

WEEKLY SITUATION REPORT

WEEK 28: 5th TO 12th 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 39 counties, measles in six counties, cholera in two counties and dengue fever in two counties. The country is also at high-risk of Bundibugyo virus disease importation 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	1,170	1,170	19	1.6%	1,376	39	31 July 2024	Protracted 2
Four new confirmed cases have been reported rom Mombasa (2), Nairobi (1) and Kirinyaga (1) in the past week. Total of 221 cases reported from 20 counties in 2026.								
Cholera	40	2	1	2.5%	N/A	2	May 2026	Protracted 3
No new cases reported in the past week. A total of 40 cases across Garissa and Nairobi counties, with one death (CFR 2.5%). The outbreak is controlled in Nairobi while Garissa has gone 27 days without a case.								
Measles	480	85	5 Suspected	0.2%	N/A	5	Nov 2025	Ungraded
Three new cases reported in the past week, from Thika town sub county, Kiambu County. Cumulative 480 cases including 85 confirmed and one death since 2026. Outbreak remain active in six counties.								

Dengue Fever	1,679	60 (PCR)	5	N/A	N/A	1	2026	Ungraded
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The upsurge has extended to a second county, namely Wajir. Wajir reported new cases in the past week (96 cases across five sub-counties). Garissa reported no new cases. Cumulative 1,679 cases including 5 suspected deaths across the two 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 caseload 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 the Congo (DRC), the outbreak has now expanded to 42 health zones across five provinces, with 33 health zones showing active transmission; the newest affected areas are in Haut-Uélé and Tshopo provinces. A cumulative total of 1,963 confirmed cases and 719 confirmed deaths (case fatality ratio [CFR]: 36.6%) have been reported. To date, 331 patients have recovered, and 81.5% of contacts were successfully followed up within the previous 24 hours.

In Uganda, the outbreak has been reported in Kampala and is epidemiologically linked to transmission originating from the Democratic Republic of Congo; no new cases have been reported since 21 June 2026, and all identified contacts have completed the required 21-day follow-up. Additionally, one imported case has been reported in France, with no secondary transmission identified among flight contacts.

Country*	Cumulative Confirmed Cases	Recovered	Confirmed Deaths	Contact Follow-up Rate	Active health zones
DRC	1,963	331	719	81.5%	33
Uganda	20	17	2	100%	0
France	1	0	0	0	0

* **Data source:** 12th July 2026 | Ministry of Health Uganda | Ministry of Health DRC

Kenya Preparedness and Readiness Actions

At the beginning of the outbreak, the overall readiness for the BVD response was rated as moderate, with a score of 66%. Efforts are ongoing to strengthen the areas identified as weak during the assessment. A reassessment is scheduled for this month to measure progress and inform further actions needed.

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 counties as very high risk, 12 counties as high risk , and the remaining 22 counties as medium risk (Figure 2).

