EMERGENCY PREPAREDNESS AND RESPONSE WEEKLY SITUATION REPORT

WEEK 31: 26th TO 2nd August 2026 | KENYA

0 **New Events**	**0** **Ongoing Events**	**3** **Outbreaks**	**0** **Humanitarian Crisis**

0 **Grade 3**	**0** **Grade 2**	**0** **Grade 1**	**2** **Ungraded**
0 **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 21 counties in 2026, measles in six 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, July 2026

Event	Total Cases	New Cases	Confirmed cases	Deaths	Case Fatality Rate	Case Contacts	Counties	Start of reporting period	WHO Grade
Mpox	**1,225**	**14**	**1,225**	**19**	**1.6%**	**1,376**	**39**	**31 July 2024**	**Protracted 2**
Fourteen new confirmed cases have been reported from Nairobi (12) and Embu (2) in the past week. Total of 276 cases reported from 21 counties in 2026.									
Measles	**488**	**4**	**93**	**1**	**0.2%**	**N/A**	**4**	**Nov 2025**	**Ungraded**
Four new cases reported in the past week, from Likoni subcounty, Mombasa County. Outbreak remains active in six sub-counties across six counties. Cumulative 488 cases including 93 confirmed and one death since 2026.									
Dengue Fever	**1,679**	**0**	**60 (PCR)**	**5** suspected deaths	**N/A**	**N/A**	**1**	**2026**	**Ungraded**
No new cases reported in the past week in either county. The outbreak is stabilizing in Garissa, but transmission remains active in Wajir.									

1. 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 continued to intensify during the reporting period, now confirmed as the second largest and fastest growing Ebola outbreak in history, nine times larger than the 2014–2016 West Africa outbreak at the same point in its timeline. Daily cases are growing at 2.2% (Rt 1.19), with incidence projected to double roughly every 18 days if the trend holds. The outbreak now spans 5 provinces and 50 health zones, with Tshopo Province the latest area affected. WHO declared a PHEIC on 16 May 2026, and Africa CDC declared a Public Health Emergency of Continental Security. Uganda has reported no new cases; its last confirmed patient was discharged 16 July 2026, all identified contacts have completed follow-up, and the country remains on its 42-day countdown to declare the outbreak over, though it stays at high risk of reimportation given sustained transmission just across the border.

Country	New Cases (24h)	New Deaths (24h)	Confirmed Cases (Total)	Confirmed Deaths (Total)	CFR (%)	Recoveries	Patients in Isolation	Health Zones/Districts Affected
DRC	74	36	3,748	1,657	44.2	708	690	50*
Uganda	0	0	20	2	10.0	18*	0	1
France	0	0	1	0	0.0	1	0	1

* ***Data source****: Data as of 1st August 2026 | Weekly External Situation Report 11, WHO AFRO*

Figure 1: **Readiness status for BVD outbreak by pillar, Kenya, May 2026**

Kenya's overall Ebola preparedness score rose from an estimated 66% in May 2026 to 82% following the July 2026 reassessment, with the largest gains concentrated in infection prevention and control, points of entry, and logistics, the pillars flagged as weakest at baseline. Five pillars, including contact tracing and rapid response teams, remained unchanged.

Month	Contact Tracing	Rapid Response Teams	Laboratory	Public Awareness and RCCE	Safe and Dignified Burials	Coordination	Surveillance	Travel Points of Entry	Logistics	Case Management	IPC
May 2026	100%	90%	87%	75%	75%	67%	67%	60%	49%	36%	25%
July 2026	100%	90%	100%	80%	71%	83%	92%	90%	65%	45%	73%

Kenya Preparedness and Readiness Actions

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). WHO and partners continue to support the Ministry of Health in strengthening the response pillars, and preparations are underway for a pillar-based risk assessment in the high-risk counties.

