EMERGENCY PREPAREDNESS AND RESPONSE WEEKLY SITUATION REPORT

WEEK 26: 21st TO 28th JUNE 2026 | KENYA

0 **New Events**	**0** **Ongoing Events**	**4** **Outbreaks**	**0** **Humanitarian Crisis**

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	**1,156**	**1,156**	**19**	**1.6%**	**1,376**	**39**	**31 July 2024**	**Protracted 2**
Seven new cases reported in the past week all from Nairobi County. A total of 207 cases 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. Total of 40 cases including one death (CFR 2.5%) reported from two counties.								
Measles	**466**	**77**	**0**	**0.2%**	**N/A**	**3**	**Nov 2025**	**Ungraded**
Eight new cases reported in the past week, from Galole sub county, Tana River County. Cumulative 466 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 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	**1,328**	**195**	**379**	**81.3%**	**28**
Uganda	**20**	**15**	**2**	**98%**	**0**
France	**1**	**0**	**0**	**0**	**0**

* ***Data source****: 28th 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).

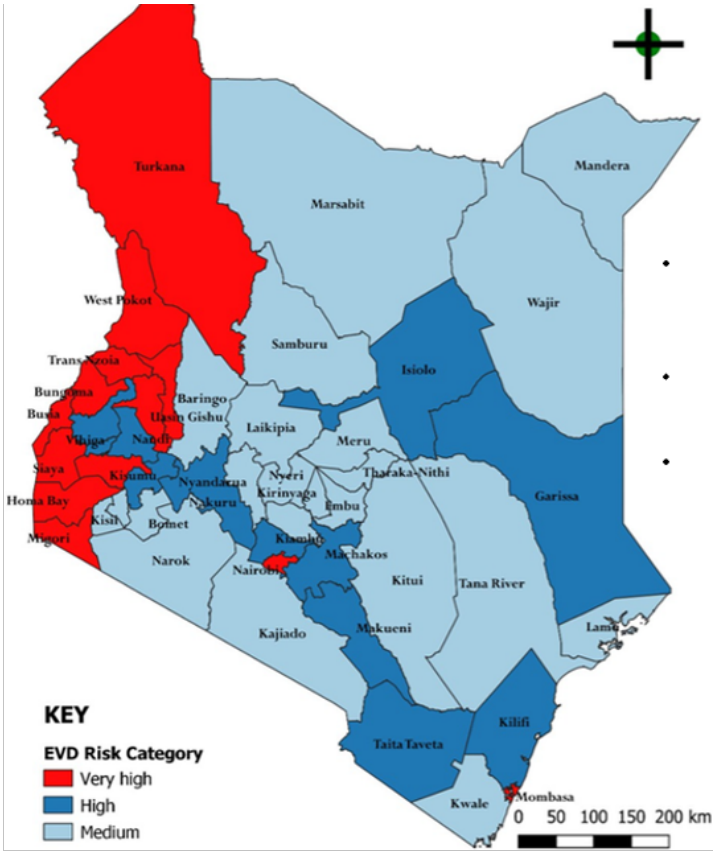


Figure 2: Risk classification status for BVD by county, Kenya, June 2026

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
Surveillance and Data Management		• As of 28th June 2026, total of 116 alerts has been investigated, all negative 12 alerts investigated in the last one week. • WHO, the Ministry of Health, Kenya, and partners have established a call centre at the Public Health Emergency Operations Centre. Standard operating procedures and workflows have been developed and are awaiting stakeholder feedback, and watch officers have been assigned.
Points of Entry (PoE)		• Following travel advisories shard by WHO- A total of 4,073 travellers from Uganda and DRC were screened in the last 24 hours. As of 28th June 2026, total of 168,766 travellers screened for Ebola Virus Disease since the outbreak was declared in DRC and Uganda • 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
Risk communication and community engagement (RCCE)		• WHO joined the Ministry of Health, Africa CDC, and other partners at an infodemic management workshop aimed at strengthening the detection, analysis, and response to health misinformation and disinformation, including Ebola disease. • WHO and partners are collaborating on the development of the National Multisectoral All-Hazards RCCE Strategy, which is nearing completion.
Case Management/ IPC/ WASH/ SDB		• WHO and the Ministry of Health supported the training and preparedness of case management teams for Ebola Virus Disease response. 1. 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, Participants included staff from the Kenya Defence Forces, Kenyatta National Hospital, Kenyatta University Teaching, Referral and Research Hospital, and Moi Teaching and Referral Hospital. 2. Ten case management teams have been trained and are ready for deployment: a. Two regional teams based in Nairobi and Eldoret clusters. b. Four county teams in Nairobi, Nakuru, Makueni, and Busia. c. Four hospital-based teams at Kenyatta University Teaching, Referral and Research Hospital, Kenyatta National Hospital, Moi Teaching and Referral Hospital, and MP Shah Hospital. 3. Eighty health workers were trained on the basic principles of case identification, triage, and clinical case management. 4. A total of 241 surge personnel have been prepared and are on standby. a. 51 graduates from the Field Epidemiology and Laboratory Training Program. b. 118 members of the Association of Volunteers in Health Corps. c. 72 personnel trained in Basic Public Health Emergency Management. • More than 1,120 healthcare workers have been oriented on Ebola Virus Disease through twice weekly virtual sessions conducted via the Extension for Community Healthcare Outcomes platform.
		5.

