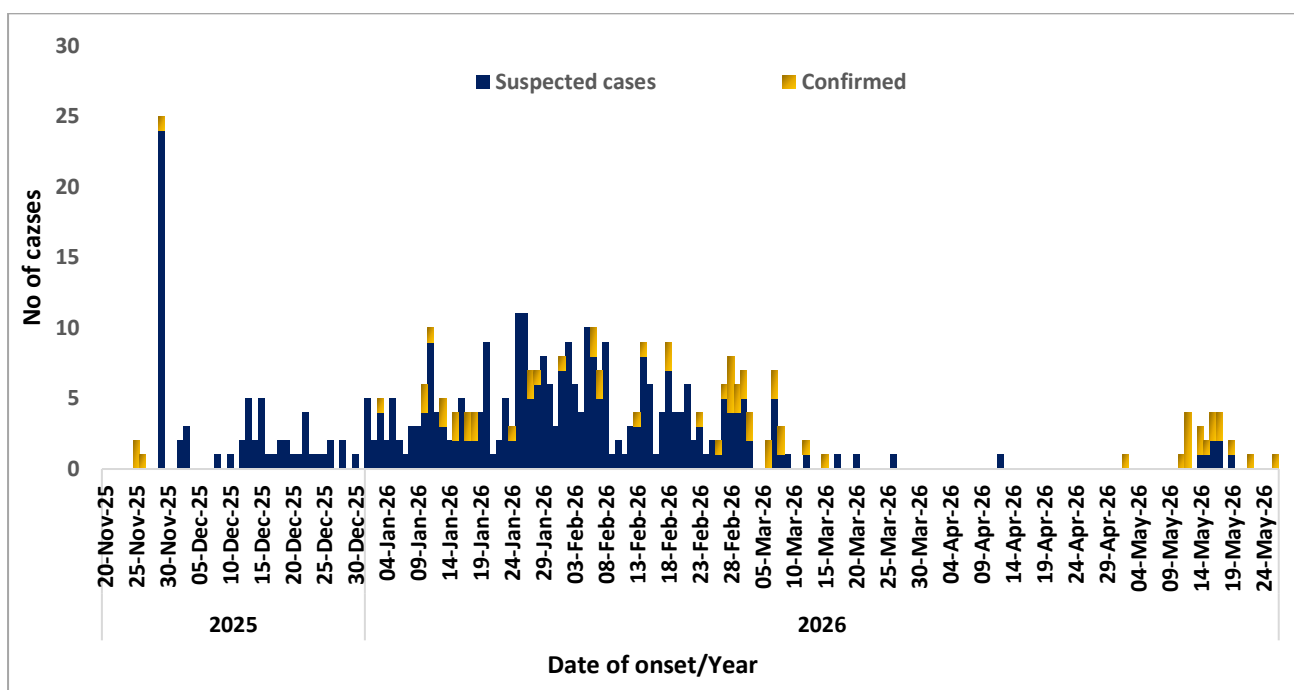


Figure 7:Epi Curve of Measles Cases, Kenya Nov 2025 - June 2026

6. Priority Health Issues and RCCE/Infodemic Management Actions (1–14 June 2026)

Health issue	Main misinformation/concerns	Recommended RCCE and infodemic management actions
Ebola preparedness	Government distrust; foreign agenda claims; border panic; travel stigma	Community dialogues; trusted local experts; FAQs; transparent updates; rumor tracking
Mpox	Political manipulation claims; virus denial; outbreak fatigue; biological weapon narratives	County-level engagement; symptom awareness; evidence-based updates; myth-busting
Hantavirus	Health-alert fatigue; belief alerts are exaggerated	Explain preparedness vs outbreak; post-alert communication; public education
Measles & floods	Vaccination doubts; flood-related rumors	CHV/community outreach; localized clarifications; monitor emerging rumors
Utumishi Girls fire	Casualty rumors; blame narratives; school safety concerns; stigmatization	Single source of truth; empathy-led communication; investigation updates; protect minors

6. Integrated Disease Surveillance (IDSR) Overview

Source: Weekly IDSR reports, KHIS

Kenya has implemented the third edition of the Integrated Disease Surveillance and Response (IDSR) strategy, which supports the routine surveillance and weekly reporting of 46 priority diseases, conditions, and public health events. These priorities are classified into four categories: epidemic-prone diseases, diseases targeted for elimination or eradication, diseases of public health importance, and public health events of international concern.