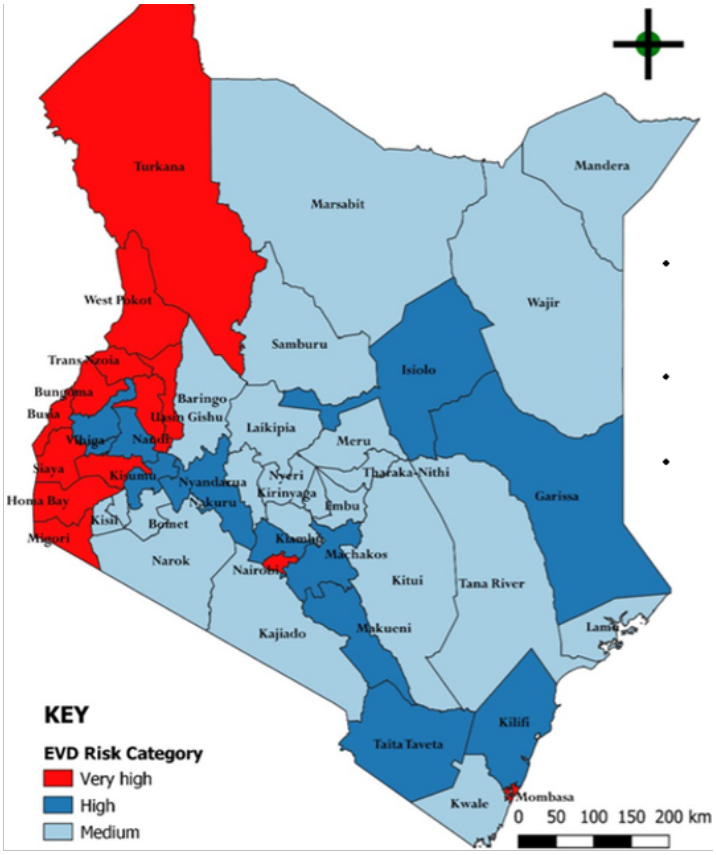

Figure 2: Risk classification status for BVD by county, Kenya, June 2026

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
Points of Entry (PoE)		▪ Enhanced screening continues at high-risk Points of Entry for travelers arriving from DRC and Uganda. ▪ A total of 5,322 travelers were screened in the last week. ▪ As of 2nd August 2026, a cumulative 337,937 travellers have been screened for Ebola Virus Disease since the outbreak was declared in DRC and Uganda.
Rapid Response Teams		▪ Cascade training has been completed for Migori, Kisumu, Makueni, Mombasa and Nairobi; Laikipia, Isiolo, Meru, Nyeri and Samburu is underway. ▪ As of 2nd August 2026, a cumulative total of 173 alerts has been investigated, all of which tested negative; 15 alerts were investigated in the past week, reflecting continued active surveillance.
Surveillance		▪ KNPHI, in collaboration with the Digital Health Agency (DHA) and partners, has developed a **draft executive dashboard** consolidating surveillance data from multiple reporting systems. ▪ Finalization process is ongoing
Leadership and Coordination		▪ WHO joined MOH, KNPHI, Kenya Red Cross, AMREF Kenya, AFENET and other partners at a National EVD Stakeholders Coordination Meeting to review preparedness, strengthen coordination, and align partner support with national priorities.

2. Mpox

*Ministry of Health

New cases*	Cumulative cases	Deaths	Recovered	Case Contacts	Counties
14	**1,225**	**19**	**1,168**	**1,376**	**39**

Fourteen (14) new confirmed cases reported from Nairobi (12) and Embu (2) in the past week. A total of 276 cases, including three deaths, have been reported across 21 counties in 2026. Only 38 cases are currently active, with two in facility care and 33 in home-based isolation and care. Cumulatively, 1,225 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, 1,141 completed follow-ups; 16 contacts confirmed as cases after developing symptoms
- Nairobi County accounted for the majority of the 2026 cases (40%, 111/276) and is the current hotspot.
- A total of 10,956,038 travellers screened at 26 points of entry since the beginning of the outbreak in July 2024
- Laboratory testing: 3,092 total samples tested, 1,225 positive (positivity rate 39%); seventeen tests done in the past one week.
- Genomic sequencing: 257 samples sequenced, Sub-clade 1b virus identified in all positive samples