2. Mpox

New cases*	Cumulative cases	Deaths	Recovered	Case Contacts	Counties
7	**1,156**	**19**	**1,102**	**1,376**	**39**

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

Seven new confirmed cases reported in the past week, from Nairobi. A total of 207 cases including three deaths have been reported across 19 counties in 2026. Only 28 cases are active with four in facility care and 22 in home-based isolation and care. Cumulatively, 1,156 cases have occurred across 39/47 counties. Of these,

- 69% (456/657) of are aged 15–44 years
- A total of 19 deaths occurred
    - 10/19 (53%) Females; 13/19 (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

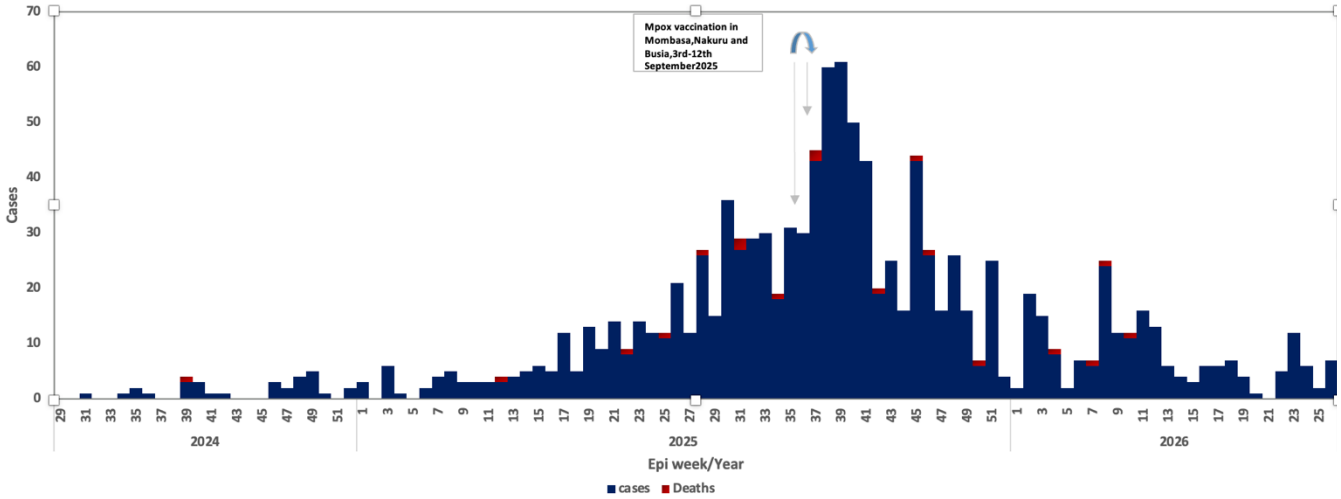


Figure 3: Epi curve of mpox cases in Kenya, July 2024 - June 2026

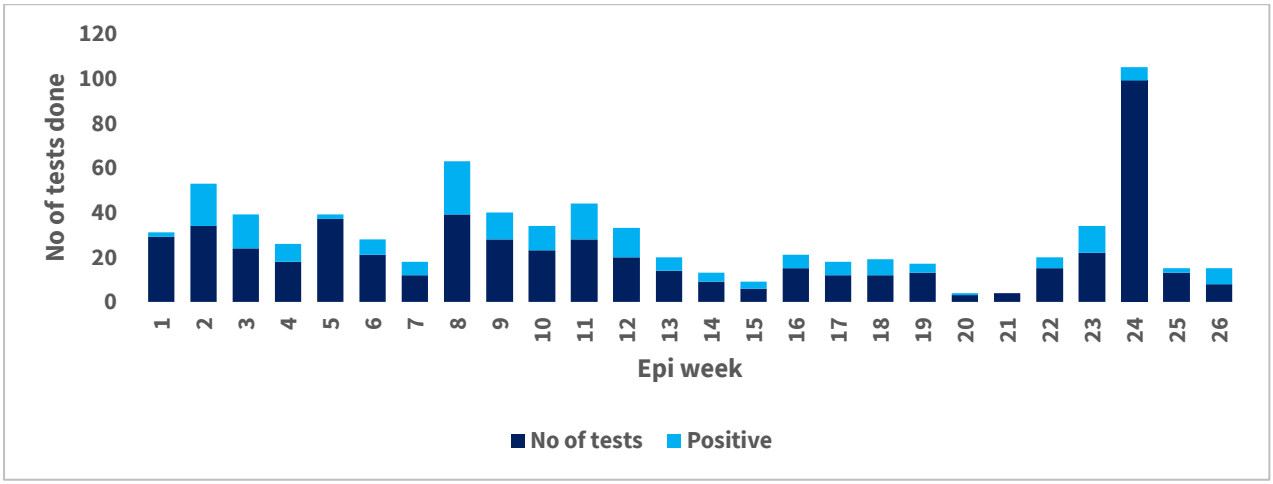


Figure 4: Trends in Laboratory testing of mpox, Kenya, January - June 2026

Response Activities

- Ahead of upcoming Mpox vaccination campaign, WHO, Ministry of health, UNICEF and partners have trained 123 county and sub-county health team members from the high risk counties of Busia, Kilifi and Mombasa.
- The Vaccination campaign is set to utilizing 20,000 vaccine doses which are 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).

