World Health Organization
Kenya

Emergency Preparedness and Response
Weekly Situation Report

Week 22: 24th to 31st May 2026
Data as reported by: 1700 hrs (EAT), 31st May 2026

2	6	5	0
New Events	Ongoing Events	Outbreaks	Humanitarian Crisis

Legend

KEN_Lakes

IPC Acute food insecurity phase classification

Projected April-June 2026

- Areas not analysed
- Sressed
- Crisis
- Emergency

- Counties with >80 cases Mpox
- Counties with <50
- Measles
- Suspected Anthrax outbreak
- Cholera
- Dengue fever

0 30 60 120 180 240 Miles

0	0	0	4
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 dealing with several public health emergencies: a prolonged Grade 2 Mpox emergency, measles in three counties, severe food insecurity in nine arid counties, cholera and dengue fever in Garissa, and a cross-border threat from a Ebola virus disease (Bundibugyo virus) outbreak in Congo and Uganda

Summary of active health emergencies in the country

Event	Total Cases	Cases Confirmed	Deaths	Case Fatality Rate	Case Contacts	Counties/ Countries	Start of Reporting Period	Grade	
Mpox	**1,129**	**1,129**	**19**	**1.7%**	**1,376**	**39**	**31 July 2024**	**Grade 2 Protracted**	**Ongoing**
Five new cases reported in the past week. In 2026, 180 cases reported from eighteen counties.									
Cholera	**22**	**1**	**0**	**0%**	**N/A**	**1**	**May 2026**	**Grade 3 Protracted**	**Ongoing**
22 cases reported in Dagahaley Refugee Camp, Dadaab Sub-county, Garissa County. One culture-confirmed case, 10 RDT-positive cases. No deaths. Two cases remain admitted. Most recent case reported on 28th May 2026.									
Measles	**445**	**66**	**0**	**0%**	**N/A**	**3**	**Nov 2025**	**Ungraded**	**Ongoing**
Five new cases reported in the past week from Mandera South sub-county. The outbreak is now active in three counties: Garissa (Dadaab), Wajir (Wajir North) and Mandera (Mandera South). Cumulative total: 445 cases (66 confirmed).									
Dungue Fever	**1,257**	**45 (PCR)**	**5- Suspected**	**N/A**	**N/A**	**1**	**Jan 2026**	**Ungraded**	**Ongoing**
1,257 cases and 5 suspected deaths reported across three sub-counties of Garissa County. 45 of 79 samples PCR-confirmed (59.5% positivity).									
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.									

50 health and non-health workers from across Busia County took part in an Ebola preparedness training in which WHO participated. Participants conducted a simulation exercise to strengthen coordination and response to a suspected Ebola case. A field drill at Alupe Hospital, the proposed isolation center, covered case detection, safe transfer, patient care, infection prevention and control, waste management, and discharge procedures.

PUBLIC HEALTH EMERGENCY OF CONCERN

A. GRADE 3 : Bundibugyo Virus Disease (BVD) – DRC and Uganda Updates

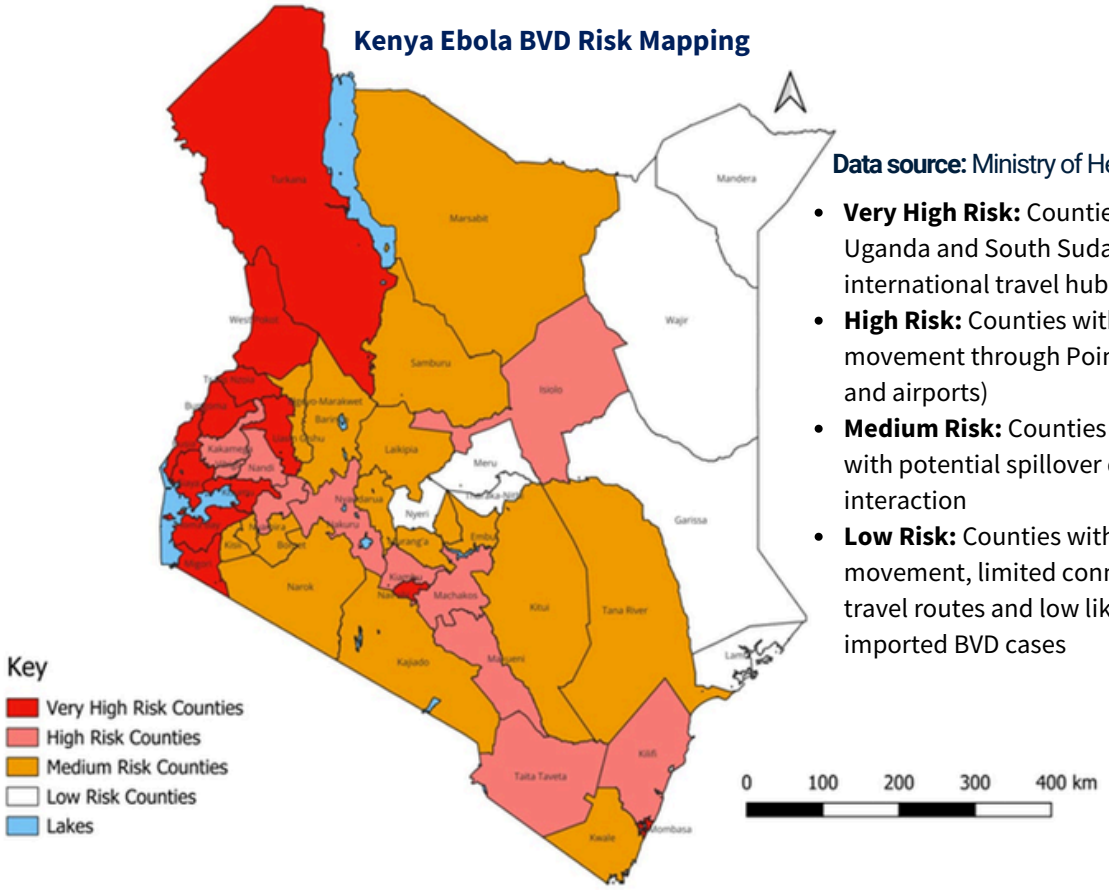
Ebola Virus Disease caused by Bundibugyo virus in the Democratic Republic of Congo and Uganda

