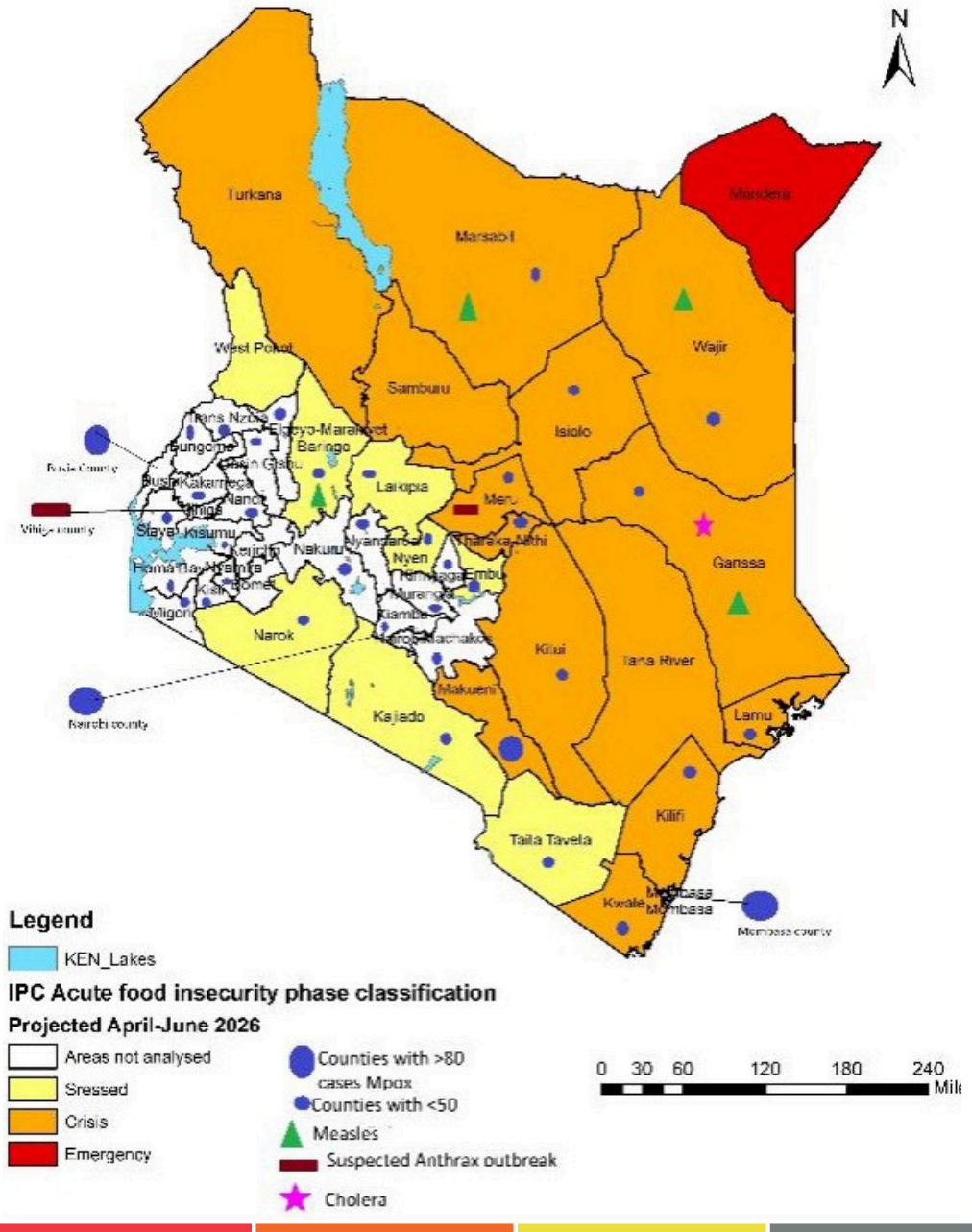
World Health Organization
Kenya

Emergency Preparedness and Response
Weekly Situation Report

Week 21: 17th to 24th May 2026
Data as reported by: 1700 hrs (EAT), 24th May 2026

1	6	4	0
New Events	Ongoing Events	Outbreaks	Humanitarian Crisis



0	0	0	3
Grade 3	Grade 2	Grade 1	Ungraded
1	1	0	
Protracted G3	Protracted G2	Protracted G1	

1. Overview of the Current Health Emergencies in Kenya 2026

Kenya is managing multiple concurrent public health emergencies including one protracted Grade 2 emergency (Mpox, Clade 1b), measles outbreaks in two counties, widespread flooding from the long rains, acute food insecurity and malnutrition crisis in nine arid and semi-arid land (ASAL) counties, a newly declared Grade 3 Bundibugyo Virus Disease (BVD) outbreak in the Democratic Republic of Congo and Uganda posing cross-border risk to Kenya, and a newly confirmed cholera case under active surveillance in Garissa County.

