



EMERGENCY PREPAREDNESS AND RESPONSE WEEKLY SITUATION REPORT

WEEK 39: 21st TO 27th September 2026 | KENYA

0 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 three counties, a confirmed case of circulating vaccine-derived poliovirus type 2 (cVDPV2) in Garissa County, and one confirmed cholera case in Nairobi County, with no new cholera case reported in the past week. The country is also at high risk of Bundibugyo virus disease (BVD) importation following the ongoing outbreak in the Democratic Republic of Congo.

Summary of Ongoing Public Health Emergencies in Kenya, September 2026

Event	Total Cases	New Cases	Confirmed cases	Deaths	New Deaths	Case Fatality Rate	Counties	Start of reporting period	WHO Grade
Mpox	1,322	3	1,322	20	0	1.5%	39	31 July 2024	Protracted 2
Three new confirmed cases were reported in the past week, bringing the cumulative total to 1,322. No new deaths. A total of 373 cases has been reported from 23 counties in 2026.									
Cholera	1	0	1	0	0	0.0%	1	22 nd September	Grade 3
No new case has been reported in the past week. One culture-confirmed case at Kenyatta University, Nairobi County; the patient is in stable condition.									
Measles	528	0	113	3	0	0.6%	3	Nov 2025	Ungraded
No new cases have been reported in the past week. The outbreak is still active in three sub-counties across three counties: Kilifi (Kaloleni), Garissa (Lagdera) and Marsabit (Moyale) counties.									
Polio 2 (cVDPV2)	1	0	1	0	0	0.0%	1	August 2026	Grade 2

Event	Total Cases	New Cases	Confirmed cases	Deaths	New Deaths	Case Fatality Rate	Counties	Start of reporting period	WHO Grade
No new case has been 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 outbreak in the Democratic Republic of Congo and Uganda

The BVD outbreak in the Democratic Republic of the Congo continued during the reporting period and remains the largest BVD outbreak ever recorded and the second-largest Ebola disease outbreak on record. As of 24th September 2026, 7,946 confirmed cases and 3,833 deaths (CFR 48.2%) had been reported across seven provinces and 63 health zones, with no new health zone affected during the reporting period. Ituri Province is still the epicenter, accounting for 6,067 (76%) of confirmed cases and 2,784 (73%) of deaths, while transmission remains active in North Kivu, Haut-Uélé, Tshopo and Bas-Uélé provinces. The outbreak was determined to be a 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 (19th–26th September 2026)

- New confirmed: 395
- New deaths: 202
- New health zones: 0

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	8,067	395	2,070	772	3,901	134	48.4%	63	Active
Uganda	20	0	17	-	3	0	14.3%	0	Controlled
France	1	0	1	0	0	0	0.0%	0	Controlled