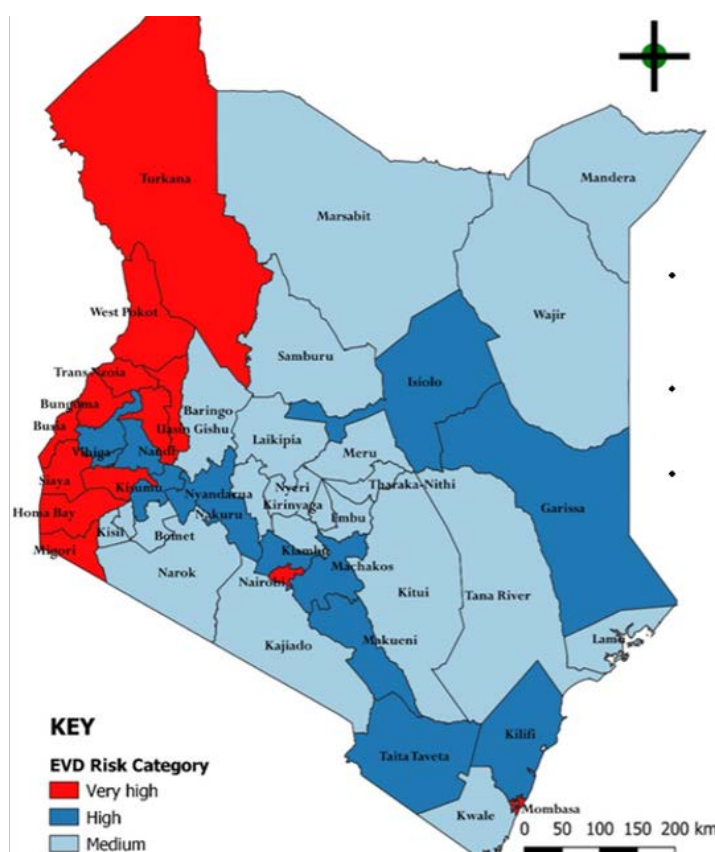


Figure 2: Risk classification status for BVD by county, Kenya, June 2026

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		- KNPHI, in collaboration with the Digital Health Agency (DHA) and partners, has developed a draft executive dashboard consolidating surveillance data from multiple reporting systems. A follow-up review meeting is scheduled for the week of 13–19 July 2026 (Week 29) to further refine the dashboard. - WHO supported the review of RRT training materials in preparation for cascade training. - Cascade training is planned for high-risk counties, with the first cluster scheduled for July 2026 in Migori, Mombasa, and Kisumu Counties. - As of 11th July 2026, a cumulative total of 129 alerts has been investigated, all of which tested negative.

		10 alerts were investigated in the past week, reflecting continued active surveillance.
Points of Entry (PoE)		- Enhanced screening continues at high-risk Points of Entry for travellers arriving from DRC and Uganda; WHO shared international traveller advisories. - A total of 6,698 travellers were screened in the last 24 hours. - As of 12th July 2026, a cumulative 223,351 travellers have been screened for Ebola Virus Disease since the outbreak was declared. - SOPs have been developed to guide PoE operations.
Laboratory		WHO supported the Ministry of Health (MOH) in developing a draft Advanced Laboratory Testing Strategy, which is currently awaiting approval and signing.
Contact Tracing and Call Centre		- SOPs for contact tracing have been developed to guide field implementation. - The Ministry has established a call centre at the PHEOC - SOPs and operational workflows have been developed and are pending stakeholder feedback - watch officers have been assigned to ensure continuous coverage.
Case Management/ IPC/ WASH/ SDB		WHO supported the review of training materials and Standard Operating Procedures (SOPs) to enhance preparedness and response capacity.
Leadership and Coordination		Convened and facilitated planning meeting and initiated discussions on the upcoming simulation exercise designed to test the National Preparedness Plan. The exercise is a joint initiative led by KNPHI, in collaboration with Africa CDC (AFCDC) and other key stakeholders and partners.

2. Mpox

New cases*	Cumulative cases	Deaths	Recovered	Case Contacts	Counties
4	1,170	19	1,136	1,376	39

* Data source: Ministry of Health Kenya

Four new confirmed cases reported from Mombasa (2), Nairobi (1) and Kirinyaga (1) in the past week.. A total of 221 cases, including three deaths, have been reported across 20 counties in 2026. Only 15 cases are currently active, with four in facility care and 11 in home-based isolation and care. Cumulatively, 1,170 cases have occurred across 39/47 counties since the onset of the outbreak in July 2024. Of these,

- 69% (456) of the cases are aged 15–44 years
- A total of 19 deaths, 10 (53%) females; 13 (68%) are HIV Positive
- 1,376 contacts listed and followed up; 16 contacts confirmed as cases after developing symptoms
- Nairobi County accounted for the majority of the 2026 cases (37%, 81/221) and is the current hotspot.
- A total of 10,436,287 travellers screened at 26 points of entry since the beginning of the outbreak in July 2024

- Laboratory testing: 3,025 total samples tested, 1,170 positive (positivity rate 39%); nine tests done in the past one week.
- Genomic sequencing: 257 samples sequenced, Sub-clade 1b virus identified in all positive samples

