EMERGENCY PREPAREDNESS AND RESPONSE WEEKLY SITUATION REPORT

WEEK 35: 24th TO 30th August 2026 | KENYA

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

0 **Grade 3**	**1** **Grade 2**	**0** **Grade 1**	**1** **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 22 counties, measles in 4 counties, and a confirmed case of circulating vaccine-derived poliovirus type 2 (cVDPV2) in Garissa County. The country is also at high-risk of Bundibugyo virus disease importation following the current outbreak in the Democratic Republic of Congo.

Summary of Ongoing Public Health Emergencies in Kenya, August 2026

Event	Total Cases	New Cases	New deaths	Confirmed cases	Deaths	Case Fatality Rate	Counties	Start of reporting period	WHO Grade
Mpox	**1,285**	**11**	**0**	**1,285**	**19**	**1.6%**	**39**	**31 July 2024**	**Protracted 2**
Eleven new confirmed cases have been reported from Nairobi (10) and Kajiado (1) in the past week. Total of 336 cases reported from 22 counties in 2026. No new death reported in the past week									
Measles	**519**	**5**	**0**	**104**	**3**	**0.6%**	**4**	**Nov 2025**	**Ungraded**
Five new cases with zero deaths reported in the past week, from Kaloleni sub-county, Kilifi County. Outbreak now active in four sub-counties across four counties.									
Polio 2 (cVDPV2)	**1**	**0**	**0**	**1**	**0**	**0.0%**	**1**	**August 2026**	**Grade 2**
No change this week. One case remains confirmed in Dadaab Sub-County, Garissa County, classified ORPHAN with no confirmed person-to-person transmission.									

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 and has now become the largest BVD outbreak ever recorded and the second-largest Ebola disease outbreak on record. The outbreak spans 6 provinces and 57 health zones, with Bas-Uélé the latest province affected following a confirmed case in Buta health zone. Ituri remains the epicentre, accounting for most cumulative cases and deaths, though transmission has intensified in Nord-Kivu and Haut-Uélé even as it has declined in some established hotspots. WHO declared a PHEIC on 15 May 2026, 96 days since the declaration, and Africa CDC declared a Public Health Emergency of Continental Security.

Uganda's outbreak has been declared over after 42 days without a case. No new confirmed case, the outbreak is now controlled. Uganda stays at high risk of reimportation given sustained transmission just across the border.

France has reported no secondary transmission following the imported case detected on 24 June 2026. The patient recovered and was discharged on 4 July 2026. No secondary transmission has been detected and all five identified flight contacts completed follow-up without developing symptoms.

Country	Cumulative confirmed cases	Recovered	Patients in Isolation	Total confirmed Deaths	CFR (%) Confirmed &Probable)	Health Zone Affected	Status
DRC	6,186	1,409	830	3,007	48.6%	60	Active
Uganda	21	17	-	3	14.3%	0	Controlled
France	1	1	0	0	0.0%	0	Controlled

***** ***Data source****: Date as of 31st August 2026 | Ministry of Health, Congo*

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.

*While Kenya's preparedness score improved from 62% to 82%, due to the efforts put in by the government and partners. However, a lot still needs to be done to ensure that the county level is adequately ready, as demonstrated in **Figure 3.***

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.

