

EMERGENCY PREPAREDNESS AND RESPONSE

WEEKLY SITUATION REPORT

WEEK 27: 29th TO 5th July 2026 | KENYA

0 New Events	0 Ongoing Events	4 Outbreaks	0 Humanitarian Crisis
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0 Grade 3	0 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	1,666	1,666	19	1.6%	1,376	39	31 July 2024	Protracted 2
Ten new confirmed cases reported in the past week, from Nairobi (6), Mombasa (1), Murang'a (1), Makueni (1) and Kisumu (1). Total of 217 cases reported from nineteen counties in 2026.								
Cholera	40	2	0	0%	N/A	2	May 2026	Protracted 3
No new cases reported in the past week. A total of 40 cases across two counties, with one death (CFR 2.5%); the outbreak is now considered controlled in Nairobi.								
Measles	477	82	1	0.2%	N/A	5	Nov 2025	Ungraded

Eleven new cases reported in the past week, from Banissa (5) and Mandera South (6) sub counties, Mandera County. Cumulative 477 cases including 82 confirmed and one death. Outbreak active in five counties.

Dengue Fever	1,583	52 (PCR)	5	N/A	N/A	1	2026	Ungraded
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No new cases reported in the past week. Cumulative 1,583 cases including 5 suspected deaths have occurred in the affected counties.

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 the Democratic Republic of Congo, the outbreak has affected 35 health zones across three provinces, with 28 health zones currently reporting active transmission. A cumulative 1,328 confirmed cases and 379 confirmed deaths (CFR 28.5%) have been reported across the three affected countries. In the Democratic Republic of Congo, 195 cases have recovered, with 9,968 contacts under follow-up and an 81.3% contact follow-up rate. In Uganda, the outbreak has been reported in Kampala and Wakiso District and is epidemiologically linked to transmission originating in the Democratic Republic of Congo, with evidence of both imported infections and secondary transmission among contacts and healthcare workers. An imported case has also been reported in France.

Country*	Cumulative Confirmed Cases	Recovered	Confirmed Deaths	Contact Follow-up Rate	Active health zones
DRC	1,561	628	506	81.6%	28
Uganda	20	15	2	98%	0
France	1	0	0	0	0

* **Data source:** 4th July 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).