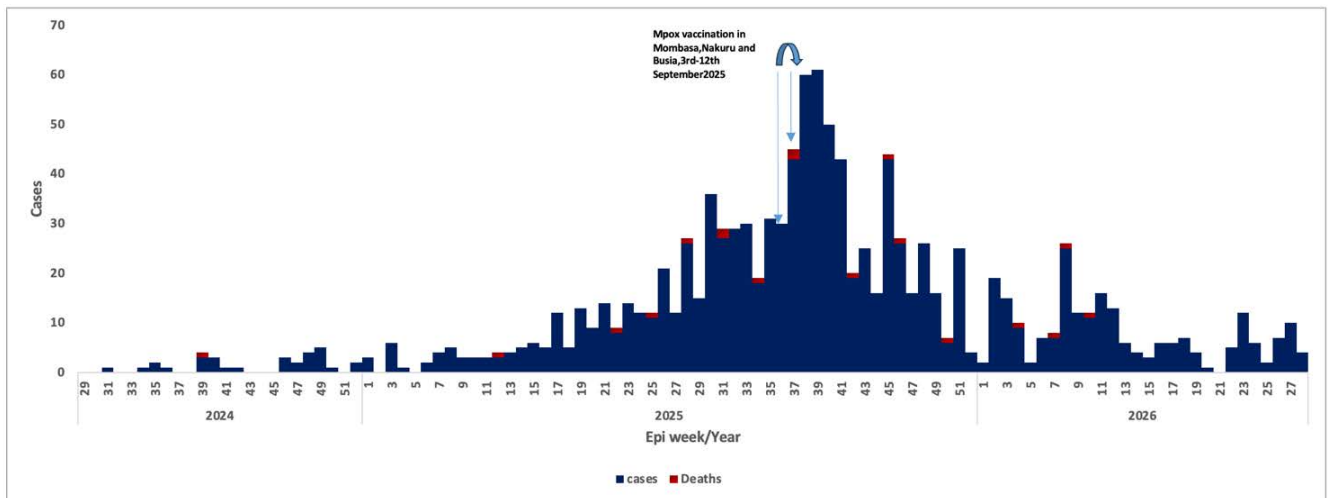


Figure 3: Epi curve of mpox cases in Kenya, July 2024 - June 2026

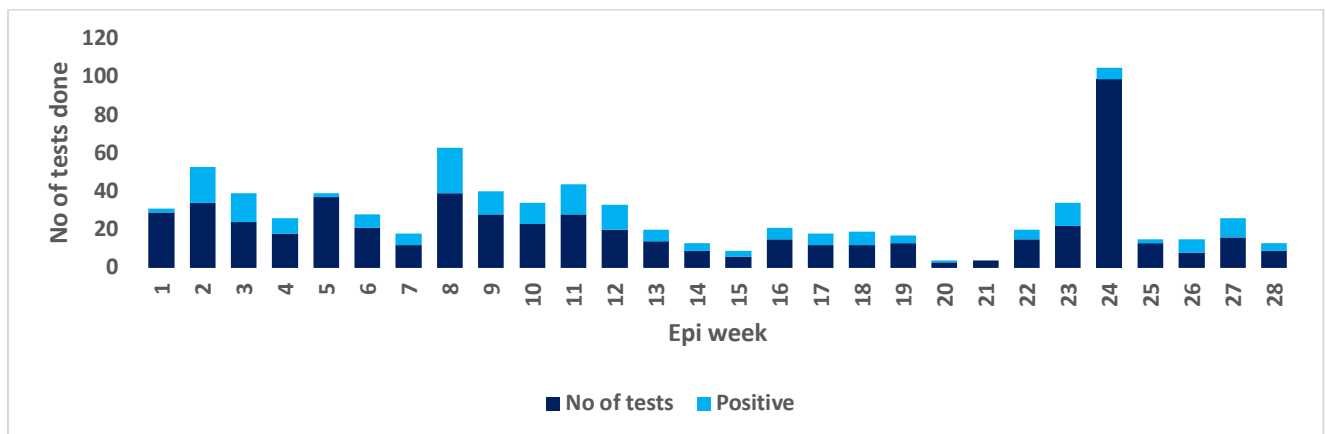


Figure 4: Trends in Laboratory testing of mpox, Kenya, January - June 2026

Response Activities

- A vaccination campaign utilizing the 20,000 available vaccine doses is planned in Mombasa, Kilifi, and Busia counties. The campaign will run for ten (10) days, commencing on 17 July 2026.
- Pre-campaign Risk Communication and Community Engagement (RCCE) activities are ongoing in the three target counties.
- Ongoing clinical care and isolation of active cases in health facilities and home-based care
- Surveillance and screening at PoEs underway
- Decision on transitioning of the response to routine health system under review in line continental IMST guidance

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 during the past week, and there are currently no patients in isolation.