Reporting Countries

- **DRC – as of 1st June 2026:** 321 confirmed cases, 48 confirmed deaths (CFR 15.0%) and 116 suspected cases under investigation across 16 health zones. 238 active confirmed cases and 6 recovered. 19 health care worker infections reported. Contact follow-up rate stands at 43%. The outbreak is linked to the Bundibugyo strain (non-Zaire Ebola virus) for which no licensed vaccine or specific therapeutic exists. 43% contacts follow up rate as of 1st June 2026
- **Uganda – as of 1st June 2026:** 15 confirmed cases, 2 deaths and 6 health care worker infections reported in Kampala. 642 contacts listed as of 1st June 2026

Indicator	DRC	Uganda
Cumulative Confirmed Cases	321	15
Active Confirmed Cases	238	—
Recovered	6	—
Confirmed Deaths	48	2
Suspected Cases under Investigation	116	—
HCW Infections	19	6
Contact Follow-up Rate	43%	—
WHO Grade	**PHEIC declared 16th May 2026**	

Kenya Ebola BVD Risk Mapping



Data source: Ministry of Health Kenya

- **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

Click here for more information

Kenya Preparedness and Readiness Actions

Coordination

- KNPHI is working closely with partners, including UN agencies, NGOs, and others, some with significant experience in responding to Ebola Virus Disease (EVD)
- National PHEOC raised to alert mode to support risk monitoring
- MOH issued an advisory to the general public to raise public awareness
- Emergency preparedness and readiness working group constituted, led by KNPHI
- National operational readiness assessment completed and critical gaps identified for immediate action and incorporated in national preparedness plan
- IMT activated at national and sub-national level
- The Preparedness and Readiness Plan for EVD has been developed and is being refined to reflect urgent priority actions and budget requirements for immediate implementation during the preparedness phase. The plan is pending leadership endorsement.
- Weekly coordination meetings between national, county, and partners initiated

Surveillance and Data Management

- Enhanced surveillance for EVD in health facilities and communities, including rapid detection, reporting, and isolation protocols
- Distributed surveillance case definitions and community lay case definitions to sub-national level
- Over 70,000 travellers have been screened for EVD across 26 points of entry , strengthening early detection and prevention efforts
- Risk mapping of the high-risk counties done
- A total of 1,069 national and county healthcare workers have been sensitised on EVD on the ECHO virtual platform
- A total of 118 surge capacities have been mapped and are on standby
- Rapid response teams mobilised and maintained on 24-hour standby for rapid deployment
- High-risk counties supported and guided to identify, assess, and operationalise isolation facilities and holding areas

Case management and IPC

- Identification and assessment of isolation and treatment centres across the very high-risk counties is underway
- Identified sites for Ebola treatment centre/ unit at Alupe Hospital in Busia County underwent assessment and is earmarked for renovation and operationalisation; Trans Nzoia and Turkana designated sites assessment is planned
- Fifty (50) health/ non health workers from Busia county were trained on integrated Ebola training on all key pillars of response including case management, IPC, SDB, surveillance, contact tracing, etc.
- On the 2nd of June Trans Nzoia and Turkana county are conducting a integrated Ebola training and simulation exercises.

Laboratory

- 4 laboratories have been designated for Ebola testing (National Public Health Laboratory,KEMRI Nairobi, KEMRI Kisumu and Mobile Lab Busia)
- Testing kits available for approximately the first 200 suspected cases
- A total of 25 alerts samples were investigated, all tested negative for Ebola across 10 counties. **(see the breakdown below)**

County	Total samples	Negative	Positive	Pending results
Uasin Gishu	2	1	0	0
Nairobi	14	14	0	0
Nyamira	1	1	0	0
Trans Nzoia	1	1	0	0
Kiambu	2	2	0	0
Nyeri	1	1	0	0
Nakuru	1	1	0	0
West Pokot	1	1	0	0
Kisumu	1	1	0	0
Bungoma	1	1	0	0
Total	**25**	**25**	**0**	**0**

Logistics

- WHO supported KNPHI with one VHF-500 KIT that will respond to 500 suspected cases of Ebola. In addition, one extra kit is available for immediate access and rapid deployment when the need arises

Risk communication and community engagement (RCCE)

- Public messaging continues to be disseminated through the national call centre: 719 (*719#) to raise awareness and provide accurate information
- EVD information education and communication materials have been approved and disseminated to support community engagement and health education efforts
- Community engagement activities are ongoing as part of the broader EVD preparedness framework across high-risk counties

Click here for more information

B. Mpox Situation Updates

Data source: Ministry of Health Kenya

New cases	Cumulative cases	Recovered	Case Contacts	Counties	Deaths
5	**1,129**	**1,099**	**1,376**	**39**	**19**

Five new cases reported in the past week.
In 2026, **180 cases** have been reported from eighteen counties

- Mombasa reported 40% (70) of cases.