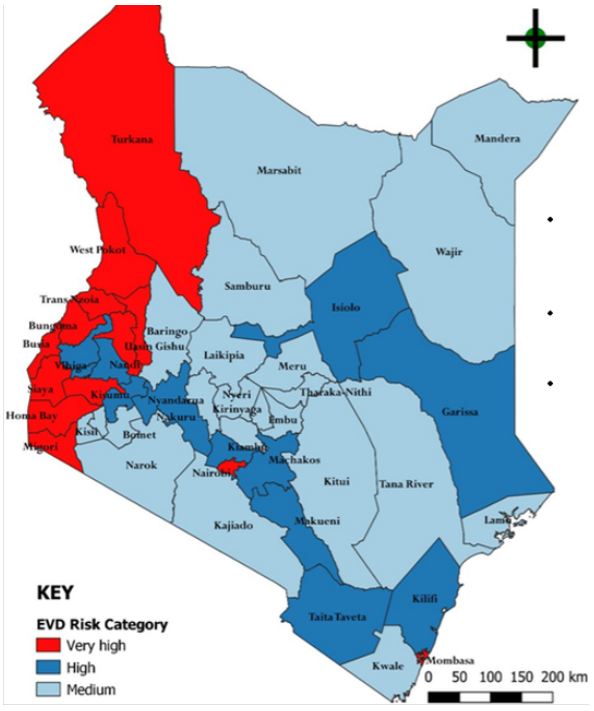

Figure 2: Risk classification status for BVD by county, Kenva. June 2026

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 (PoE), including land borders crossings and airports). Medium Risk: Counties near high-risk counties with potential spillovers due to cross-county population movement and interaction.

Figure 3: EVD Preparedness Activities

Of the 11 (91%) very high-risk counties, 9 have been trained, while 2 counties—West Pokot and Homa Bay—remain to be trained. Of the 12 high-risk counties, only 5 (42%) have received training. Additional trainings and other preparedness activities are required to ensure coverage of all very high-risk and high-risk counties.

Pillar	Capacity	Implementation of priority readiness actions
Points of Entry (PoE)		▪ Enhanced screening continues at high-risk Points of Entry for travellers arriving from DRC and Uganda. ▪ A total of **4,315** travellers were screened in the last 24 hours. ▪ As of 30th August 2026, a cumulative **517,440** travellers have been screened for Ebola Virus Disease since the outbreak was declared in DRC and Uganda. ▪ Ongoing training in Mombasa for the POE officers
Rapid Response Teams		▪ Two trainings ongoing this week in Kisumu and Mombasa drawing participants from different counties ▪ As of 30th August 2026, a cumulative total of **213 alerts** has been investigated, all of which tested negative. ▪ **10 alerts** from Nairobi (1) and Bungoma (9), were **investigated in the past week**, reflecting continued active surveillance.
Case Management		▪ EVD case management training ongoing in Eldoret for (Busia, Siaya, Kakamega, Homa Bay, Migori and Kisumu counties)
Risk Communication and Community Engagement		▪ WHO supported the **EVD RCCE Training of Trainers (TOT) in Nakuru, 25–28 August 2026**, convened by the **KNPHI RCCE Pillar**, bringing together participants from Kericho, Kakamega, Nandi and Elgeyo Marakwet counties. WHO provided technical facilitation on **infodemic management and media engagement**. ▪ WHO participated in the **Continental Behavioral Intelligence and Infodemic Management (BIIM) Harmonization Workshop in Mombasa, 30 August–5 September 2026**, convened by **Africa CDC**. WHO contributed technical expertise to the harmonization of the **continental BIIM framework, operational approach, governance, and institutionalization**.

2. Mpox

New cases* (last 7 days)	New deaths	Cumulative cases	Deaths	Recovered	Case Contacts	Counties

11	**0**	**1,285**	**19**	**1,245**	**1,376**	**39**

*Ministry of Health

Eleven (11) new confirmed cases with zero deaths were reported from Nairobi (10) and Kajiado (1) in the past week. A total of 336 cases has been reported across 22 counties in 2026. Active cases: 21, with 4 in facility care and 17 in home-based isolation and care. Cumulatively, 1,285 cases have occurred across 39/47 counties since the onset of the outbreak in July 2024. Of these,

- 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 (49%, 165/336) and is the current hotspot.
- A total of 11,395,417 travellers screened at 26 points of entry since the beginning of the outbreak in July 2024

