



EMERGENCY PREPAREDNESS AND RESPONSE WEEKLY SITUATION REPORT

WEEK 37: 7th TO 13th September 2026 | KENYA

0 New Events	0 Ongoing Events	3 Outbreaks	0 Humanitarian Crisis
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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	1,308	11	1,308	20	1	1.6%	39	31 July 2024	Protracted 2
Eleven new confirmed cases have been reported from Nairobi (9) and Kajiado (2) in the past week. One new death has been reported from Nairobi County. Total of 359 cases reported from 22 counties in 2026.									
Measles	524	5	109	3	0	0.6%	4	Nov 2025	Ungraded
Five new cases reported in the past week, from Kaloleni sub-county, Kilifi County. 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.									

Preparedness

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. The outbreak was determined to be PHEIC by WHO on 15 May 2026 and Africa CDC declared it a Public Health Emergency of Continental Security.

Uganda's outbreak has been declared over after 42 days without a confirmed case. Cumulative figures were 20 confirmed and 1 probable case, 2 confirmed deaths and 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 (6th–15th September 2026)

- New confirmed: 718
- New deaths: 351
- New health zones: 1

Country	Total cases (Confirmed & Probable)	New confirmed cases (last 9 days)	Recovered	Patients in Isolation	Total confirmed & probable Deaths	New deaths in the 9 days	CFR (%) Confirmed & Probable)	Health Zone Affected	Status
DRC	7,404	718	1,776	930	3,577	351	48.3%	62	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 15th September 2026, Democratic Republic of Congo, Ministry of Health

Kenya's overall Ebola preparedness score rose from 66% in May 2026 to 82% following the July 2026 reassessment, with the largest gains observed 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.

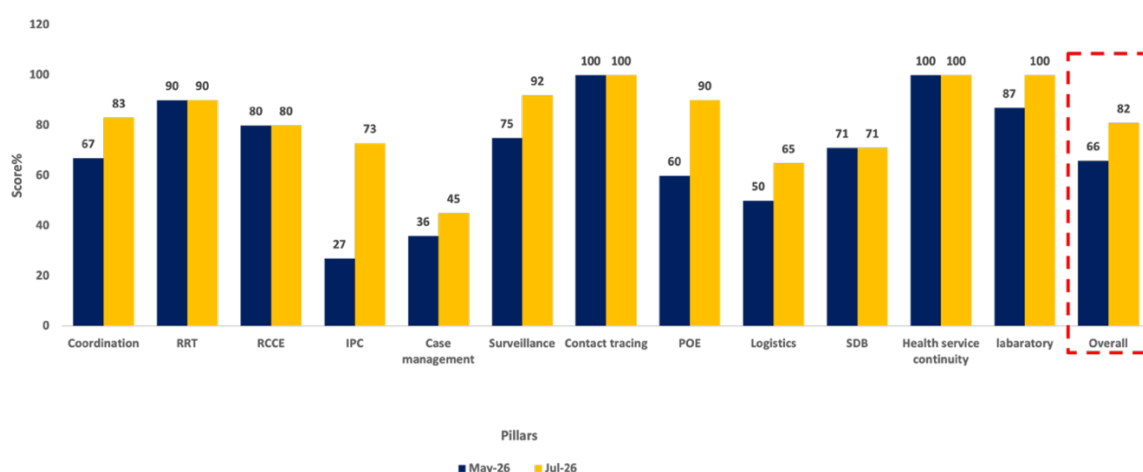


Figure 1: Readiness status for BVD outbreak by pillar, Kenya, May 2026

**Kenya's preparedness score improved from 62% to 82%, due to the efforts put in by the government and partners.*

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.

