



EMERGENCY PREPAREDNESS AND RESPONSE WEEKLY SITUATION REPORT

WEEK 38: 14th TO 20th September 2026 | KENYA

1 New Events	0 Ongoing Events	4 Outbreaks	0 Humanitarian Crisis
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1 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 23 counties, measles in 3 counties, a confirmed case of circulating vaccine-derived poliovirus type 2 (cVDPV2) in Garissa County, and one confirmed cholera case in Nairobi 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	1,319	11	1,319	20	0	1.5%	39	31 July 2024	Protracted 2
Eleven new confirmed cases have been reported from Nairobi (9), Kajiado (1) and Kilifi (1) in the past week. No new deaths. Total of 370 cases reported from 23 counties in 2026.									
Cholera	1	1	1	0	0	0.0%	1	22 nd September	Grade 3
One culture-confirmed case at Kenyatta University, Nairobi County. Several other students reported diarrhoea and vomiting; all tested negative for cholera.									
Measles	528	4	113	3	0	0.6%	4	Nov 2025	Ungraded
Four new cases reported in the past week, from Moyale sub-county, Marsabit County. Marsabit is reporting a new wave of the outbreak. Outbreak now active in three sub-counties across three 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 7 provinces and 63 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 (13th–20th September 2026)

- New confirmed: 475
- New deaths: 222
- New health zones: 1

Country	Total cases (Confirmed & Probable)	New confirmed cases (last 7 days)	Recovered	Patients in Isolation	Total confirmed & probable Deaths	New deaths in the past week	CFR (%) Confirmed & Probable)	Health Zone Affected	Status
DRC	7,733	475	1,902	821	3,732	189	48.3%	63	Active
Uganda	20		17	-	3	0	14.3%	0	Ended
France	1		1	0	0	0	0.0%	0	Ended

* **Data source:** WHO Weekly external SITREP, data as of 20th September 2026

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.