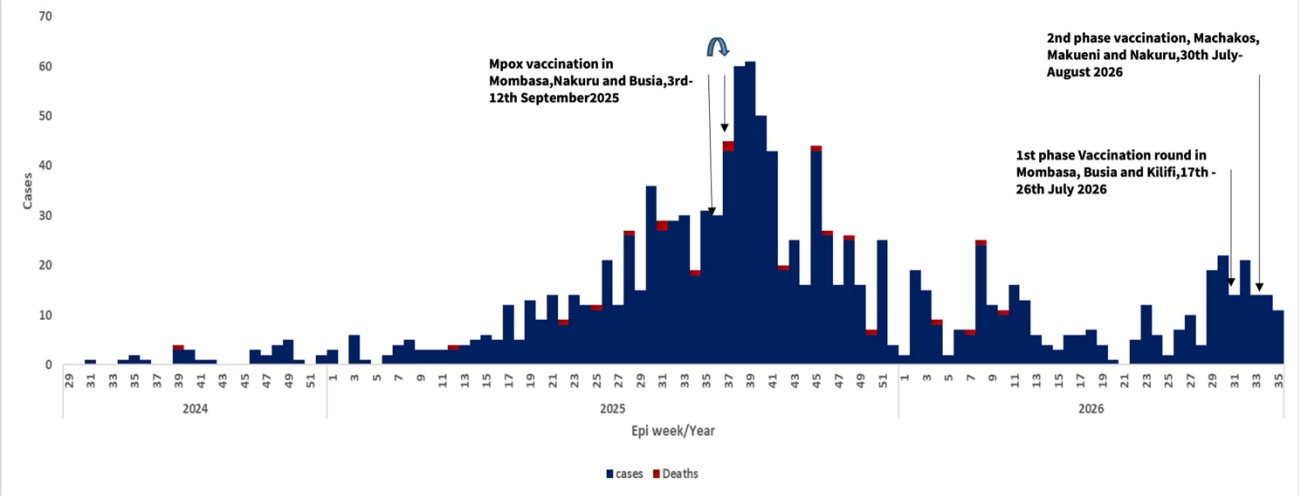

Figure 4: Epi curve of mpox cases in Kenya, July 2024 – August 2026

3. Measles

New cases	New deaths	Cumulative cases	Deaths	Case Contacts	Counties
5	**0**	**519**	**3**	**0**	**4**

* *Source: Ministry of Health of Kenya*

- Five new cases with zero deaths were reported during the past week, from Kaloleni sub-county, Kilifi County.
- The outbreak affected 10 counties since January 2026 and is now active in four sub-counties across four counties: Kilifi (Kaloleni), Nairobi (Kibra), Mombasa (Likoni), and Garissa (Lagdera).
- 230 (45%), are aged ≥10 years.
- More than half are males, 79 (69%).