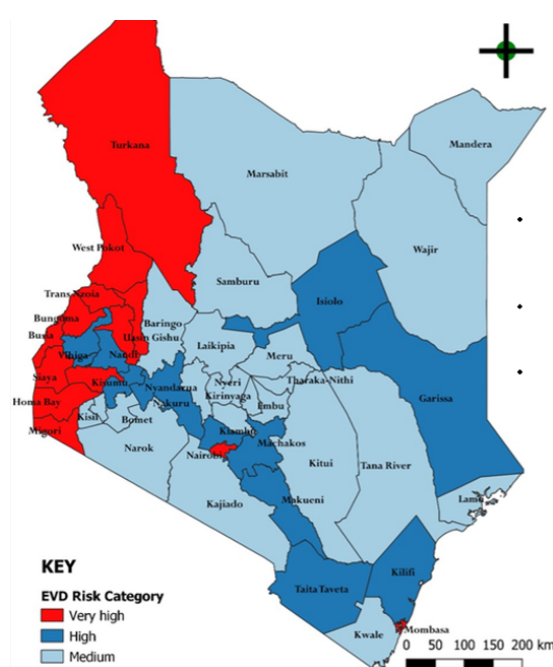


Figure 2: Risk classification status for BVD by county, Kenya, June 2026



Figure 3: EVD Preparedness Activities

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
Coordination		Validation of standard operating procedures (SOPs) which was previously developed was done for rapid response teams, enhanced surveillance, points of entry operations and alert management.
Case Management		Case management and infection prevention and control (IPC) training was held in Eldoret from 7–11 September for 35 clinicians and IPC officers from Turkana, Vihiga, Kiambu and Nakuru counties, as well as key hospitals, including Kenyatta National Hospital, Moi Teaching and Referral Hospital and Nairobi Hospital.
Surveillance		- As of 13th September 2026, a cumulative total of 237 alerts has been investigated, all of which tested negative for BVD. 13 alerts were investigated in the past week from Nairobi (6) and Bungoma (7), reflecting continued active surveillance.
Points of Entry (PoE)		- Enhanced screening continues at high-risk Points of Entry for travellers arriving from DRC and Uganda. - A total of 4,250 travellers were screened in the last 24 hours. - As of 13th September 2026, a cumulative 578,047 travellers have been screened for Ebola Virus Disease since the outbreak was declared in DRC and Uganda.

2. El Niño Preparedness, Kenya and Weather Forecast Updates, Kenya 2026

Outlook for the October-November-December 2026 “Short Rains” Season

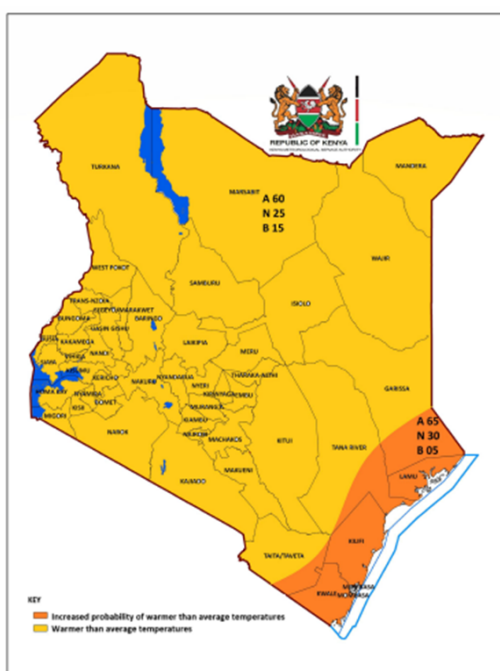


Figure 4: Outlook for the October-November-December 2026 “Short Rains” Season

- The October-November-December (OND) rainfall season is a major rainfall season in Kenya.
- The season contributes more than 30% of annual rainfall received in several counties.
- **Above-average rainfall** is expected in 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, TanaRiver, Tharaka-Nithi, Trans Nzoia, Uasin Gishu, Vihiga, Wajir and much of West Pokot, Samburu and Marsabit Counties (**Figure 4**).
- Near-average to above-average rainfall is likely to occur in Turkana and few parts of West Pokot, Samburu and Marsabit Counties. Occasional heavy rainfall events may also occur in a few parts of these areas.
- 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.

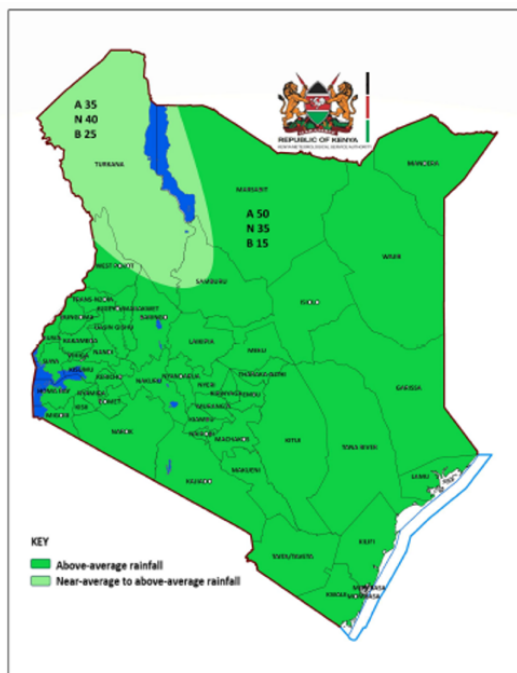


Figure 5: Temperature Forecast for October-November-December 2026

Temperature Forecast for October-November-December 2026

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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/05-2026/SO/03

El Niño Preparedness, Kenya

Due to these predictions, Kenya has started preparedness activities.

- The Kenya El Niño Contingency Plan developed.
- The Ministry of Health has activated health sector meetings whilst National Disaster Operations Center has activated multisectoral meetings
- The country (National) readiness assessment is complete
- County readiness tool has been shared to all counties to assess the level of preparedness, only 17/47 have submitted the readiness assessment.