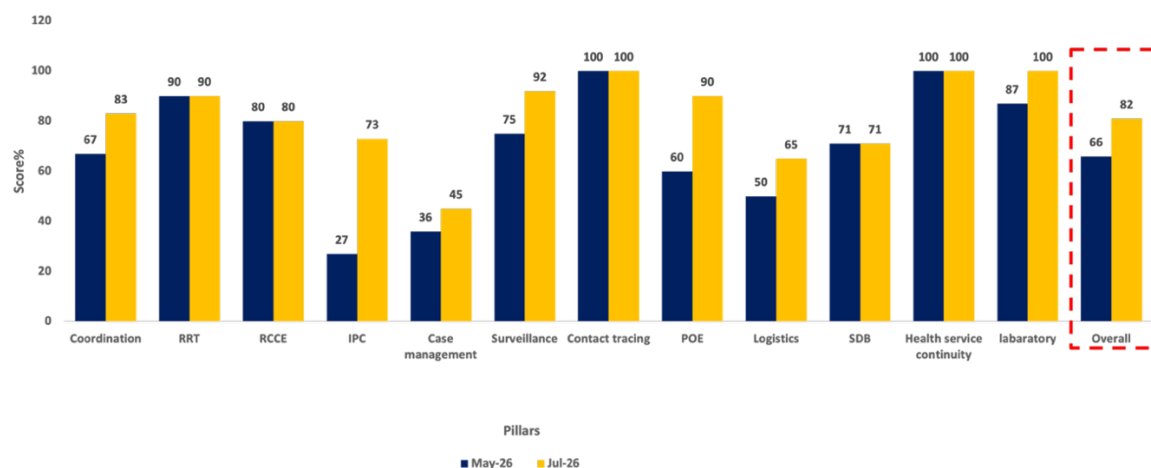


Figure 1: Readiness status for BVD outbreak by pillar, Kenya, May 2026

**Kenya's preparedness score improved from 66% 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.

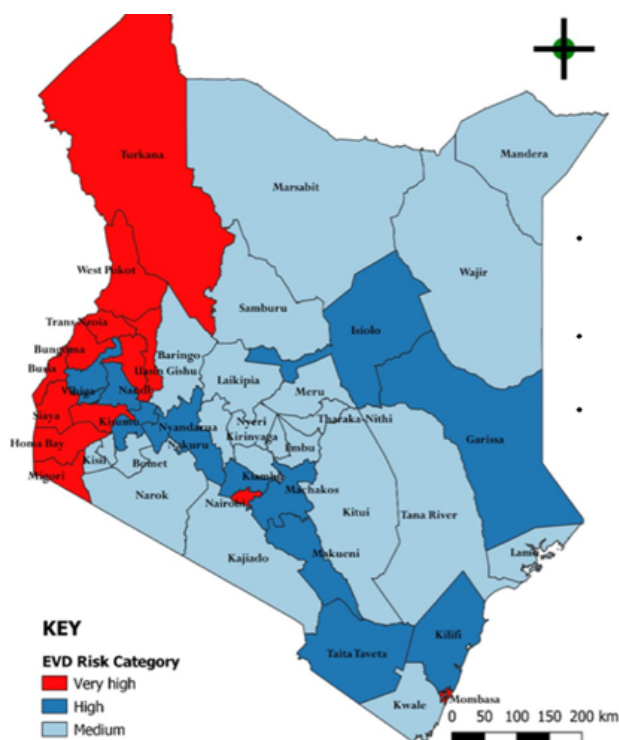


Figure 2: Risk classification status for BVD by county, Kenya, June 2026

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 (90%) very high-risk counties, 10 have been trained, while 1 county—Homa Bay—remain to be trained. Of the 12 high-risk counties, only 8 (66%) 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
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 20th September 2026, a cumulative total of 244 alerts has been investigated, all of which tested negative for BVD. Seven (7) alerts were investigated in the past week from Nairobi (2), Bungoma (4) and Busia (1), reflecting continued active surveillance. - Cascade training to the sub-county level has commenced, with 11 counties having completed the training: Marsabit, Kajiado, Kiambu, West Pokot, Bungoma, Busia, Turkana, Garissa, Machakos, Mandera and Wajir.
Points of Entry (PoE)		- Enhanced screening continues at high-risk Points of Entry for travellers arriving from DRC and Uganda. - A total of 3,316 travellers were screened in the last 24 hours. - As of 20th September 2026, a cumulative 606,933 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

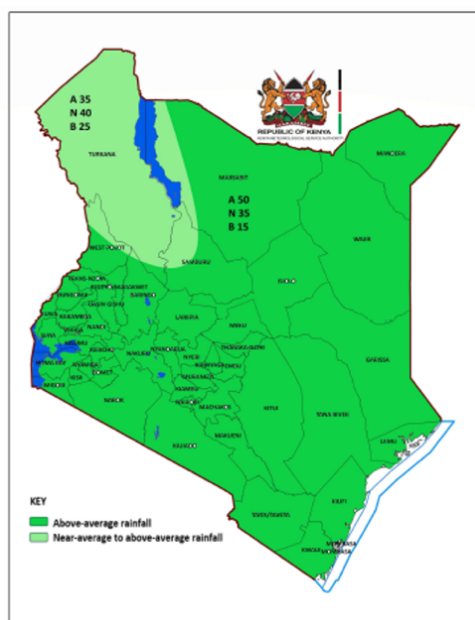


Figure 4: Outlook for the October-November-December 2026 “Short Rains” Season

- 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, Tana River, 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.