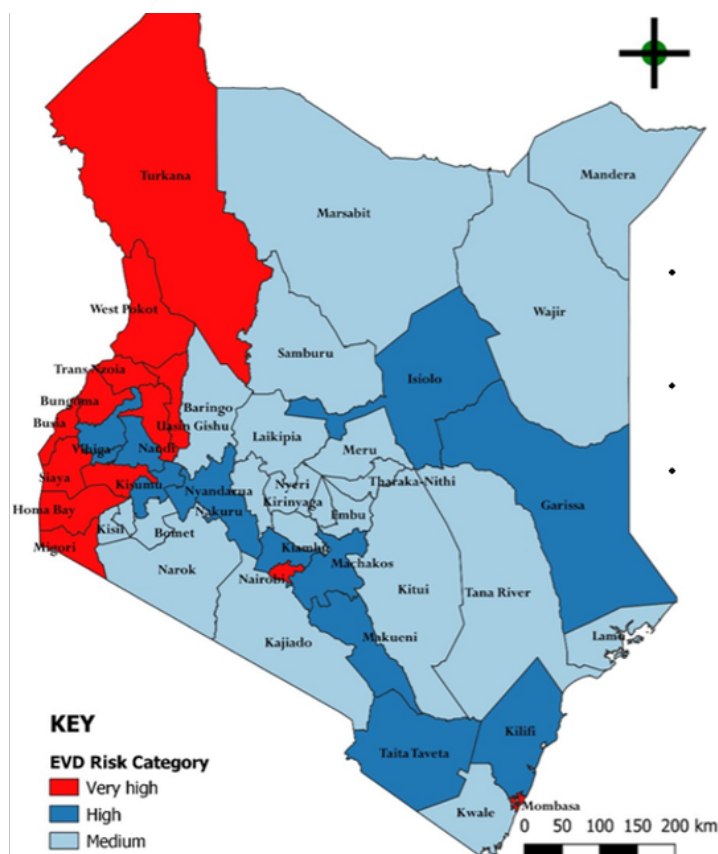


Figure 2: Risk classification status for BVD by county, Kenya, June 2026

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
Surveillance and Data Management		- National Rapid Response Teams (RRTs) mobilized and maintained on 24-hour standby; a total of 318 RRT members trained at national, Nairobi, Busia, Turkana, Trans Nzoia and Bungoma counties. - As of 5 July 2026, total of 121 alerts has been investigated, all negative; 5 alerts investigated in the last one week. - KNPHI, in collaboration with the Digital Health Agency (DHA) and partners, has organised a meeting to develop the Kenya EVD dashboard and reporting system this week.
Points of Entry (PoE)		Following travel advisories shard by WHO- A total of 4,204 travellers from Uganda and DRC were screened in the last 24 hours. As of 4 July 2026, total of 190,068 travellers screened for Ebola

		Virus Disease since the outbreak was declared. Cumulative number of people sensitized at the PoEs as of 13 June: 3,694,897. 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.
Laboratory		WHO supported the Kenya National Public Health Institute with two Viral Haemorrhagic Fever diagnostic kits, providing capacity to test up to 1,000 suspected Ebola cases. All delivered to National Public Health Laboratory Services
Contact Tracing		- WHO, Kenya red cross and the ministry of health developed standard of operating procedures and workflow for contact tracing. - WHO supported the ministry of health in creating a call centre at the Public Health Emergency Operations Centre, awaiting stakeholder feedback; watch officers assigned.
Public Awareness and RCCE		- WHO shared materials, including international traveller advisories and Ebola Virus Disease information videos. - Infodemic monitoring identified persistent misinformation and risk perceptions. (Find summary below)
Case Management/ IPC/ WASH/ SDB		- From 23–26 June 2026, WHO supported 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). - Continued testing of samples from suspected cases. - Following the deployment of 12 multidisciplinary teams to 27 high risk counties, WHO Kenya joined the national public health institute and partners to assess identified isolation units and other designated facilities. The assessments are identifying critical gaps in infrastructure, infection prevention and control, equipment, staffing and operations, providing the evidence needed to prioritize investments our #Ebola preparedness.

2. Mpox

New cases*	Cumulative cases	Deaths	Recovered	Case Contacts	Counties
7	1,166	19	1,136	1,376	39

* Data source: Ministry of Health Kenya

Ten new confirmed cases reported in the past week, from Nairobi (6), Mombasa (1), Murang'a (1), Makueni (1) and Kisumu (1). A total of 217 cases including three deaths have been reported across 19 counties in 2026. Only 11 cases are active, with four in facility care and 7 in home-based isolation and care. Cumulatively, 1,166 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
- Nairobi County has recorded the majority of the 2026 cases (37%, 80/217) and is the current hotspot; four counties have consistently reported cases cumulatively: Mombasa (40%), Nairobi (17%), Busia (10%) and Makueni (7.4%)