The outbreak affected two counties: Garissa County (Dagahaley Camp, Dadaab Sub-county) with 39 cases and Nairobi County (Lucky Summer Ward, Ruaraka Sub-county) with one case. A cumulative total of 40 confirmed cases has been reported.

The index case was a 59-year-old male resident of Dagahaley Refugee Camp, with symptom onset on 13 May 2026. The most recent confirmed case had a symptom onset date of 12 June 2026 in Garissa County.

No additional cases have been reported in Nairobi County since the last confirmed case. As more than 28 days have elapsed without any new cases, the outbreak is considered controlled in Nairobi 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%)
Death	1 (CFR –2.5%)
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

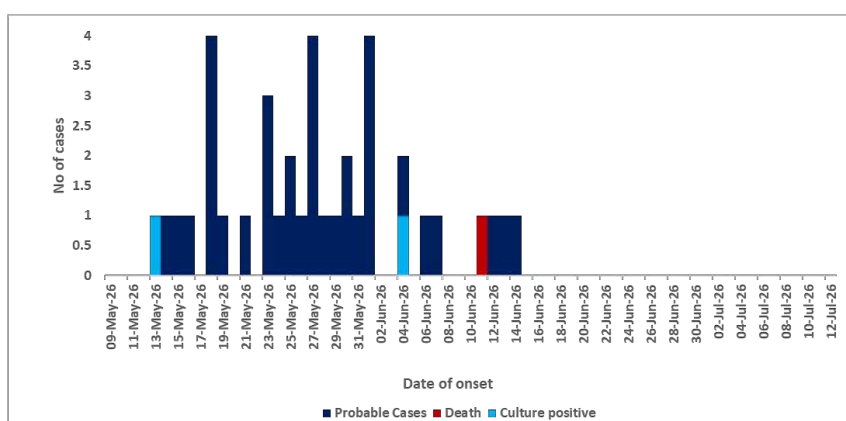


Figure 5: Epi Curve of Confirmed Cholera Cases, Kenya, 2026

4. Dengue Fever

New cases	Cumulative cases	Deaths	Recovered	Case Contacts	Counties
96 (Wajir)	1,679	5 suspected	0	0	3

* Source: Ministry of Health Kenya

An upsurge of dengue fever has been reported in Garissa and Wajir Counties. In **Wajir County**, a total of 96 cases has been reported across five sub-counties, with Wajir East accounting for the majority (91%) of the cases. Unlike Garissa, Wajir reported active transmission within the past week, indicating an ongoing outbreak. In **Garissa County**, a cumulative total of 1,583 cases has been recorded since April 2026 with five suspected deaths attributable to dengue (four in Garissa Township and one in Hagadera refugee camp). The most recent case was reported on 9 June 2026, with no new cases in the past week, suggesting the outbreak in this county may be waning.

Table 1: Demographic characteristics of Dengue fever cases, January – July 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	621 (37%)
45- 64 yrs	174 (11.0%)
≥65 years	69 (4.4%)
Sex (Female)	642 (50.6%)
Deaths (suspected)	5 (CFR –0. %)
Sub county	
Dadaab	1276 (76%)
Fafi	56 (3.3%)
Garissa Township	251 (14.9%)

Wajir East (Wajir)	88 (5.2%)
Eldas (Wajir)	3 (0.2%)
Tarbaj (Wajir)	1(0.1%)
Wajir south (Wajir)	1(0.1%)
Case classification	
Confirmed (PCR)	60(3.6 %)
RDT	547 (32.6 %)
Suspected	1072 (63.8 %)