The National IDSR reporting rate

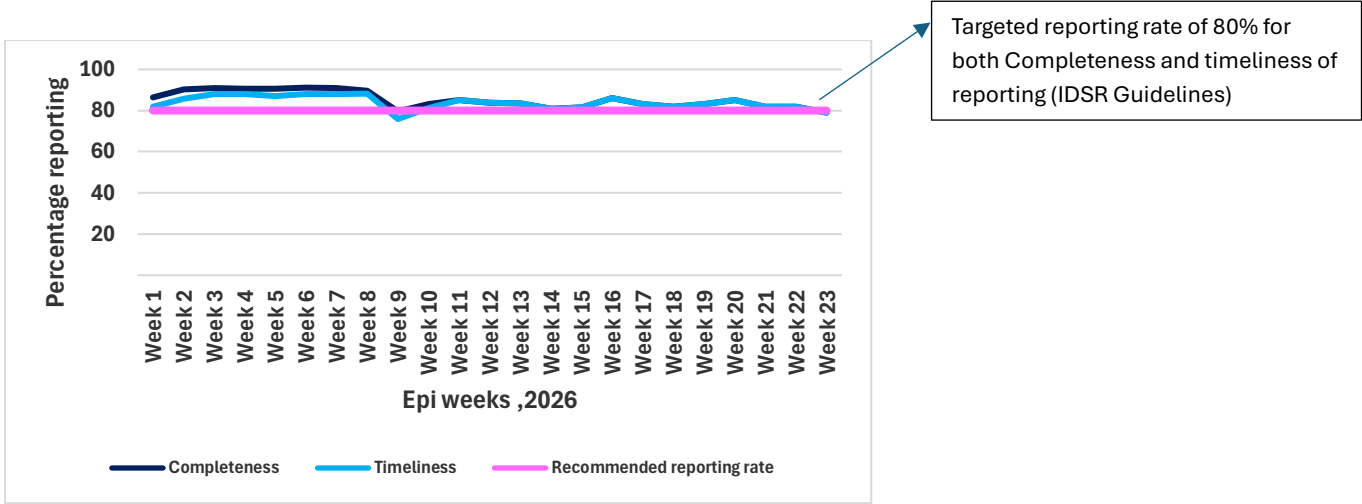