Total number of cases: 1,129

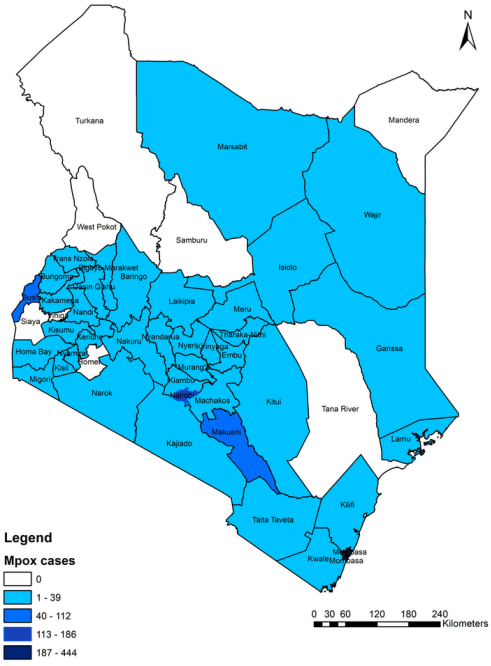
- Recovered cases: 1,099
- Active cases: 11 — facility care (3), home-based care (8)

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

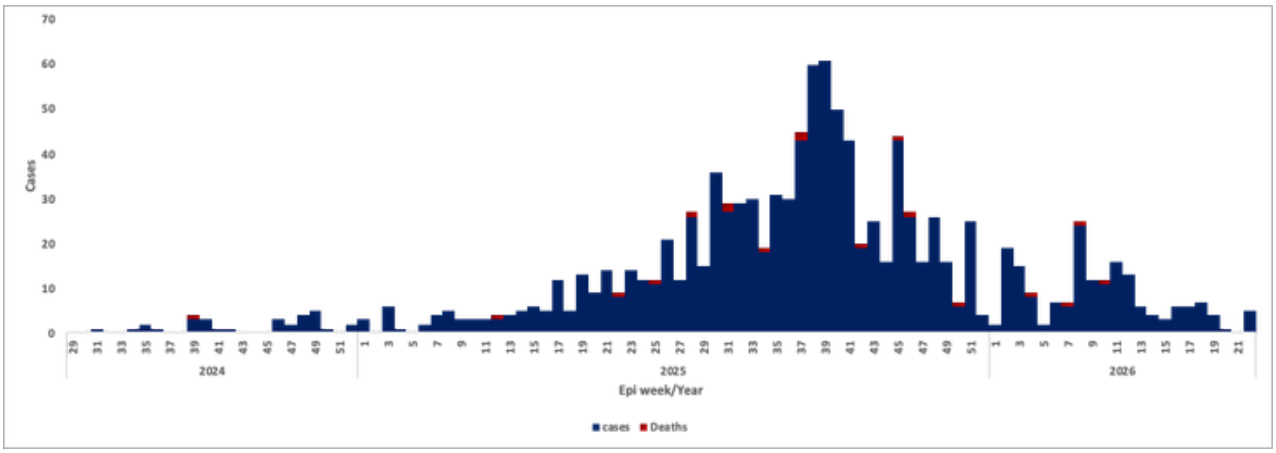
- Female: 10 (53%)
- HIV Positive: 13 (68%)

1,376 contacts listed and 1,141 have completed follow-up. A total of 10.2 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

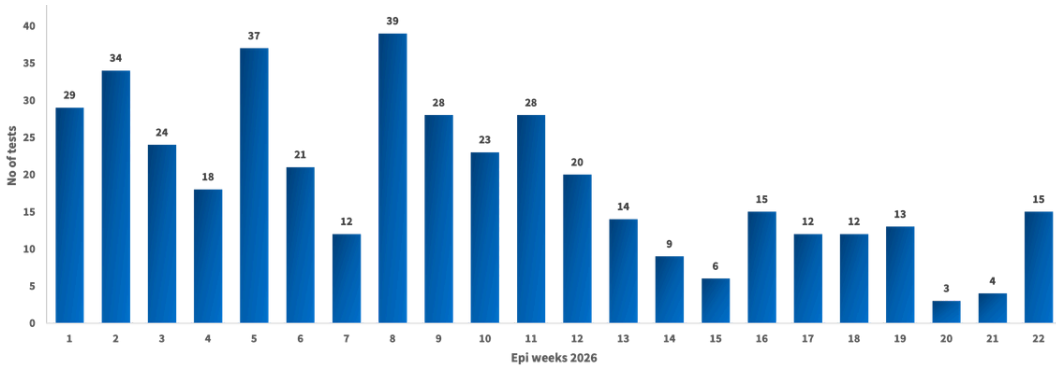


Epi curve of the confirmed mpox cases, Kenya, 2024-2026



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

Laboratory tests done for Mpox since January-May 2026,Kenya



- The number of Mpox tests conducted by counties is gradually declining
- This may indicate responder fatigue due to the prolonged nature of the outbreak, highlighting the need to transition to routine surveillance and reporting

