



WHO has handed over critical emergency health supplies to Kenya in response to floods affecting Kenya. Supplies include cholera kits, water treatment materials, and trauma kits, to reach an estimated 5,000 people, with additional supplies at the port of Mombasa set to serve 100,000+ over the next 3 months.

Photo By: Genna Print



Kenya

HEALTH
EMERGENCIES
programme



Emergency Preparedness and Response Weekly Situation Report

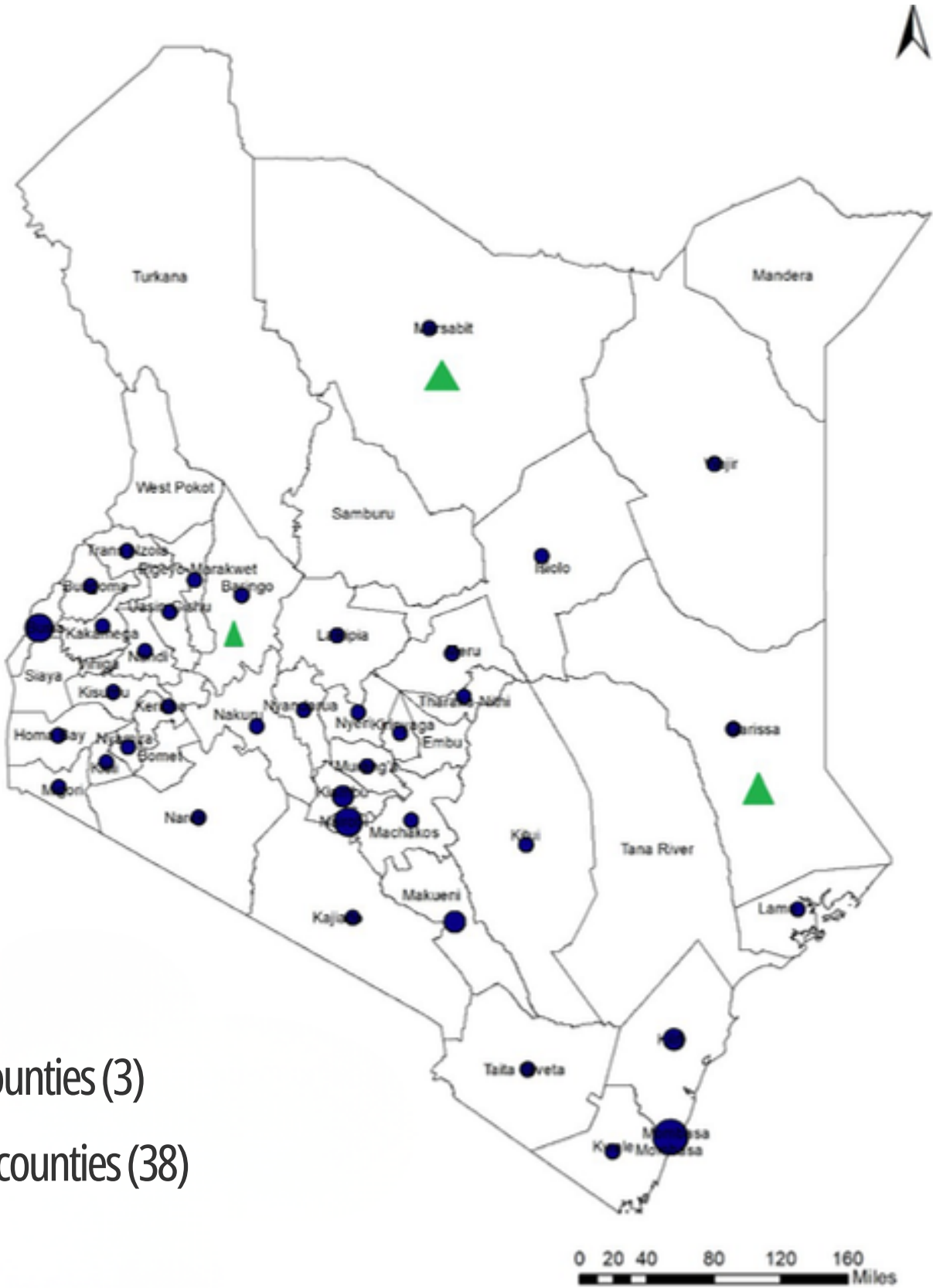
Week 12: 16th March 2026 to 22nd March 2026
Data as reported by: 1700 hrs (EAT), 22nd March 2026