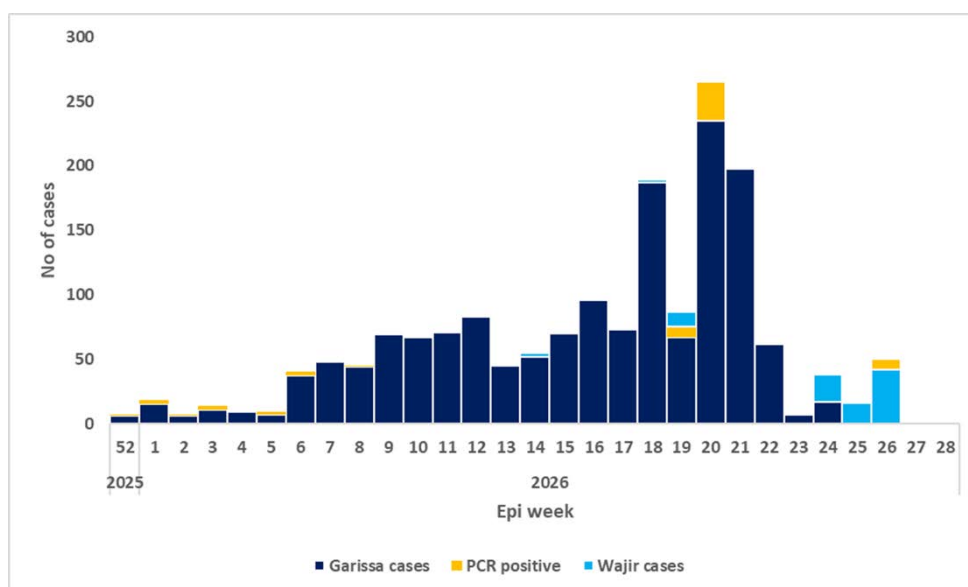


Figure 6: Epi curve of Dengue fever in Garissa County January – June 2026

5. Measles

New cases	Cumulative cases	Deaths	Case Contacts	Counties
3	480	1	0	6

* Source: Ministry of Health of Kenya

Three new cases were reported in the past week, from Thika town sub county, Kiambu County. Since onset in November 2025, a total of 480 cases including 85 laboratory-confirmed and one death have been reported in the country. The outbreak affected eight counties in 2026 but Baringo, Marsabit and Garissa (Fafi and Dadaab) are not reporting new cases. The outbreak is active in six counties: Wajir, Mandera, Kilifi, Tana River, Nairobi and Kiambu. Of the 480 cases;

- 85 are laboratory-confirmed and 395 are epi-linked cases
- 45% (205) of cases are aged 10 years and above.

- 59% (269) of cases are male.