Event	Total Cases	Cases Confirmed	Deaths	Case Fatality Rate	Case Contacts	Counties/ Countries	Start of Reporting Period	Grade	
Mpox	**1,124**	**1,124**	**19**	**1.7%**	**1,376**	**38**	**31 July 2024**	**Grade 2 Protracted**	**Ongoing**
Zero new cases reported in the past week. There are 16 active cases, with 2 patients receiving facility care and 14 in home-based care. A total of 2,843 samples tested with a positivity rate of 40%.									
Cholera	**1**	**1**	**0**	**0%**	**N/A**	**1**	**May 2026**	**Grade 3 Protracted**	**Ongoing**
One laboratory-confirmed case of Vibrio cholerae O1 Ogawa reported in Dagahaley Refugee Camp, Dadaab Sub-county, Garissa County. The case has been managed and discharged. No additional cases reported.									
Measles	**440**	**61**	**0**	**0%**	**N/A**	**4**	**Nov 2025**	**Ungraded**	**Ongoing**
Thirty-one new cases were reported in the past week from Wajir North (26) and Dadaab (7). The outbreak is now active in two counties: Garissa (Dadaab) and Wajir (Wajir North).									
Flooding	**N/A**	**N/A**	**122**	**N/A**	**N/A**	**27**	**March 2026**	**Ungraded**	**Ongoing**
Twenty seven counties affected, 5,992 households displaced, 42,381 people affected, 122 deaths and 3 people reported missing. The Ministy of Health deployed rapid respond teams to 16 most affected counties.									
Drought	**N/A**	**N/A**	**N/A**	**N/A**	**N/A**	**9**	**2025**	**Ungraded**	**Ongoing**
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.									

#Ebola response update
- 11 tonnes of critical medical supplies deployed
- From WHO Emergency Hubs in Nairobi, Kenya
- Supporting the Ebola outbreak response in the DRC

Photo By: Genna Print

2. ONGOING EMERGENCIES

A. Mpox Situation Updates

New cases	Cumulative cases	Recovered	Case Contacts	Counties	Deaths
0	1,124	1,089	1,376	38	19

Zero new cases reported in the past week.
In 2026, **175 cases have been reported** from seventeen counties.

- Mombasa reported 40% (70) of cases.

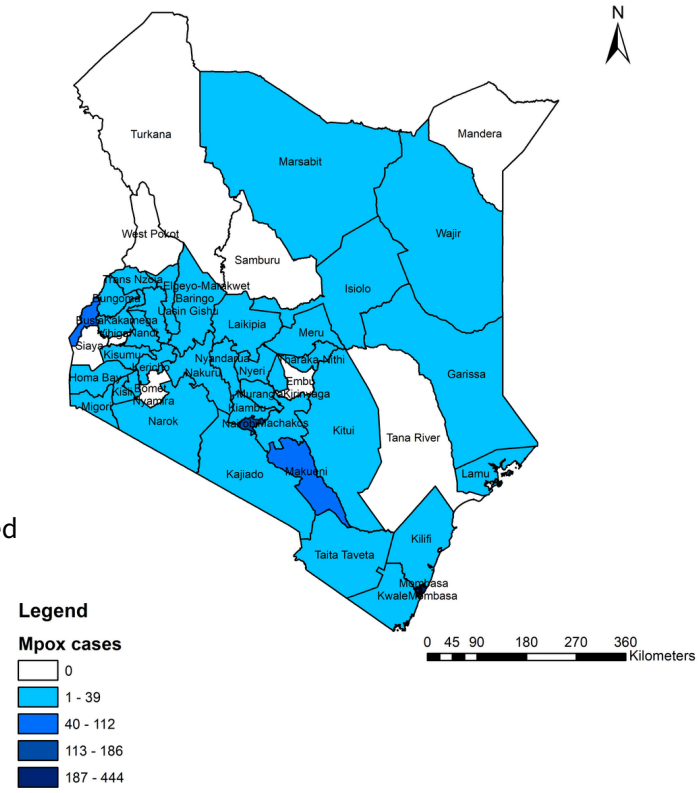
Total number of cases : 1,123

- Recovered cases : 1,008
- Active cases: 16- facility care (2),Home-based care (14)

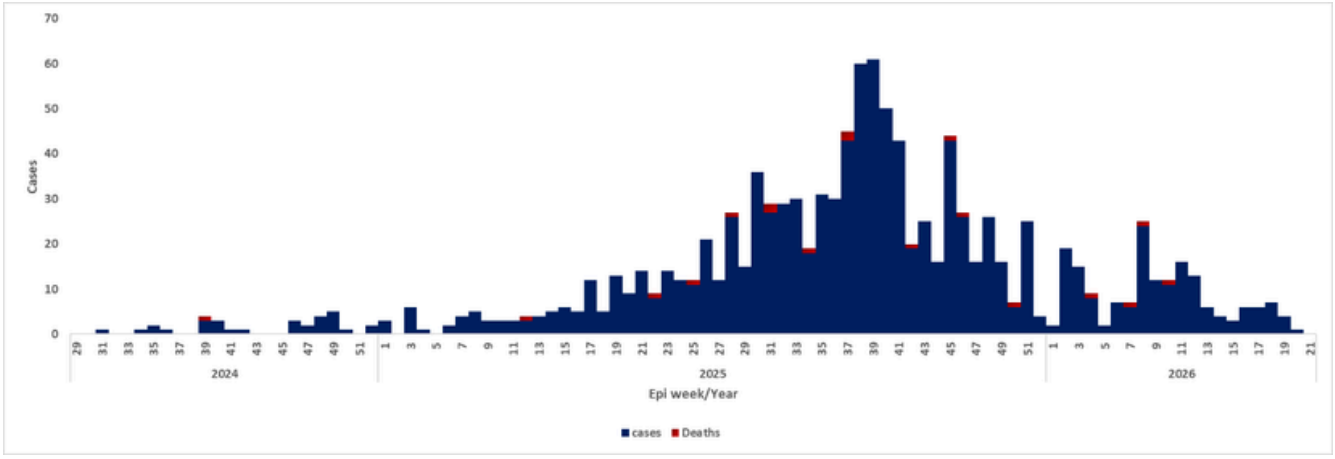
69% (456) of cases are aged 15–44 years
A total of 19 deaths have occured

- Female 10 (53%)
- HIV Positive 13 (68%)

1,376 contacts listed and 1,141 have completed follow-up
A total of **9.8 million travelers** have been screened at 26 Points of Entry since the beginning of the outbreak in **July 2024**



Map of Kenya showing county-level distribution of Mpox Cases 2024- 2026



(Four counties have consistently reported cases with Mombasa leading 40%, Nairobi 17%, Busia 10% and Makueni 7.4%.)