0	1	2	0
New Events	Ongoing Events	Outbreaks	Humanitarian Crisis
1	0	0	1
Grade 3	Grade 2	Grade 1	Ungraded

Current Health Emergencies in Kenya 2026

Key

- ▲ Measles - cases (364), death (0), counties (3)
- Mpox - cases (1,087), deaths (19), counties (38)





Summary of Health Emergencies in Kenya

Event	Total Cases	Cases Confirmed	Deaths	Case Fatality Rate	Case Contacts	Counties	Start of Reporting Period	Grade	
Mpox	1087	1087	19	1.7%	1376	38	31 July 2024	Grade 3	Ongoing

Thirteen new cases reported in the past week from five counties: Mombasa (6), Nairobi (4), Bungoma (1), Kisii (1) and Kisumu (1). There are 130 active cases, with 47 patients receiving facility care and 833 under home-based care. A total of 2,755 samples tested with a positivity rate of 39%.

Measles	364	24	0	0%	N/A	3	2024 - 2025	Ungraded	Ongoing
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Fourteen new cases were reported in the past week: (11) from Moyale county and (3) new cases were reported from Garissa county. A total of 364 cases have been reported: 345 from Tiaty East Sub-County, Baringo County and 16 confirmed cases from Moyale Sub-County Marsabit county and 3 from Fafi sub county, Garissa county. Only twelve (12) 3.5% cases had a known vaccination status vaccination status in Tiaty east sub county

Flood Impact	N/A	N/A	75	0%	N/A	18	2026	Ungraded	Ongoing
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Floods have affected 18 counties, displacing 13,795 households, with 75 deaths and 9 people reported missing. Response measures include public health advisories, activation of response teams, and ongoing disease surveillance