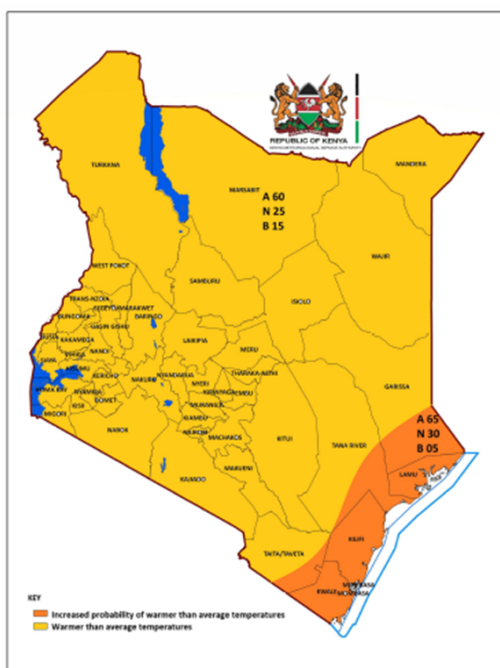


Figure 5: Temperature Forecast for October-November-December 2026

Temperature Forecast for October-November-December 2026

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/05-2026/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

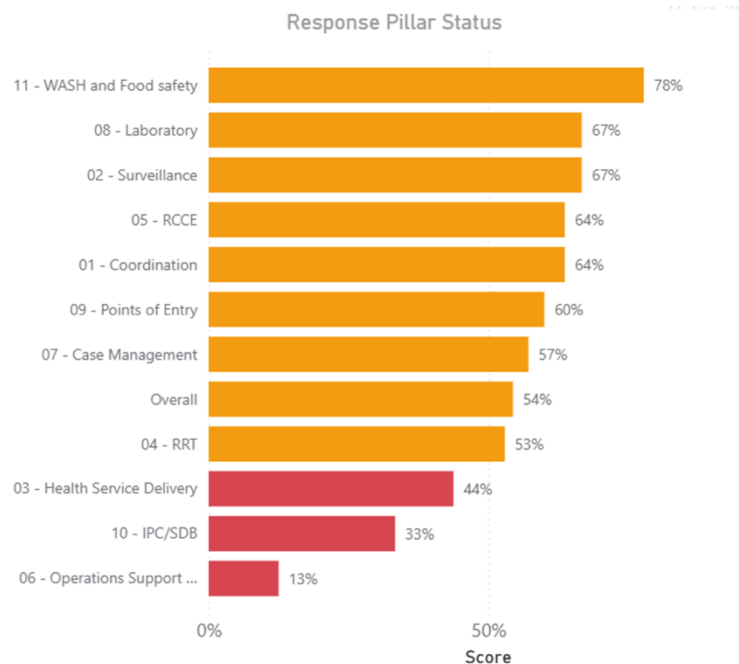


Figure 6: National flood readiness assessment per pillar status, September 2026

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%)

