EMERGENCY PREPAREDNESS AND RESPONSE WEEKLY SITUATION REPORT

WEEK 25: 14th TO 21st 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	**1,149**	**1,149**	**19**	**1.7%**	**1,376**	**39**	**31 July 2024**	**Protracted 2**
Two new confirmed cases reported in the past week from Nairobi. Total of 200 cases reported from nineteen counties in 2026.								
Cholera	**40**	**2**	**0**	**0%**	**N/A**	**2**	**May 2026**	**Protracted 3**
Three new cases reported in the past week from Garissa (3). Nairobi County reported its first case in 2026 from Ruaraka sub county.								
Measles	**456**	**77**	**0**	**0%**	**N/A**	**3**	**Nov 2025**	**Ungraded**
Seven new cases reported in the past week from Tana River and Nairobi. Cumulative 456 cases including 77 confirmed have been reported. Outbreak is active in six sub-counties.								

Dengue Fever	**1,583**	**52 (PCR)**	**5 suspected**	**N/A**	**N/A**	**1**	**2026**	**Ungraded**
No new cases reported in the past week. 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 declared the outbreak a Public Health Emergency of International Concern (PHEIC) on 16 May 2026, and Africa CDC subsequently declared a Public Health Emergency of Continental Security.

In DRC, the outbreak has affected 34 health zones across three provinces: Ituri Province (22 health zones), North Kivu Province (11 health zones) and South Kivu Province (1 health zone). A cumulative 956 confirmed cases with 247 confirmed deaths (CFR 25.8%) have been reported, with over 70 health-care worker infections. In Uganda, the outbreak has been reported in the 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
DRC	**956**	**361**	**92**	**247**	**162**	**69.3%**
Uganda	**20**	**4**	**0**	**2**	**0**	**98%**

*** *Data source**: 21st June 2026 | 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).

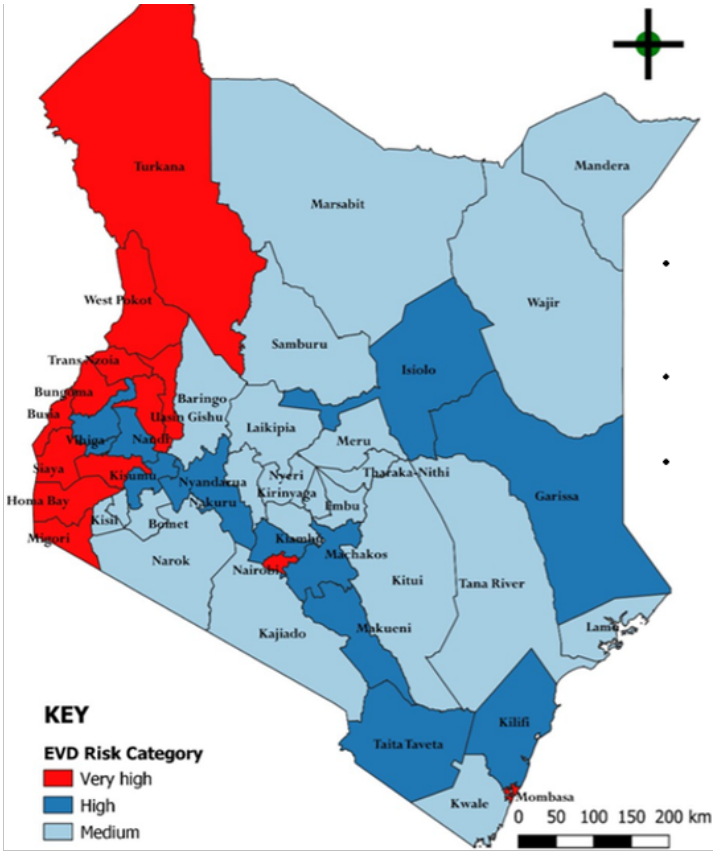


Figure 2: Risk classification status for BVD by county, Kenya, June 2026

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		• WHO is supporting the ongoing review and update of the national Ebola Virus Disease (EVD) preparedness and readiness plan to reflect the current context, funding landscape, and the epidemiological situation in neighbouring countries; pillars are developing operational plans to execute prioritized activities. • WHO is facilitating development of a partner-mapping dashboard showing which partners can support readiness and response. • WHO is providing technical support to United Nations and health partners to define priorities and identify funding streams for the government-led response.