Overview of key public health emergencies



13

New Cases

938

Cases Recovered

1087

Confirmed Cases

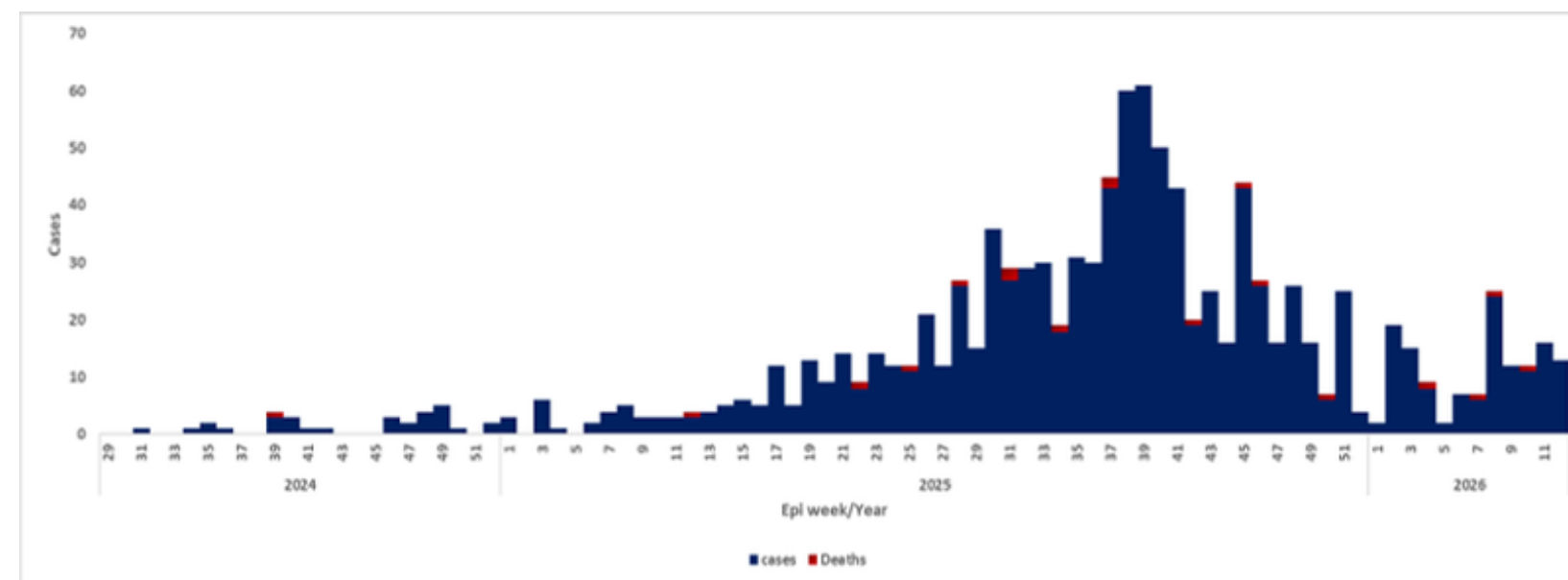
19

Deaths

- In 2026, **138 confirmed cases have been reported in sixteen counties**
- **Thirteen new cases reported** in Epi week eleven from **five counties:** Mombasa (6), Nairobi (4), Bungoma (1), Kisii (1) and Kisumu (1)
- Ongoing transmission with wide geographic spread; sustained surveillance, testing, and contact follow-up remain critical

Epi-curve of mpox cases, in Kenya, July 2024 - March 2026

- Outbreak remains active with a peak observed from July Epi week 28, 2025 - 41, but there has been a continuous decline of cases from week 43 (from 38 counties to thirteen counties in 2026)
- Mombasa county has recorded majority of the cases (40.5%, 428/1087) since the outbreak started
- Current hotspots: Mombasa, Nairobi, Busia and Makueni counties