Response activities and gaps

- Active case search and contact tracing ongoing in affected areas
- Case management ongoing in **two designated isolation centres**
- Regular coordination meetings ongoing through the National PHEOC

B. Measles

New cases this week	Cumulative	Cases Confirmed	Case Contacts	Counties	Deaths
31	440	61	0	4	0

Thirty-one new cases reported from Wajir North (26) and Dadaab (7).
The outbreak is now active in two counties: Garissa (Dadaab Dagahaley camp) and Wajir (Wajir North sub county). Baringo, Marsabit and Garissa Fafi have recorded no new cases.

- Total cumulative cases: 347
- Laboratory-confirmed: 61
- Suspected: 347
- Deaths: 0

56% (244) of cases are aged 10 years and above. 60% (253) of cases are male.

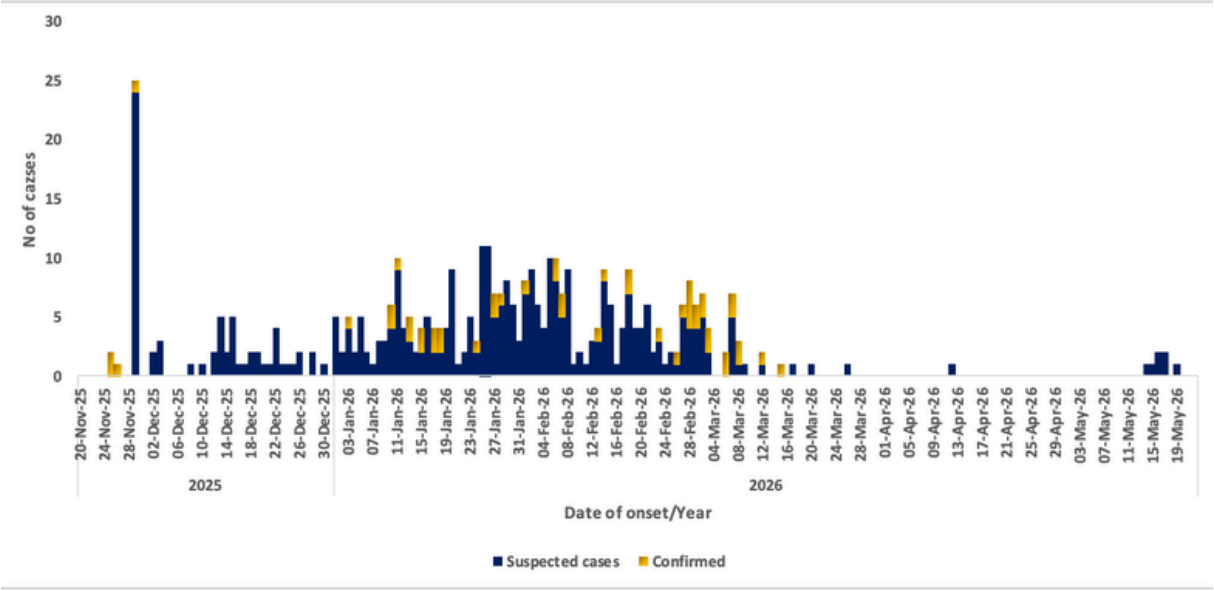


Table 1: *Distribution of measles cases by county 2026-Kenya*

County	Sub County	Total cases	Lab Confirmed	Suspected cases	Total deaths	Date of onset of the Index case	Date of onset of the last case reported	Outbreak status
Baringo	Tiaty East	357	28	329	0	25-Nov-25	15-Mar-26	No new cases reported
Marsabit	Moyale	18	7	11	0	18-Feb-26	30-Mar-26	No new cases reported
Garissa	Fafi	10	3	7	0	27-Feb-26	17-Mar-26	No new cases reported
	Dadaab	17	12	0	0	30-Jan-26	18-Apr-26	Active
Wajir	Wajir North	38	11	0	0	27-Feb-26	05-Apr-26	Active
Total		440	61	347	0			

Response activities and gaps

Outbreak response immunisation completed:

- Tiaty West sub county, Baringo county : 9,809 children under 10 years vaccinated
- Tiaty East sub county, Baringo county: 5,789 children under 5 years vaccinated
- Marsabit sub county, Moyale county : 1,758 children under 15 years vaccinated

Active case search ongoing at health facility and community levels.
Enhanced surveillance for timely detection and response ongoing in health facilities and communities in affected counties.
Provision of supportive care at health facilities.

Gaps

- Delayed sub-national reporting affecting timeliness.

C. Cholera

New cases	Cumulative cases	Recovered	Case Contacts	Counties	Deaths
1	1	1	0	1	0

- One laboratory-confirmed cholera case reported in Dagahaley Refugee Camp, Dadaab Sub-county, Garissa County.
- The patient was isolated and managed at the Hagadera Cholera Treatment Unit before being discharged on 20th May 2026.
- No additional cases have been reported.

Response activities

1. Case management, IPC, contact tracing and active surveillance ongoing to prevent secondary transmission.
2. WASH interventions sustained, including environmental disinfection, hygiene promotion, handwashing and safe water handling.
3. Cross-county surveillance coordination and information sharing ongoing with Wajir South teams for early case detection.
4. Monitoring of environmental risk factors and population movement patterns ongoing to guide response.

