EMERGENCY PREPAREDNESS AND RESPONSE WEEKLY SITUATION REPORT

WEEK 36: 31st August TO 6th September 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	Confirmed cases	Deaths	New Deaths	Case Fatality Rate	Counties	Start of reporting period	WHO Grade
Mpox	**1,297**	**12**	**1,297**	**19**	**0**	**1.6%**	**39**	**31 July 2024**	**Protracted 2**
Twelve new confirmed cases with no death, have been reported from 3 counties; Nairobi (10), Machakos (1) and Kajiado (1) in the past week. Total of 348 cases reported from 22 counties in 2026.									
Measles	**519**	**0**	**104**	**3**	**0**	**0.6%**	**4**	**Nov 2025**	**Ungraded**
No new cases reported in the past week. Outbreak remains active in four sub-counties across four counties.									
Polio 2 (cVDPV2)	**1**	**0**	**1**	**0**	**0**	**0.0%**	**1**	**August 2026**	**Grade 2**
No new case reported in the past 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 remains the largest BVD outbreak ever recorded and the second-largest Ebola disease outbreak on record. The outbreak spans 6 provinces and 61 health zones, with one additional health zone affected during the reporting period. Ituri remains the epicentre, accounting for most cumulative cases and deaths. WHO declared a PHEIC on 15 May 2026, 114 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. Cumulative figures have been reclassified to 20 confirmed and 1 probable case, with 1 probable death. Uganda stays at high risk of reimportation given sustained transmission just across the border.

New cases reported in the past one week (31st August to 6th September 2026)

- New confirmed cases: 500
- New deaths: 219
- New health zones: 1

Country	Cumulative confirmed cases	New Cases Reported in the Past week	Recovered	Patients in Isolation	Total confirmed &probable Deaths	New deaths in the past week	CFR (%) Confirmed &Probable)	Health Zone Affected	Status
DRC	6,686	500	1,563	819	3,226	219	48.3%	61	Active
Uganda	20		17	-	3	0	14.3%	0	Ended
France	1		1	0	0	0	0.0%	0	Ended

* ***Data source****: Date as of 6th September 2026*

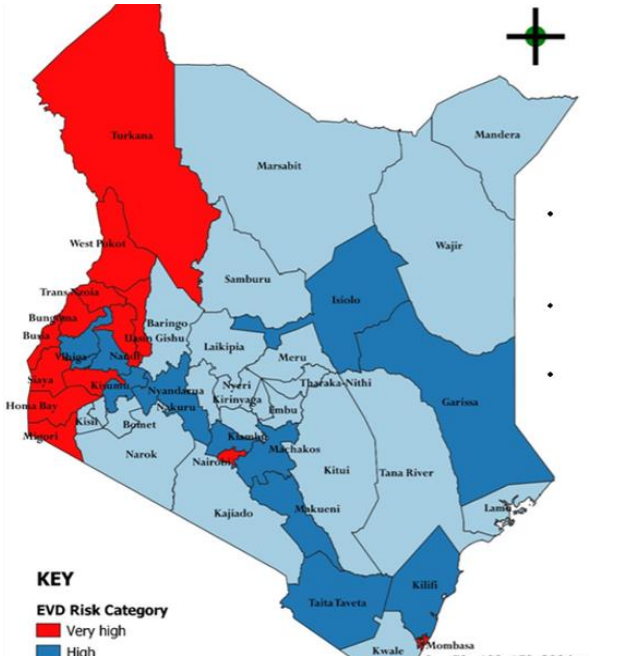
Figure 1: **Readiness status for BVD outbreak by pillar, Kenya, May 2026**

- 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.



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.