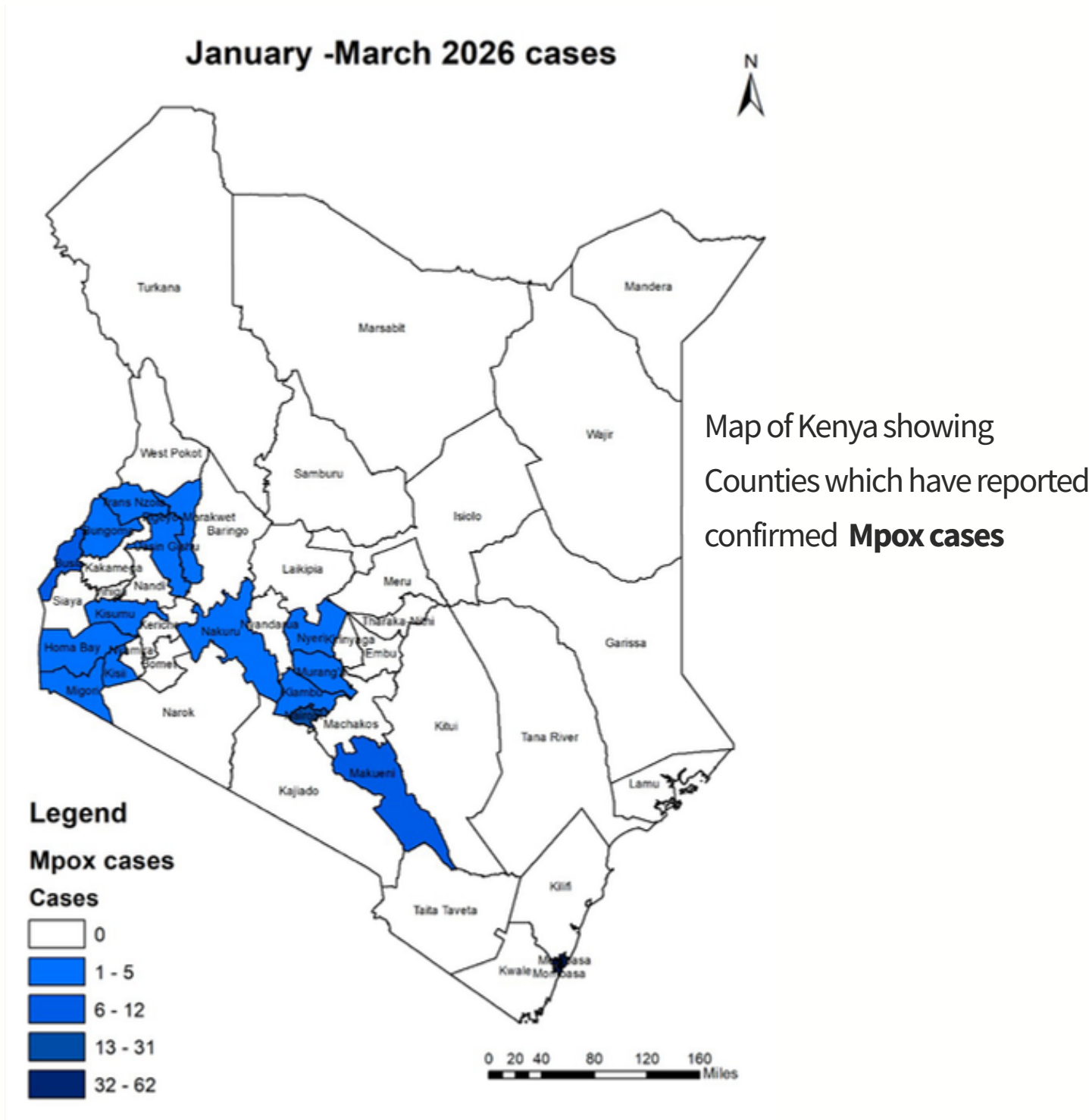
Response activities

- Active case search ongoing in the affected areas
- Contact tracing ongoing on the all active cases
- Risk communication and community engagement activities ongoing in the affected areas
- Case management of patients ongoing in the designated isolation and treatment centres

Challenges

- Stigma limiting early reporting
- Low risk perception of the disease in the community due to low perceived vulnerability and lack of direct experience

Distribution of Mpox cases by county, Kenya, 2024-2026 (n = 1087)



- Since the beginning of the year,138 cases with 3 deaths, have been reported from sixteen counties, Mombasa (62),Nairobi (31), Makueni (11), Busia (12) , Homa Bay (4)(2 deaths), Murang’a (2), Kiambu (2)), Bungoma (5), Nyeri (2), Uasin Gishu (1), Eggeyo Marakwet (1), Migori (1), Trans Nzoia (1),Nakuru (1),Kisii (1) and Kisumu (1)

Epidemiological linkages and exposure history of the mpox cases

Out of all confirmed mpox cases:

- 2% (24 cases)are contacts of the confirmed cases
- 2% (26 cases) had history of travel to countries with ongoing outbreak
- 33% (363 cases) had no known exposure
- 62% 671 cases) had no documented exposure or epidemiological linkages

The increasing proportion of cases without known exposures may point to community transmission or data quality gaps