Surveillance and Data Management		• WHO supported the training of 318 Rapid Response Team (RRT) members from the national level and Bungoma, Busia, Trans Nzoia, Turkana, and Nairobi. • The trained national RRTs are on 24-hour standby for rapid deployment; counties have been requested to activate their teams.The national level has begun plans to operationalize a call centre to streamline the management of alerts. • As of 21 June 2026, a total of 104 alerts has been investigated, all negative; 12 alerts investigated in the last one week.
Points of Entry (PoE)		• WHO supported enhanced surveillance at high-risk points of entry for travellers from the Democratic Republic of the Congo (DRC) and Uganda and shared international traveller advisories. • As of 21 June 2026, a total of 130,303 travellers screened for Ebola Virus Disease since the outbreak was declared in DRC and Uganda.
Risk communication and community engagement (RCCE)		• WHO is supporting development of the National Multi-Sectoral All-Hazards RCCE Strategy, which places RCCE at the centre of Ebola preparedness; the strategy is nearing completion.
Case Management/ IPC/ WASH/ SDB		• From 15–19 June 2026, WHO supported a five-day training on Ebola case management IPC, including a full-scale drill at Kenyatta National Hospital (KNH), for 40 clinicians and IPC focal persons drawn from Nairobi and Busia counties, the Kenya Defense Forces (KDF), KNH, Kenyatta University Teaching, Referral and Research Hospital (KUTRRH), and MP Shah Hospital. • From 23–26 June 2026, WHO is supporting a second cohort training on EVD case management and IPC, including a full-scale drill at Naivasha Sub-county Hospital, for 37 clinicians and IPC focal persons from Nakuru and Makueni counties, KDF, KNH, KUTRRH, and Moi Teaching and Referral Hospital (MTRH). • WHO is supporting development of post-assessment plans to guide closure of identified gaps.

2. Mpox

New cases*	Cumulative cases	Deaths	Recovered	Case Contacts	Counties
2	**1,149**	**19**	**1,102**	**1,376**	**39**

**** Data source: Ministry of Health Kenya***

Two new confirmed cases were reported in the past week from Nairobi. A total of 200 cases including three deaths have been reported across nineteen counties in 2026. A total of 26 cases is active, with four in facility care and 22 in home-based isolation and care. Cumulatively, 1,149 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 10.3 million travellers screened at 26 points of entry since the beginning of the outbreak in July 2024