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 5,601 travellers were screened in the last 24 hours. ▪ As of 6th September 2026, a cumulative 548,947 travellers have been screened for Ebola Virus Disease since the outbreak was declared in DRC and Uganda. ▪ In the past week, PoE officers were trained in Mombasa, drawn from points of entry in Mombasa, Kwale, Kilifi and Taita Taveta counties.
Rapid Response Teams		▪ Cascade trainings have been completed for Migori, Kisumu, Makueni, Mombasa, Nairobi, Laikipia, Isiolo, Meru, Nyeri, Samburu, Busia, Turkana, Trans Nzoia, Bungoma, Nakuru, Kilifi, Kwale, Lamu and Taita Taveta counties. ▪ Two trainings were conducted in the past week in Mombasa for Kilifi, Lamu and Kwale counties, a total of 36 participants, 12 from each county, and in Kisumu, a total of 45 participants. ▪ As of 6th September 2026, a cumulative total of 224 alerts has been investigated, all of which tested negative. ▪ 11 alerts were investigated in the past week, from Bungoma (3) and one each from Nairobi, Busia, Garissa, Mombasa and Kajiado, reflecting continued active surveillance.
Case Management		▪ EVD case management training was completed in Eldoret for Busia, Siaya, Kakamega, Homa Bay, Migori and Kisumu counties.

2. Mpox

New cases	Cumulative cases	New Deaths	Deaths	Recovered	Case Contacts	Counties
12	**1,297**	**0**	**19**	**1,258**	**1,376**	**39**

*Ministry of Health

Twelve (12) new confirmed cases with Zero deaths, were reported from Nairobi (10), Machakos (1) and Kajiado (1) in the past week. A total of 348 cases has been reported across 22 counties in 2026. Active cases: 20, with 4 in facility care and 16 in home-based isolation and care. Cumulatively, 1,297 cases have occurred across 39/47 (83%) counties since the onset of the outbreak in July 2024. Of these,

- 1,376 contacts listed, 1,141 completed follow-ups (83% completion), 16 contacts confirmed as cases after developing symptoms.
- Nairobi County accounted for the majority of the 2026 cases (50%, 175/348) and is the current hotspot.

- A total of 11,876,378 travellers screened at 26 points of entry since the beginning of the outbreak in July 2024.