Ungraded

Measles Outbreak

14New Cases

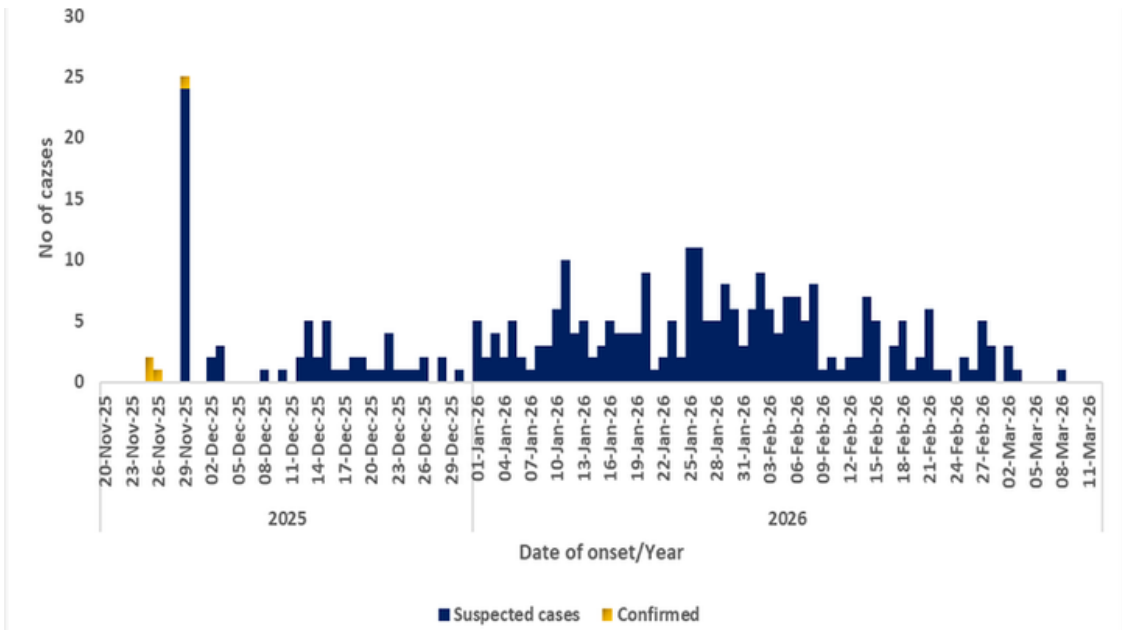
364Cases

24Laboratory Confirmed

0Death

- Since **January 2026**, a **total of 364** cases have been reported from three counties: Baringo, Marsabit and Garissa
- Eleven new cases were reported from Moyale county and three new cases were reported from Garissa county
- The majority of cases, **206 (58.7%)** are aged ≥ 10 years
- More than half are male **219 (63%)**

Epi curve of measles cases in Tiaty East, Baringo county November 2025 to March 2026



Serial No	County	Sub County	Total cases	Lab Confirmed	Suspected cases	Total deaths	CFR) %	Date of onset of the Index case	Date of onset of the last case reported	Outbreak status
1	Baringo	Taty East	345	16	329	0	0.0	25-Nov-25	08-Mar-26	Active
2	Marsabit	Moyale	16	5	11	0	0.0	18-Feb-26	03-Mar-26	Active
3	Garissa	Fafi	3	3	0	0	0.0	27-Feb-26	01-Mar-26	Active
Total			364	24	340	0	0.0			

Challenges

- Delayed sub-national reporting affecting timeliness
- Inadequate supplies of reagents shortages, resulting in delays in confirming suspected cases

MAM Flood Impacts Kenya as of 22nd March 2026

Deaths	People Missing	Counties Affected	Households displaced	Households Affected	People Affected	People Displaced
75	9	18	13,795	13,313	68,975	66,568

Nairobi,Kisumu,Narok,Kiambu,Migori,Siaya,Makueni,Busia,Wajir,Kisii,Homa Bay, Taita Taveta, Baringo, Kajiado, Kitui, Kwale, Machakos and Kericho

Services Disrupted

- 1.Impassable roads and bridges
- 2.Power outages
- 3.Water supply lines damaged
- 4.Schools Impacted

Infrastructure Damaged

- 1.Flooding of residential areas
- 2.Destruction of farms
- 3.Flooding in markets/Businesses

Public Health Threats

- 1. Water-borne diseases – including cholera, typhoid, and diarrhoeal diseases resulting from consumption of contaminated water or food
- 2. Vector-borne diseases – including malaria, dengue, and other mosquito-born illnesses due to increased mosquito breeding sites
- 3. Respiratory infections – increased risk due to cold and damp conditions
- 4. Flood-related injuries – including drowning, trauma, and snake bites
- 5. Poor sanitation and waste accumulation – which may further contribute to disease outbreaks

March April May Rains Flood Updates 14th March 2026

Response Actions

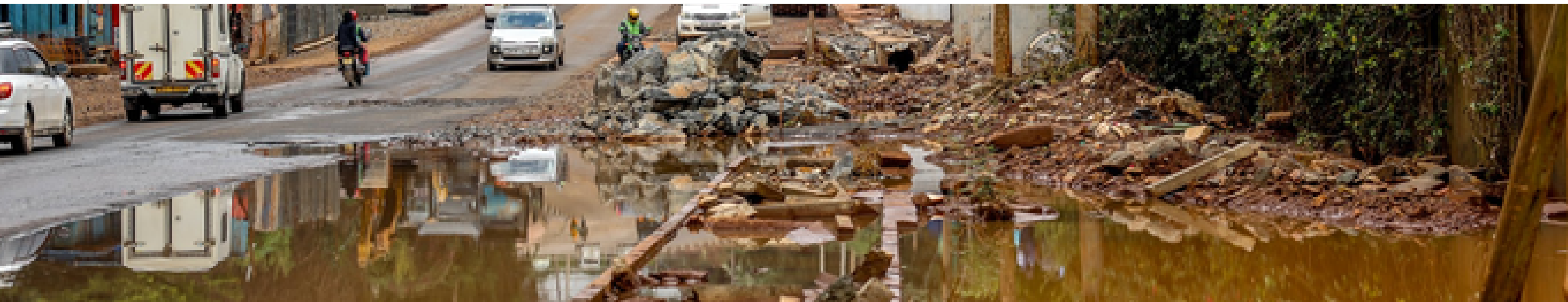
1. Public health advisories continue to be issued to the public regarding the ongoing emergency by the State Department for Public Health and the Multi-Agency Emergency Response Secretariat
2. The incident management support team (IMST) has been activated and is operational at the national public health emergency operations centre (PHEOC)
3. Needs and risk assessments are ongoing in the affected areas, conducted by deployed multi-agency teams
4. Active disease surveillance is ongoing in the affected areas
5. Coordination with partners and stakeholders is ongoing