National Readiness status for flooding, Kenya, September 2026

Overall readiness is moderate at 54%

Critical preparedness structures are in place; however, significant gaps remain that could affect the effectiveness of response operations

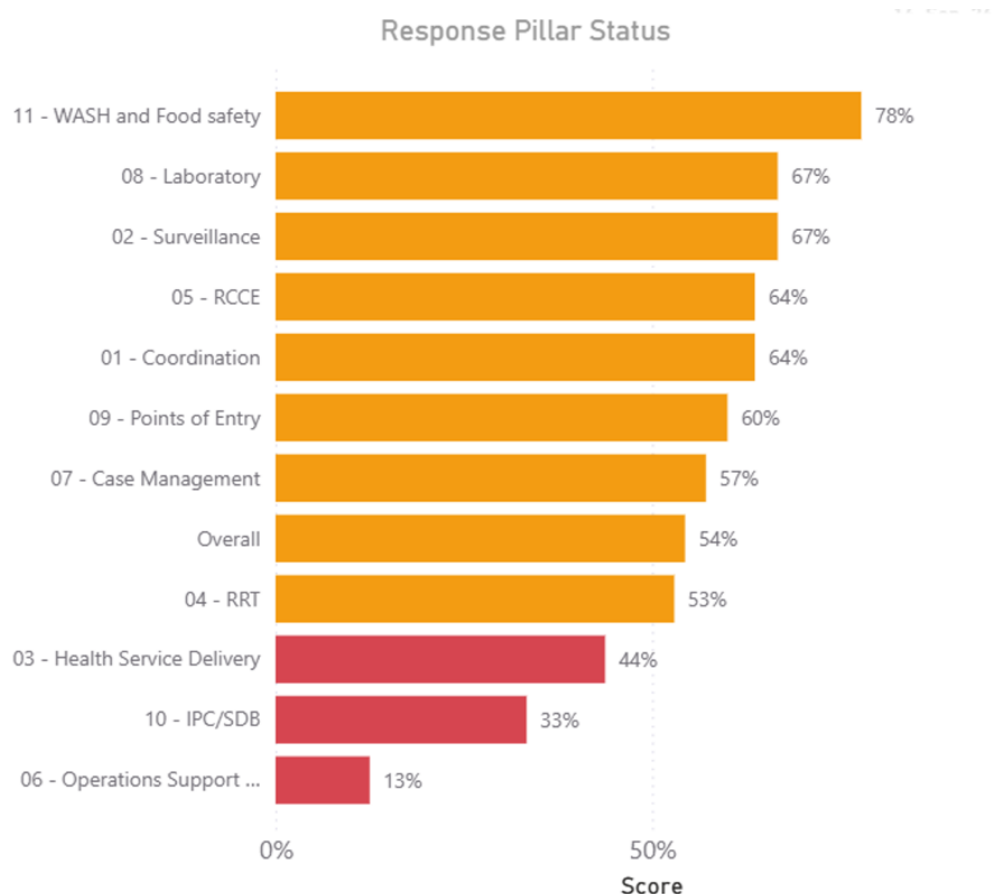


Figure 6: National flood readiness assessment per pillar status, September 2026

County Readiness status for flooding, Kenya, September 2026

- 19 /47 counties submitted as at 11am, 16th September 2026
- The strongest thematic areas were Coordination (69.2), Surveillance (62.2%), and Laboratory (60.9%)
- The weakest were IPC and safe burials (39.1%), RRT (36.2%) and WASH (32.2%)