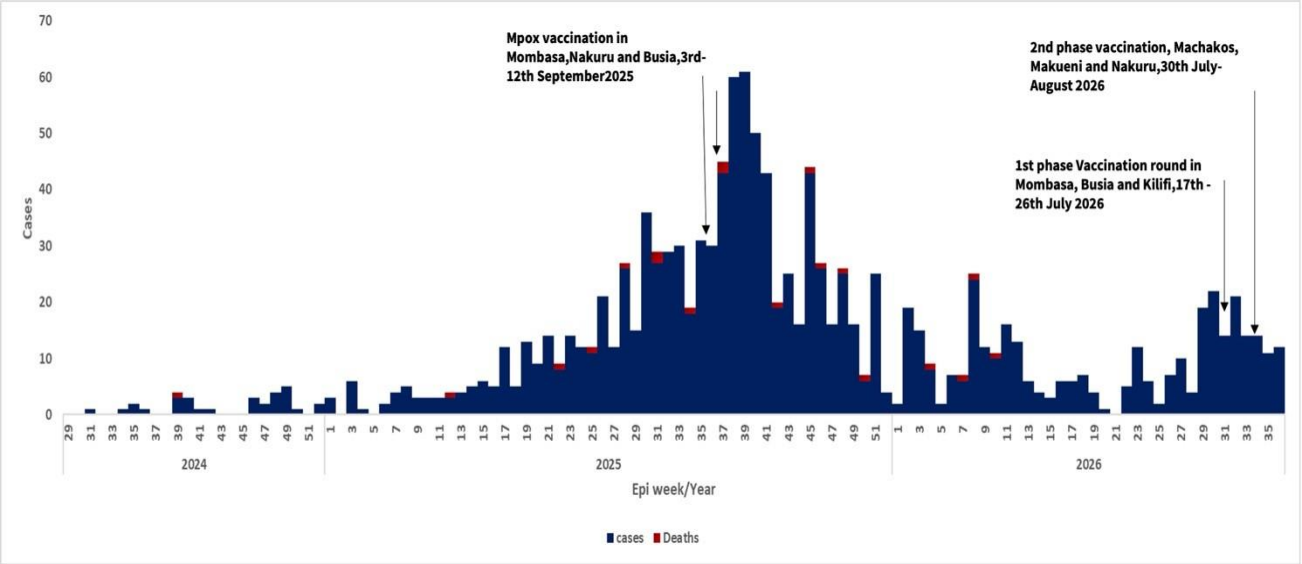


Figure 4: Epi curve of mpox cases in Kenya, July 2024 – September 2026

Epidemiological linkages and exposure history of the mpox cases

- Out of all the confirmed cases: 2% (24 cases) are contacts of confirmed cases, 2% (26 cases) had a history of travel to countries with ongoing outbreaks, 28% (363 cases) had no known exposure and 68% (881 cases) had no documented exposure or epidemiological linkage. The increasing proportion of cases without known exposures may point to community transmission.

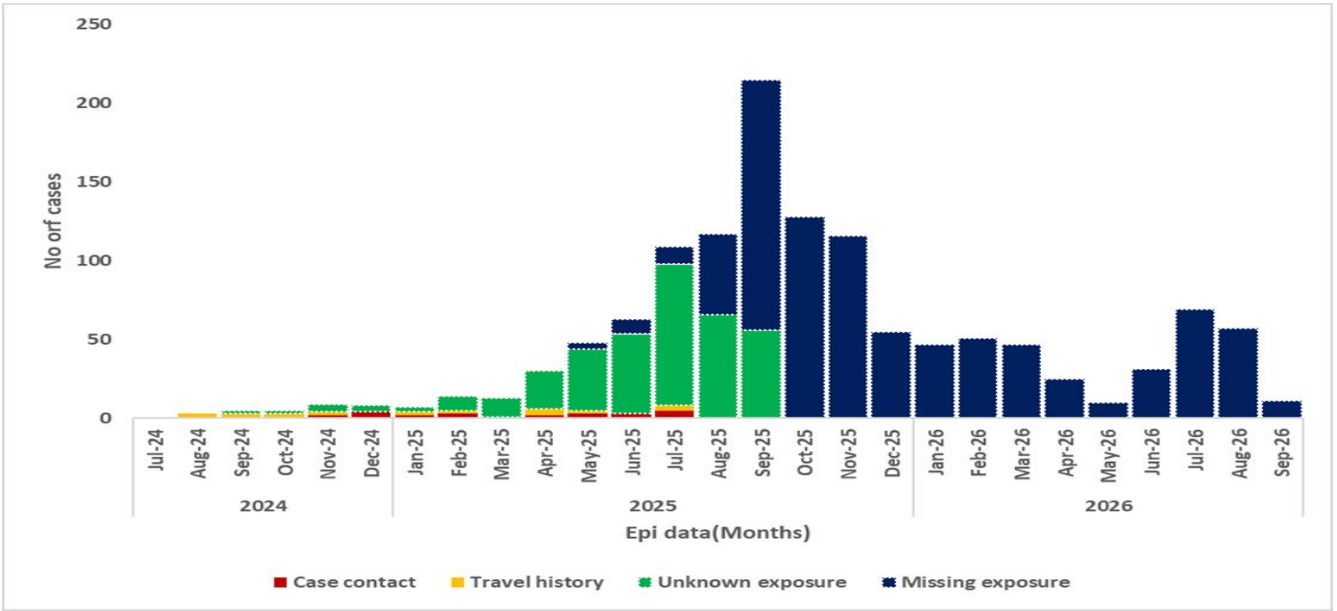


Figure 5: Epi linkage and exposure history of the Mpox cases

3. Measles

New cases	Cumulative cases	New Deaths	Deaths	Case Contacts	Counties
0	519	0	3	0	4

* *Source: Ministry of Health of Kenya*

- No new cases neither death were reported during the past week.
- 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%).