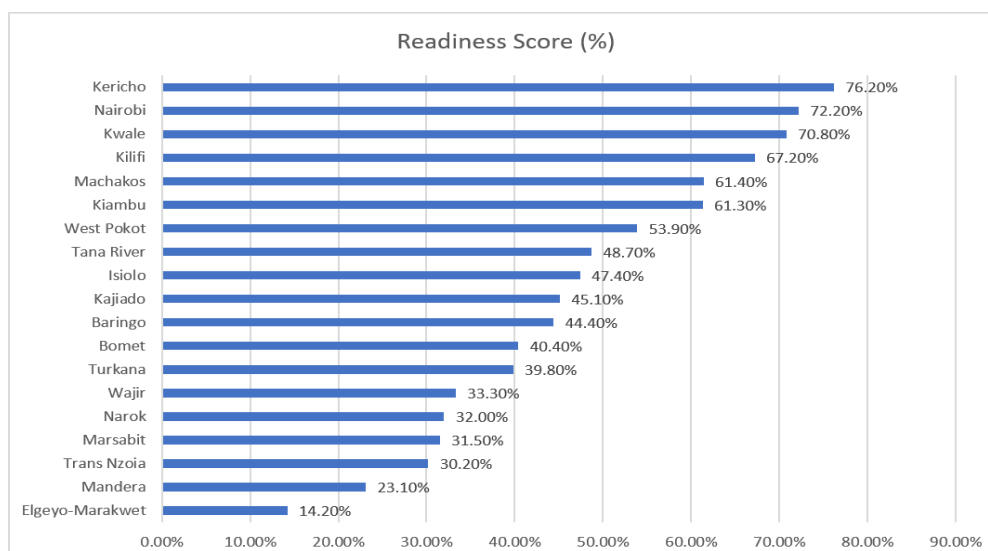


Figure 7: County flood readiness score, September 2026

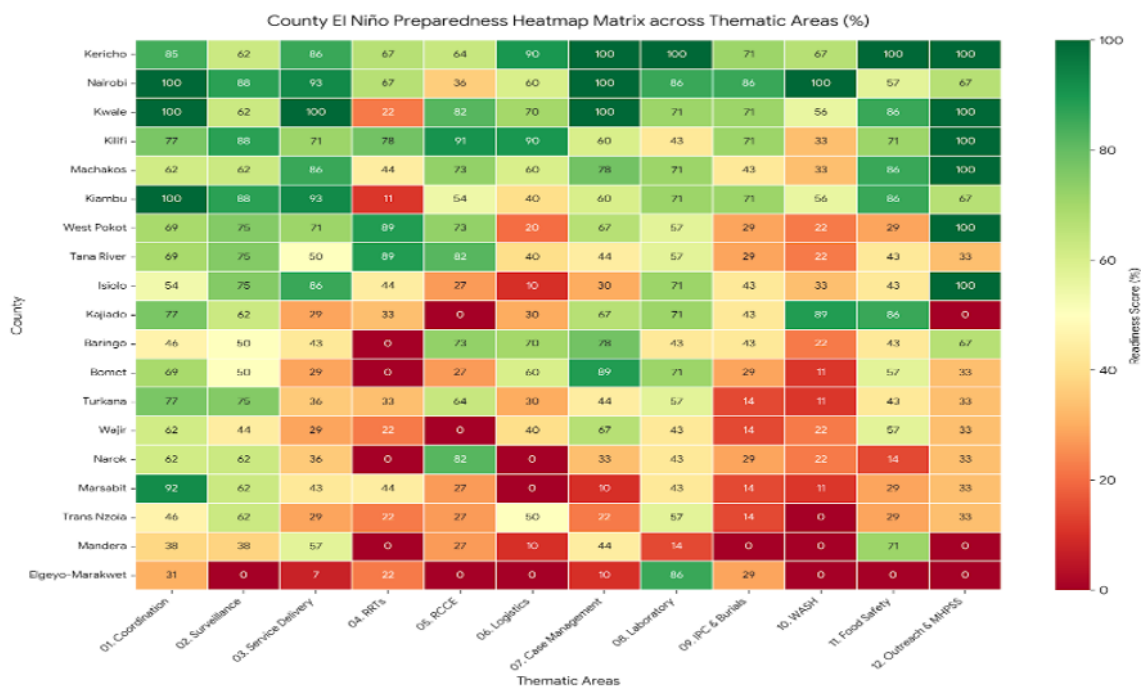


Figure 8: County flood readiness assessment per pillar status, September 2026

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	1,319	0	20	1,285	1,376	39

*Ministry of Health

Eleven (11) new confirmed cases with zero deaths, were reported from Nairobi (9), Kajiado (1) and Kilifi (1) in the past week. Kilifi joins the 2026 county list for the first time this week. A total of 370 cases has been reported across 23 counties in 2026. Active cases: 14, with 5 in facility care and 9 in home-based isolation and care. Cumulatively, 1,319 cases have occurred across 39/47 (83%) counties since the onset of the outbreak in July 2024. No new deaths were recorded this week; total deaths remain 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.