Key Challenges

1. Shortage of WASH commodities and emergency medical supplies
2. Unpredictable rainfall complicating response planning

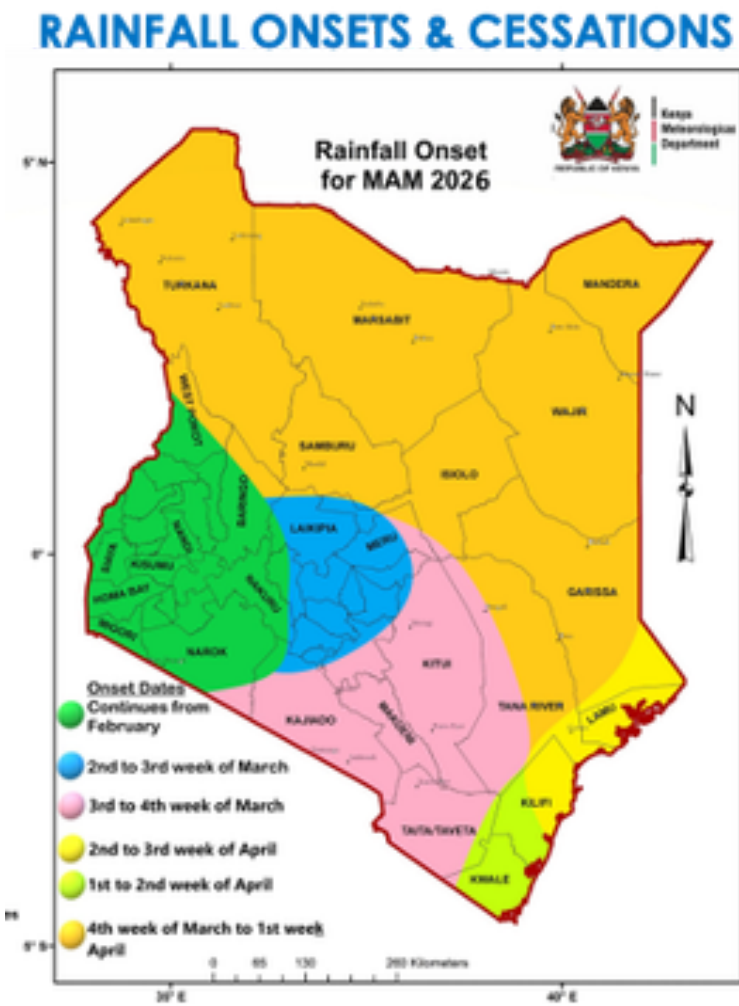
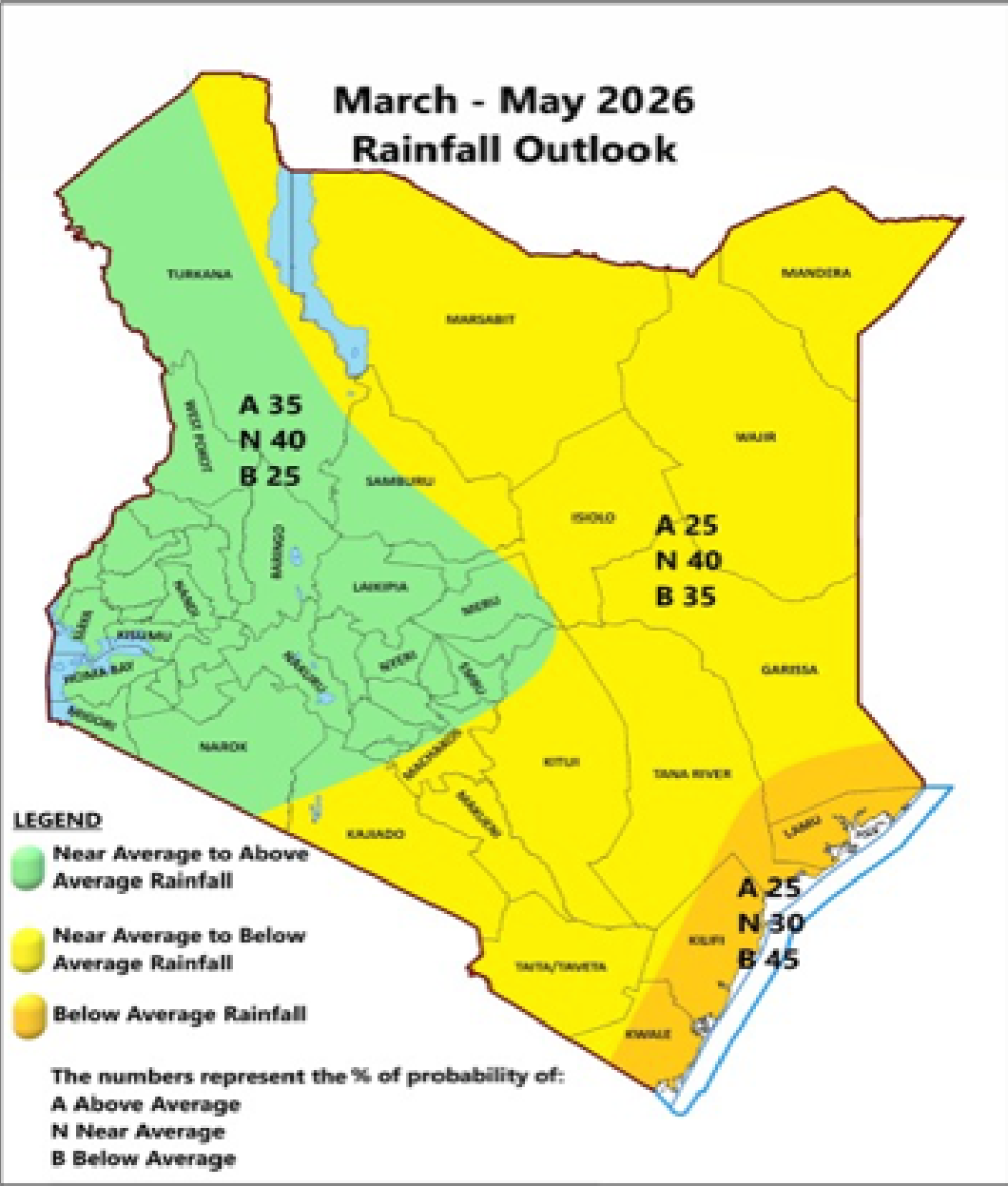
Next Steps