D.Other Events of Public Health Concern

Data source: Ministry of Health Uganda | Rep No. 005 Date issued: 26 May 2026

Ebola Virus Disease caused by Bundibugyo virus in the Democratic Republic of Congo and Uganda

- The outbreak in DRC was officially declared on 15th May 2026. Majority of cases are aged 20–39 years; females account for over 60% of confirmed cases, suggesting predominantly household and caregiver transmission.
- The outbreak in UgandaKampala remains the single affected district.

Country	Cummulative Suspected cases	Cummulative Confirmed cases	Cummulative Suspected deaths	Cummulative Confirmed deaths	Crude CFR (Confirmed)	Health Zones affected/Districts affected
Democratic Republic of Congo	906	106	223	10	9.4%	16
Uganda	-	7	0	1	14.3%	1
Total	906	113	223	11		

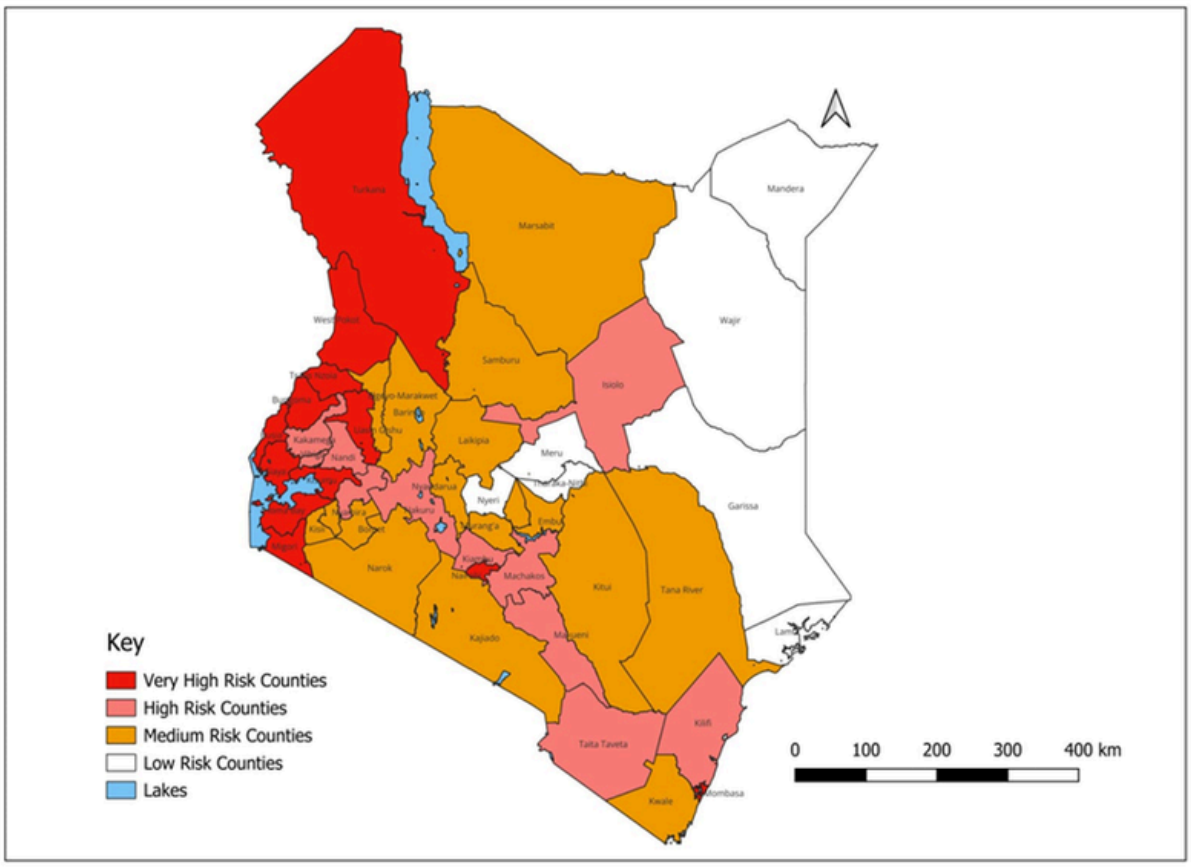
Kenya Preparedness and readiness actions

- National PHEOC on alert mode to support risk monitoring
- 2 VHF-500 kits in country and ready for deployment to support case management.
- MOH issued an advisory to the general public to raise public awareness
- Distributed surveillance case definition and community lay case definitions to sub national level
- Screening of travelers through the 26 POEs ongoing, cumulative screened 48,325 persons
- Emergency preparedness and readiness working group constituted led by KNPHI
- National readiness assessment using the WHO readiness checklist completed
- Preparedness and response plan done awaiting endorsement from senior leadership
- Risk, vulnerability and capacity assessment of priorities counties is on going
- Initiated forecasting of the required supplies
- A total of 880 National and County health care workers have been sensitized on EVD on virtual platforms
- On going simulation exercise in Busia
- A total of 118 surge capacity have been mapped and are on standby
- Four laboratories have been designated to conduct testing of EVD (National public health Laboratory, KEMRI Nairobi, KEMRI Kisumu and mobile laboratory)

Click here for more information

Kenya BVD Risk Classification

- **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.
- **Low Risk:** Counties with minimal cross-border movement, limited connectivity to international travel routes and low likelihood of exposure to imported BVD cases.