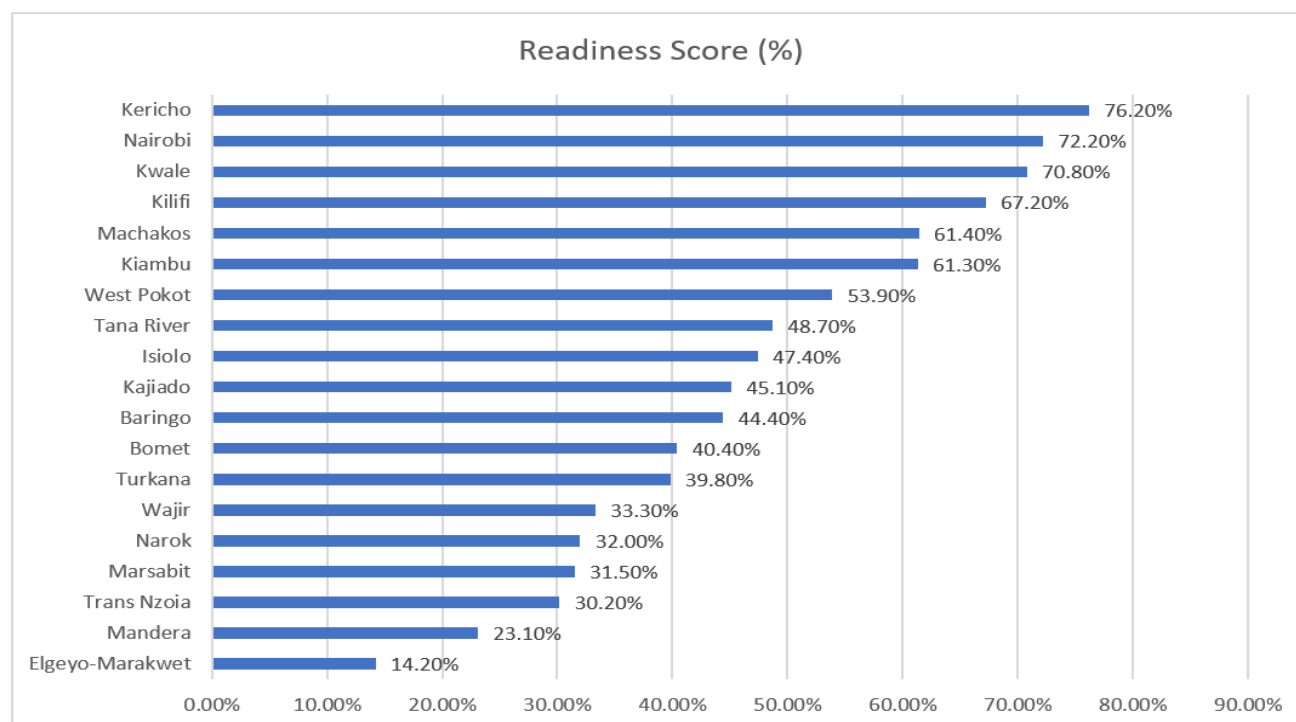


Figure 7: County flood readiness score, September 2026

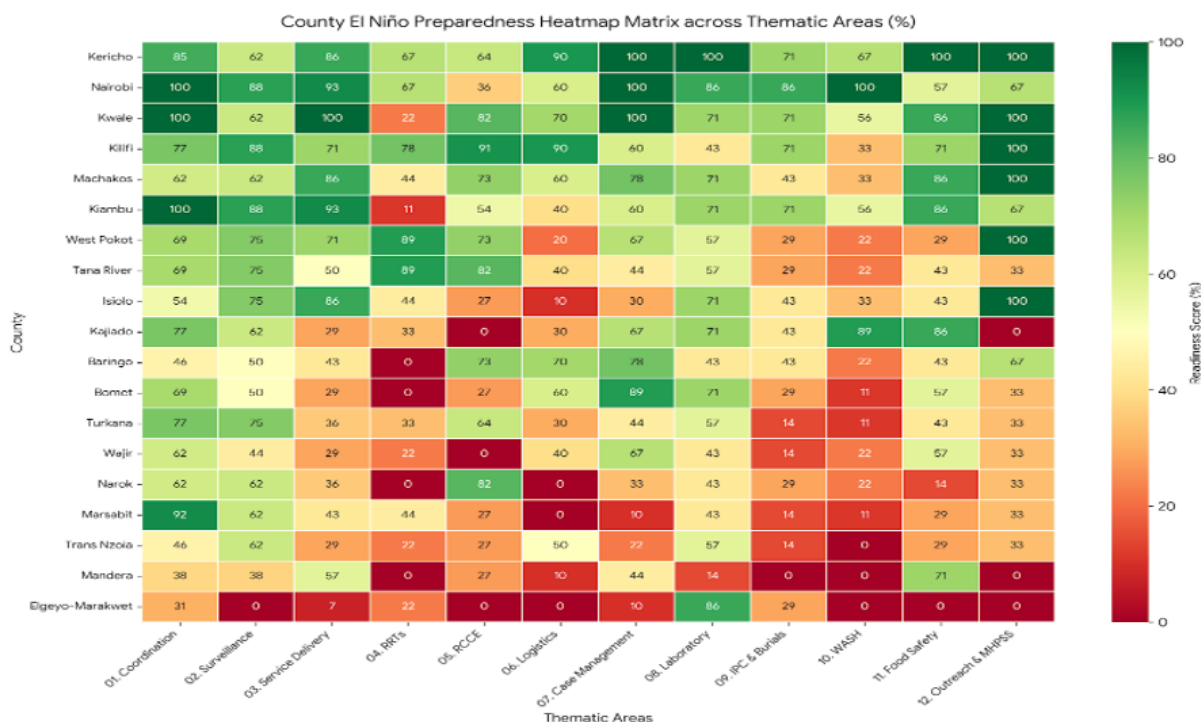


Figure 8: County flood readiness assessment per pillar status, September 2026

Recommended Prioritization

County group	Counties	Recommended approach
Immediate intensive support	Elgeyo-Marakwet, Mandera, Trans Nzoia, Marsabit, Narok, Wajir	Deploy technical teams, provide targeted commodities, support RRT formation, conduct rapid WASH/IPC assessments, and establish clear county leadership follow-up.
High-priority improvement	Turkana, Bomet, Baringo, Kajiado	Focus on WASH, IPC, RRTs, logistics, referral systems, community surveillance, and tested contingency plans.
Consolidation and gap closure	Isiolo, Tana River, West Pokot, Kiambu, Machakos, Kilifi	Maintain strengths while closing gaps in transport, supplies, community coverage, simulation, WASH, and RRT functionality.
Peer-support and good-practice counties	Nairobi, Kwale, Kericho	Share tools and practices with lower-performing counties; address remaining operational gaps and ensure readiness is tested, not only documented.