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%

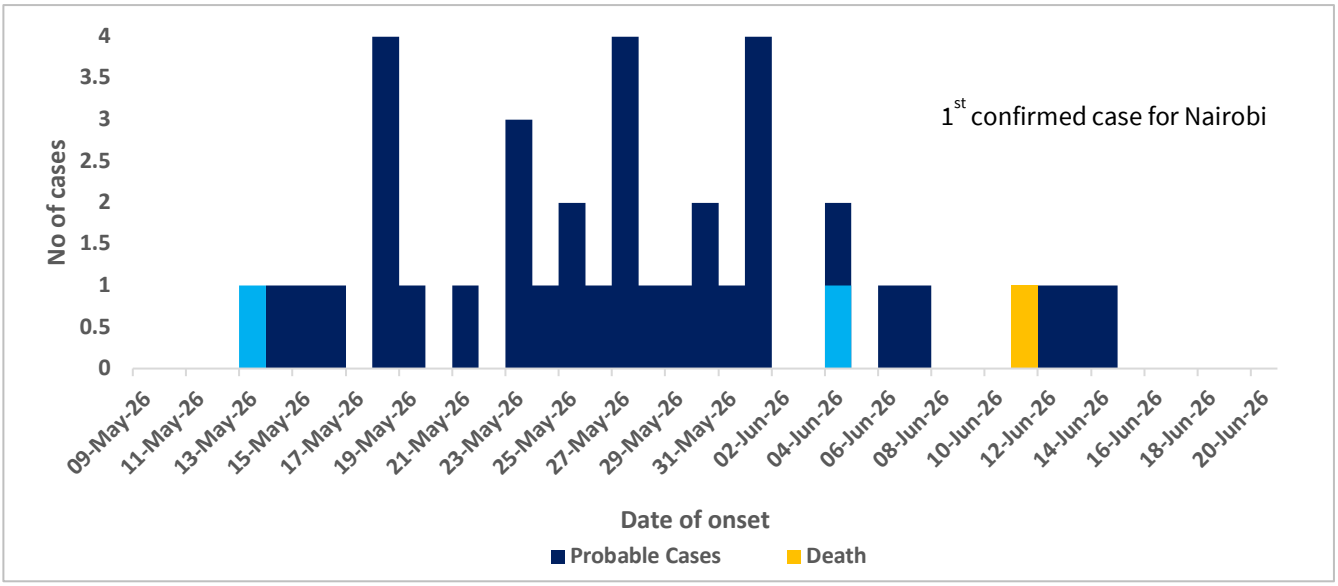


Figure 5: Epi Curve of Confirmed Cholera Cases, Kenya, 2026

Response Activities

- Case Area Targeted Interventions (CATI) in Block K2, Dagahaley camp

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 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.

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 %)

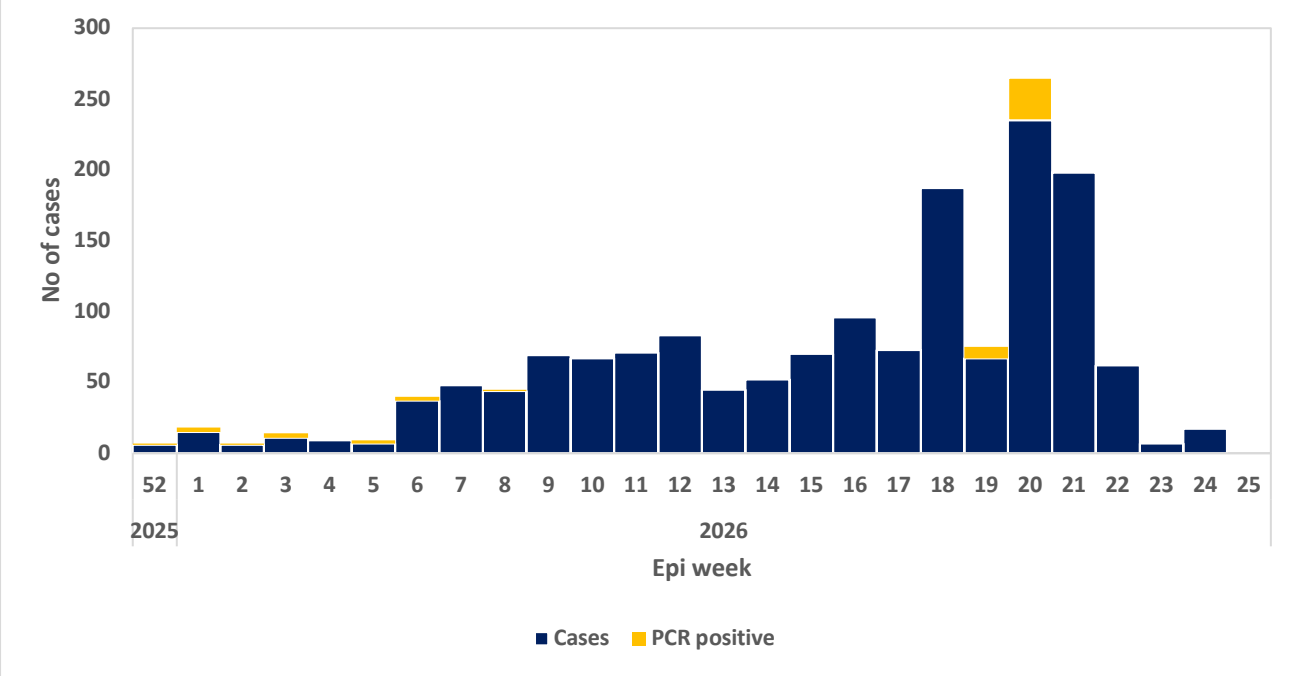


**Figure 6: Epi curve of Dengue fever in Garissa County January – June 2026*

Response Actions

- Case Area Targeted Interventions (CATI) in Block K2, Dagahaley camp.

5. Measles

New cases	Cumulative cases	Deaths	Case Contacts	Counties
8	**466**	**1**	**0**	**3**

* *Source: Ministry of Health of Kenya*

Eight new cases were reported since the last update from Galole sub county, Tana River. Since onset in November 2025, a total of 466 cases including 77 laboratory-confirmed have been reported. The outbreak has affected seven counties in 2026; Baringo, Marsabit and Fafi sub county (Garissa) are not reporting new cases. Outbreak is active in six sub counties: Dadaab (Garissa), Wajir North (Wajir), Mandera South (Mandera), Kilifi South (Kilifi), Galole (Tana River) and Kibra (Nairobi).