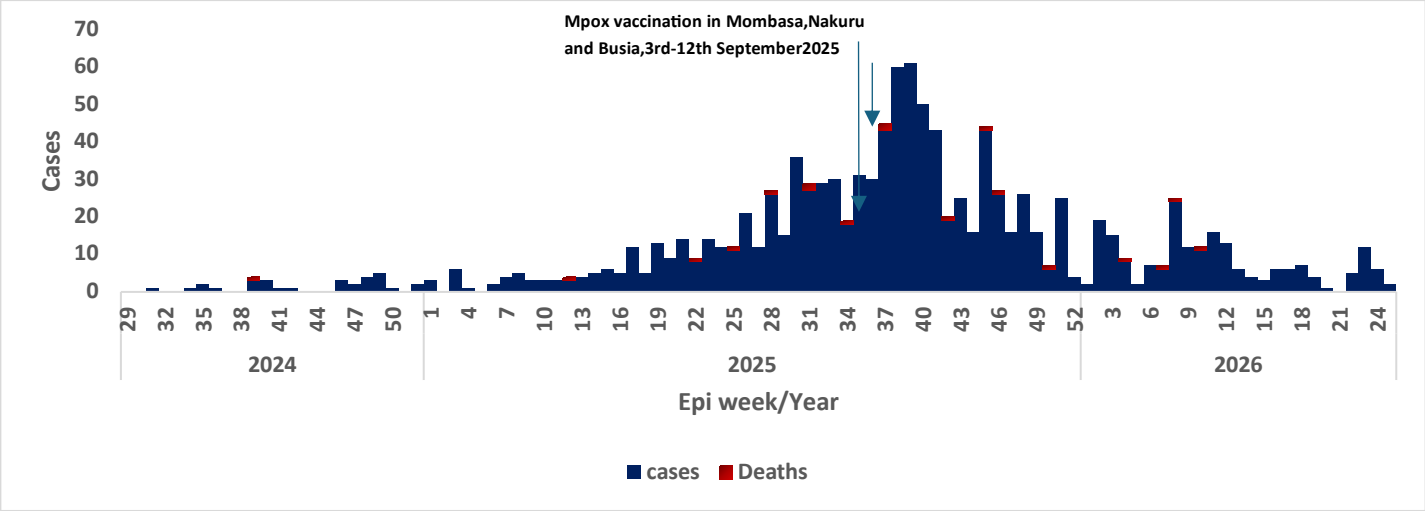


Figure 3: Epi curve of mpox cases in Kenya, July 2024 - June 2026

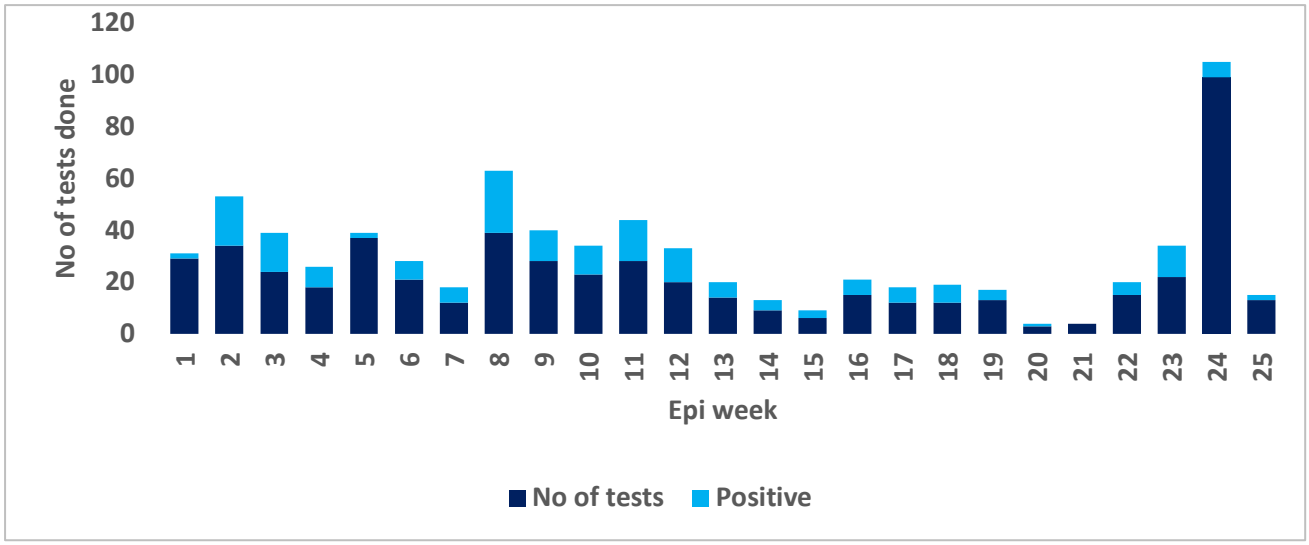


Figure 4: Trends in Laboratory testing of mpox, Kenya, January - June 2026

Response Activities

- Ongoing trainings for health workers ahead of a planned Mpox vaccination campaign at high-risk counties Mombasa, Kilifi and Busia.

3. Cholera

New cases*	Cumulative cases	Deaths	Recovered	Case Contacts	Counties
3	40	0	1	0	2

* *Source: Kenya National Public Health Institute*

Since the last update, the outbreak remains in two counties: cases are confirmed in Garissa County (Dagahaley camp, Dadaab sub-county) and in Nairobi County (Lucky Summer ward, Ruaraka sub-county). Cumulatively, 40 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, 3 new cases were reported from Garissa (3). No cases are in isolation wards. The attack rate is 33 per 100,000 population in Dagahaley and 2 per 100,000 in Lucky Summer.