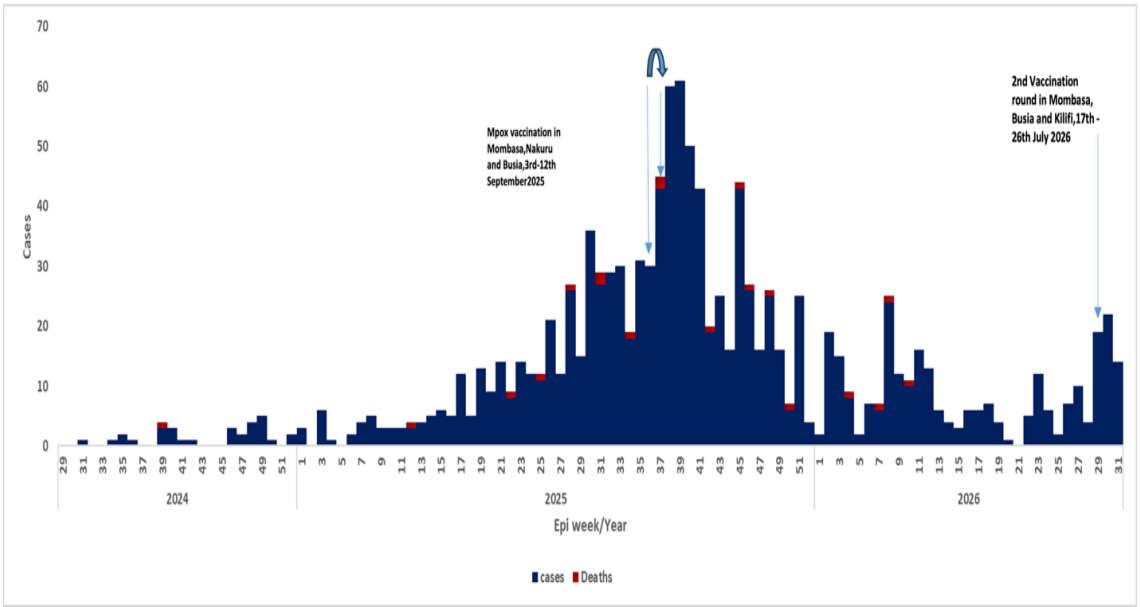

Figure 3: Epi curve of mpox cases in Kenya, July 2024 – August 2026

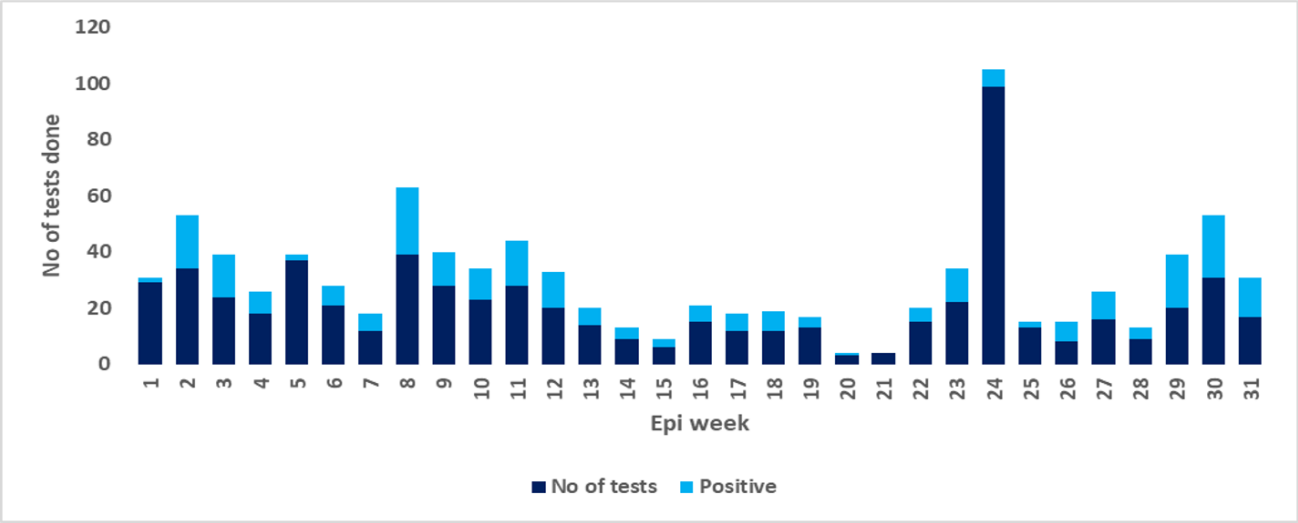

Figure 4: Trends in Laboratory testing of mpox, Kenya, January – August 2026

- Surveillance is still active in many counties
- Most of the samples tested in week 24 are from Nairobi County 92/99
- Most samples tested from Nairobi County were collected from healthcare workers who had been identified as contacts of confirmed cases managed at Kenyatta University Teaching, Referral and Research Hospital (KUTRRH).
- Enhanced surveillance activities conducted during the vaccination campaign led to an increase in the number of suspected cases identified and tested.