- 56% (252) of cases are aged 10 years and above.
- 59% (265) of cases are male.

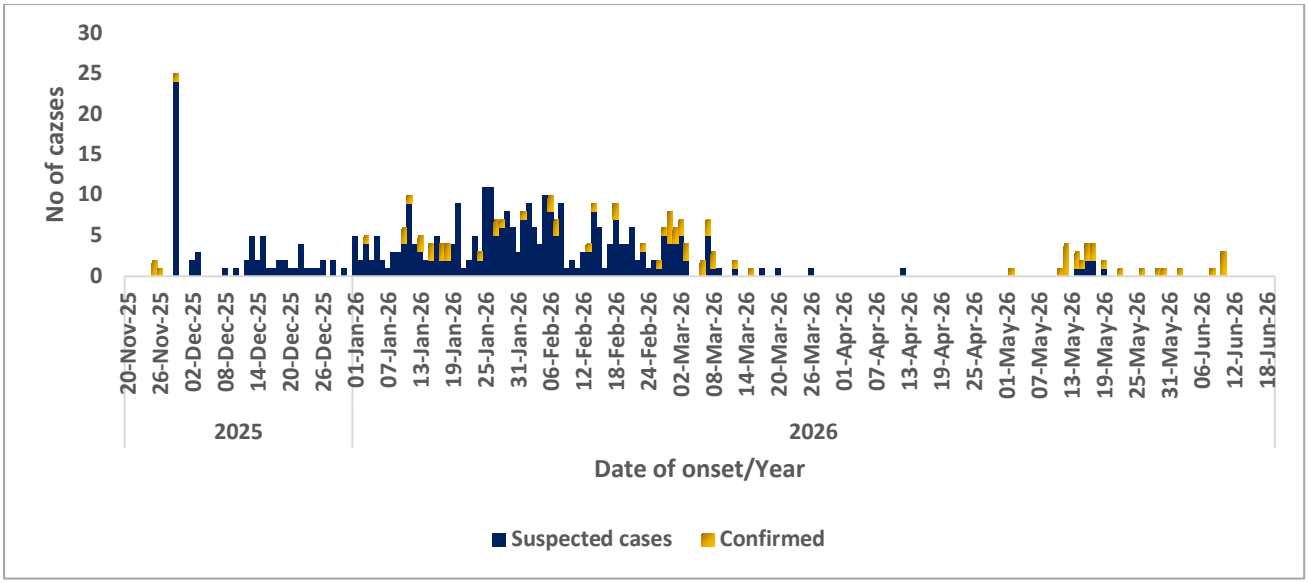


Figure 7: Epi Curve of Measles Cases, Kenya Nov 2025 - June 2026

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

Health issue	Main misinformation/concerns	Recommended RCCE and infodemic management actions	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.