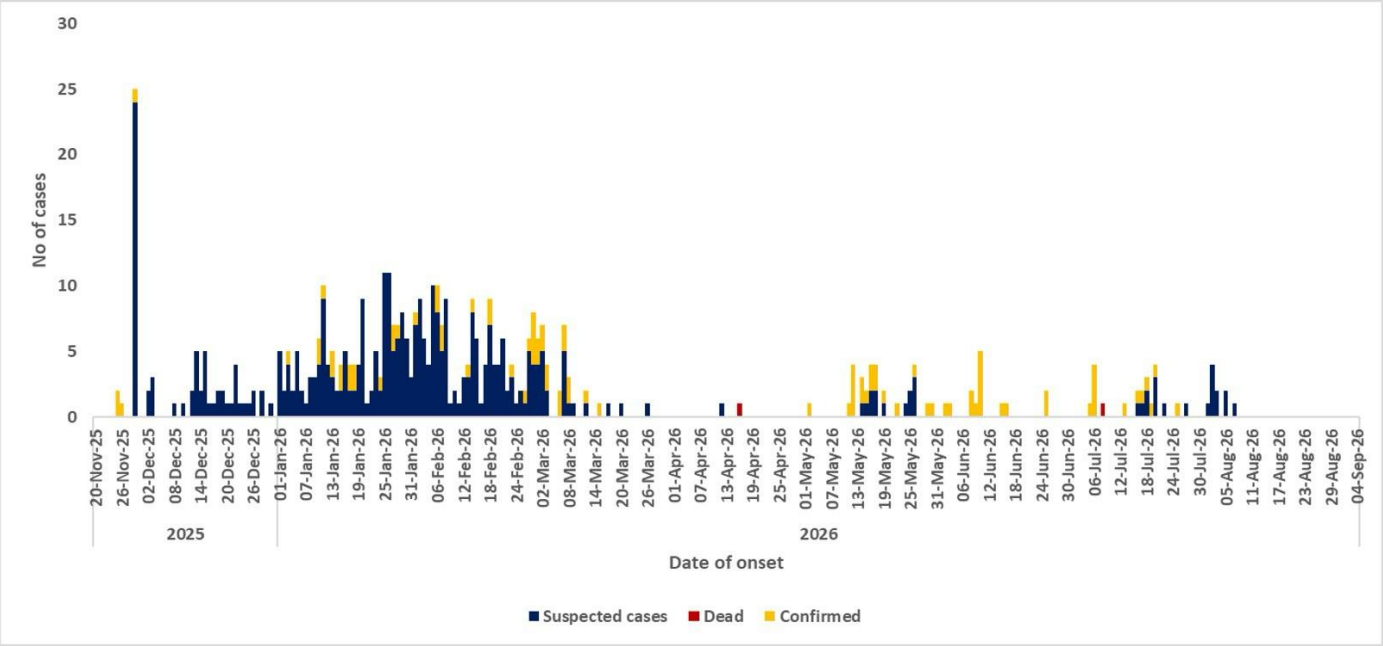


Figure 6: Epi Curve of Measles Cases, Kenya Nov 2025 – September 2026

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

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

Active surveillance is ongoing with no new case reported in the past 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

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.
- 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.