Response

3. Mpox

New cases	Cumulative cases	New Deaths	Total Deaths	Recovered	Case Contacts	Counties
11	1,308	1	20	1,274	1,376	39

**Ministry of Health*

Eleven (11) new confirmed cases were reported from Nairobi (9) and Kajiado (2) in the past week with one new death reported in Nairobi County. A total of 359 cases has been reported across 22 counties in 2026. Active cases: 14, with 5 in facility care and 9 in home-based isolation and care. Cumulatively, 1,308 cases have occurred across 39/47 (83%) counties since the onset of the outbreak in July 2024. One new death was recorded from Nairobi County; total deaths are now 20 (CFR 1.5%).

Over the outbreak period:

- 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 (51%, 184/359) and is the current hotspot
- A total of 11,876,378 travelers screened at 26 points of entry since the beginning of the outbreak in July 2024.

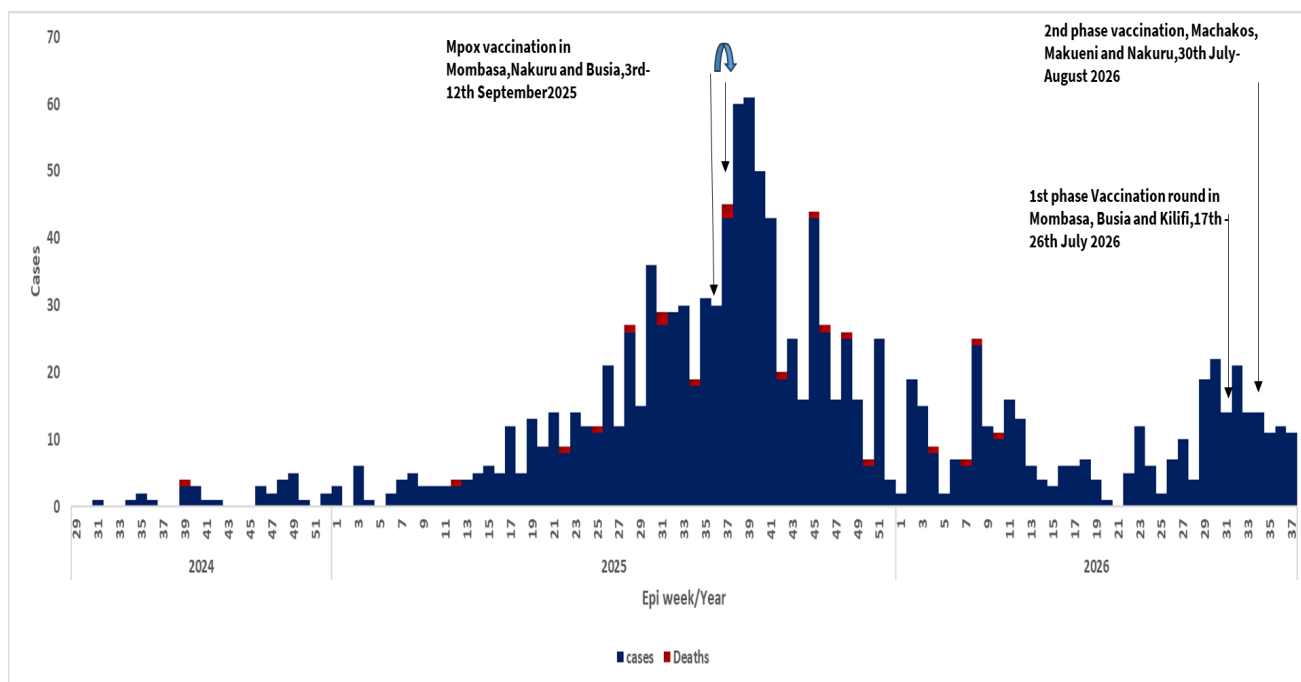


Figure 9: Epi curve of mpox cases in Kenya, July 2024 – September 2026

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% (892 cases) had no documented exposure or epidemiological linkage. The increasing proportion of cases without known exposures may point to community transmission.