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

C. Cholera

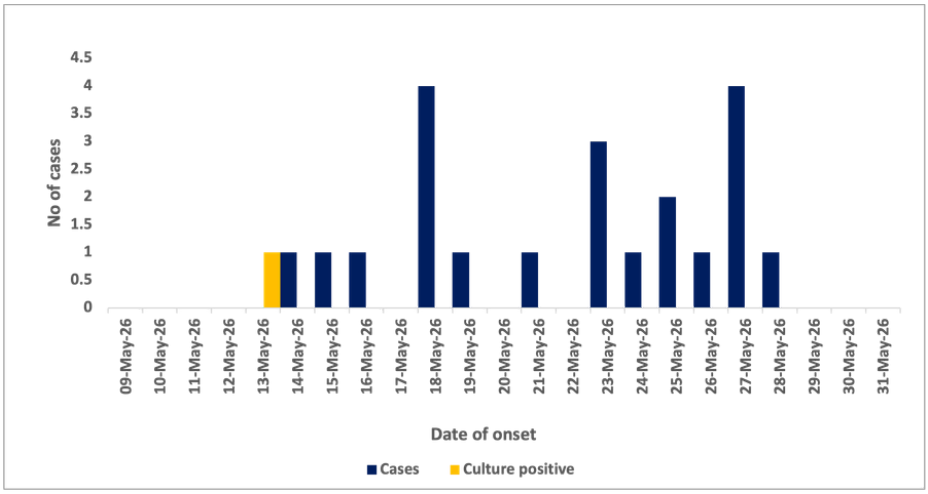
New cases	Cumulative cases	Recovered	Case Contacts	Counties	Deaths
22	1	10	0	1	0

- 22 cases reported in Dagahaley Refugee Camp, Dadaab Sub-county, Garissa County. The index case was reported on 13th May 2026; the most recent case on 28th May 2026. Two cases remain admitted at the treatment centre. No deaths reported
- Of 22 cases, females accounted for 13 (59.1%) and males 9 (40.9%). Children under 5 years account for 10 of 22 cases (45.5%), representing the most affected age group. A second concentration of cases is observed among adults aged 45–59 years (22.7% of cases)

Response activities

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

Epi curve of cholera cases in Dadaab -Dagahaley camp,May 2026



D.Dengue Fever – Garissa County

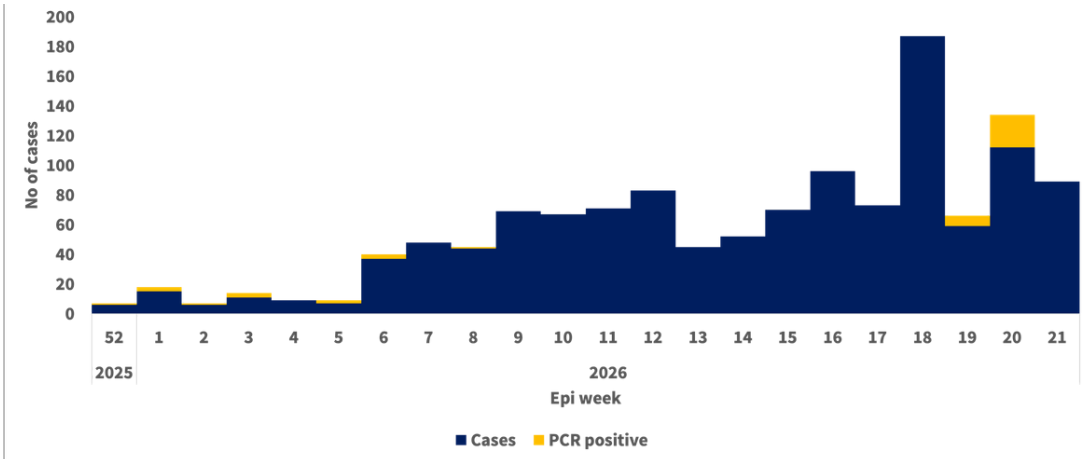
New cases	Cumulative cases	Suspected Counties	Counties	Deaths
1,257	45	3	3	0

- An upsurge of dengue fever has been reported across three sub-counties of Garissa County: Dadaab (980 cases), Garissa Township (221 cases) and Fafi (56 cases)

Sub-county	Cases	PCR Positive
Dadaab	980	8
Fafi	56	8
Garissa Township	221	29
Total	**1,257**	**45**

- 1,220 specimens collected and tested. RDT performed on 1,191 samples with 433 (36.4%) testing positive. RT-PCR performed on 79 samples with 45 (59.5%) testing positive. Five suspected deaths reported: 4 in Garissa Township and 1 in Hagadera Refugee Camp
- Of the 980 Dadaab cases, 104 are in Dadaab Host community and 876 are in Dagahaley Refugee Camp. All 56 Fafi cases are in Hagadera Refugee Camp
- Cases under 40 years account for more than 80% of all reported cases. Females account for 50.6% of cases

Epi curve of Dengue fever cases, Garissa county, May 2026



E. Measles

New cases this week	Cumulative	Cases Confirmed	Case Contacts	Counties
5	445	66	0	3

Five new cases reported from Mandera South sub-county. The outbreak affected 5 counties in 2026: Baringo (Tiaty East), Marsabit (Moyale), Garissa (Fafi and Dadaab), Wajir (Wajir North) and Mandera (Mandera South)

Active transmission is now confirmed in three counties: Garissa (Dadaab Dagahaley camp), Wajir (Wajir North) and Mandera (Mandera South)

Total cumulative cases: 445

- Laboratory-confirmed: 66
- Suspected: 347 (note: Mandera South 5 confirmed, 0 suspected)
- Deaths: 0