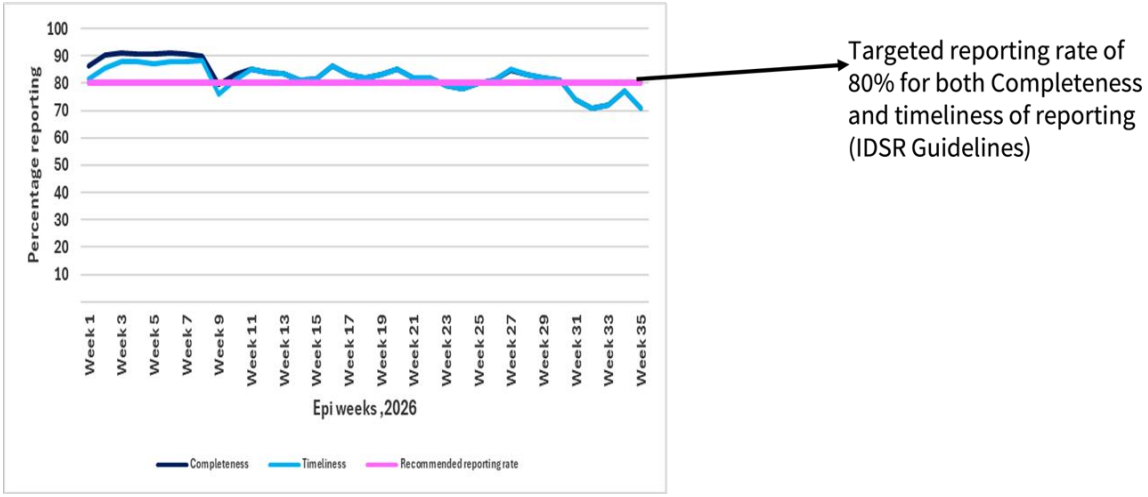


Figure 7: Overview of key indicators of IDSR, Kenya from Epi week 1-35, 2026

- 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 32-35,2026

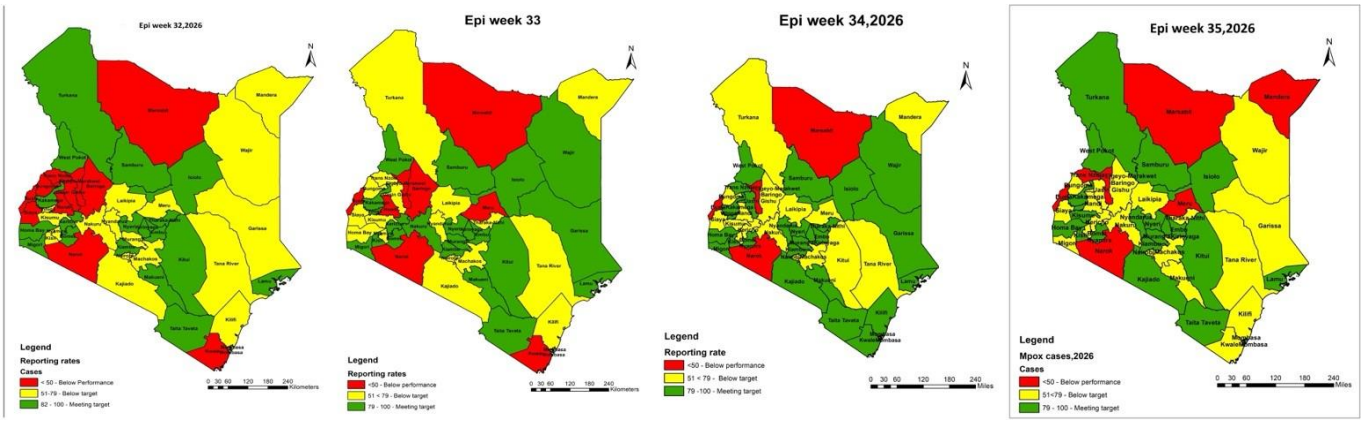


Figure 8: Completeness of IDSR reporting Epi week 31-35, 2026

- 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 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 designated 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 completeness and timeliness.
- 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

Kenya | 31 August-7 September 2026

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.