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

Characteristic	**Frequency (%) N=37**
Age	
<2 yrs	8(20%)
2- 4 yrs	7 (17.5%)
5 – 14 yrs	2 (5.0%)
15 – 44 yrs	13 (32.5%)
45 – 59 yrs	5(12.5%)
≥60	5(12.5%)
Sex (Female)	22 (55%)
Deaths (suspected)	5 (CFR –0.49%)
Sub county (County)	
Dadaab (Garissa)	39 (97.5%)
Ruaraka (Nairobi)	1 (2.5%)
Case classification	
Confirmed (Culture)	2(%5)
RDT	16(40%)
Suspected	23(55%)

* 20% (8) of cases are under 2 years; under-5s (15) account for 37.5%

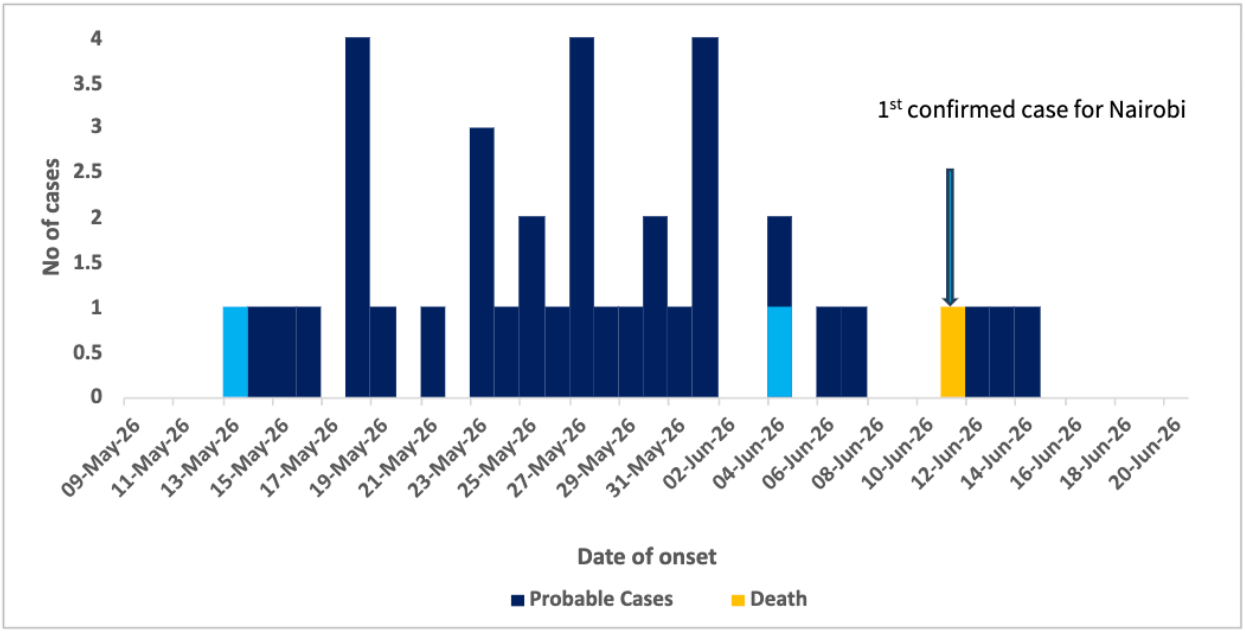


Figure 5: Epi Curve of Confirmed Cholera Cases, Kenya, 2026

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
0	1,269	5	0	0	3

* *Source: Ministry of Health Kenya*

No new cases were reported in the past week . The upsurge, ongoing since January 2026 across three sub-counties in Garissa County, has reached a cumulative 1,583 cases. Five suspected deaths attributed to dengue have been reported: four in Garissa Township and one in Hagadera refugee camp. A total of 1,546 specimens have been collected and tested: RDT was performed on 1,517 samples with 526 (35%) positive, and RT-PCR on 81 samples with 52 (64.2%) positive. The most affected age group is under 40 years, accounting for more than 80% of recorded cases, with females accounting for 50.6

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 %)