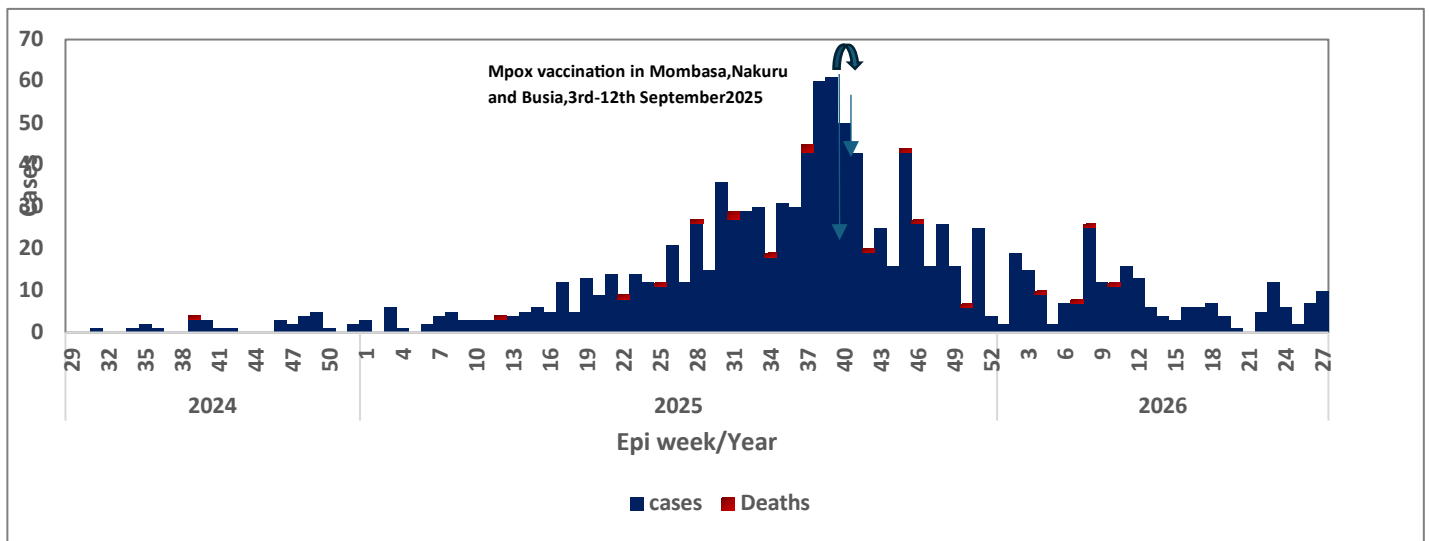


Figure 3: Epi curve of mpox cases in Kenya, July 2024 - June 2026

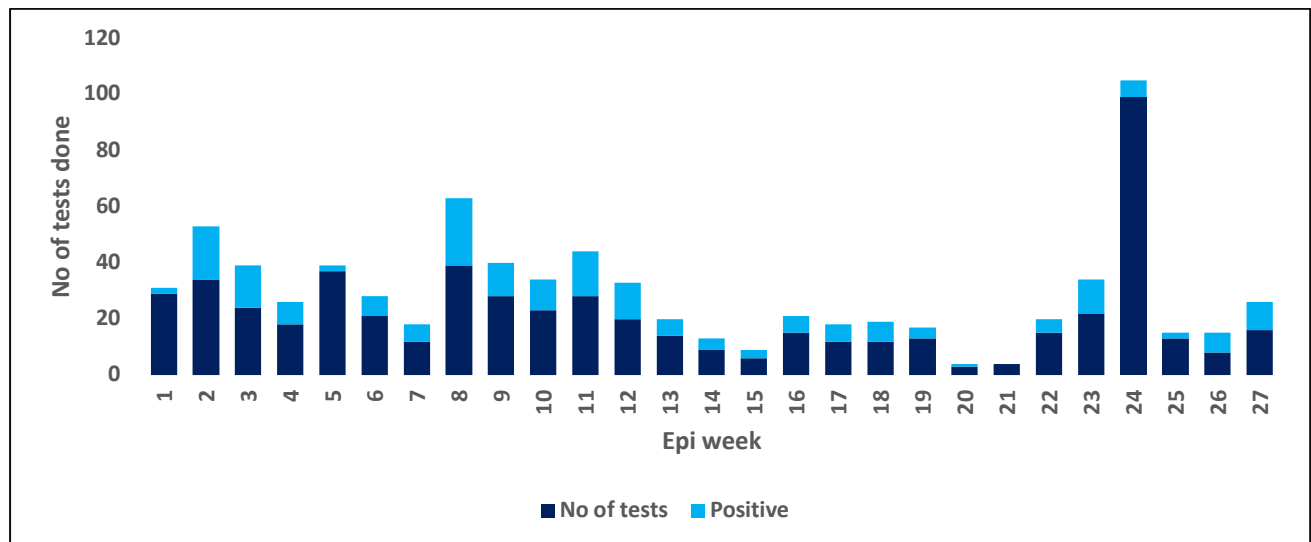


Figure 4: Trends in Laboratory testing of mpox, Kenya, January - June 2026

Response Activities

- Vaccination campaigns utilizing the 20,000 vaccine doses already available in the country are scheduled to commence on 6 July 2026 and will be conducted over a period of 10 days. The campaign will be done in Mombasa, Kilifi and Busia counties.