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

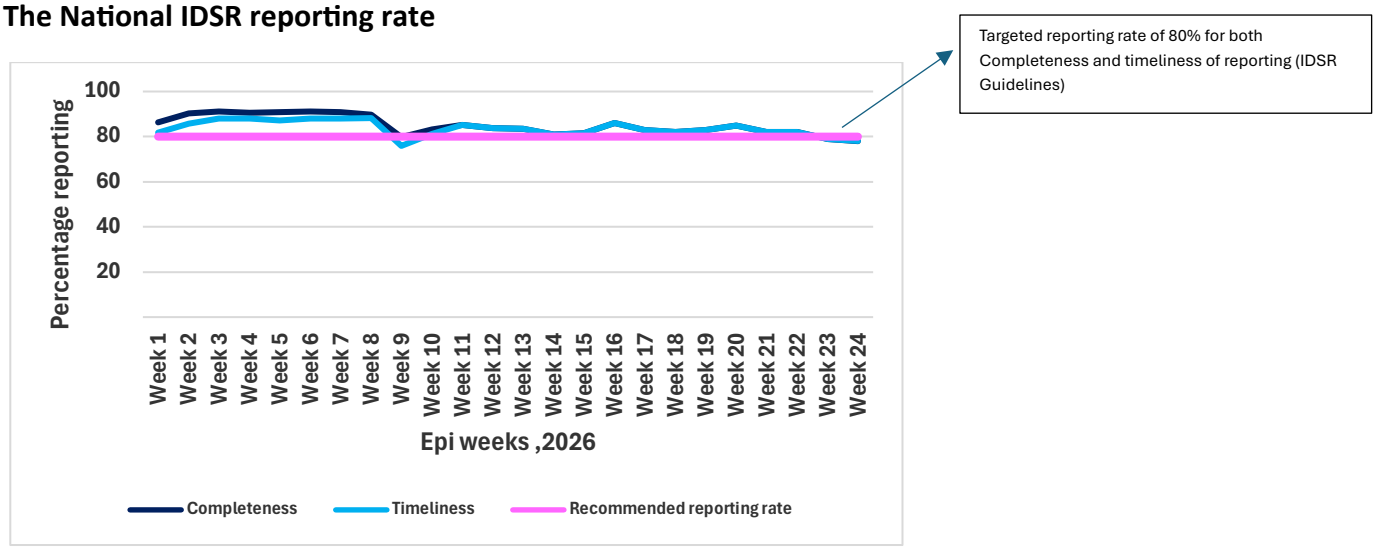


Figure 8: Overview of key indicators of IDSR, Kenya from Epi week 1-25,2026

- 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%**.
- 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%.

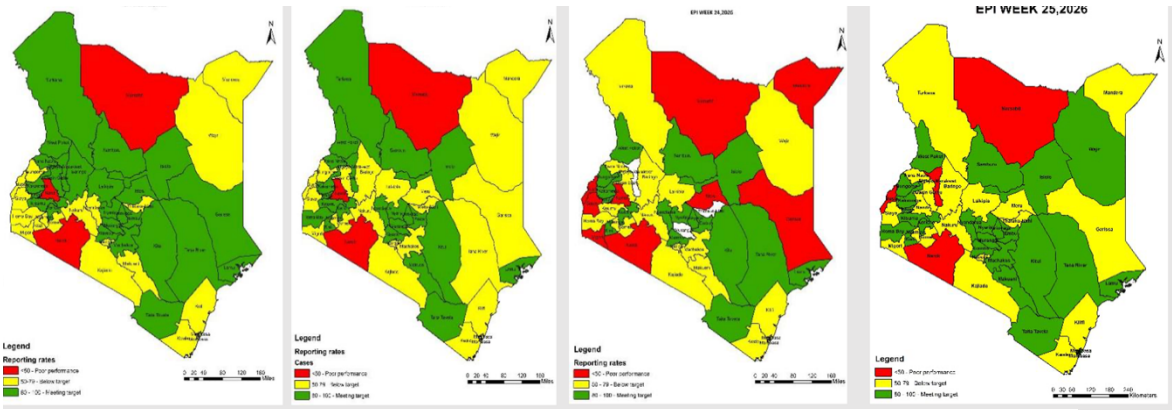


Figure 9: Completeness of IDSR reporting Epi 20-25,2026

- 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%.

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

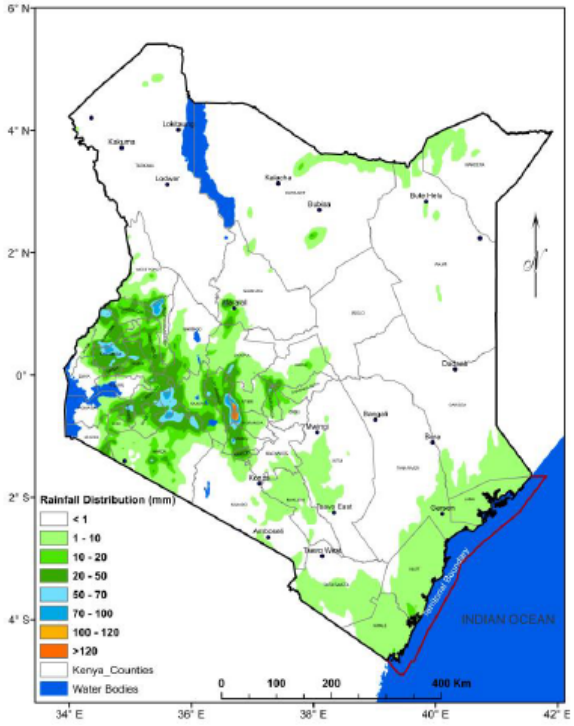
Kenya HEBS 1ST -7TH JUNE											
County	HEBS Signals Reported	HEBS Signals Verified	Proportion Verified	HEBS Signals Verified true	Proportion Verified true	Events Investigated	Proportion Investigated	Events responded	Propotion responded	Events escalated	Proportion escalated
Mombasa	18	18	100%	12	67%	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***