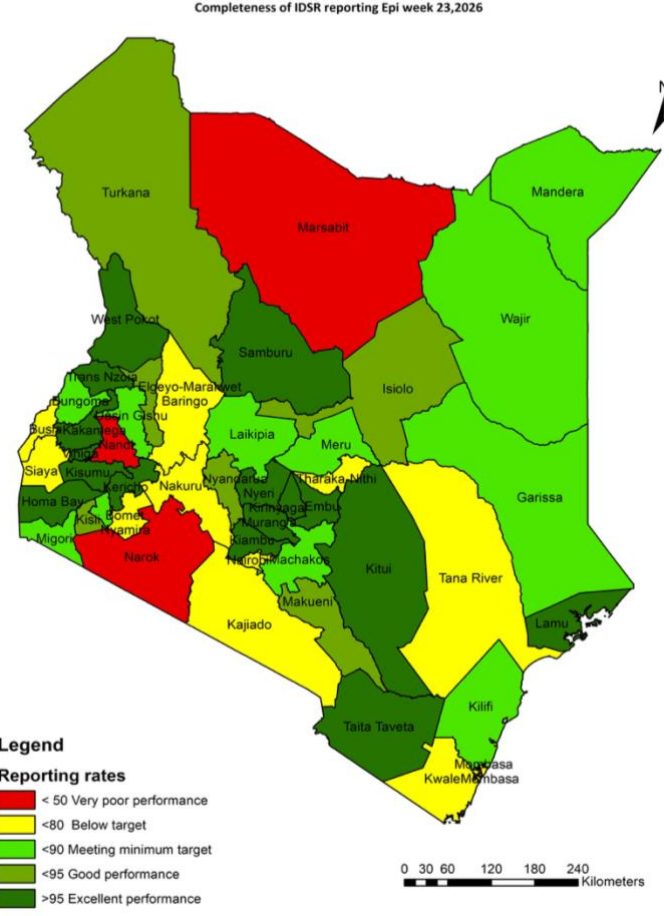
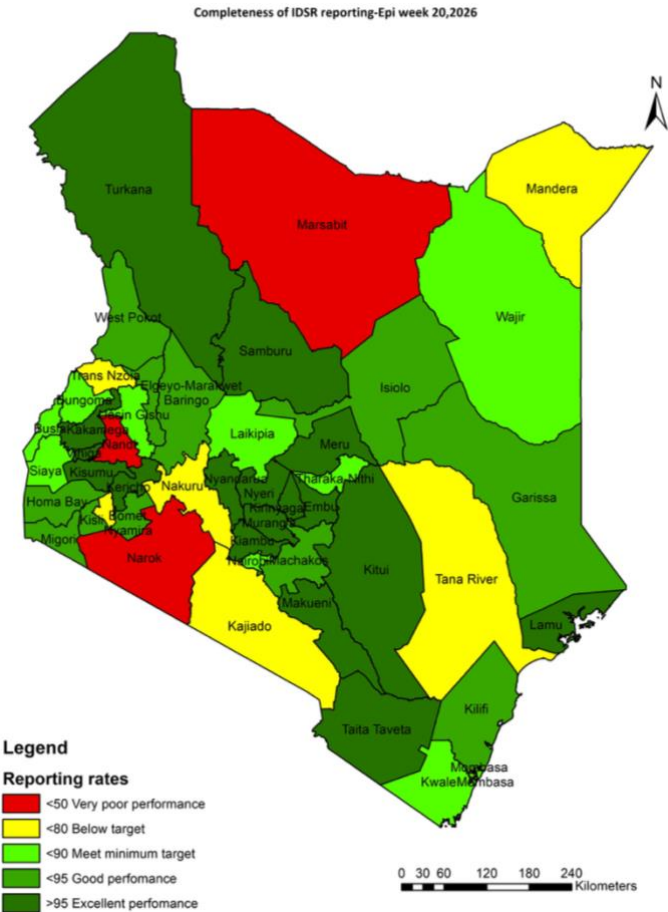