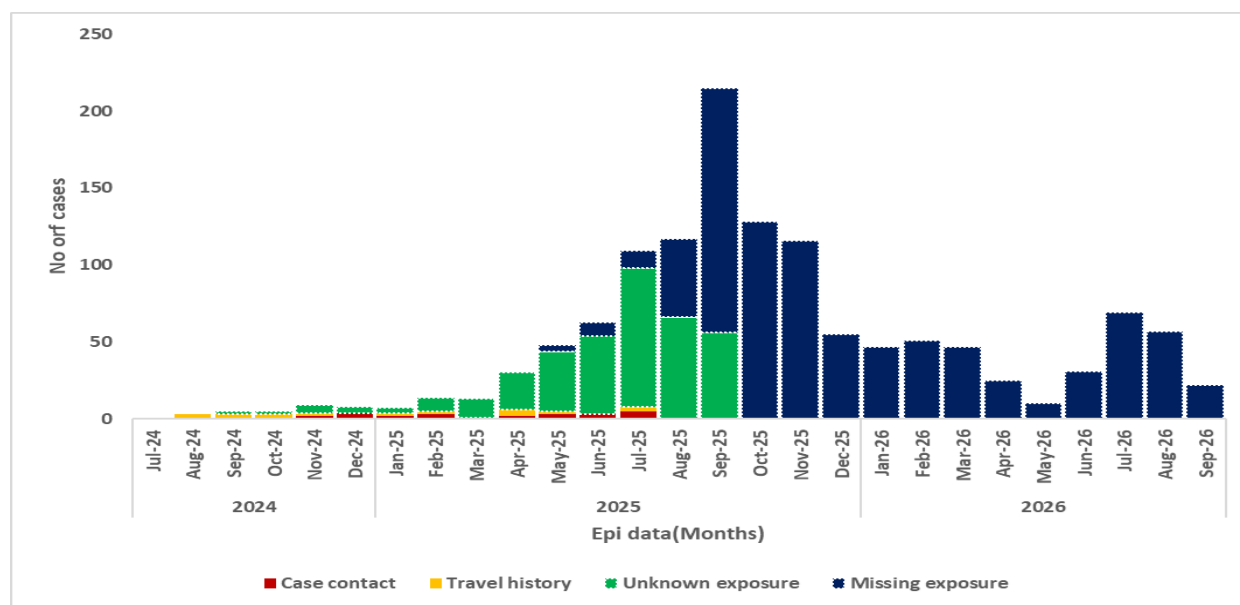


Figure 10: Epi linkage and exposure history of the Mpox cases

4. Measles

New cases	Cumulative cases	New Deaths	Deaths	Case Contacts	Counties
5	524	0	3	0	4

* Source: Ministry of Health of Kenya

- Five new cases were reported during the past week, from Kaloleni sub-county, Kilifi County.
- The outbreak has 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).
- A cumulative total of 524 cases, of which 109 are laboratory confirmed, has been reported to date, with 3 deaths (CFR 0.6%).
- Most of the cases 275 (45%) are aged ≥ 10 years; more than half, 279 (58%), are male.

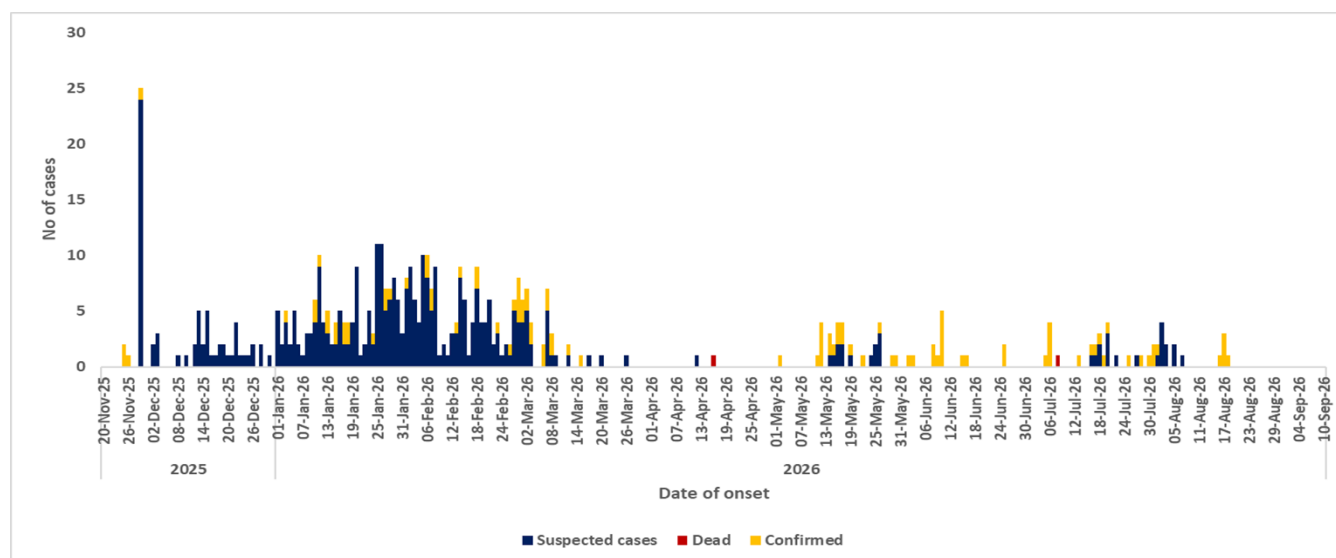


Figure 11: Epi Curve of Measles Cases, Kenya Nov 2025 – September 2026

5. 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 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.