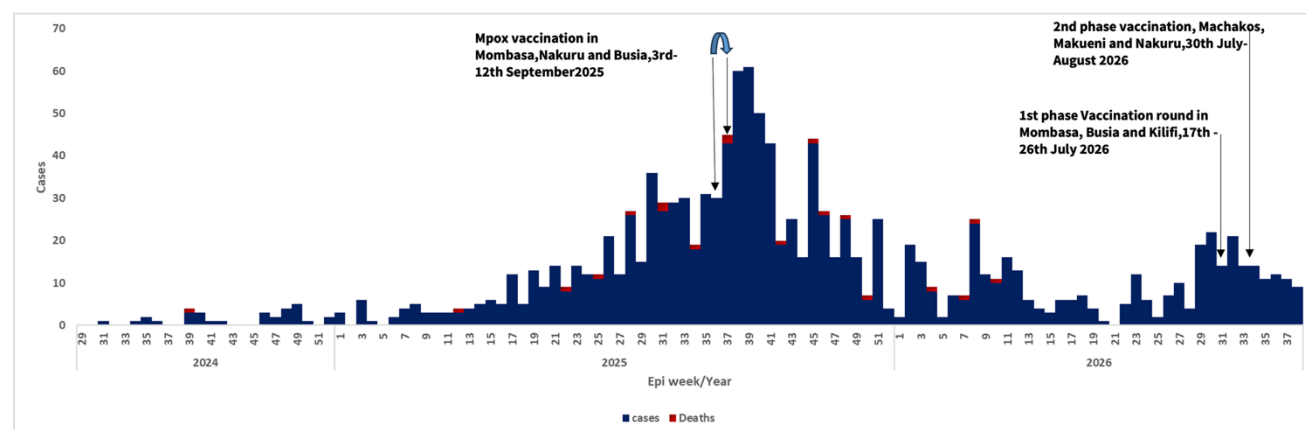


Figure 9: Epi curve of mpox cases in Kenya, July 2024 – September 2026

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.

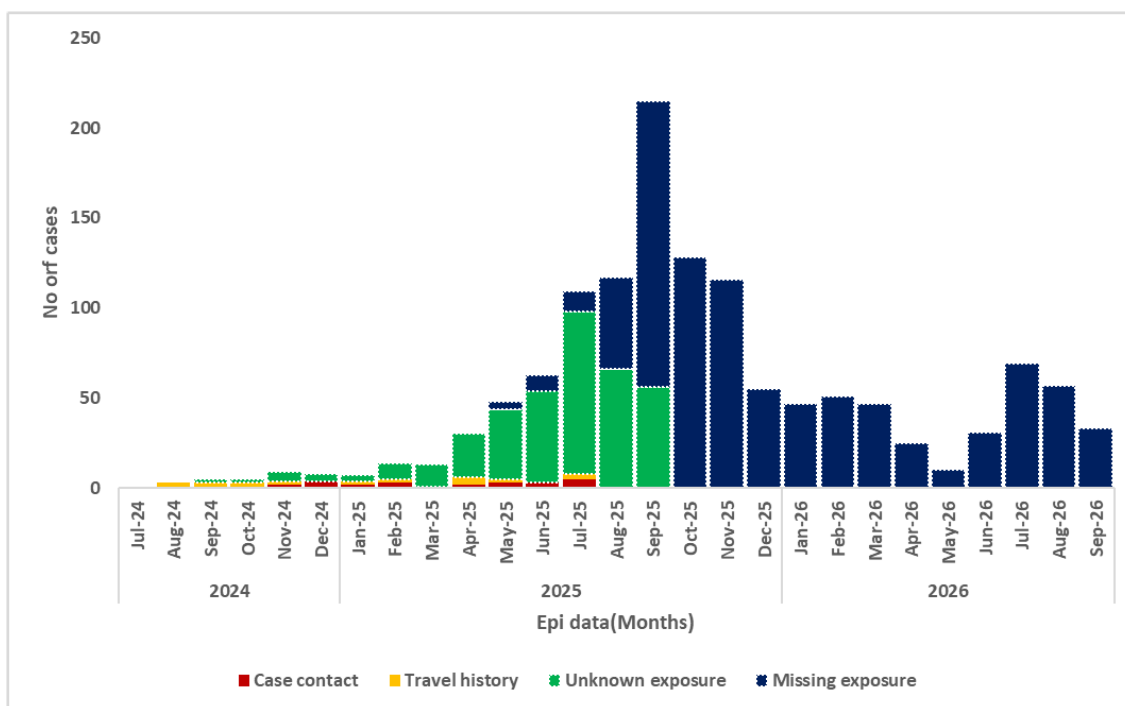


Figure 10: Epi linkage and exposure history of the Mpox cases

Public Health Interventions

- Plans are underway for another round of vaccination campaigns in the hotspots, targeting high-risk groups and healthcare workers