3. Cholera

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

* Source: Kenya National Public Health Institute

No new cases were reported in the past week. No cases are in isolation wards. The outbreak has been reported 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). No additional cases have been reported in Nairobi County, and with more than 28 days having elapsed since the last reported case, the outbreak is considered controlled in the county.

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%

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

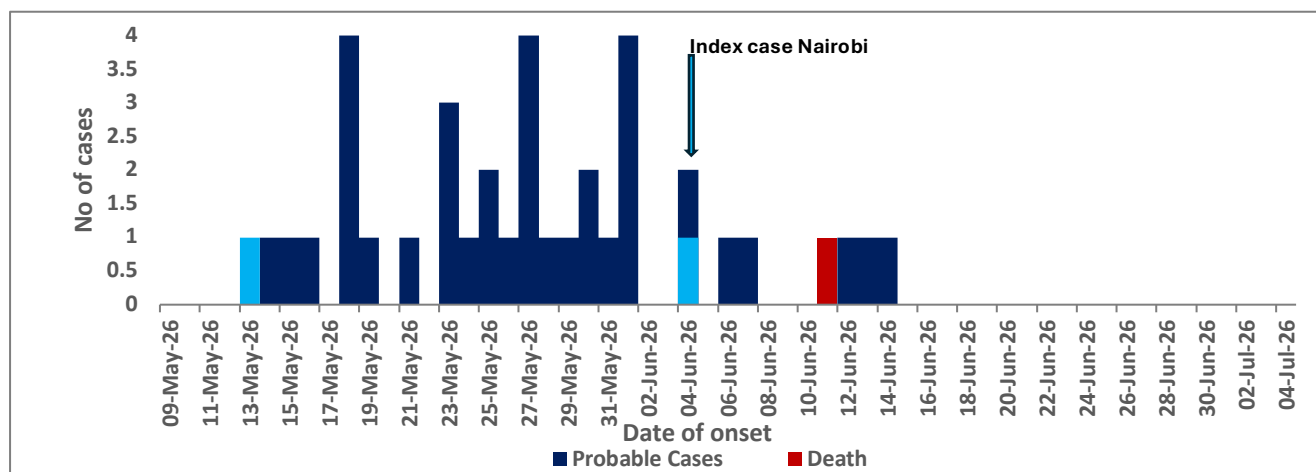


Figure 5: Epi Curve of Confirmed Cholera Cases, Kenya, 2026

4. Dengue Fever

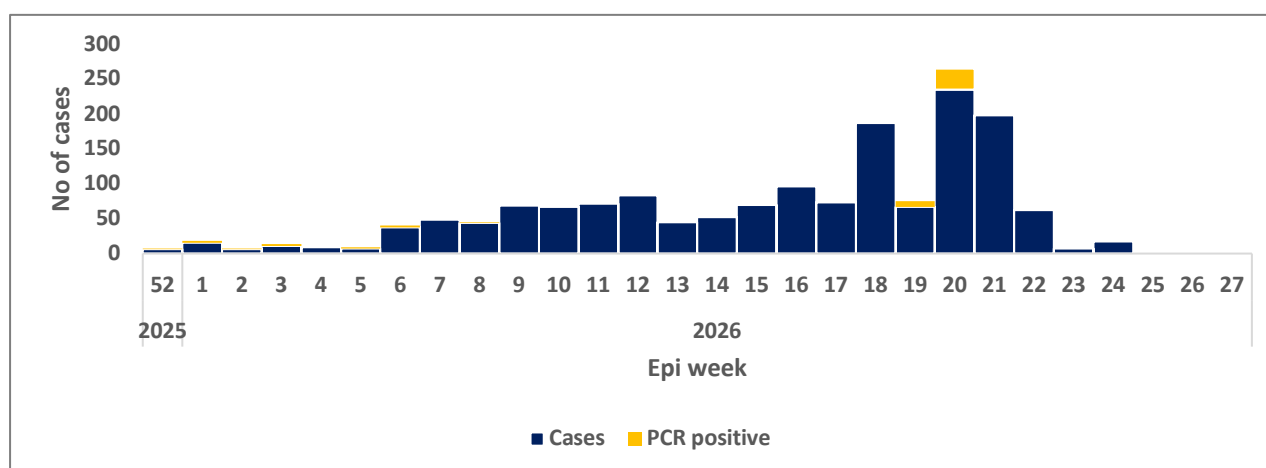
New cases	Cumulative cases	Deaths	Recovered	Case Contacts	Counties
0	1,583	5	0	0	3

* Source: Ministry of Health Kenya

No new cases were reported in the past week; the last case was reported on 9th June 2026. The upsurge, ongoing since January 2026 across three sub-counties, has reached a cumulative 1,583 cases. 5 suspected deaths attributed to dengue have been reported: Four in Garissa Township and one in Hagadera refugee camp.

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 %)

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



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

5. Measles

New cases	Cumulative cases	Deaths	Case Contacts	Counties
11	477	1	0	5

* Source: Ministry of Health of Kenya

Eleven new cases were reported in the past week, from Banissa (5) and Mandera South (6) sub counties, Mandera County. Since onset in November 2025, a total of 477 cases including 82

laboratory-confirmed and one death have been reported. The outbreak affected seven counties in 2026. Baringo, Marsabit and Fafi (Garissa) are not reporting new cases. The outbreak is active in five counties: Wajir, Mandera, Kilifi, Tana River and Nairobi.

- 45% (205) of cases are aged 10 years and above.
- 59% (269) of cases are male.