Figure 8: Overview of key indicators of IDSR, Kenya from Epi week 1-23,2026

- The average overall completeness of reporting from Epidemiological Week 1 to 23 was **85%**.
- The average overall timeliness of reporting during the same period was **84%**.
- Notably, **Epi Week 9** recorded the lowest timeliness at **76%**.

Week 20

Week 23

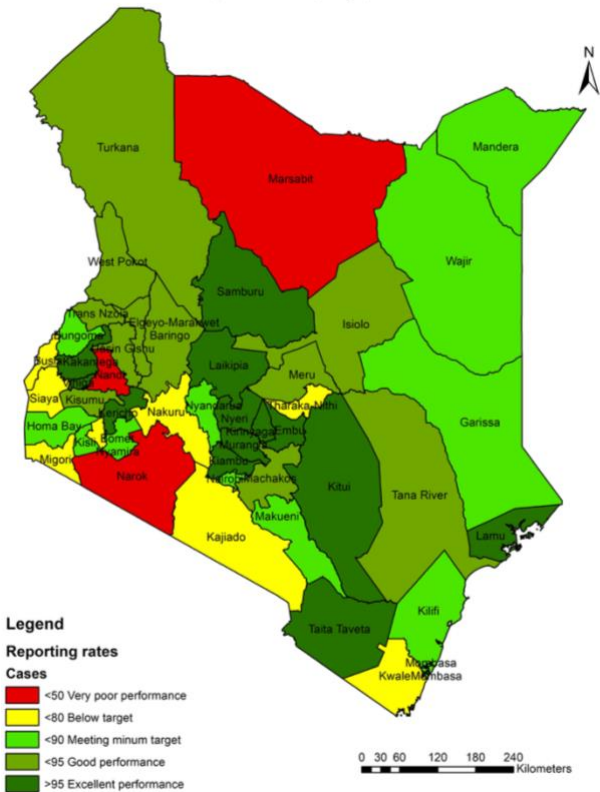


Legend
Reporting rates
 <50 Very poor performance
 <80 Below target
 <90 Meet minimum target
 <95 Good performance
 >95 Excellent performance

Legend
Reporting rates
 <50 Very poor performance
 <80 Below target
 <90 Meeting minimum target
 <95 Good performance
 >95 Excellent performance

Week 22

Completeness of IDSR reporting Epi week 22,2026



Week 21

Completeness of IDSR reporting Epi week 21,2026

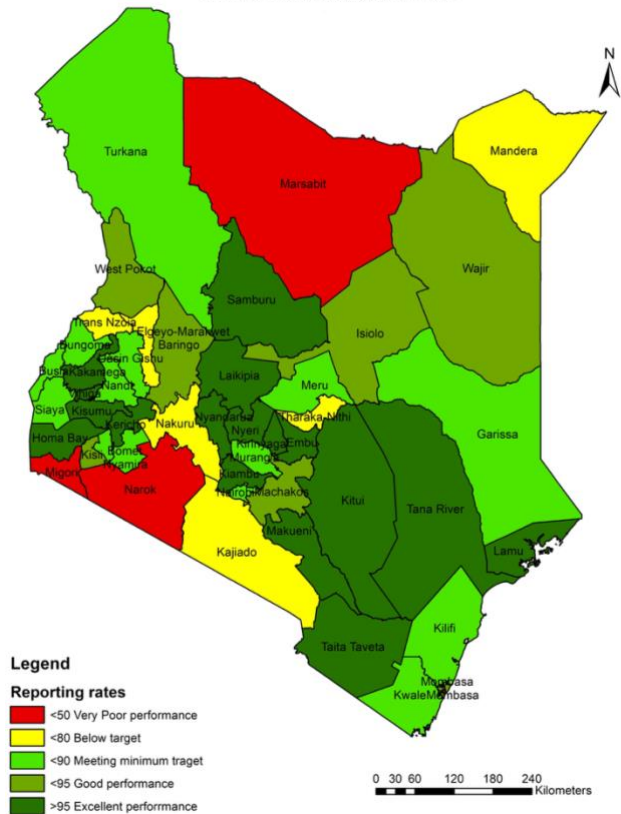


Figure 9: Completeness of IDSR reporting Epi 20-23,2026

- Recommended reporting rate of 80% for both Completeness and timeliness of reporting (IDSR Guidelines).
- Notably several counties are below the recommended reporting rate (counties with yellow).
- Marsabit and Narok County has consistently reported below 50% in four consecutive weeks.