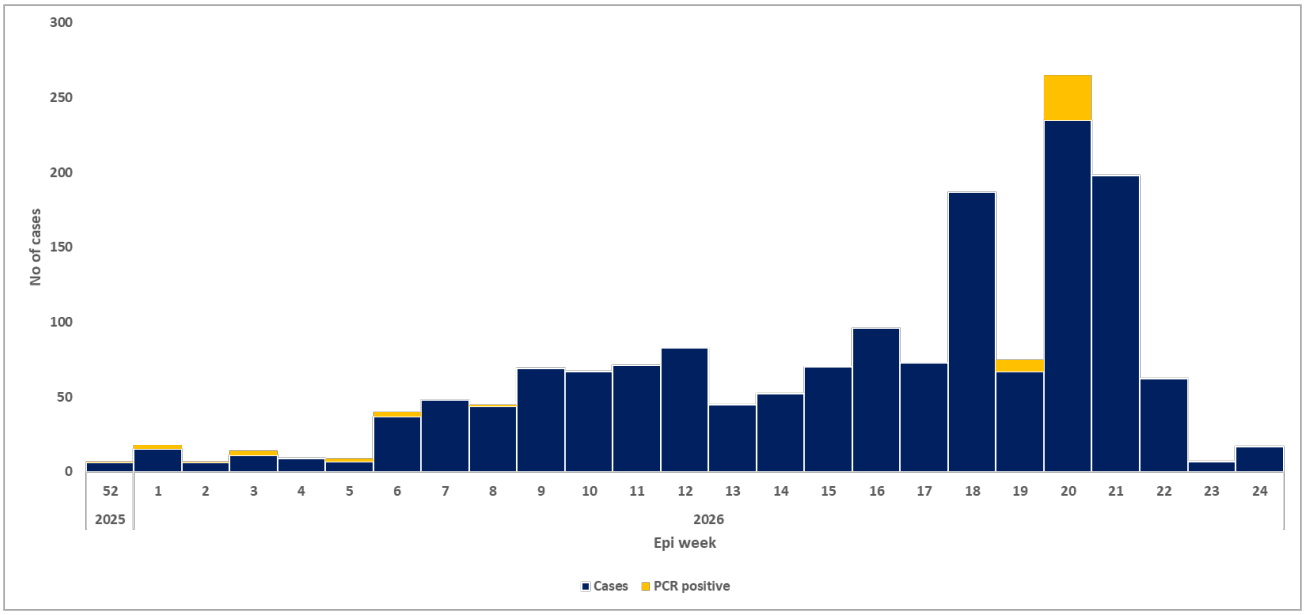


Figure 6: Epi curve of Dengue fever in Garissa County January – June 2026

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
7	449	0	0	3

* *Source: Ministry of Health of Kenya*

Seven new cases were reported since the last update from Tana River and Nairobi. Since onset in November 2025, a total of 456 cases including 77 laboratory-confirmed have been reported. The outbreak has affected several sub-counties across multiple counties in 2026. Baringo, Marsabit and Fafi (Garissa) are not reporting new cases. The outbreak is active in six sub-counties: Dadaab (Garissa), Wajir North (Wajir), Mandera South (Mandera), Kilifi South (Kilifi), Galole (Tana River) and Kibra (Nairobi).

- 55% (252) of cases are aged 10 years and above.
- 58% (265) of cases are male.