1. A planned flood assessment by the MOH/NPHI team



MAM 2026 RAINFALL FORECAST

- Near average to above average rainfall is likely to occur in the Central Highlands, the Lake Victoria Basin, the Rift Valley, Western and North-western Kenya
- Near average to below average rainfall is likely to occur in the South-eastern Lowlands and North-eastern Kenya
- Below average rainfall is expected in the Coast



Region	Onset Dates	Cessation Dates	Distribution
Highlands West of the Rift Valley, Lake Victoria Basin, Central, and South Rift Valley: (Bungoma, Trans Nzoia, Uasin Gishu, West Pokot, Elgeyo-Marakwet, Nandi, Kakamega, Vihiga, Bomet, Kericho, Kisii, Nyamira, Homa Bay, Migori, Kisumu and Busia, Baringo, Nakuru, Western Laikipia and Narok).	Continues from February	Continues into June	Fair to good
Highlands East of the Rift Valley including Nairobi County: (Nyeri, Kirinyaga, Murang'a, Embu, Meru, Kiambu, Nyandarua, Nairobi and Eastern Laikipia)	2 nd to 3 rd week of March	3 rd to 4 th week of May	Fair to good
Southeastern Lowlands: (Kajiado, Kitui, Makueni, Machakos, Tana River and Taita Taveta)	3 rd to 4 th week of March	2 nd to 3 rd week of May	Poor
North Coast: (Lamu, Malindi, Coastal parts of Tana River, and Kilifi)	2 nd to 3 rd week of April	Continues into June	
South Coast: (Mombasa, Kwale)	1 st to 2 nd week of April	Continues into June	Poor
Northwestern: (Turkana, Samburu)	March to 1 st week of April	3 rd to 4 th week of May	
Northeastern: (Wajir, Isiolo, Garissa, Mandera and Marsabit)	4 th week of March to 1 st week of April	3 rd to 4 th week of May	Poor