Surveillance

6. 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.

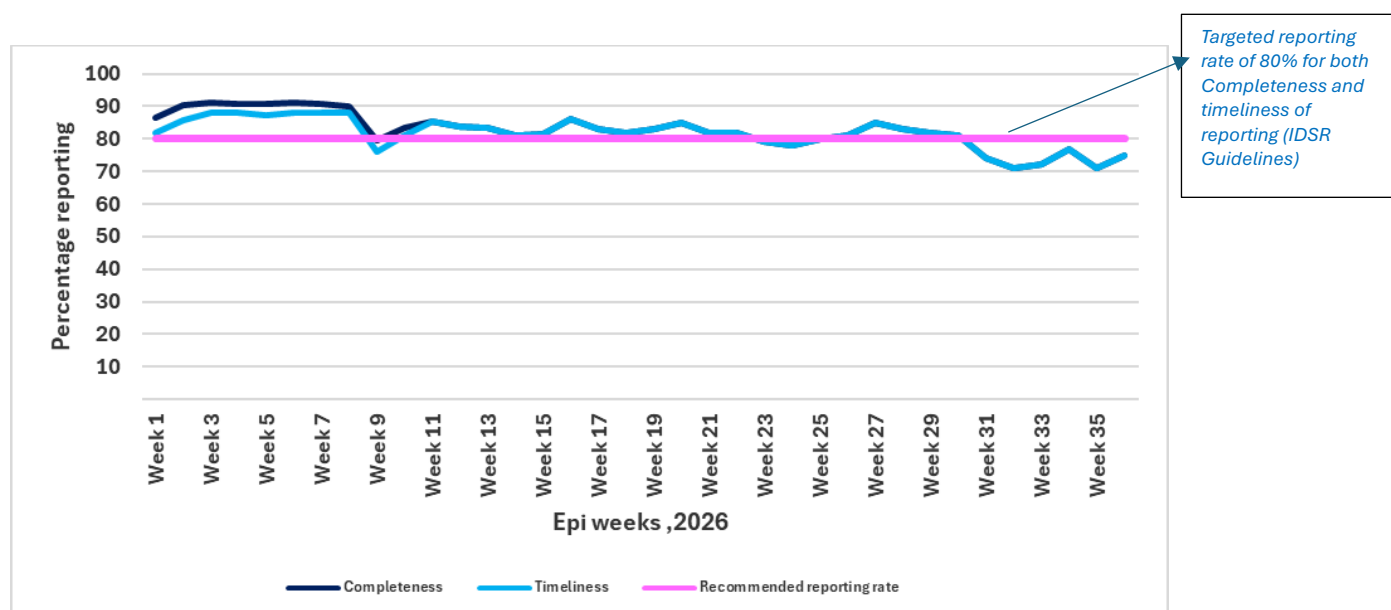


Figure 12: Overview of key indicators of IDSR, Kenya from Epi week 1-36, 2026

- 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%.

Completeness of IDSR reporting Epi 33-36,2026

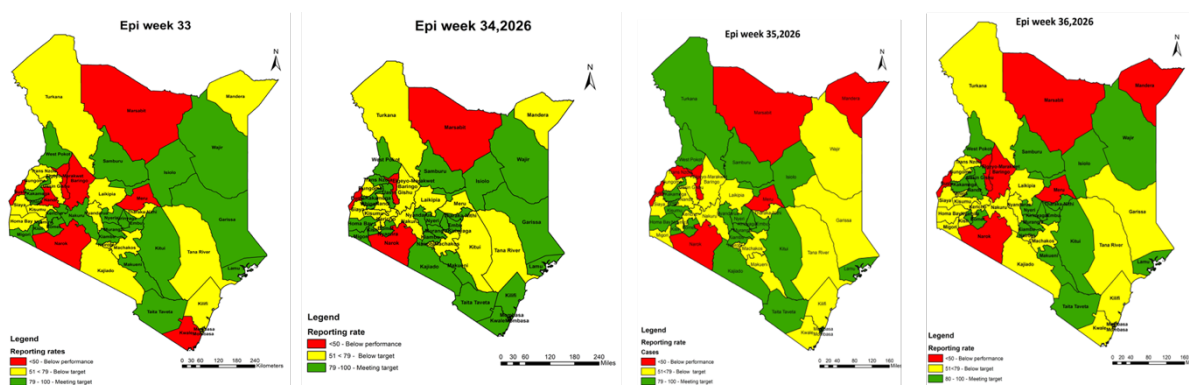


Figure 13: Completeness of IDSR reporting Epi week 31-36, 2026

- 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%.