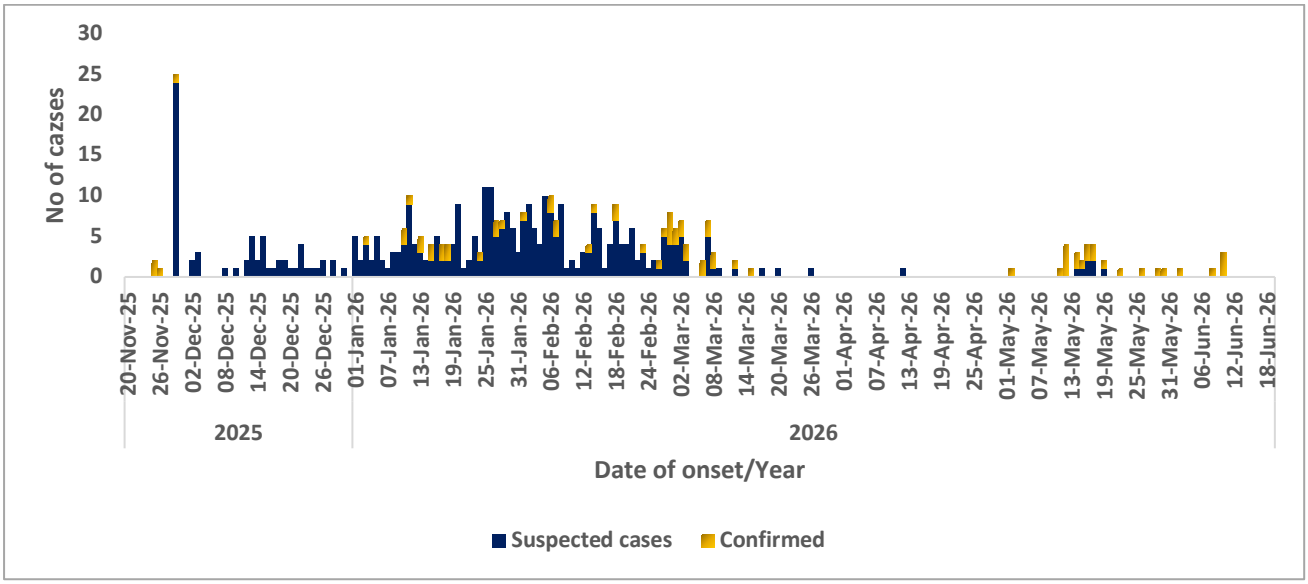


Figure 7: Epi Curve of Measles Cases, Kenya Nov 2025 - June 2026

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, KHS*

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

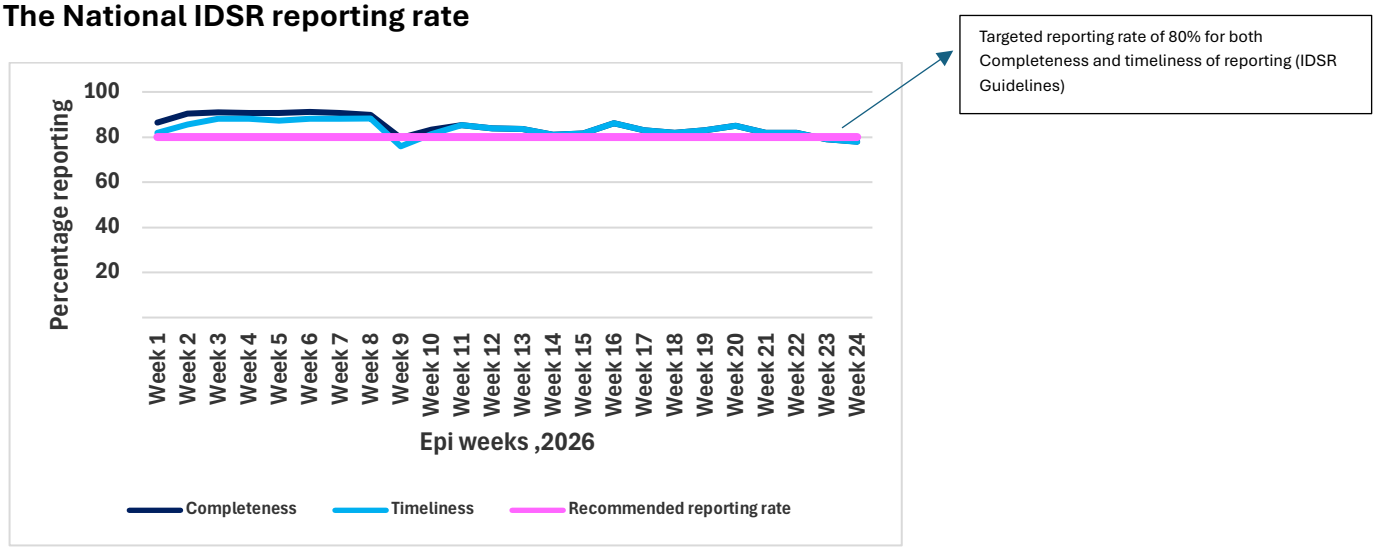


Figure 8: Overview of key indicators of IDSR, Kenya from Epi week 1-23,2026

- The average overall completeness of reporting from Epidemiological Week 1 to23 was **85%.**
- The average overall timeliness of reporting during the same period was **84%.**
- Notably, **Epi Week 9** recorded the lowest timeliness at **76%.**