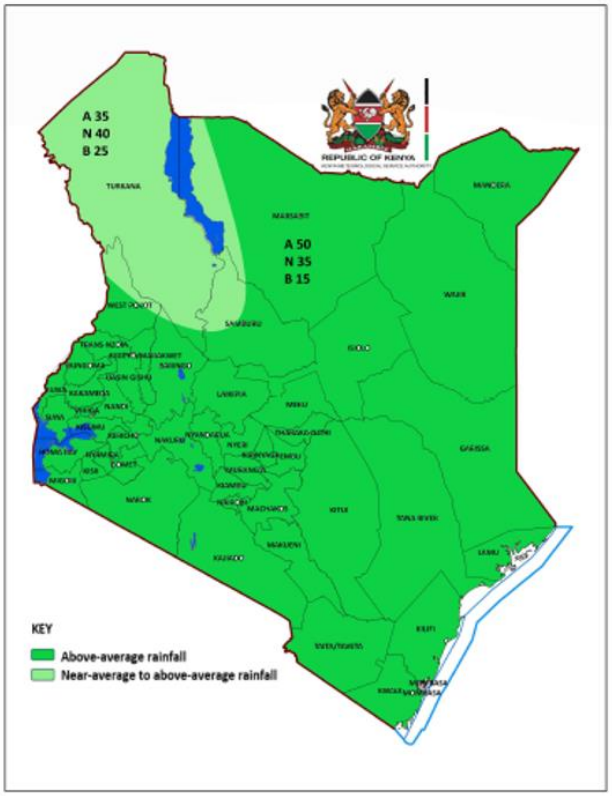
Health Issues	Online Sentiment/ Discussion	RCCE & Infodemic Management Recommendation
Ebola / BVD	• Hoax and information-control narratives persist users question whether the DRC outbreak is real, who controls outbreak information, and why earlier health alerts later became less visible. [Facebook discussion 1] [Facebook discussion 2] • Pandemic fatigue is driving resistance to any response perceived as another COVID-style lockdown; legitimate screening, isolation or contact tracing may be misread as population-wide restrictions. [Facebook discussion] • Use of anonymized mobile-phone movement data in the DRC creates an emerging privacy/surveillance concern that could be reframed as covert individual tracking. [Media discussion] [Flowminder] Kenya continued to report zero confirmed Ebola cases; preparedness and screening remain active because regional risk continues. [Kenya EVD Preparedness Portal] [CDC] [WHO]	Lead every update with a dated Kenya status using "Confirmed / Not confirmed / Under monitoring." Pre-bunk lockdown claims: explain screening, isolation and contact tracing as targeted preparedness measures. If movement-data tools are discussed, explain anonymization, access, purpose and limits before privacy concerns escalate.
Mpox	• No major mpox misinformation trend was identified; attention remained low and neutral-to-cautious. ▪ The global mpox vaccine stockpile may revive earlier vaccine anxiety, biological-weapon claims or "same script" narratives if vaccination news expands. [WHO] [Kenyan discussion]	Maintain low-drama preparedness messaging. Explain that a vaccine stockpile improves access during outbreaks and does not mean Kenya has entered a new emergency. If vaccination expands, clearly communicate eligibility, availability, safety, consent and service locations.
Cholera / El Niño	• No major cholera misinformation wave was identified but anticipated above-normal rains are increasing attention to flooding, contaminated water and water-borne disease risk. [Preparedness discussion] [KBC] ▪ As rains intensify, emerging rumours could include poisoned water, contaminated food, deliberate disease release, unsafe relief supplies or blame directed at communities or leaders.	Pre-bunk before the rains intensify. Push localized messages on safe drinking water, household water treatment, sanitation, ORS, early symptoms and when to seek care. Avoid implying that flooding automatically means a cholera outbreak.
Nurses' strike / health-system disruption	• The prolonged nationwide nurses' strike is creating concern about risks to mothers, newborns and other patients, alongside potential confusion or exaggeration around mortality figures. [Facebook source 1] [Facebook source 2] [KNCHR] ▪ The report flags emerging risks of fake alternative-	Use one dated data frame for verified strike impacts and clearly distinguish cumulative from short-period figures. Pre-bunk miracle-cure and fake-notice tactics; direct the public to verified operational facilities. Use coordinated

	health protocols and impersonated official notices announcing false strike resolutions, emergency centres or recruitment drives.	MoH/CoG/KNUN updates to reduce information gaps and politicized misquotes.
HIV / AIDS	▪ Low-volume stigma/denial and prevention fatigue remain on the watch list; the report recommends maintaining access-focused prevention and treatment messaging. [The Star]	Maintain concise, non-stigmatizing messaging on testing, PrEP, PEP, condoms, treatment and U=U. Frame prevention around access and individual risk rather than blame and monitor for renewed denial or stigma narratives.