D. MAM Rains – Flood Emergency

Data source: National Disaster Operations Centre

Counties Affected	People Affected	Deaths	Missing	Injured
27	42,259	122	3	8

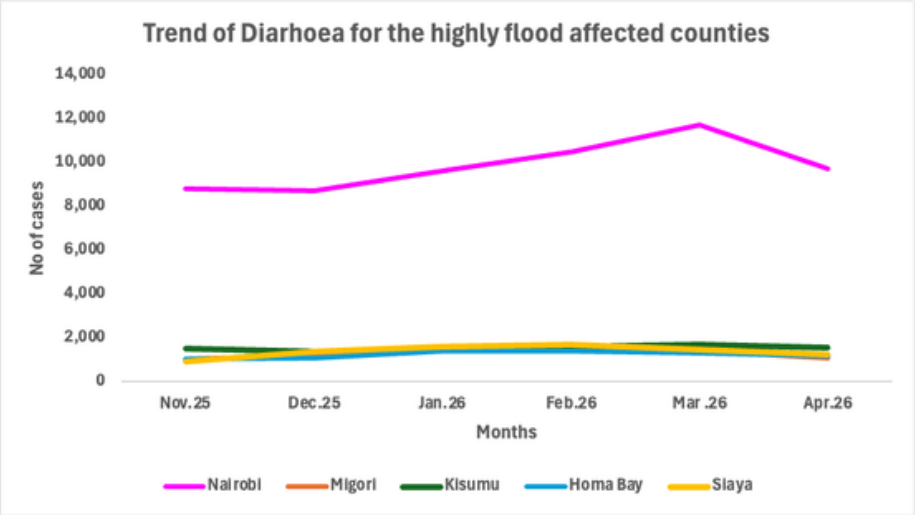
1. Nairobi (37), Eastern (34) and Rift Valley (16) recorded the highest mortality
2. Damaged infrastructure includes roads, bridges, water supply lines and farms
3. Displacement and market disruptions have increased population vulnerability

Flood Public Health Response

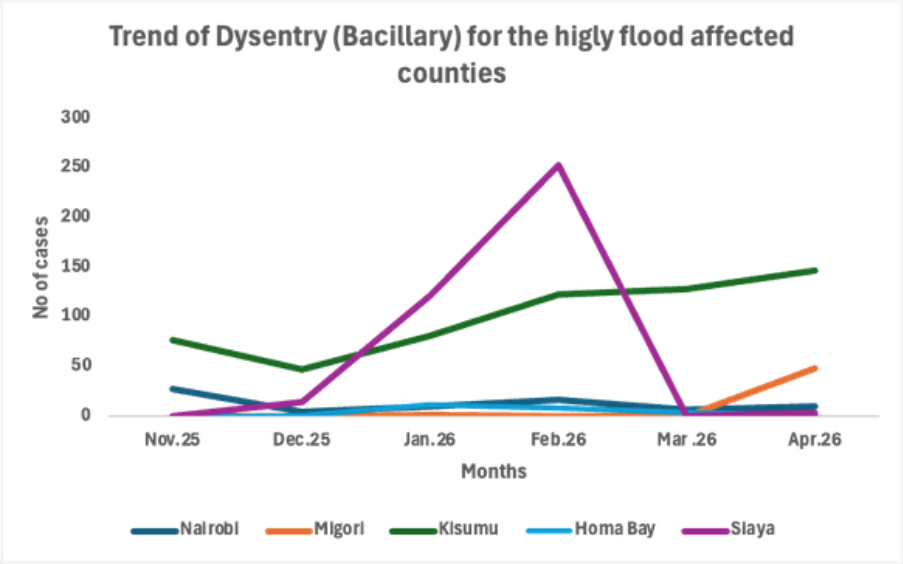
- Emergency health supplies distributed, including cholera kits, water treatment materials and trauma kits
- IMST activated and operational at National and County PHEOCs
- Active disease surveillance ongoing across all flood-affected areas
- MAM flood assessment completed for high-risk counties; MAM contingency plan in place
- Public health advisory issued on flood-associated health risks
- Multi-agency coordination ongoing with partners and stakeholders in affected counties
- Kenya Coast Guard Service deployed across affected areas with rapid response teams on standby

Integrated Disease Surveillance (IDSR) OverviewTrend of Diarrhoea and Dysentery for the high flood affected counties

Data source: Weekly IDSR reports, KHIS

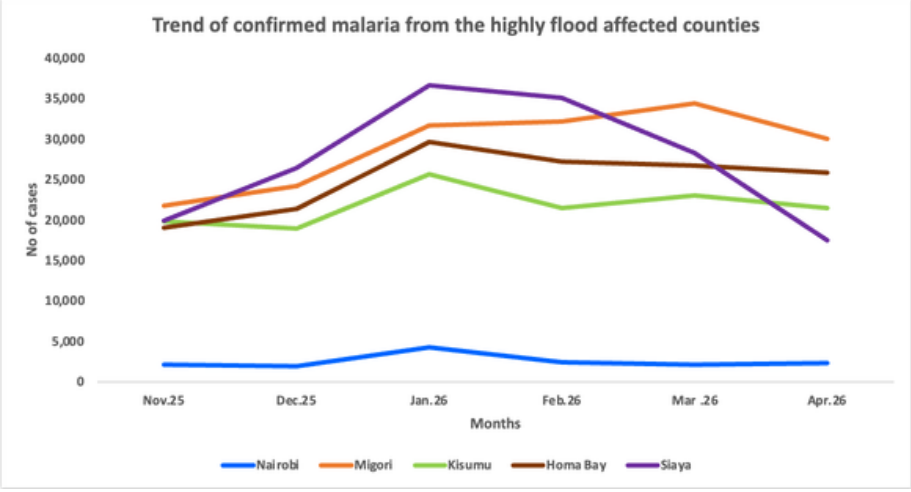


- Notably, Nairobi County has consistently reported a high number of diarrhoea cases over time, with a peak observed in the month of March.