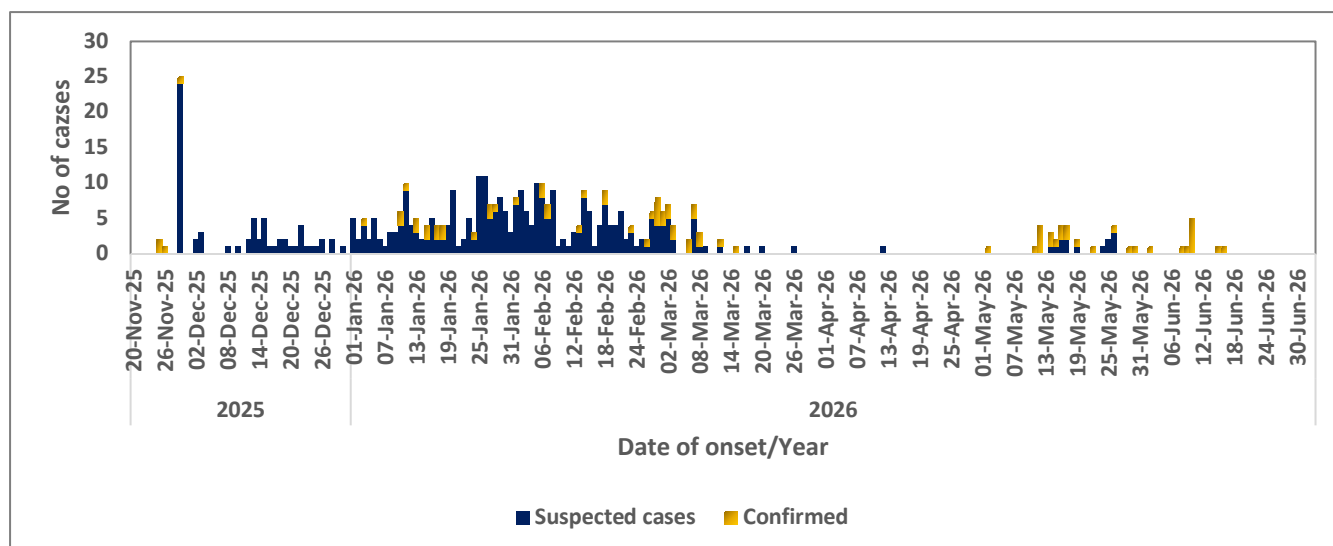


Figure 7: Epi Curve of Measles Cases, Kenya Nov 2025 - June 2026

6.Misinformation Risks and RCCE Actions

Health issue	Main misinformation/concerns	Recommended RCCE and infodemic management actions	Priority RCCE & Infodemic Actions
BVD/Ebola & Laikipia Facility	Regional outbreak; no confirmed local transmission in Kenya.	Hoax narratives, mineral-smuggling claims, corruption and secrecy narratives.	Publish fact sheet and legal brief; expert Q&A; community dialogues; transparent budget updates.
Regional Ebola & Cross-border Movement	Heightened surveillance and public anxiety.	Travelers from DRC/Uganda are infected; close borders.	Exposure-based risk communication; PoE updates; anti-stigma messaging.
Mpox	Active but low-noise surveillance issue.	Same-script claims; vaccine blame; biological-weapon theories.	County updates; symptom recognition and early reporting messages.
HIV/AIDS & Syphilis	Rising youth HIV burden and STI concerns.	Confusing statistics; testing avoidance; donor-funding conspiracy theories.	Youth-friendly testing; simplify statistics; public education campaigns.
Cholera & WASH	Active outbreaks in Garissa and Nairobi.	Poisoned water claims; unsafe food narratives; home remedies.	Pre-bunk misinformation; WASH guidance and community engagement.

Cross-cutting Risks	Distrust and fatigue across health emergencies.	Foreign agenda narratives and conspiracy theories.	Strengthen social listening and rapid rumour response systems.
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7. 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