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

Epi curve of Measles cases, 2026

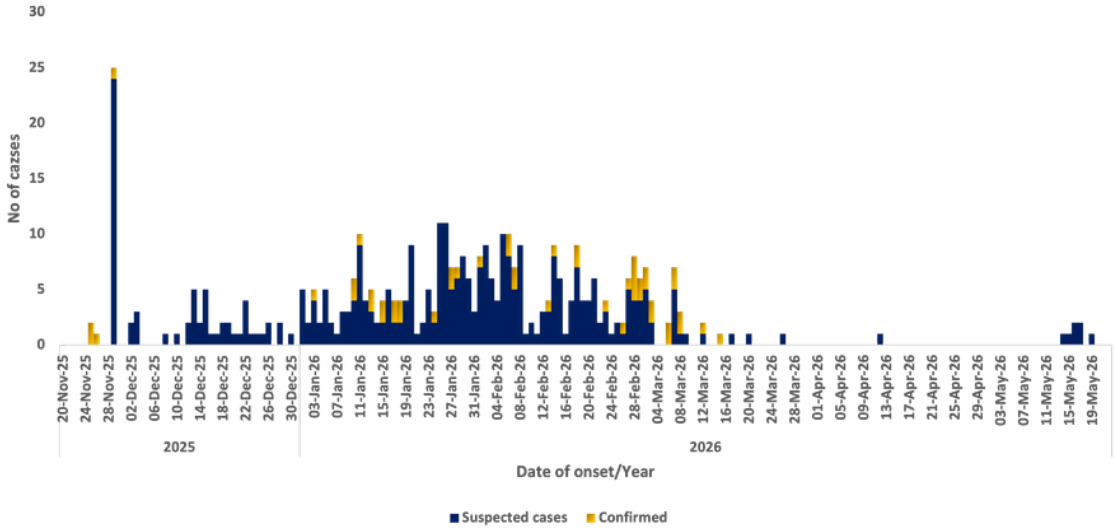


Table 1: *Distribution of measles cases by county 2026-Kenya*

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
Mandera	Mandera South	5	5	0	0	-	-	Active
Total		445	66	347	0			

Response activities and gaps

- Outbreak response immunisation completed:

Tiaty West sub county, Baringo: 9,809 children under 10 years vaccinated (December 2025)
Tiaty East sub county, Baringo: 5,789 children under 5 years vaccinated (March 2026)
Moyale sub county, Marsabit (Dabel ward): 1,758 children under 15 years vaccinated (March 2026)

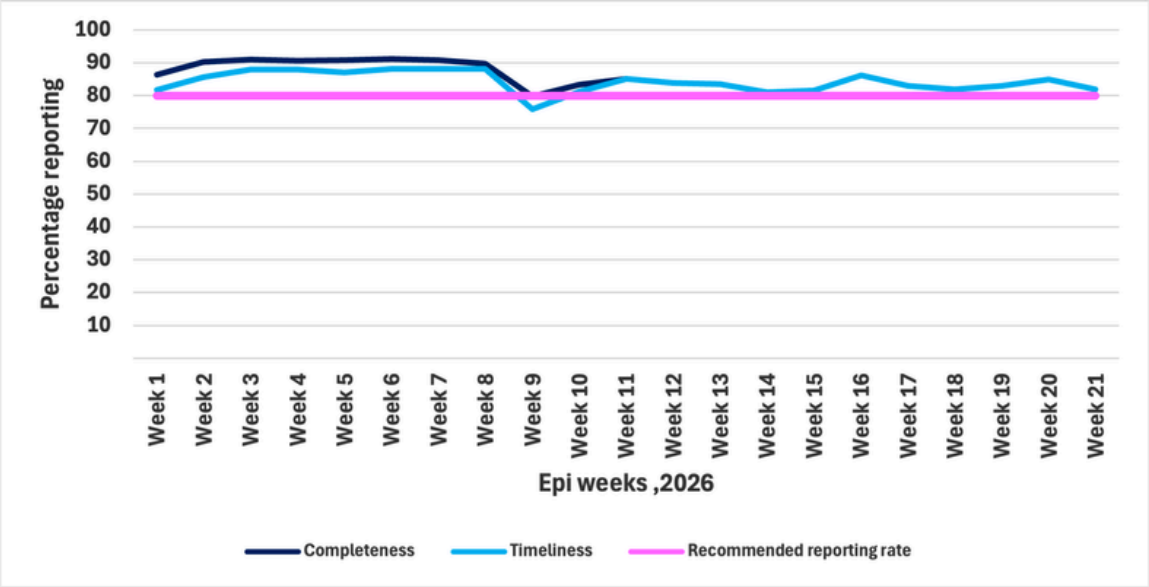
- Active case search ongoing at health facility and community levels
- Enhanced surveillance for timely detection and response ongoing in health facilities and communities in affected counties
- Provision of supportive care at health facilities