3. Measles

New cases	Cumulative cases	Deaths	Case Contacts	Counties
4	**488**	**1**	**0**	**6**

* *Source: Ministry of Health of Kenya*

- Four (4) new cases were reported in the past week, from Likoni subcounty, Mombasa County.
- Since onset in November 2025, a total of 488 cases including 89 laboratory-confirmed cases and one death have been reported.
- The outbreak remains active in six sub-counties across six counties: Kilifi County (Kilifi South and Kaloleni sub counties), Tana River County (Galole subcounty), Nairobi County (Kibra subcounty), Kiambu County (Thika subcounty), Mandera County (Banisa subcounty), and Mombasa County (Likoni subcounty), as 30 days has not elapsed since the last suspected/confirmed case, in line with Kenya IDSR guidelines.

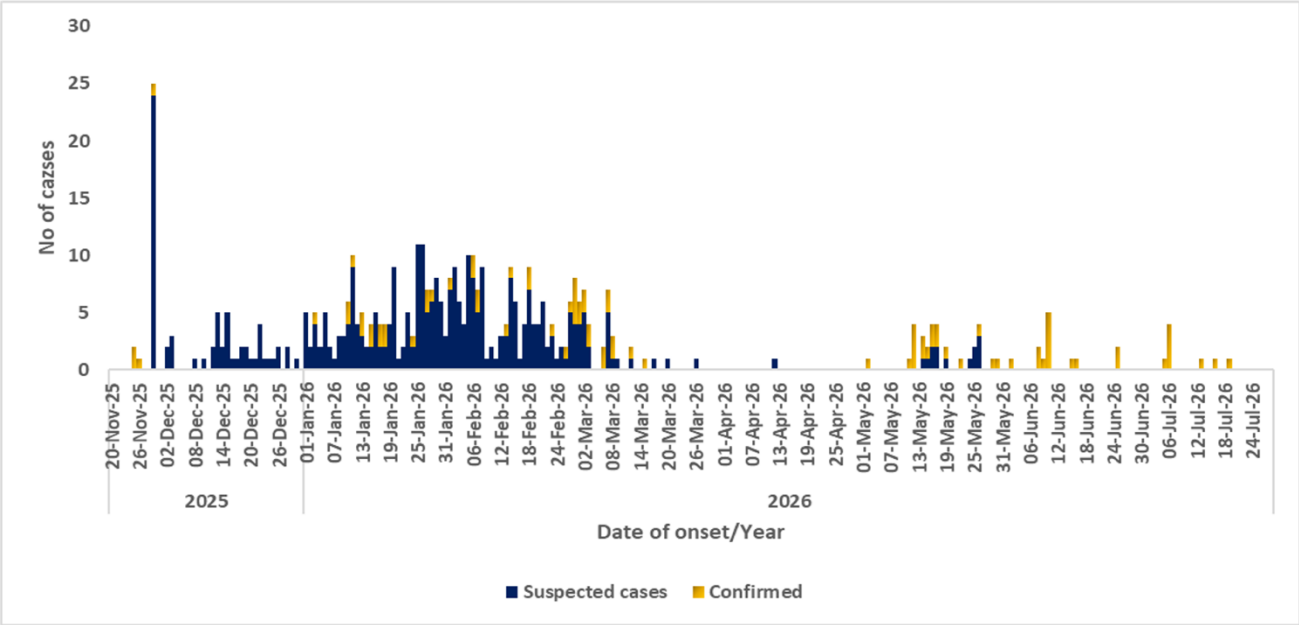

Figure 7: Epi Curve of Measles Cases, Kenya Nov 2025 - August 2026

5. 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.