4.Cholera

New cases	Cumulative cases	New Deaths	Deaths	Counties
1	1	0	0	1

- One culture-confirmed cholera case has been reported in Nairobi County from Roysambu subcounty.
- The case is a 20-year-old male student from Kenyatta University.
- Several other students reported diarrhoea and vomiting; however, all tested negative for cholera.
- The confirmed patient is currently in stable condition.

Public Health Interventions

- The university issued an advisory to students following confirmation of the cholera case.
- Health education and sensitization were conducted among students and the surrounding community, emphasizing proper hygiene, safe water practices, and other cholera prevention and control measures.
- Environmental disinfection, treatment of water sources, provision of household water-treatment supplies, and water-quality surveillance was done in the affected and surrounding areas.

5. Measles

New cases	Cumulative cases	New Deaths	Deaths	Case Contacts	Counties
4	528	0	3	0	3

* Source: Ministry of Health of Kenya

- Four new cases were reported during the past week, from Moyale sub-county, Marsabit County. Marsabit is reporting a new wave of the outbreak. No new death reported in the past week.
- The outbreak has affected 10 counties since January 2026 and is now active in three sub-counties across three counties: Kilifi (Kaloleni), Garissa (Lagdera) and Marsabit (Moyale). Nairobi (Kibra) and Mombasa (Likoni) have dropped off the active list.
- A cumulative total of 528 cases, of which 113 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.

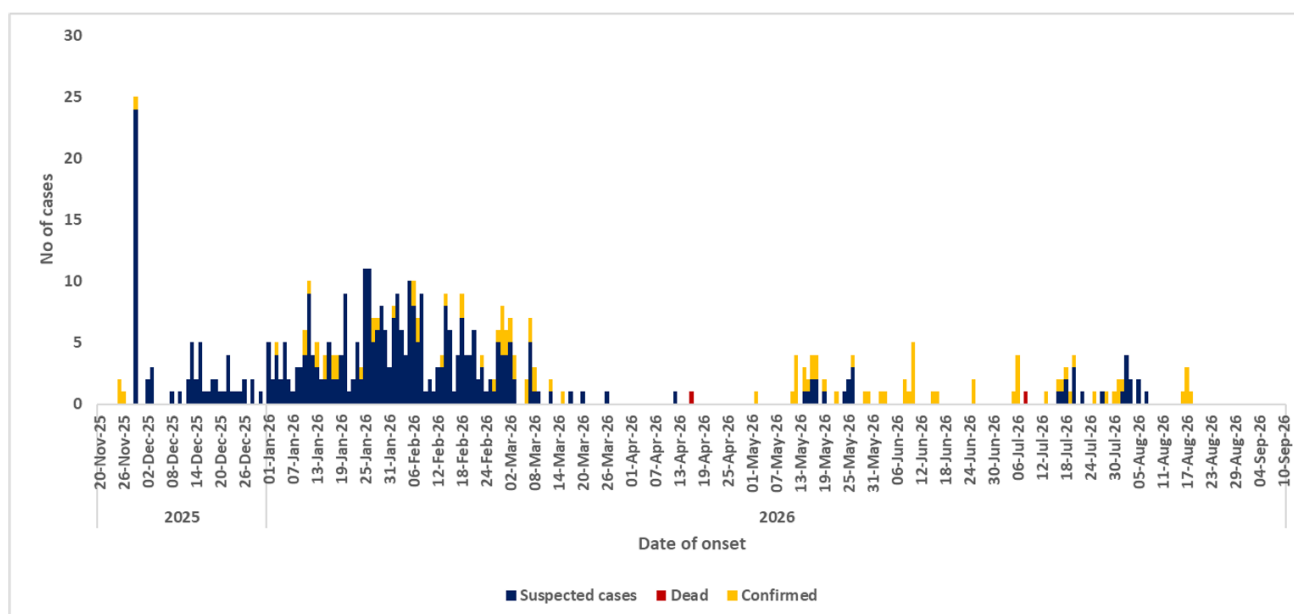


Figure 11: Epi Curve of Measles Cases, Kenya Nov 2025 – September 2026

6. 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.