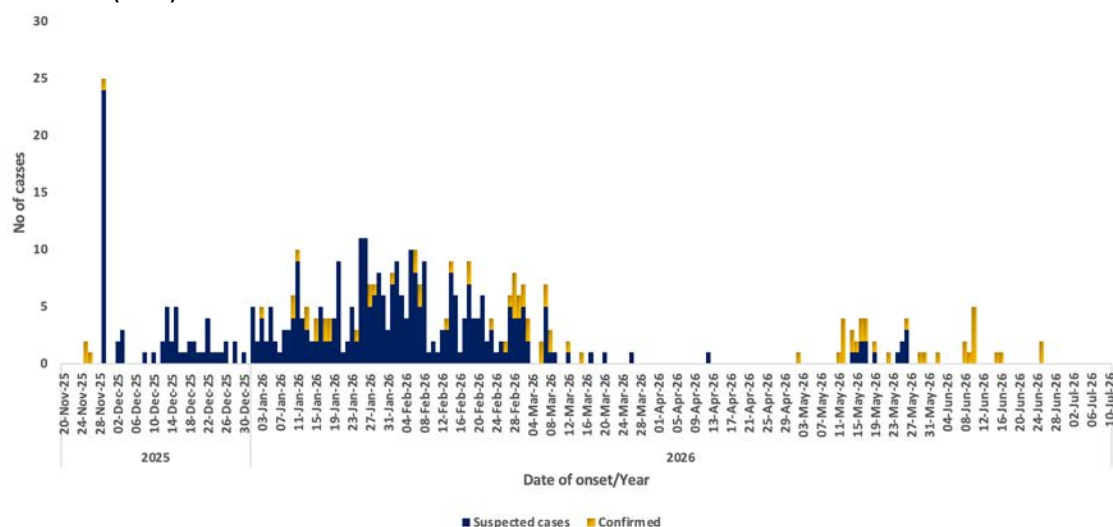


Figure 7: Epi Curve of Measles Cases, Kenya Nov 2025 - June 2026

6. Misinformation Risks and RCCE Actions (30th June-13th July 2026

Health issue	Key misinformation & disinformation	RCCE & infodemic management response
Bundibugyo Virus Disease (BVD)	'Ebola is a hoax' claims - Laikipia/minerals conspiracy - Suspicion over US\$14.5M preparedness funding Sensational headlines causing fear	- Rapid myth-busting - Transparent preparedness updates - Daily situation updates Community engagement & media briefings
HIV/AIDS	Low public attention Limited awareness of PrEP, PEP, U=U & testing	- Strengthen prevention campaigns - Youth-focused communication Promote testing & treatment
Mpox	- Dormant vaccine myths - Biological weapon claims Outbreak fatigue	- Routine social listening - County updates Pre-bunk vaccine misinformation
Cholera	- Rumours on unsafe water - Home remedies Sanitation misinformation	- Continue monitoring - WASH messaging Promote early care-seeking