KENYA CEBS 4TH-10TH MAY											
County	CEBS Signals Reported	CEBS Signals Verified	Proportion Verified	CEBS Signals Verified true	Proportion Verified true	Events Investigated	Proportion Investigated	Events responded	Proportion responded	Events escalated	Proportion escalated
Nakuru	266	217	82%	83	38%	74	89%	74	100%	6	8%
Meru	645	417	65%	254	61%	134	53%	134	100%	0	-
Busia	141	76	54%	28	37%	10	36%	10	100%	3	30%
Siaya	164	128	78%	43	34%	38	88%	38	100%	1	3%
Mombasa	41	25	61%	18	72%	18	0%	18	100%	0	-
Baringo	66	39	59%	15	38%	3	0%	3	100%	0	-
Nairobi	179	147	82%	11	7%	9	0%	9	100%	0	-
Kajiado	123	97	79%	19	20%	19	0%	19	100%	1	5%
Total	1625	1146		471		305		305		11	

Figure 10: Event based surveillance, Kenya

- Meru County reported most of the signals (645).
- In terms of signal verification: Nakuru and Nairobi counties hit the 80% target
- In terms of event investigation: Siaya and Nakuru counties hit the target

Kenya HEBS 4TH-10TH MAY												
County	HEBS Signals Reported	HEBS Signals Verified	Proportion Verified	HEBS Signals Verified true	Proportion Verified true	Events Investigated	Proportion Investigated	Events responded	Proportion responded	Events escalated	Proportion escalated	
Mombasa	19	18	95%	16	89%	16	100%	16	100%	0	-	
Nairobi	9	7	78%	6	86%	6	100%	6	100%	0	-	
Meru	6	5	83%	4	80%	3	75%	3	100%	0	-	
Nakuru	0	0	-	0	-	0	-	0	-	0	-	
Siaya	1	0	0%	0	-	0	-	0	-	0	-	
Baringo	0	0	-	0	-	0	-	0	-	0	-	
Kajiado	0	0	-	0	-	0	-	0	-	0	-	
Total	35	30		26		25		25		0		

Figure 11: Hospital Event-based surveillance

- Mombasa HCWs reported most of the signals (19)
- In terms of signal verification: All Signals verified except the one in Siaya and Nairobi counties
- In terms of Events investigation: Meru County didn't hit the target