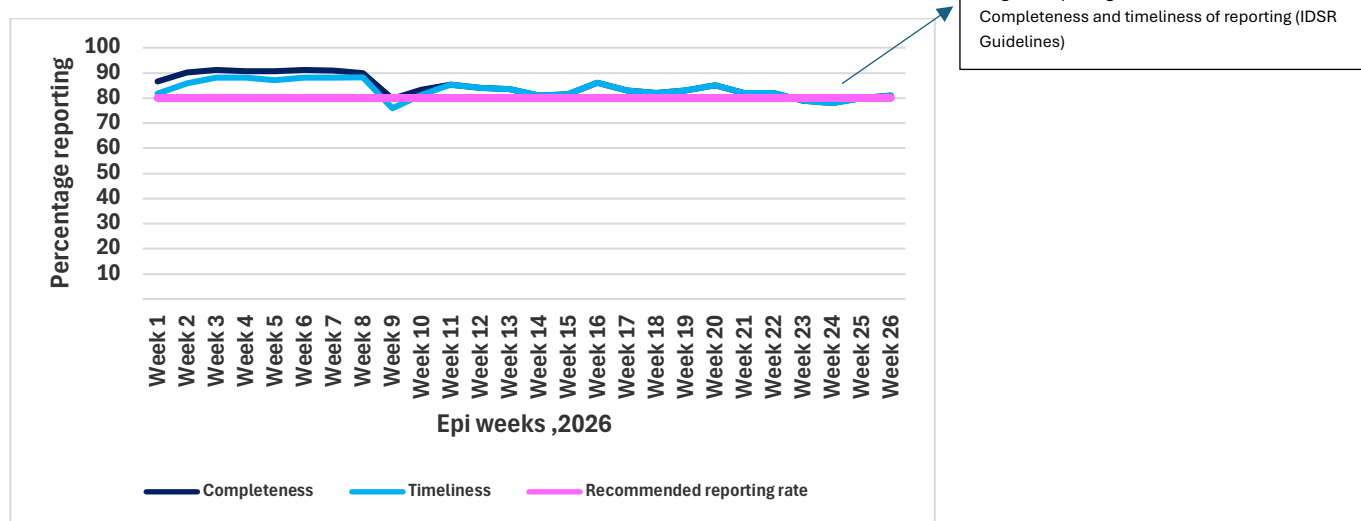


Figure 8: Overview of key indicators of IDSR, Kenya from Epi week 1-25,2026

- The average overall completeness of reporting from Epidemiological Week 1 to 25 was **85%**.