- Kisumu County has shown an increasing trend in cases from February to April 2026.
- Nairobi County has reported relatively few cases.
- Siaya County recorded a peak in cases between January and February 2026

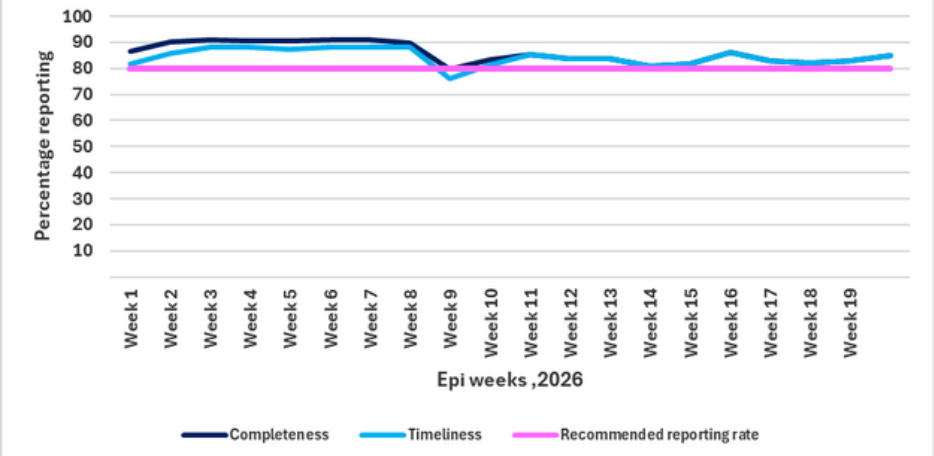
Trend of confirmed Malaria in the high flood affected counties –Past six months



- Most counties recorded increased malaria cases between December 2025 and January 2026, coinciding with the flooding period
- Nairobi County consistently reported the lowest number of malaria cases throughout the reporting period.

E. Integrated Disease Surveillance (IDSR) Overview

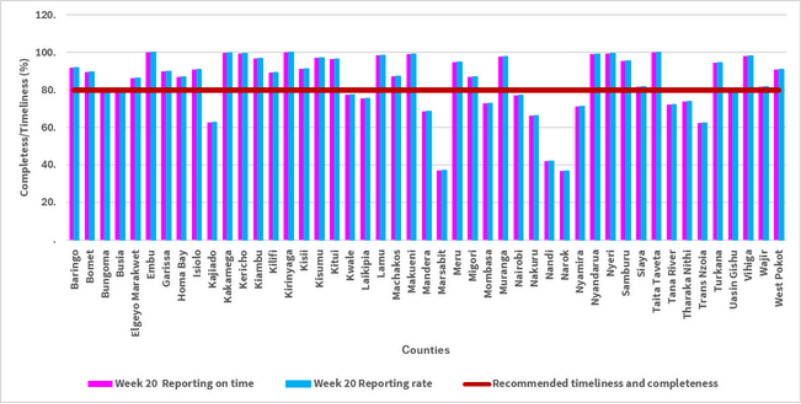
Overview of key indicators of IDSR, Kenya from Epi week 1-20,2026.



- Recommended reporting rate of 80% for both Completeness and Timeliness of reporting (IDSR Guidelines)

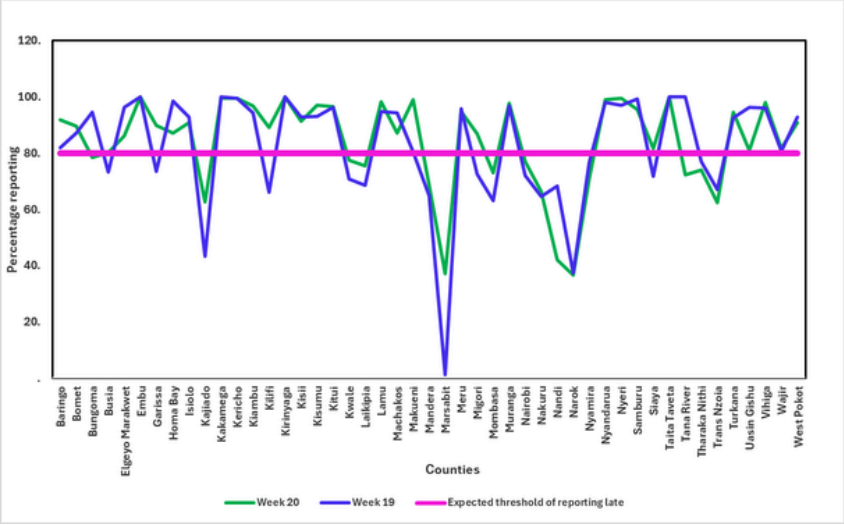
- The average overall completeness ofreporting from Epidemiological Week 1 to20 was 86%.
- The average overall timeliness ofreporting during the same period was84%.
- Notably, Epi Week 9 recorded the lowesttimeliness at 76%.

IDSR Completeness and timeliness per county, Kenya, Epi week 20,2026



- Notably several counties are below the recommended reporting rate.
- Counties like Kajiado, Kilifi, Kwale, Laikipia, Mandera, Marsabit, Migori, Mombasa, Nairobi, Nakuru, Nandi, Narok, Nyamira, Tana river,Tharaka nithi, and Trans-Nzoia are below 80% threshold.
- Kajiado, Laikipia, Marsabit, Migori, Mombasa, Nairobi and Narok were below the recommended threshold in the two consecutive weeks (week 19 &20)

Reporting rate per County in the past 4 weeks-Epi week 19 and 20,2026,Kenya



- Even with the overall completeness of over 80%,there are still some counties that have consistently reported low reporting in the last two weeks(Kajiado, Marsabit, Narok, and Trans-Nzoia