Gaps

- Delayed sub-national reporting affecting timeliness

F. Integrated Disease Surveillance (IDSR) Overview

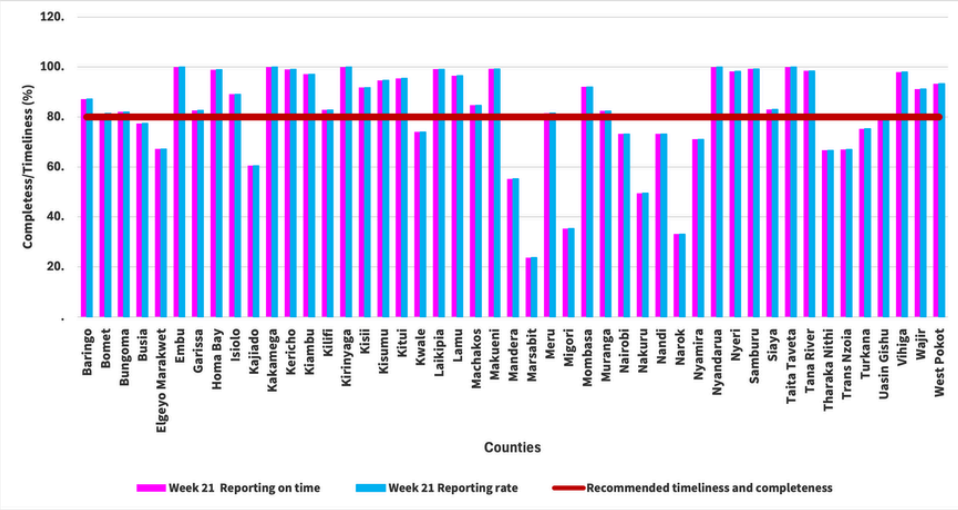
Overview of key indicators of IDSR, Kenya from Epi week 1-21,2026.



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

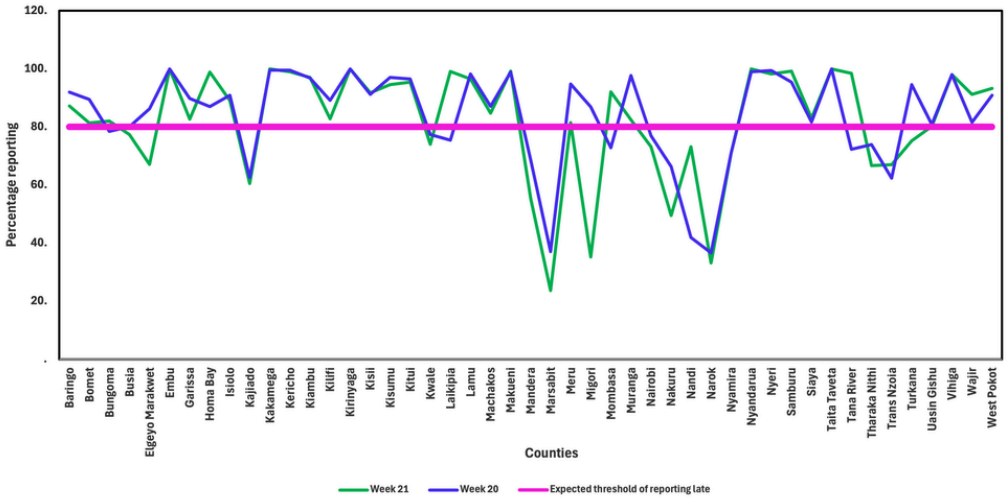
- The average overall completeness ofreporting from Epidemiological Week 1 to20 was 86%
- The average overall timeliness ofreporting during the same period was 84%
- Notably, Epi Week 9 recorded the lowesttimeliness at 76%

IDSR Completeness and timeliness per county, Kenya, Epi week 21,2026



- 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 21,2026,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	Propor escala
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