- The average overall timeliness of reporting during the same period was **84%**.
- Notably, **Epi Week 9** recorded the lowest timeliness at **76%**.

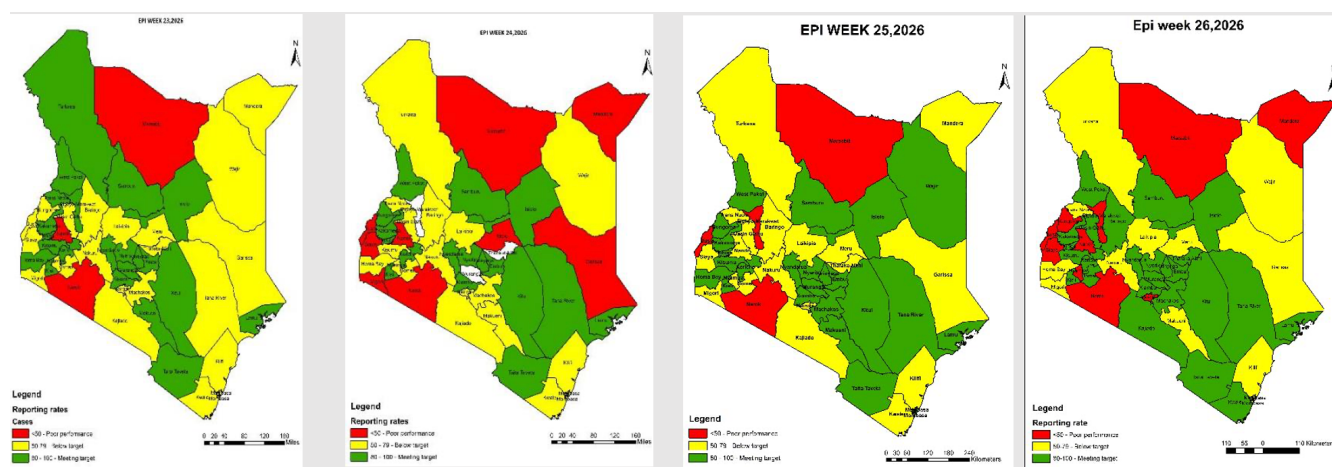
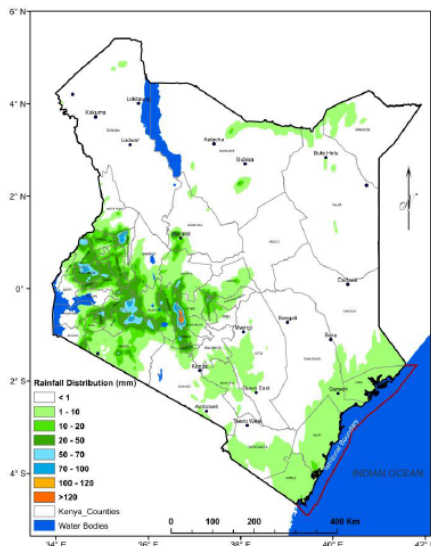