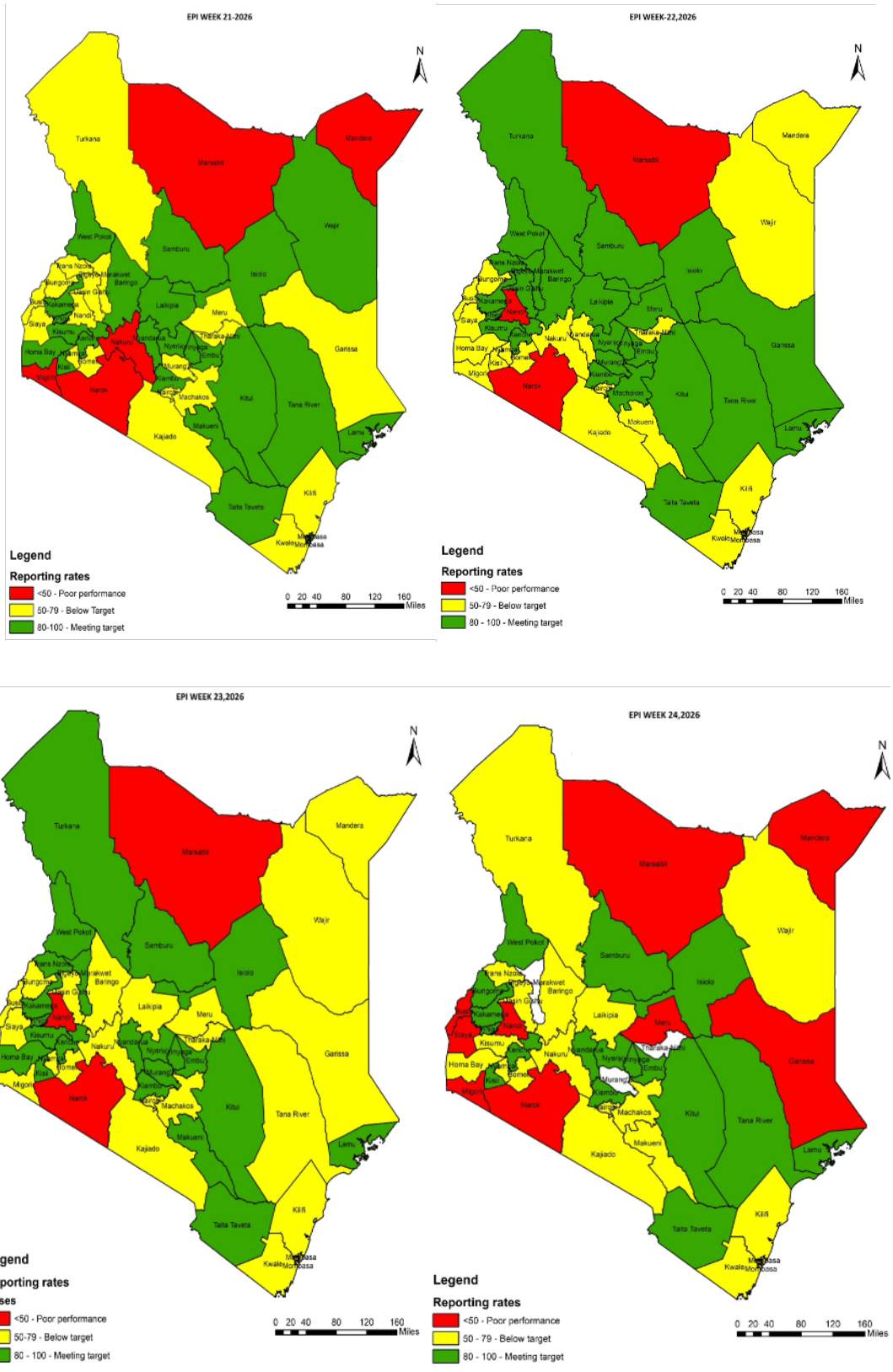


Figure 9: Completeness of IDSR reporting Epi 20-23,2026

- Targeted 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, Narok and Nandi County has consistently reported below 50%.

KENYA CEBS 1ST -7TH JUNE											
County	CEBS Signals Reported	CEBS Signals Verified	Proportion Verified	CEBS Signals Verified true	Proportion Verified true	Events Investigated	Proportion Investigated	Events responded	Propotion responded	Events escalated	Proportion escalated
Nakuru	118	112	95%	44	39%	38	86%	38	100%	2	5%
Meru	238	149	63%	80	54%	48	60%	48	100%	0	-
Busia	72	26	36%	6	23%	1	17%	1	100%	0	-
Siaya	211	151	72%	46	30%	37	80%	36	97%	0	-
Mombasa	15	9	60%	6	67%	6	0%	6	100%	0	-
Baringo	33	22	67%	4	18%	4	0%	4	100%	0	-
Nairobi	215	147	68%	26	18%	22	0%	22	100%	0	-
Kajiado	305	289	95%	82	28%	2	0%	2	100%	0	-
Total	1207	905		294		158		157		2	

*Figure 10: **Event based surveillance, Kenya***

- Meru County reported most of the signals (238).
- In terms of signal verification: Kajiado and Nakuru County hit the set target
- In terms of event investigation: Siaya and Nakuru hit the set target
-