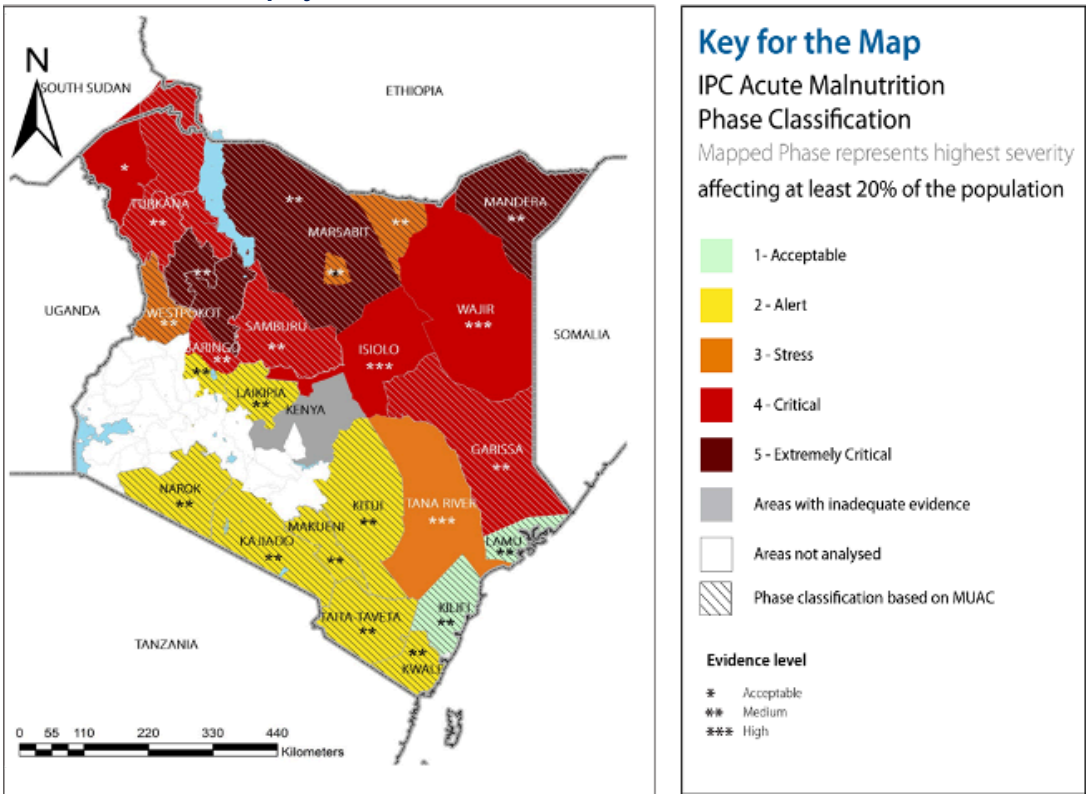
G.Nutrition status Updates Kenya

Source: Kenya Ipc (Integrated Food Security Phase Classifications

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

Overview of projected acute malnutrition situation March-June 2026



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

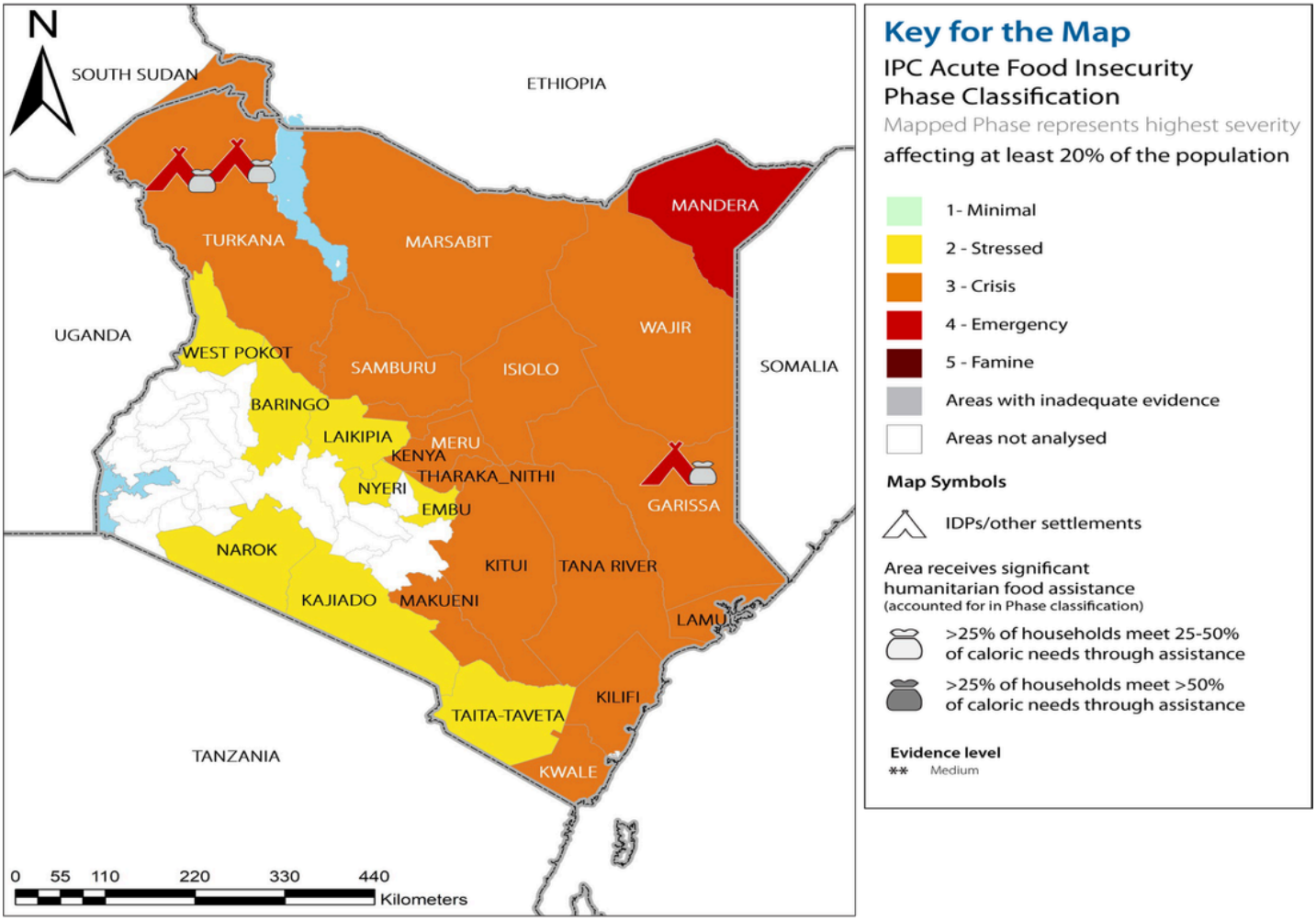
Household incomes are expected to stay below average:

1. In marginal agricultural areas: due to poor harvests and reduced demand for farm labor
2. In pastoral areas: due to smaller livestock herds limiting sales
3. Crop production in marginal agricultural zones will likely be near to below average, affected by:
4. Limited access to seeds and inputs

Uncertain rainfall performance

5. Food access will be constrained:
6. Household food stocks are very low
7. Reliance on market purchases is high, but low incomes limit buying power
8. Staple food prices will remain average to above average, driven by:
9. High demand
10. Reduced local supply
11. Imports from neighboring countries will help stabilize prices temporarily
12. Livestock prices are expected to be average to above average, as households reduce sales to rebuild herds and improve animal condition