Event based surveillance, Kenya

KENYA CEBS 4TH-10TH MAY											
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	266	217	82%	83	38%	74	89%	74	100%	6	8%
Meru	645	417	65%	254	61%	134	53%	134	100%	0	-
Busia	141	76	54%	28	37%	10	36%	10	100%	3	30%
Siaya	164	128	78%	43	34%	38	88%	38	100%	1	3%
Mombasa	41	25	61%	18	72%	18	0%	18	100%	0	-
Baringo	66	39	59%	15	38%	3	0%	3	100%	0	-
Nairobi	179	147	82%	11	7%	9	0%	9	100%	0	-
Kajiado	123	97	79%	19	20%	19	0%	19	100%	1	5%
Total	1625	1146		471		305		305		11	

- Meru County reported most of the signals (645).
- In terms of signal verification: Nakuru and Nairobi Counties hit the 80% target
- In terms of event investigation: Siaya and Nakuru Hit the target

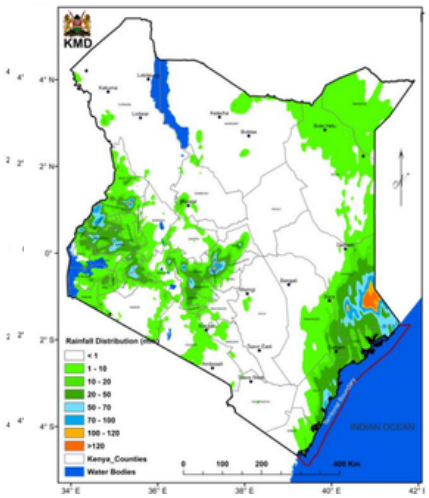
Hospital Event- based surveillance

Kenya HEBS 4TH-10TH MAY											
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	19	18	95%	16	89%	16	100%	16	100%	0	-
Nairobi	9	7	78%	6	86%	6	100%	6	100%	0	-
Meru	6	5	83%	4	80%	3	75%	3	100%	0	-
Nakuru	0	0	-	0	-	0	-	0	-	0	-
Siaya	1	0	0%	0	-	0	-	0	-	0	-
Baringo	0	0	-	0	-	0	-	0	-	0	-
Kajiado	0	0	-	0	-	0	-	0	-	0	-
Total	35	30		26		25		25		0	

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

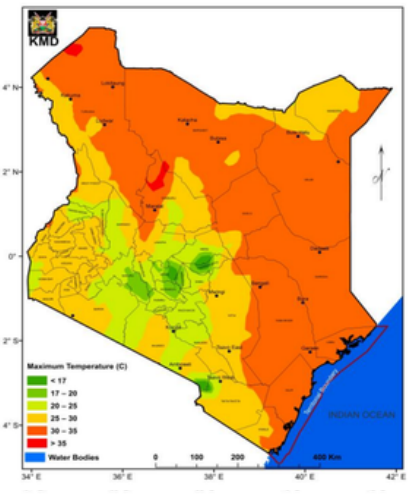
F. Seven-day weather forecast Kenya, 26thMay-1st June 2026

Data source: Kenya Metrological Department-Ref: MET/7/360



Forecasted Seven-Day Total Rainfall for 26th May to 1st June 2026

- Rainfall is expected to continue in the Highlands East and West of the Rift Valley, the Lake Victoria Basin, the South Rift Valley, the Coast and some parts of the Northeastern Kenya



Forecasted Average Maximum Temperatures for 26th May to 1st June 2026

- Daytime (maximum) average temperatures of more than 30°C are expected in the Coast, some parts of the Southeastern Lowlands, Northeastern and Northwestern Kenya
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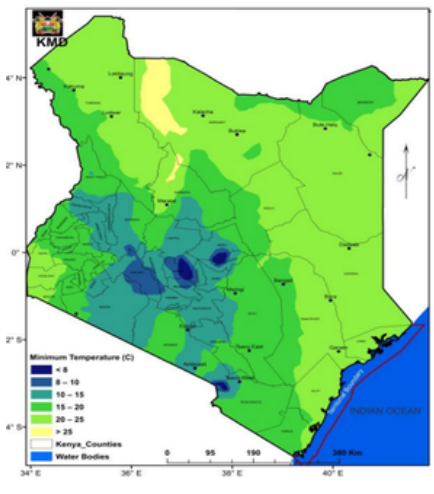