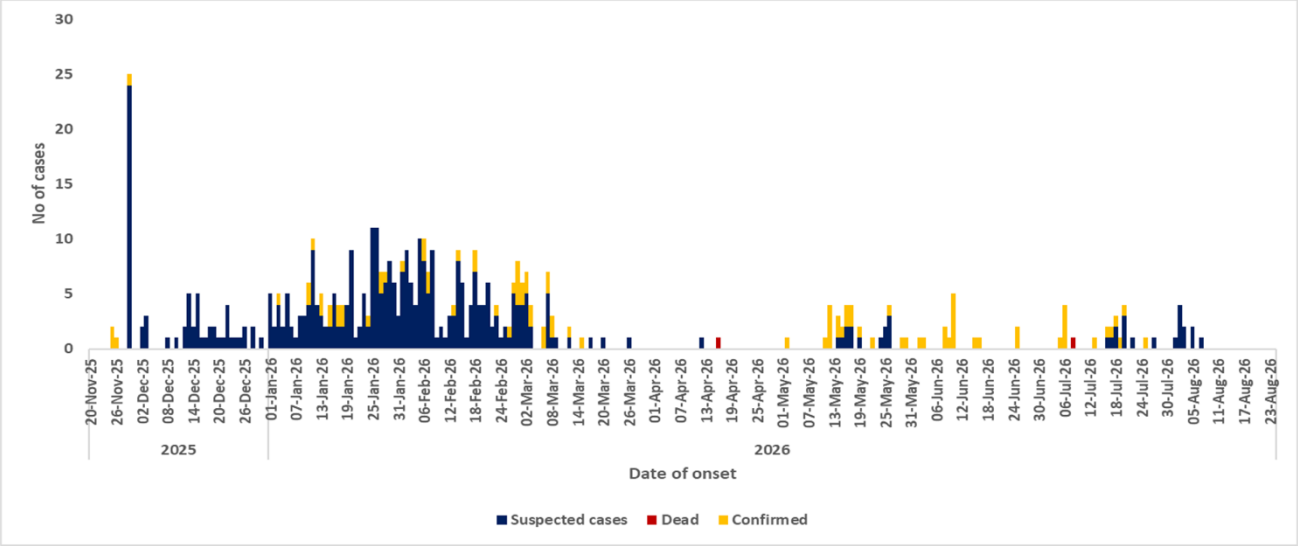

Figure 4: Epi Curve of Measles Cases, Kenya Nov 2025 – September 2026

4. Circulating Vaccine Derived Polio Virus2 (cVDPV2) in Dadaab, Ifo2 refugee camp, Garissa County

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

Active surveillance ongoing however no new case reported this week. The single case, confirmed in a 4-year-old girl in Dadaab Sub-County, Garissa County, remains classified as ORPHAN, with no confirmed link to person-to-person transmission beyond the environmental linkage to Beledweyne, Somalia. Response activities, including household follow-up for partially immunized siblings, continue.

Index Case Details	
Age/sex	48 months (4 years); Female
Origin residence	Howlwadag Village, Bay Region, Baidoa District, Somalia
Initial residence on arrival	Block E-9, Dagahaley Refugee Camp (9 days, rented house)
Current residence	Block Q-1, Ifo 2 Refugee Camp (West), Dadaab Sub-County
Date of arrival in Kenya	7 July 2026 (new arrival)
Household size	10 members (mother, father, and 8 children including index case, aged 2–16 years); all new arrivals from Somalia
Vaccination status on arrival	Zero dose (per new-arrival screening form)
Date seen at health facility	10 July 2026
Date of sample collection	10 July 2026

Date sample sent to laboratory	23 July 2026
Date results received	18 August 2026
Laboratory result	Confirmed cVDPV2)

Public Health Interventions Undertaken

- Completed a detailed case investigation that was carried out by a multi-partner team comprising WHO, MOH, Core Group, Kenya Red Cross, MSF and other partners.
- WHO in collaboration with MOH is developing a comprehensive country response plan that will focus on strengthening routine immunization, enhancing surveillance within the camp and surrounding communities, and strengthening partner and cross-border coordination.
- Household WASH and immunization status were assessed following the case investigation.
- Health education was provided on the importance of vaccination and completing the recommended immunization schedule.
- Integrated services including measles vaccination, Vitamin A supplementation, and deworming were provided to all eligible children upon arrival (MSF).
- Follow-up is planned to ensure partially immunized siblings complete their vaccination schedule.

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.