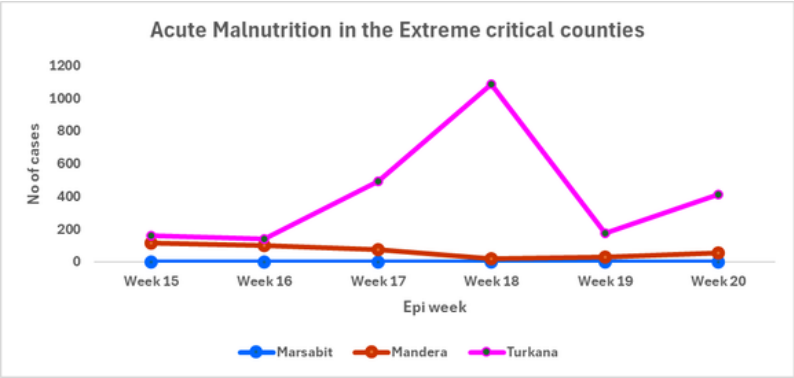
PROJECTED ACUTE FOOD INSECURITY MAP (APRIL - JUNE 2026)



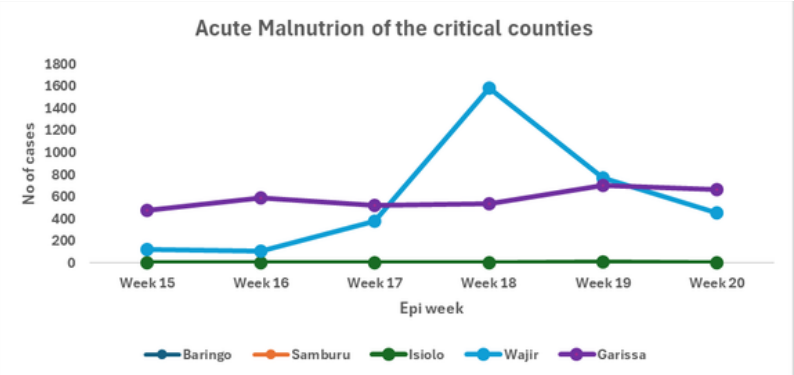
Projection Acute Food Insecurity Situation Overview (April - June 2026)

- 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

H. Seven-day weather forecast Kenya,2nd -8th June 2026

Source: Kenya Metrological Department-Ref: MET/7/361

- Rainfall is likely to continue over the Highlands East and West of the Rift Valley, the Lake VictoriaBasin, the Rift Valley, the Coastal region, and parts of North-eastern Kenya
- Cool and cloudy conditions are likely to prevail over some parts of the Highlands East of the Rift Valleyand the South-eastern Lowlands, occasionally breaking into sunny intervals and sometimesaccompanied by light rainfall
- Average daytime (maximum) temperatures exceeding 30°C are expected over the Coastal region, partsof the South-eastern Lowlands, and North-eastern and North-western Kenya
- Average night-time (minimum) temperatures below 10°C are expected in a few areas of the HighlandsEast of the Rift Valley, the Central Rift Valley, and the vicinity of Mount Kilimanjaro

Priority Health Concerns, Misinformation Risks and RCCE/Infodemic Management Actions – Kenya Social Listening Summary (1 June 2026)

Health Concern	Current Situation	Main Misinformation / Disinformation	RCCE & Infodemic Management Actions
Ebola (DRC & Uganda outbreak) and Laikipia Quarantine Facility	No confirmed Ebola cases in Kenya. Public concern linked to preparedness measures and proposed quarantine facility.	Kenya is importing Ebola patients; quarantine facility will spread Ebola; Kenya is a dumping ground; Ebola is a foreign-engineered bioweapon; government is hiding information for financial gain.	Daily transparent briefings; community dialogues; publish FAQs; use trusted clinicians; town halls and radio call-ins; rapid rumor tracking and response.
HantavirusAlert (Travel-related Surveillance)	No local outbreak in Kenya; linked to international cruise ship outbreak.	Hantavirus is spreading in Kenya; lockdown plans; biological warfare theories; disease created for profit; fear of vaccination campaigns; spreads like COVID-19.	Issue 'No confirmed cases in Kenya' messages; airport and seaport FAQs; myth-vs-fact content; explain transmission routes; engage faith leaders; social media explainers.
Mpox Outbreak in Kenya	Active outbreak under surveillance with ongoing case detection and contact tracing.	Government fabricating cases; political distraction; lockdown plans; foreign actors importing diseases; WHO hidden agenda.	Regular county updates; explain surveillance data; engage CHVs and youth; use influencers and healthcare workers; address rumors directly.
Anthrax / Meat Safety	Public concern around meat safety and animal disease outbreaks.	All meat is unsafe; contaminated meat is being hidden; inspections cannot be trusted.	Market-based RCCE; joint veterinary-health messaging; demonstrations on meat inspection; trader engagement.
Measles & Immunization	Ongoing vaccination efforts and surveillance.	Vaccines do not work; vaccines are unsafe; children used for experiments; measles not serious.	Faith leader and school engagement; vaccine confidence campaigns; healthcare worker training; testimonials.
Cross-Cutting Infodemic Risks	Affecting all health emergencies.	Distrust of authorities; foreign agenda narratives; transmission confusion; stigma; outbreak fatigue.	National rumor tracking; weekly social listening; pre-bunking; community feedback; media partnerships; stakeholder briefings.

World Health Organization
Kenya

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