Forecasted Average Minimum Temperatures for 26th May to 1st June 2026

- 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

H.Nutrition status Updates Kenya

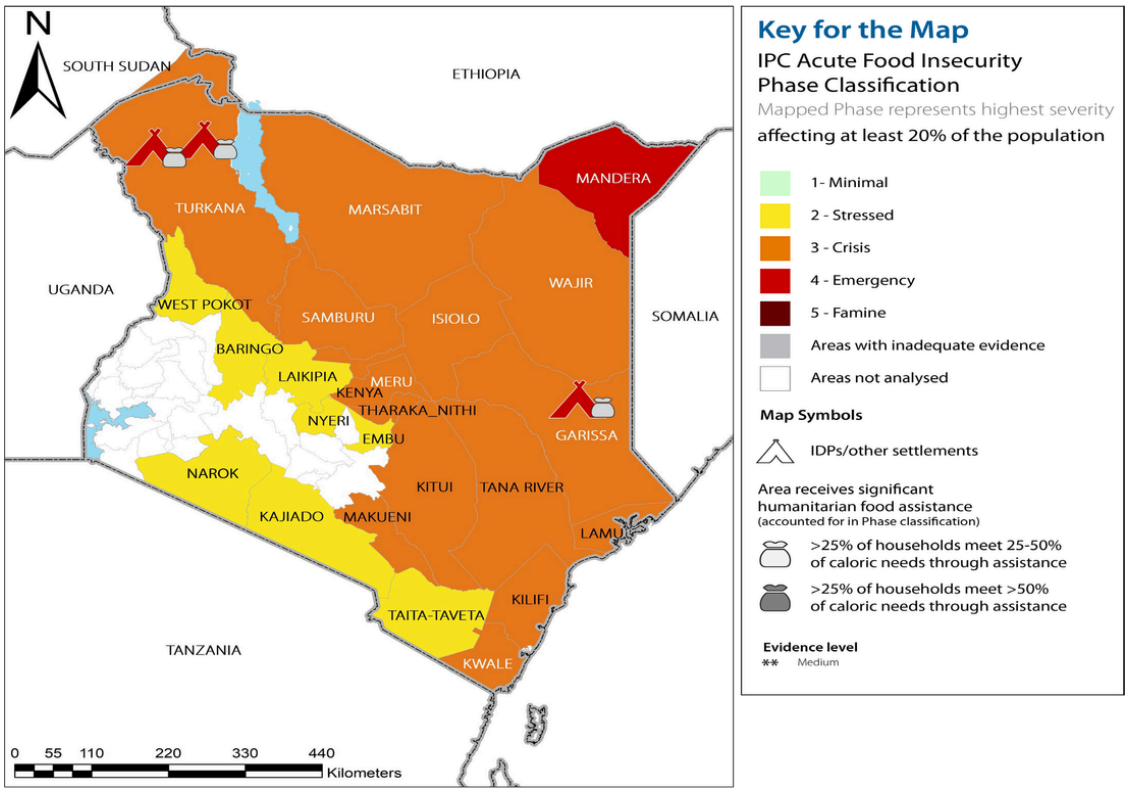
Current food insecurity projection up to June 2026

- 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.

Projection Acute Food Insecurity Situation Overview (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 labor
- 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 neighboring 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

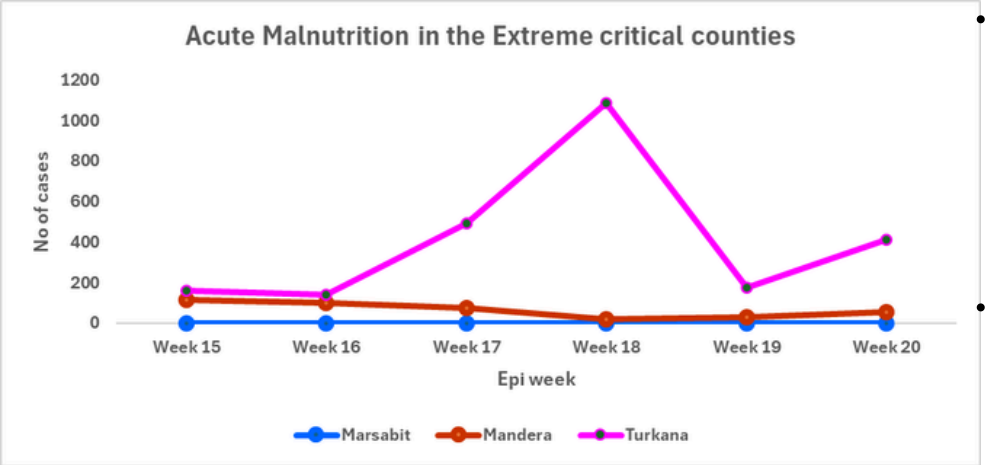
PROJECTED ACUTE FOOD INSECURITY MAP (APRIL - JUNE 2026)



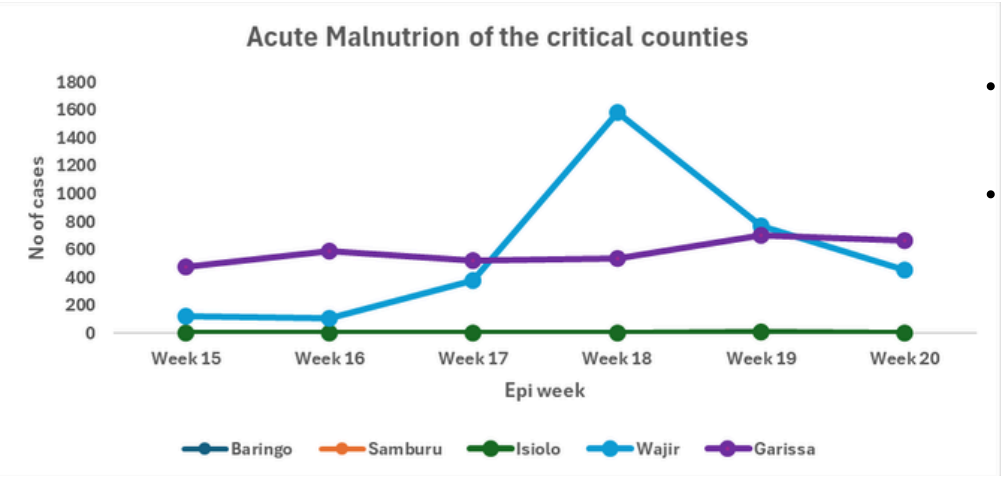
Projection Acute Food Insecurity Situation Overview (April - June 2026)

- 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.

Acute Malnutrition in the extremely critical and critical counties as per the IPC



- Turkana County has shown an upward trend in acute malnutrition cases. However, the apparent decline may not necessarily indicate a true reduction in cases, but could instead be attributed to delayed reporting of Week 19 data from the county
- Marsabit county has consistently not reported any case which may still be attributed by non-reporting of the IDSR data



- Wajir County recorded a sharp increase in cases during Weeks 17 and 18.
- Garissa County has consistently reported high numbers of cases throughout the reporting period.

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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