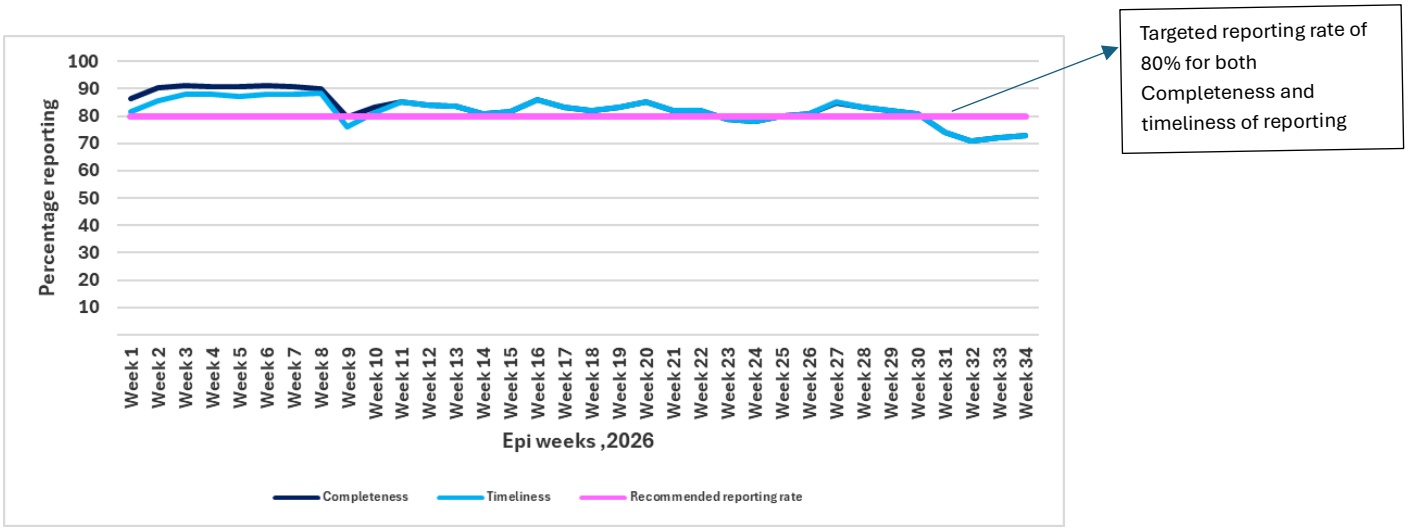

Figure 5: Overview of key indicators of IDSR, Kenya from Epi week 1-34, 2026

- The average overall completeness of reporting from Epidemiological Week 1 to 32 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 29-34,2026

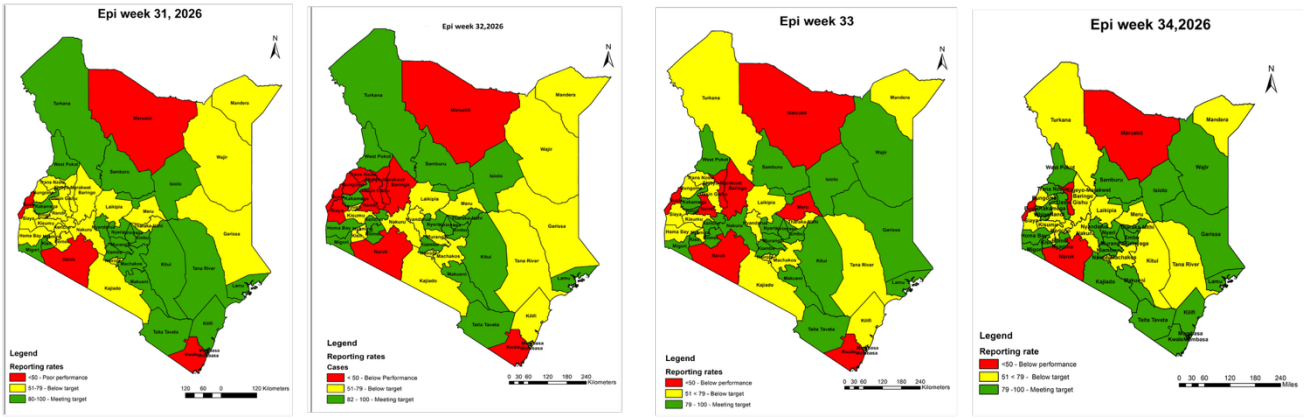

Figure 5: Completeness of IDSR reporting Epi week 30-33, 2026

- 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 and Narok Counties has consistently reported below 50%.

IDSR Interventions

- A dedicated focal person for Integrated Disease Surveillance has been assigned by the Kenya National Public Health Institute (KNPHI) to follow up with counties with low reporting rates.
- The focal person will ensure regular monitoring and follow-up of low-performing counties, facilitate the timely identification of reporting gaps, and coordinate corrective actions to improve reporting completeness and timeliness.
- Regional focal persons have been assigned who will be responsible for following up with the respective counties on all matters related to disease surveillance and reporting.
- The Ministry of Health has planned a national review meeting bringing together all County Surveillance Officers, during which reporting will be a key agenda item.
- WHO is supporting the KNPHI team to identify the challenges contributing to low reporting and develop strategies to strengthen reporting performance in the affected counties.

6. Social Listening: Priority Health Issues & Response Actions

This weekly social listening report tracks emerging health-related misinformation, public sentiment and online discourse in Kenya to identify information risks early and guide RCCE and infodemic management. This week, monitoring focused mainly on BVD/Ebola and Kenya's border preparedness, with Mpox, cholera and residual malaria-mosquito narratives maintained on watch.