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

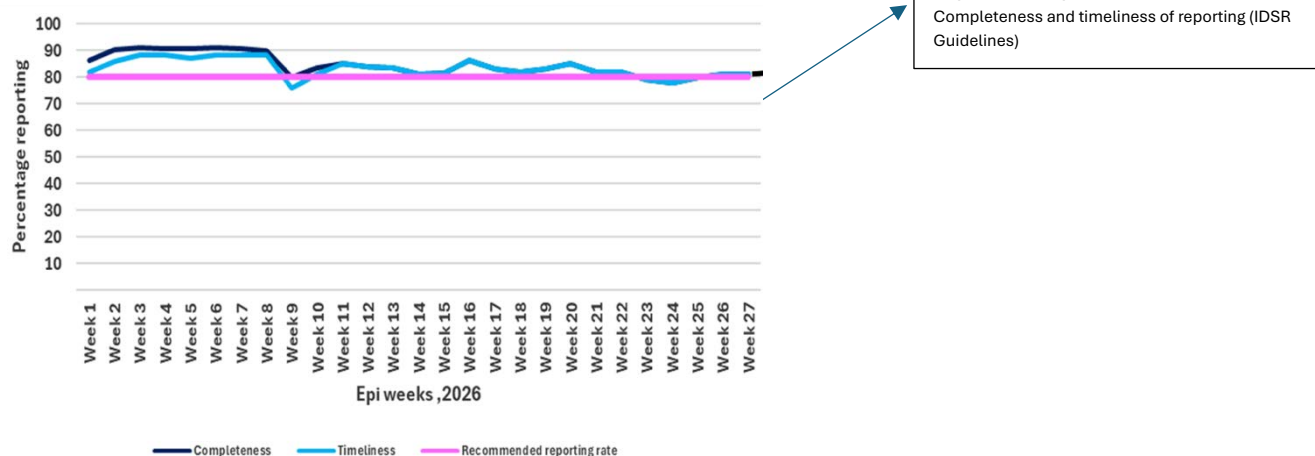


Figure 8: Overview of key indicators of IDSR, Kenya from Epi week 1-27,2026

- 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%**

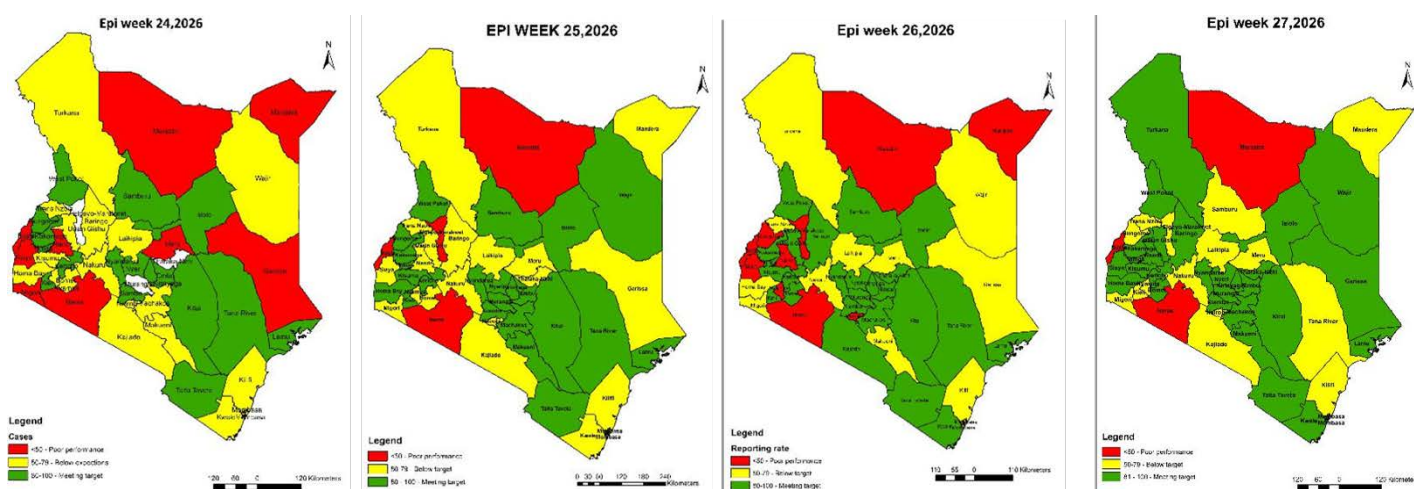


Figure 9: Completeness of IDSR reporting Epi 20-27,2026

- 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%.

Community Event Based Surveillance, Kenya

unit_name	reported	verified	% verified	verified true	% verified true	risk assessed	% risk assessed	responded	% responded	summarized	% summarized	% escalated	escalated
Baringo County	49	42	85.7	7	16.7	7	100	7	100	7	100	0	0
Busia County	124	14	11.3	6	42.9	0	0	0	0	0	0	0	0
Embu County	2	2	100	2	100	0	0	0	0	0	0	0	0
Isiolo County	16	4	25	0	0	0	0	0	0	0	0	0	0
Kajiado County	149	148	99.3	9	6.1	1	11.1	0	0	0	0	0	0
Kiambu County	1	0	0	0	0	0	0	0	0	0	0	0	0
Kilifi County	363	296	81.5	81	27.4	12	14.8	12	100	12	100	0	0
Kitui County	98	45	45.9	3	6.7	3	100	3	100	3	100	0	0
Meru County	191	78	40.8	22	28.2	14	63.6	14	100	14	100	0	0
Mombasa County	11	10	90.9	9	90	9	100	9	100	9	100	0	0
Nairobi County	201	139	69.2	16	11.5	8	50	8	100	8	100	0	0
Nakuru County	133	123	92.5	55	44.7	55	100	55	100	47	85.5	7.3	4
Nyeri County	24	10	41.7	4	40	1	25	1	100	0	0	0	0
Siaya County	58	43	74.1	17	39.5	15	88.2	15	100	15	100	0	0
Test County	1	0	0	0	0	0	0	0	0	0	0	0	0

- Kilifi County reported most of the signals (363).
- In terms of signal verification: Nakuru, Baringo, Kajiado, Kilifi, Mombasa and Embu hit the set target.
- In terms of event investigation: Mombasa, Kitui, Siaya and Nakuru hit the set target Meru County reported most of the signals (238).