IDSR Interventions

- A dedicated focal person for Integrated Disease Surveillance has been designated 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.

7. 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
COVID-19 vaccine misinformation <i>Priority: High</i>	▪ A celebrity's account of refusing COVID-19 vaccination during pregnancy is being treated as proof that refusal was the safest choice. Instagram post; Media report; K24 report ▪ Unsupported claims link COVID-19 vaccines to cancer and interpret cancer diagnoses after the pandemic as evidence of causation. National Cancer Institute evidence; WHO vaccine evidence ▪ 'Big pharma conspiracy' and 'vaccine scam' language is reinforcing distrust and portraying vaccination as harmful or commercially motivated.	• National: State clearly that current evidence does not show COVID-19 vaccines cause cancer; explain correlation versus causation in plain language and link to credible evidence. • Counties and healthcare workers: Offer empathetic counselling on vaccination, pregnancy and cancer concerns, and direct people to qualified clinicians rather than social-media testimonials. • Partners and media: Brief health journalists and influential creators with short evidence cards; respond to the claim without attacking the celebrity or unnecessarily repeating it. Infodemic management: Monitor vaccine-cancer, fertility, pregnancy and named-cancer narratives; assess reach and harm, and prepare targeted responses when thresholds are met.
Bundibugyo virus disease (BVD) / Ebola <i>Priority: Very high</i>	▪ Preparedness and testing are portrayed as a plan to impose another lockdown and prevent the 2027 General Election. Facebook discussion ▪ The outbreak is described as fabricated or exaggerated to attract funding, including after reporting on proposed World Bank emergency financing. Facebook discussion 1; Facebook discussion 2; Facebook discussion 3; Citizen Digital report ▪ COVID-19 distrust is spilling over into BVD discourse through claims about scams, testing, lockdowns and 'vaccine poison'. Facebook discussion; Research on distrust spillover ▪ Verified regional data show continued transmission and geographical expansion in the DRC, but users focus more on alleged Kenyan political and financial motives. CDC situation summary; WHO outbreak update	▪ National: Separate the DRC outbreak situation from Kenya's status. Explain that preparedness involves surveillance, laboratories, healthcare readiness and cross-border coordination, not an automatic lockdown. ▪ National and partners: Publish a financing and facility fact sheet showing funding purpose, governance, expenditure safeguards, facility role and activation criteria. ▪ Counties and points of entry: Use trusted local clinicians, border-health teams and community leaders to explain testing, referral and preparedness processes and answer questions publicly.

		Infodemic management: Track lockdown, election, funding, testing and vaccine narratives; acknowledge unresolved COVID-era distrust while using transparent, independently verifiable evidence.
Mpox <i>Priority: High public-health concern; medium-high infodemic risk</i> <i>Focus: Mombasa, Nairobi, Busia, Makueni, Kiambu, Kilifi and Nakuru</i>	▪ Kenya has reported 1,298 confirmed cases and 19 deaths across 40 counties, yet online attention and urgency are declining. KTN/Kenyamoja report; Facebook update 1; Facebook update 2 ▪ No prominent new misinformation was identified, but 'mpox fatigue' and complacency may reduce attention to prevention and care-seeking. Facebook discussion; Kenya News Agency report; Standard editorial ▪ Misinformation about vaccines, foreign agendas, government funding, testing and restrictions can migrate from COVID-19 or BVD discussions to mpox. Facebook discussion	▪ Priority counties: Refresh short, locally relevant messages on symptoms, transmission, prevention, available interventions and when and where to seek care; avoid repetitive generic messaging. ▪ National: Release regular dated, county-disaggregated updates and explain active versus cumulative cases so declining attention is not mistaken for an ended outbreak. ▪ Partners: Work through transport-corridor networks, healthcare workers, CHPs and affected communities, using non-stigmatizing messages and clear service referrals. ▪ Infodemic management: Monitor cross-topic narratives, not mpox keywords alone, especially vaccine safety, testing, pharmaceutical companies, restrictions, foreign agendas and financial incentives.
Cross-cutting infodemic themes <i>Priority: High</i>	▪ Preparedness, emergency financing, screening and treatment facilities are interpreted as proof of a hidden outbreak. ▪ Health emergencies are framed as tools for political control, while foreign funding is framed as foreign control. ▪ Personal testimony is treated as medical proof, and outbreak figures shared without dates, geography or definitions trigger credibility concerns.	▪ National and counties: Use a standard update format showing date, location, case definition, confirmed/suspected status, source and what has changed since the previous update. ▪ Partners: Agree on shared message maps, rumour escalation thresholds and spokesperson roles; disclose funding purpose and accountability arrangements proactively. ▪ Infodemic management: Integrate monitoring across diseases and channels, combine online narratives with hotline and community feedback, and share a weekly action tracker with responsible actors.

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.



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ndahendekireg@who.int



afkeninfo@who.int