Health Issues	Online Sentiment/ Discussion	RCCE & Infodemic Management Recommendation

Ebola / BVD	▪ U.S. travel restrictions are being interpreted online as unequal treatment of Kenyans and a double standard. [Facebook discussion] ▪ Claims allege Ebola could be introduced to justify a lockdown and postpone the 2027 election. [Facebook video] ▪ Uganda's outbreak ended after the 42-day monitoring period, but regional risk continues because transmission remains elsewhere. [WHO Uganda] ▪ Official travel guidance clarifies that Ebola-related restrictions concern travel history, not a blanket ban on Kenyan nationals. [U.S. Embassy Nairobi]	Publish a concise travel-history explainer; pre-bunk the lockdown/election narrative; clearly distinguish Uganda's status, continuing DRC transmission and Kenya's preparedness.
Dengue fever	▪ Foreign-experimentation and "Kenya as a laboratory" narratives remain under watch. [Facebook discussion] ▪ Claims suggest the outbreak is being exaggerated so resources can be directed to Northeastern Kenya. [Facebook discussion] ▪ Online dengue discussion and outbreak updates show continuing public attention to Garissa and Wajir. [Facebook discussion]	Use trusted local entomologists and public-health experts; directly address experimentation claims and publish transparent county-level case, response and resource information.
Cholera / El Niño	▪ No major misinformation wave was identified, but historical outbreak, case-number and vaccine narratives remain a watch point. [Facebook discussion] ▪ El Niño preparedness is increasing attention to water- and food-borne disease risks. [Kenya Met] ▪ Media discussion is also amplifying expectations of stronger rains as El Niño conditions intensify. [Kenyans.co.ke]	Pre-bunk before heavy rains: communicate safe water, sanitation, early treatment and the difference between suspected, confirmed and historical cumulative cases.
HIV / youth prevention	▪ "Wababaz" are being blamed as major drivers of HIV transmission; the discussion is humorous, accusatory and stigma prone. [Facebook discussion] ▪ Historical HIV statistics are circulating as if they represent a new 2026 surge. [X discussion] ▪ The 'Triple Threat' discussion links HIV, adolescent pregnancy and sexual and gender-based violence among young people. [Facebook discussion]	Shift from blame to risk behaviours, prevention and power dynamics. Promote testing, PrEP/PEP, condoms, treatment and U=U; label every statistic with its year and source.
Mpox	▪ Public attention remained low and no major misinformation trend was identified in Issue 09. [No specific online discussion link cited] ▪ Previous lockdown, election-postponement, vaccine-suspicion and 'pandemic script' narratives remain on the watch list. [No specific link cited in Issue 09]	Maintain low-intensity monitoring and keep pre-approved myth-busting content ready for rapid use if cases, vaccination activities or county alerts increase attention.

Cross-cutting priority	▪ Political mistrust is shaping how some audiences interpret outbreak preparedness. [Facebook example] ▪ Official guidance and online interpretation can diverge, creating information gaps. [U.S. Embassy Nairobi] ▪ Genuine statistics can become misleading when circulated without their reporting year. [X example]	Prioritize rapid pre-bunking, transparent data, source/date labelling and coordinated technical messaging. Separate public-health facts from political claims.
Cross-cutting priority	▪ Information gaps and uncertainty are creating space for speculation. ▪ Predictable, transparent updates are needed to reduce information voids.	Strengthen rapid social listening, rumor triage and coordinated response. Timestamp figures, publish updates at predictable intervals and link audiences to verified sources.

7. El Niño Preparedness, Kenya

For the October, November and December (OND) season, 'strong' El Niño and positive Indian Ocean Dipole (IOD) conditions are typically associated with above-normal rainfall across the eastern sector of the region.

Countries like Somalia, eastern and southern Ethiopia, northern Kenya, Uganda, Rwanda, and Burundi are therefore likely to experience wetter-than-normal conditions. ICPAC identifies 2023 and 1997 as comparable years; both saw widespread and severe flooding with significant humanitarian impacts (Source: Food Security and Nutrition Working Group (FSNWG) special report 16th August 2026)

Due to these predictions, Kenya has started preparedness activities;

- The Kenya El Niño Contingency Plan is currently being updated.
- The Ministry of Health/KNPHI has activated multisectoral El Niño preparedness meetings, which are ongoing.
- A Health Sector El Niño Preparedness and Response meeting is scheduled to be held this week.
- The country readiness assessment is currently underway.

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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