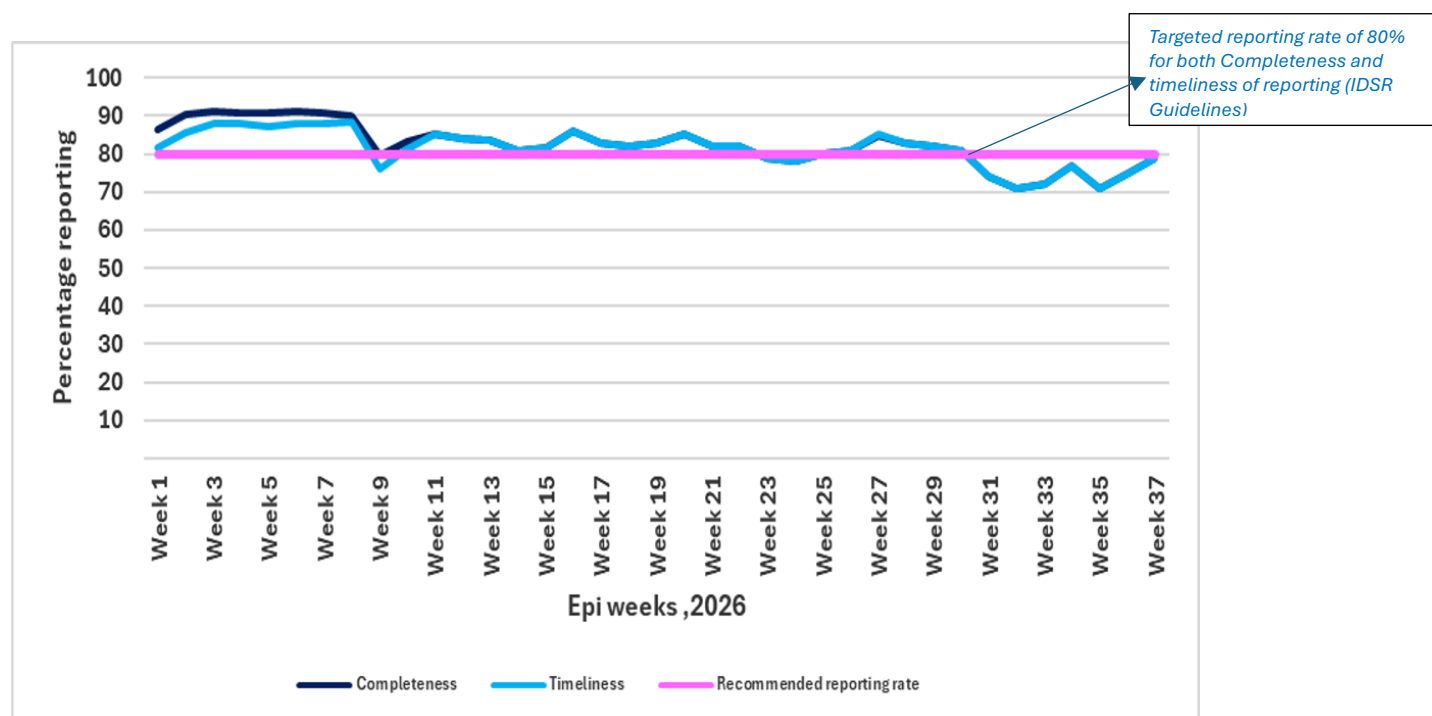


Figure 12: Overview of key indicators of IDSR, Kenya from Epi week 1-37, 2026

- 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 33-37,2026

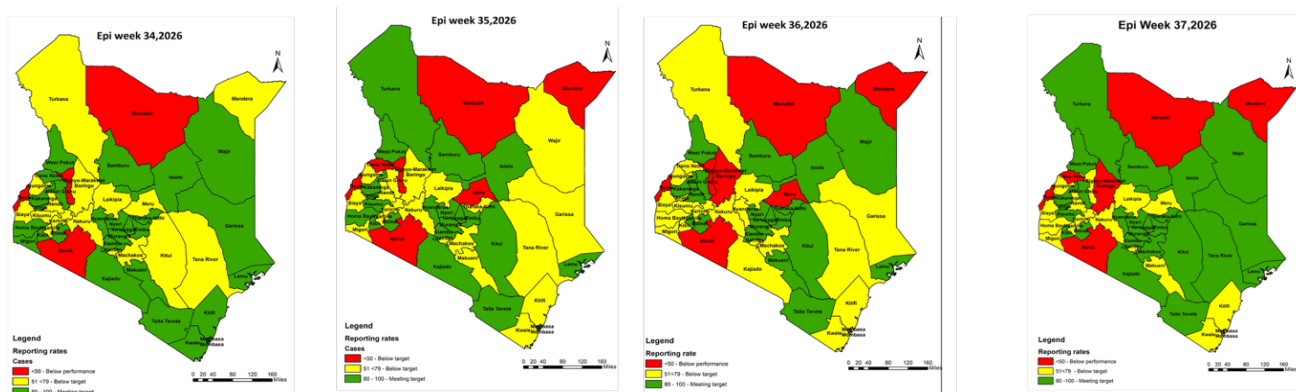


Figure 13: Completeness of IDSR reporting Epi week 31-37, 2026

- 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 discussions, and RCCE and infodemic management recommendations
| 7-14 September 2026*

Health Issues	Online Sentiment/ Discussion	RCCE & Infodemic Management Recommendation
Bundibugyo virus disease / Ebola Priority: Very high	- A widely engaged comment alleges that a Nanyuki preparedness facility is linked to weather manipulation, poisonous gases, drought and unexplained symptoms. The claims are unverified. Facebook discussion The narrative combines earlier mistrust of Ebola preparedness with foreign involvement and corruption claims; Kenya has no confirmed BVD case in this reporting period. CDC regional situation summary	Publish a plain-language explanation of the facility's purpose, services and oversight, alongside a dated update on Kenya's case status.
El Niño and climate-related health preparedness Priority: High watch	National and county preparedness ahead of anticipated October–December rains is being discussed in relation to water contamination, cholera, typhoid, malaria and dengue. WHO Kenya report; Facebook discussion No major direct misinformation wave was found. Weather-war, foreign-agenda and hidden-outbreak narratives could attach to preparedness messages. Related Facebook claim	- Label forecasts and health alerts with dates, locations and certainty; distinguish advance preparedness from a confirmed outbreak. - Share practical, local-language guidance on treated water, safe sanitation, sewage leaks, mosquito nets, stagnant water and early care-seeking. Monitor climate and outbreak narratives together, answer recurring questions through trusted local channels, and correct claims once they show harmful reach.
Cholera at Kenyatta University Priority: High potential; low observed misinformation	A university advisory reported cholera cases and students treated for diarrhoea and vomiting; online coverage focused on food and water safety. Initial Facebook report; Kenya Insights report; University advisory shared on Facebook No major misinformation trend was identified. Accusations against vendors, poisoning claims or inflated case totals remain possible while the investigation is ongoing.	- Issue regular, dated updates with confirmed case counts, the investigation status and any verified source of exposure; avoid naming a vendor before evidence supports it. - Give students clear advice on treated water, hand hygiene, food safety, oral rehydration and where to seek prompt care. Monitor named-vendor, food-product and water-source rumours; correct false claims and direct students to the university health unit and county updates.

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