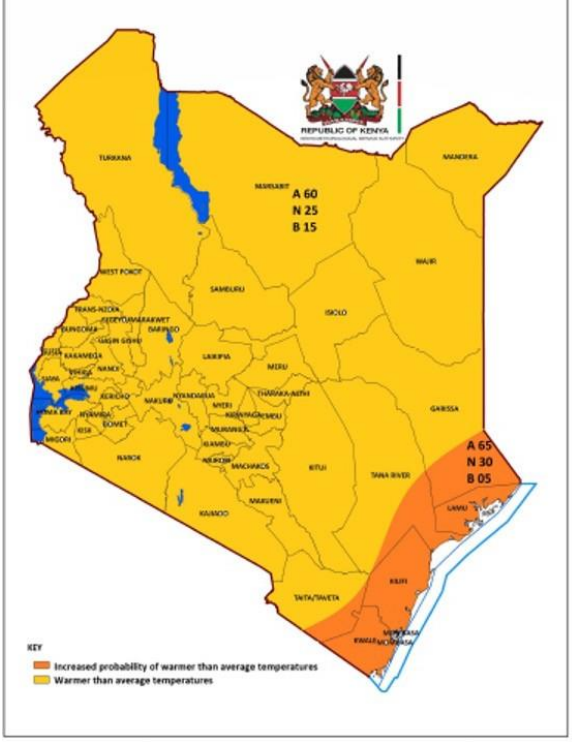
Source: Weekly Infodemic Report, Issue 10 | 7 September 2026. Hyperlinks reproduced from the source report; where no specific source link was provided, none has been added.

7. Weather Forecast Updates, Kenya 2026

Outlook for the October-November-December 2026 "Short Rains" Season



- October-November-December (OND) is a major rainfall season in Kenya, contributing more than 30% of annual rainfall in several counties.
- Above-average rainfall is expected across most counties, including Baringo, Bomet, Bungoma, Busia, Elgeyo/Marakwet, Embu, Garissa, Homa Bay, Isiolo, Kajiado, Kakamega, Kericho, Kiambu, Kilifi, Kirinyaga, Kisii, Kisumu, Kitui, Kwale, Laikipia, Lamu, Machakos, Makueni, Mandera, Meru, Migori, Mombasa, Murang'a, Nairobi, Nakuru, Nandi, Narok, Nyamira, Nyandarua, Nyeri, Siaya, Taita/Taveta, Tana River, Tharaka-Nithi, Trans Nzoia, Uasin Gishu, Vihiga and Wajir, as well as much of West Pokot, Samburu and Marsabit (refer the map below;).
- Near-average to above-average rainfall is likely in Turkana and parts of West Pokot, Samburu and Marsabit, with occasional heavy rainfall events possible in some areas.



Temperature Forecast for October-November-December 2026

Mean temperatures are predicted to be warmer than average during the season with higher probabilities over Kwale, Mombasa, Kilifi, Lamu and parts of Tana River, Taita/Taveta and Garissa Counties

Key Implication for Health

Potential Positive Impacts	Health Preparedness Priorities	Potential Health Risk
▪ Improved water availability and groundwater recharge. ▪ Improved food production and household incomes. ▪ Better access to water for hygiene and sanitation.	▪ Strengthen epidemic preparedness and response. ▪ Enhance disease surveillance and early detection. ▪ Strengthen RCCE and community engagement. ▪ Pre-position essential medicines, commodities, and equipment. ▪ Strengthen WASH interventions in flood-prone and high-risk areas. ▪ Enhance vector control and prevention of vector-borne diseases. ▪ Strengthen multi-sectoral coordination. ▪ Maintain buffer stocks and continuity of essential health services. ▪ Prepare mobile clinics, outreach services, and alternative referral routes. ▪ Integrate mental health and psychosocial support into emergency response.	▪ Increased risk of malaria and other vector-borne diseases. ▪ Increased risk of cholera and other water-borne diseases. ▪ Potential for Rift Valley fever and yellow fever outbreaks. ▪ Flooding and mudslides may cause injuries, fatalities and damage health infrastructure. ▪ Displacement and overcrowding may increase communicable disease transmission. ▪ Disruption of WASH services may increase exposure to water-borne diseases. ▪ Heat-related illness may affect vulnerable populations.

Source: Kenya Meteorological service authority; Ref No: KMD/FCST/05-202C/SO/03

El Niño Preparedness, Kenya

- 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 team has been activated.
    - The country (National) readiness assessment is currently underway.
    - The County readiness tool has been shared with all counties to assess the level of preparedness.

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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