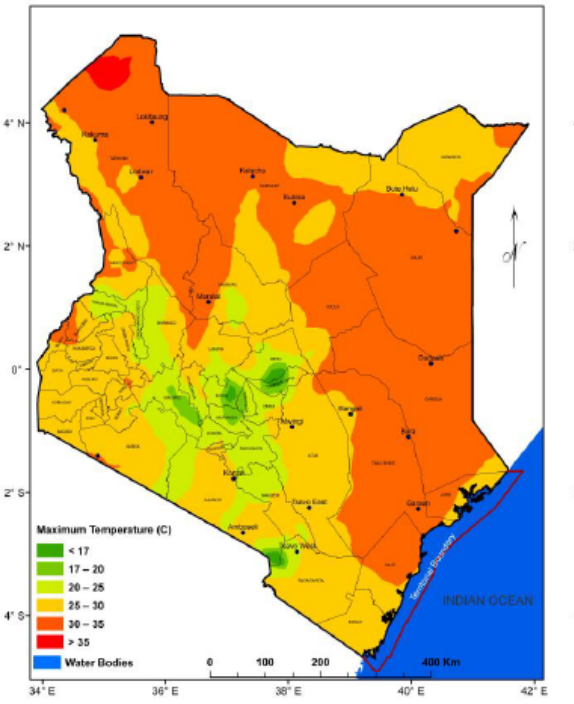
- Kajiado HCWs reported most of the signals (19)
- In terms of signal verification: All Signals verified except in Meru
- In terms of Events investigation: Kajiado and Meru didn't hit the target

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

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

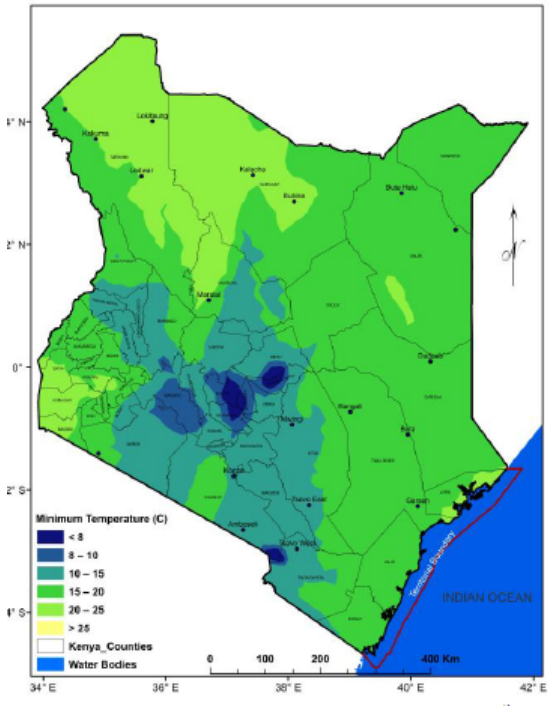


Forecasted Seven-Day Total Rainfall for 30th June to 6th July 2026: Rainfall is expected over the Lake Victoria Basin, Highlands East and West of the Rift Valley, the Rift Valley, and the Coast



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

The World Health Organization supported the Ministry of Health to train an additional 37 health workers in Naivasha on Ebola virus disease case management this week, bringing the total number of health workers trained in case management to 117. The training strengthened participants' capacity to detect suspected cases, safely isolate patients, and provide quality clinical care as part of Kenya's ongoing Ebola preparedness efforts.

Ahead of the Mpox vaccination campaign, the World Health Organization, the Ministry of Health, the United Nations Children's Fund, and partners trained 123 county and subcounty health team members from Busia, Kilifi, and Mombasa counties. The 10 day campaign, scheduled to begin on 6 July 2026, will use 20,000 Mpox vaccine doses already available in the country.

World Health Organization
Kenya

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

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