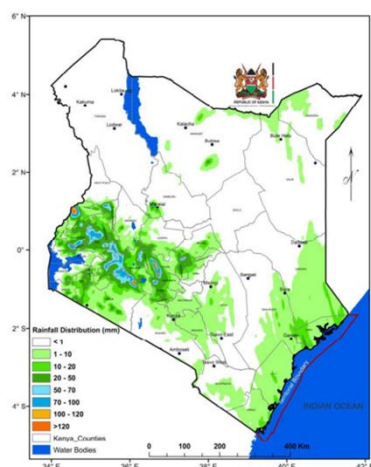
Hospital Event Based Surveillance

unit_name	reported	verified	% verified	verified true	% verified true	risk assessed	% risk assessed	responded	% responded	summarized	% summarized	% escalated	escalated
Baringo County	0	0	0	0	0	0	0	0	0	0	0	0	0
Busia County	0	0	0	0	0	0	0	0	0	0	0	0	0
Embu County	0	0	0	0	0	0	0	0	0	0	0	0	0
Isiolo County	0	0	0	0	0	0	0	0	0	0	0	0	0
Kajiado County	10	3	30	3	100	2	66.7	2	100	2	100	0	0
Kiambu County	0	0	0	0	0	0	0	0	0	0	0	0	0
Kilifi County	2	2	100	1	50	0	0	0	0	0	0	0	0
Kitui County	0	0	0	0	0	0	0	0	0	0	0	0	0
Meru County	0	0	0	0	0	0	0	0	0	0	0	0	0
Mombasa County	11	11	100	10	90.9	7	70	7	100	7	100	0	0
Nairobi County	0	0	0	0	0	0	0	0	0	0	0	0	0
Nakuru County	0	0	0	0	0	0	0	0	0	0	0	0	0
Nyeri County	1	1	100	1	100	0	0	0	0	0	0	0	0
Siaya County	0	0	0	0	0	0	0	0	0	0	0	0	0
Test County	0	0	0	0	0	0	0	0	0	0	0	0	0

- Mombasa HCWs reported most of the signals (11)
- In terms of signal verification: All Signals verified except in Nyeri, Kilifi and Mombasa
- In terms of Events investigation: All counties in red

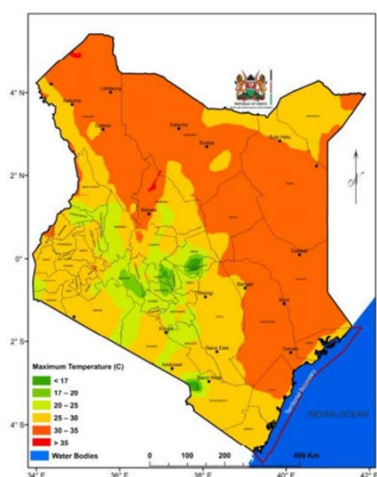
7. Forecasted seven-day Total Rainfall for 7th to 13th July 2026:

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



Forecasted seven-day total rainfall for 7th to 13th July 2026

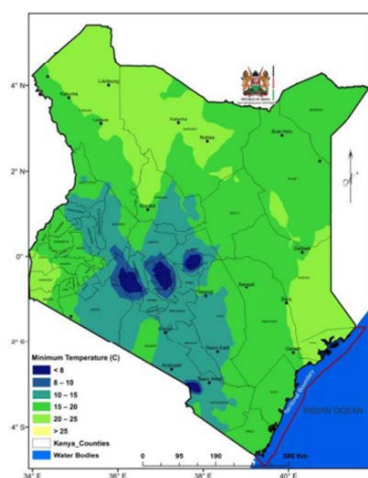
Rainfall is expected in Bungoma, Kakamega, Vihiga, Baringo, Bomet, Elgeyo-Marakwet, Kericho, Nakuru, Nandi, Trans Nzoia, Uasin Gishu, Busia, Homa Bay, Kisii, Kisumu, Migori, Narok, Nyamira, Siaya, Embu, Kiambu, Kirinyaga, Laikipia, Meru, Murang'a, Nairobi, Nyandarua, Nyeri and Tharaka-Nithi, Garissa, Marsabit, Kilifi, Kwale, Lamu, Mombasa and coastal areas of Tana River Counties



Forecasted average Maximum Temperatures for 7th to 13th July 2026

Intermittent cool and cloudy conditions are expected over Embu, Kiambu, Kirinyaga, Laikipia, Meru, Murang'a, Nairobi, Nyandarua, Nyeri, Tharaka-Nithi, Machakos, Makueni, Nakuru, Transnzoia, Uasin Gishu, Bomet, Marsabit and Mandera counties.

Daytime (maximum) average temperatures of more than 30°C are expected over Kilifi, Lamu, Tana River, Garissa, Wajir, Mandera, Isiolo, Marsabit, Turkana and Samburu counties.



Forecasted average Minimum Temperatures seven-day Total Rainfall for 7th to 13th July 2026

Night-time (minimum) average temperatures are expected to be less than 10°C in Nyeri, Murang a, Nyandarua, Kiambu, Kirinyaga, Meru, Nairobi and Tharaka-Nithi counties



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