Seven Day Weather Forecast Kenya, 16th 22nd June 2026

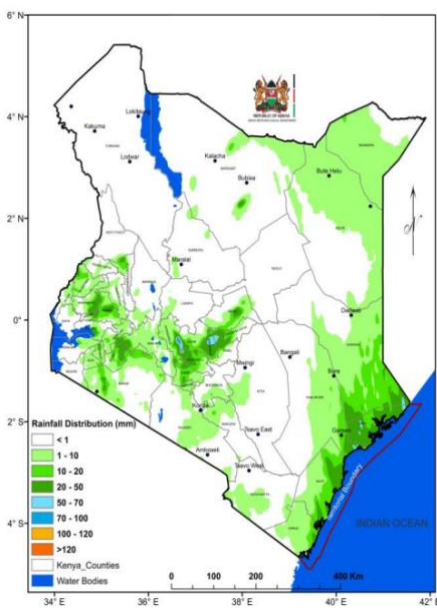


Figure 12: Forecasted Seven-Day Total Rainfall for 16 th to 22 nd June 2026

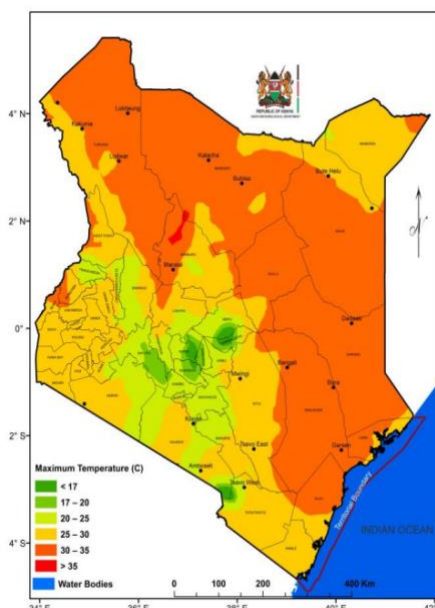


Figure 13: Forecasted Average Maximum Temperatures for 16 th to 22 nd June 2026

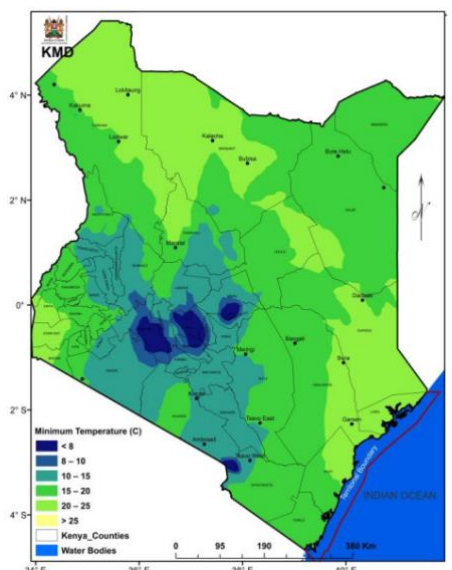


Figure 14: Forecasted Average Minimum Temperatures for 16 th to 22 nd June 2026

Source: REF, Kenya Metrological Department/FCST/06-2026/WF/25

- **Figure 12:** Most parts of the country are expected to be generally dry. However, some parts of the Highlands East and West of the Rift Valley, the Coast and North-eastern Kenya may receive rainfall
- **Figure 13:** Intermittent cool and cloudy conditions are expected in some parts of the Highlands East and West of the Rift Valley, the Southeastern Lowlands, the Rift Valley &

Northeastern Kenya. Daytime (maximum) average temperatures of more than 30°C are expected in some parts of the Coast, the Southeastern Lowlands, Northeastern and Northwestern Kenya

- **Figure 14:** Night-time (minimum) average temperatures are expected to be less than 10°C in a few areas in the Highlands East of the Rift Valley, the Central Rift Valley and in the vicinity of Mt. Kilimanjaro

Projected Acute Food Insecurity Map (April - June 2026)

- According to the Kenya Meteorological Department (KMD) forecast, The March–May 2026 long rains are expected to be near average to below average in most marginal agricultural and eastern pastoral areas, while the coastal region may receive below-average rainfall. However, northwestern pastoral areas (Turkana and Samburu) may experience near to above-average rains
- Although rains may slightly improve pasture and browse, availability will remain below average in eastern pastoral areas due to previous poor seasons in 2025.
- **Household incomes** are expected to stay below average
 - In marginal agricultural areas: due to poor harvests and reduced demand for farm labour
 - In pastoral areas: due to smaller livestock herds limiting sales
- **Crop production** in marginal agricultural zones will likely be near to below average, affected by:
 - Limited access to seeds and inputs
 - Uncertain rainfall performance
- **Food access will be constrained:**
 - Household food stocks are very low
 - Reliance on market purchases is high, but low incomes limit buying power
- **Staple food prices** will remain average to above average, driven by:
 - High demand
 - Reduced local supply
 - Imports from neighbouring countries will help stabilize prices temporarily
- **Livestock prices** are expected to be average to above average, as households reduce sales to rebuild herds and improve animal condition



Training of Trainers for Rapid Response Teams on Ebola preparedness and response. The training aims to build a national pool of skilled trainers who will strengthen response capacity across all 47 counties.

Key Areas covered included

1. Outbreak detection and investigation
2. Surveillance and contact tracing
3. Infection prevention and control
4. Case management
5. Laboratory coordination
6. Risk communication and community engagement
7. Emergency operations coordination



WHO joined the Ministry of Health and other partners to share and inform the media on Kenya's Ebola preparedness, and to equip them with the facts for responsible reporting.

Thanks to the Ministry of Health, the Kenya National Public Health Institute, our donors, and our partners for your support!

Follow us on:  

For real time updates and key stories

FOR MORE INFORMATION & FEEDBACK:

 ndahendekireg@who.int

 afkeninfo@who.int