Source: Ref: Kenya Meteorological Department

Current Food Insecurity

- Kenya is experiencing a severe food security and nutrition crisis, particularly in the ASAL regions and refugee settlements
 - About 3.3 million people are in IPC Phase 3 or worse, including 400,000 in Phase 4 (Emergency) needing urgent life-saving support
 - This is a 52% increase from early 2025 and higher than previous projections
 - In Dadaab, Kakuma, and Kalobeyei, around 430,000 people (about two-thirds of residents) are also in Phase 3 or above, with all three areas in Phase 4 (Emergency)
 - Overall, more than 3.7 million people in Kenya are facing severe food insecurity

Key drivers: Reduced humanitarian aid, limited livelihoods, and high food prices

Outlook: The situation will remain critical without urgent scale-up of food, nutrition, and livelihood support

PROJECTED ACUTE FOOD INSECURITY (ASAL) APRIL – JUNE 2026		
3.7M 21% of the population People facing high levels of acute food insecurity (IPC Phase 3 or above) IN NEED OF URGENT ACTION	Phase 5	0 People in Catastrophe
	Phase 4	545,000 People in Emergency
	Phase 3	3,143,000 People in Crisis
	Phase 2	6,335,000 People Stressed
	Phase 1	7,582,000 People in food security

PROJECTED ACUTE FOOD INSECURITY (REFUGEE POPULATION) APRIL - JUNE 2026		
429,000 58% of the population People facing high levels of acute food insecurity (IPC Phase 3 or above) IN NEED OF URGENT ACTION	Phase 5	0 People in Catastrophe
	Phase 4	186,000 People in Emergency
	Phase 3	243,000 People in Crisis
	Phase 2	220,000 People Stressed
	Phase 1	97,000 People in food security

Acute Malnutrition- January –December 2026

- Number of 6-59 months children acutely malnourished in need of treatment **810,871**
- Pregnant and breastfeeding women/girls acutely malnourished in need of treatment **116,800**

Severe Acute Malnutrition (SAM) 202,230
Moderate Acute Malnutrition (MAM) 608,641

Key drivers for acute food insecurity in Kenya

- **Poor rainfall:** The October–December 2025 rains were below average and erratic, with long dry spells and uneven distribution, disrupting farming and pastoral activities
- **High food prices:** Rising staple food prices, especially maize, reduced purchasing power as households relied more on markets due to poor harvests. Many resorted to coping strategies like skipping meals and selling assets
- **Below-average crop production:** Widespread crop failure due to drought, pests, and diseases led to harvests below normal levels, worsening food shortages and driving up prices
- **Conflict and insecurity:** Human-wildlife conflict caused crop destruction, livestock losses, and service disruptions, further weakening livelihoods and increasing vulnerability
- **Overall:** These combined factors have significantly reduced food availability and access, worsening food insecurity across affected regions

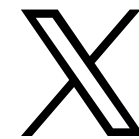
Contributing factors for malnutrition in Kenya

- **High disease burden:** Widespread illnesses like malaria, diarrhoea, and respiratory infections increase nutrient needs and reduce absorption, worsening malnutrition
- **Poor-quality diets:** Many children consume very limited and non-diverse diets, leading to micronutrient deficiencies and increased risk of acute malnutrition
- **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
- **Low immunisation coverage:** Vaccination, Vitamin A supplementation, and deworming rates are below targets, increasing vulnerability to infections that worsen malnutrition
- **Poor WASH conditions:** Inadequate water, sanitation, and hygiene practices lead to frequent infections (especially diarrhoea), which reduce nutrient absorption and sustain malnutrition
- **Overall:** A combination of disease, poor diet, weak health services, low immunisation, and poor WASH conditions is driving and sustaining acute malnutrition



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