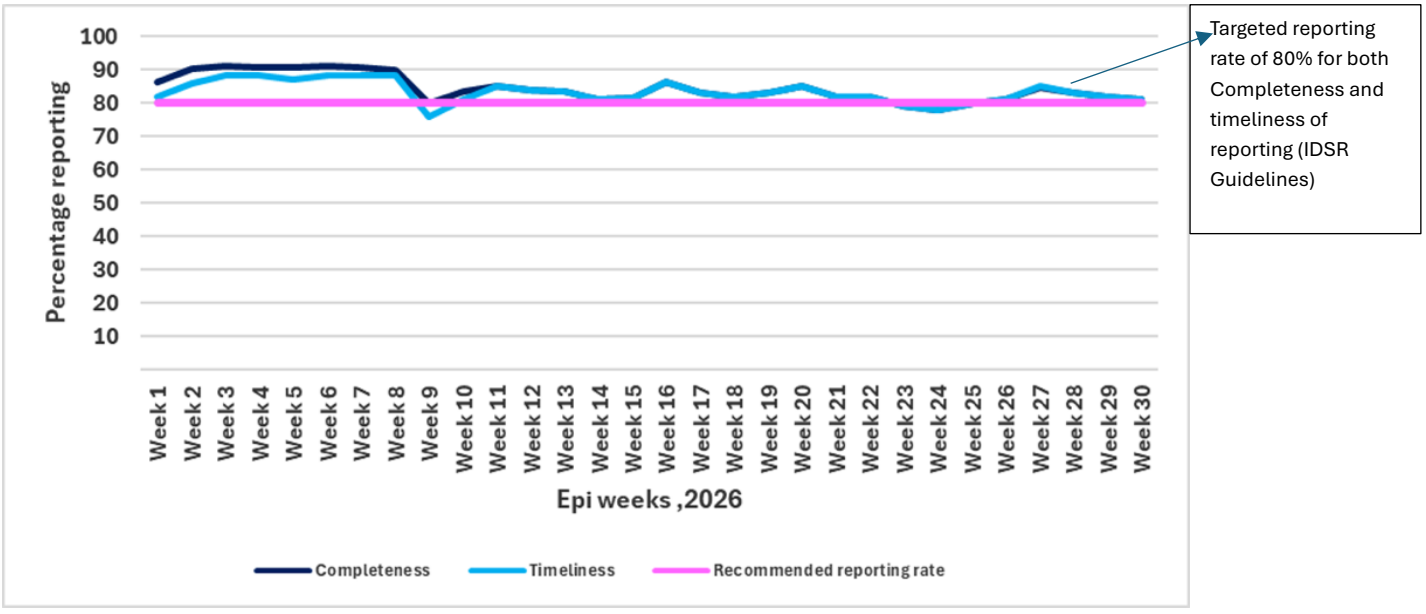

Figure 8: Overview of key indicators of IDSR, Kenya from Epi week 1-29,2026

- The average overall completeness of reporting from Epidemiological Week 1 to 29 was 84%.
- The average overall timeliness of reporting during the same period was 83%.
- Notably, Epi Week 9 recorded the lowest timeliness at 76%.

6. Completeness of IDSR reporting Epi 27-30,2026

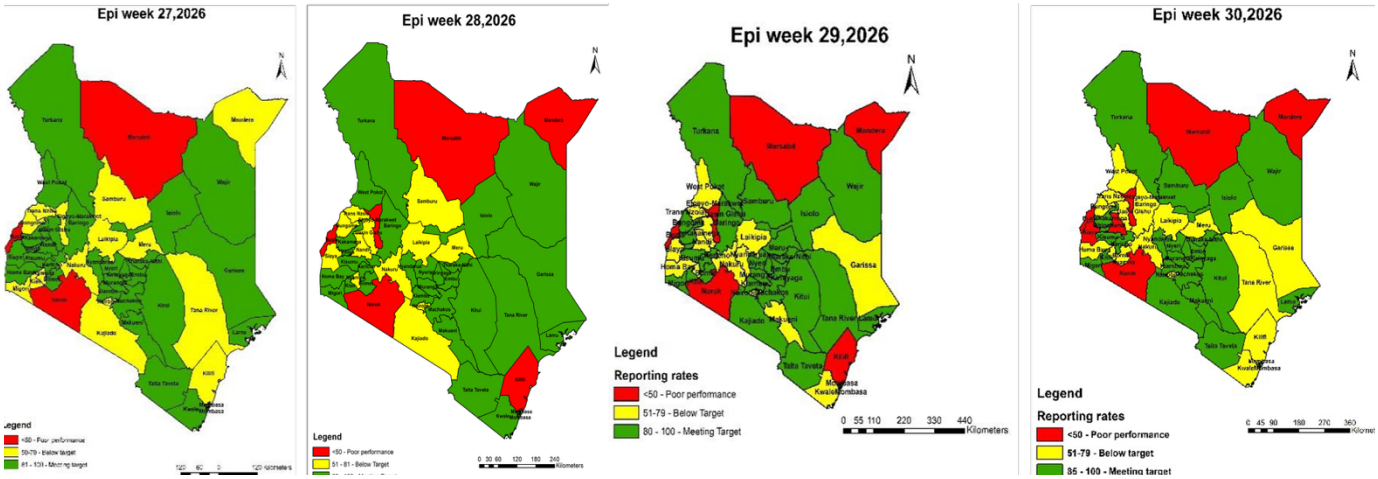

Figure 9: Completeness of IDSR reporting Epi 27-30,2026

- 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 Mandera Counties has consistently reported below 50%.

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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