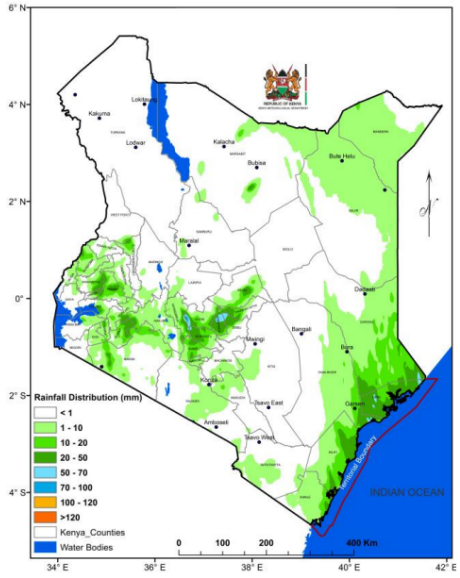
Kenya HEBS 1ST -7TH JUNE											
County	HEBS Signals Reported	HEBS Signals Verified	Proportion Verified	HEBS Signals Verified true	Proportion Verified true	Events Investigated	Proportion Investigated	Events responded	Propotion responded	Events escalated	Proportion escalated
Mombasa	18	18	100%	12	67%	12	100%	12	100%	0	-
Nairobi	2	2	100%	2	100%	2	100%	2	100%	0	-
Meru	1	0	0%	0	-	0	-	0	-	0	-
Nakuru	0	0	-	0	-	0	-	0	-	0	-
Siaya	0	0	-	0	-	0	-	0	-	0	-
Baringo	0	0	-	0	-	0	-	0	-	0	-
Kajiado	19	19	100%	4	21%	0	0%	0	-	0	-
Total	40	39		18		14		14		0	

*Figure 11: **Hospital Event- based surveillance***

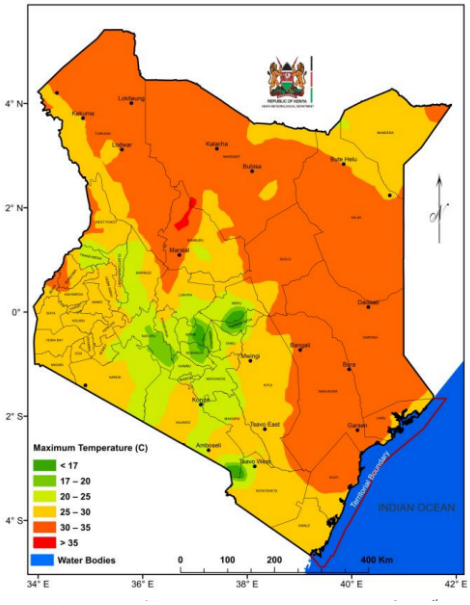
- Kajiado HCWs reported most of the signals (19)
- In terms of signal verification: All Signals verified except in Meru
- In terms of Events investigation: Kajiado and Meru didn't hit the target

Seven-day weather forecast Kenya,23rd to 29th June 2026

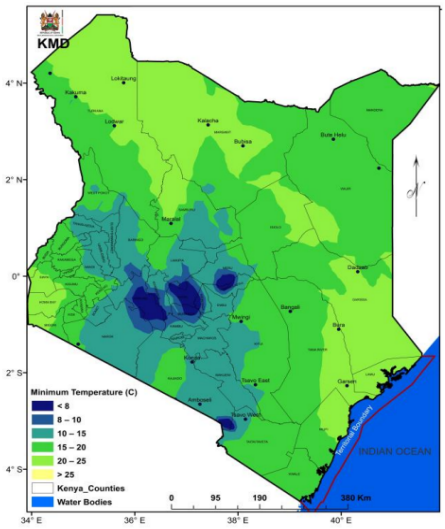
Source: REF, Kenya Metrological Department/FCST/06-2026/WF/25



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



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



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

Last week WHO supported a training of 40 healthcare workers on Ebola case management and infection prevention and control. These participants are from Nairobi and Busia counties and leading Nairobi hospitals. The teams built practical skills in donning and doffing protective equipment, treatment unit zoning and patient management, and took part in a simulation at an Infectious Diseases Unit at Kenyatta referral hospital. Same training is currently ongoing in Naivasha.

World Health Organization
Kenya

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