Figure 9: Completeness of IDSR reporting Epi 20-25,2026

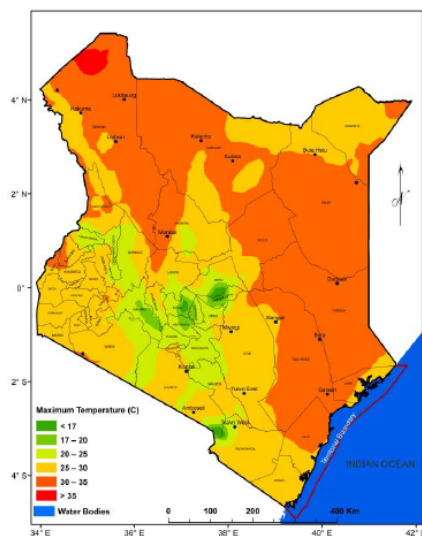
- Targeted reporting rate of 80% for both Completeness and timeliness of reporting (IDSR Guidelines).
- Notably several counties are below the recommended reporting rate (counties with yellow).
- Marsabit, Narok and Nandi County has consistently reported below 50%.

7. Seven-day weather forecast Kenya, 30th June to 6th July 2026

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

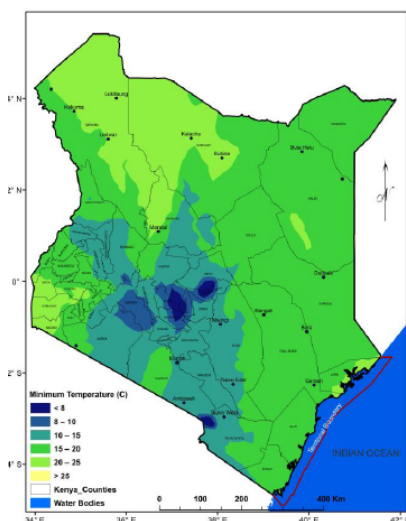


Forecasted Seven-Day Total Rainfall for 30th June to 6th July 2026: Rainfall is expected over the Lake Victoria Basin, Highlands East and West of the Rift Valley, the Rift Valley, and the Coast



Forecasted Seven-Day Total Rainfall for 30th June to 6th July 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, Northeastern and Northwestern Kenya



Forecasted Seven-Day Total Rainfall for 30th June to 6th July 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

8 Nutrition snapshot-Kenya 2026

Contributing factors for malnutrition in Kenya

ACUTE MALNUTRITION JANUARY – DECEMBER 2026		
810,900 cases of children aged 6-59 months acutely malnourished IN NEED OF TREATMENT	Severe Acute Malnutrition (SAM)	202,200
	Moderate Acute Malnutrition (MAM)	608,600
	116,800 Pregnant or breastfeeding women acutely malnourished IN NEED OF TREATMENT	

1. **High disease burden:** Widespread illnesses like malaria, diarrhea, and respiratory infections increase nutrient needs and reduce absorption, worsening malnutrition.
2. **Poor-quality diets:** Many children consume very limited and non-diverse diets, leading to micronutrient deficiencies and increased risk of acute malnutrition.
3. **Limited access to health services:** Weak coverage of nutrition and health services—due

to reduced outreach and supply shortages—limits early detection and treatment, especially in remote areas.

4. **Low immunization coverage:** Vaccination, Vitamin A supplementation, and deworming rates are below targets, increasing vulnerability to infections that worsen malnutrition.
5. **Poor WASH conditions:** Inadequate water, sanitation, and hygiene practices lead to frequent infections (especially diarrhea), which reduce nutrient absorption and sustain malnutrition.
6. **Overall:** A combination of disease, poor diet, weak health services, low immunization, and poor WASH conditions is driving and sustaining acute malnutrition.

UPDATES



WHO joined the ministry of health and partners to review and update key surveillance tools, including case definitions, standard operating procedures and terms of reference. The updated guidance will help health workers detect, report and respond to suspected cases faster, strengthening health security and helping protect communities across



Following the deployment of 12 multidisciplinary teams to 27 high risk counties, WHO Kenya joined the national public health institute and partners to assess identified isolation units and other designated facilities. The assessments are identifying critical gaps in infrastructure, infection prevention and control, equipment, staffing and operations, providing the evidence needed to prioritize investments our #Ebola preparedness.

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

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