** Data source: DRC MoH / Uganda MoH, data as of 26th 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.

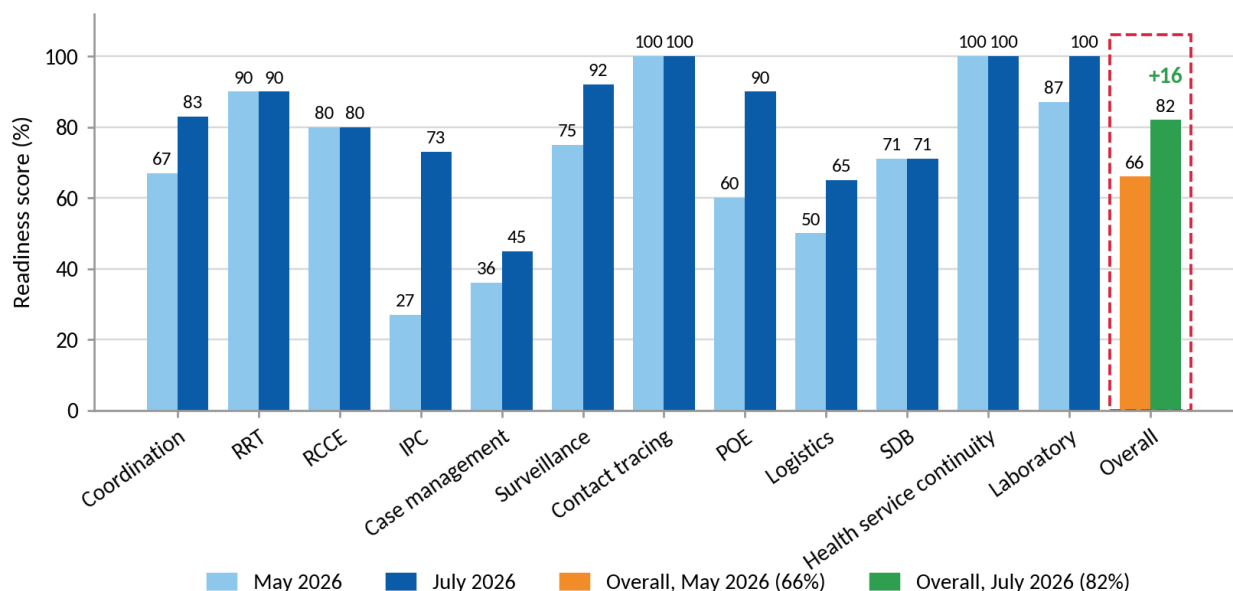


Figure 1: Readiness status for BVD outbreak by pillar, Kenya, May and July 2026

**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.

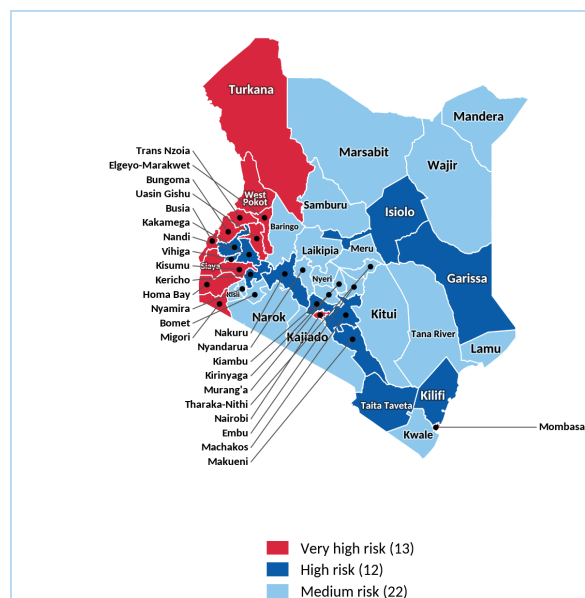


Figure 2: BVD risk classification by county, Kenya, June 2026

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 border crossings and airports). Medium risk: counties near high-risk counties, with potential spillover due to cross-county population movement.

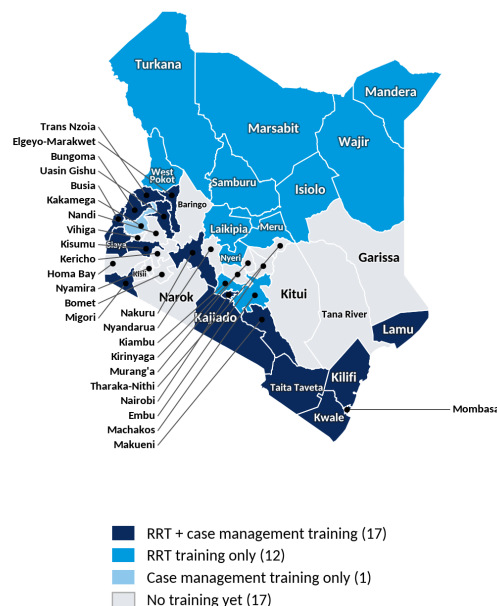


Figure 3: EVD preparedness training by county, Kenya

Of the 13 very high-risk counties, 12 (92%) have completed RRT training; only Homa Bay remains. Of the 12 high-risk counties, 7 (58%) have been trained; Garissa, Kakamega, Kericho, Nandi and Vihiga Counties remain. Additional training is required to cover all very high-risk and high-risk counties.

Pillar	Capacity	Implementation of priority readiness actions
Surveillance		- As of 27th September 2026, a cumulative total of 253 alerts has been investigated, all of which tested negative for BVD. Nine alerts were investigated in the past week from three cases from Nairobi and six Bungoma counties, 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. - Data management: KNPPI, in collaboration with the Digital Health Agency (DHA) and partners, has developed a draft executive dashboard consolidating surveillance data from multiple reporting systems; finalization is ongoing.
Points of Entry (PoE)		- Enhanced screening continues at high-risk Points of Entry for travellers arriving from the DRC and Uganda. - A total of 3,673 travellers were screened in the last 24 hours, of whom 105 were from DRC. - As of 27th September 2026, a cumulative 627,852 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

Expected rainfall onset and cessation dates, OND 2026

Region / Counties	Expected onset	Expected cessation	Outlook
Western, Rift Valley & Lake Region (Nandi, Kakamega, Vihiga, Bungoma, Siaya, Busia, Baringo, Nakuru, Trans Nzoia, Uasin Gishu, Elgeyo-Marakwet, West Pokot, Kisii, Nyamira, Kericho, Bomet, Kisumu, Homa Bay, Migori and Narok counties)	September	Continues into January	Fair–Good
Central & Nairobi (Nyandarua, Laikipia, Nyeri, Kirinyaga, Murang'a, Kiambu, Meru, Embu, Tharaka-Nithi and Nairobi counties)	2nd–3rd week Oct	Continues into January	Fair–Good
Eastern & inland Tana River (Machakos, Kitui, Makueni, Kajiado, Taita-Taveta and inland parts of Tana River counties)	3rd–4th week Oct	Continues into January	Fair–Good
Coastal counties & Tana Delta (Mombasa, Kwale, Lamu, Kilifi and the Tana Delta counties)	2nd–3rd week Oct	1st–2nd week Dec	Fair–Good
Turkana & Samburu counties	3rd–4th week Oct	1st week Dec	Poor–Fair
Marsabit, Mandera, Wajir, Garissa & Isiolo counties	2nd–3rd week Oct	1st–2nd week Dec	Fair–Good

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 the National Disaster Operations Centre (NDOC) has activated multisectoral meetings.
- The country's (national) readiness assessment is complete.
- The county readiness tool has been shared with all counties to assess the level of preparedness; 31/47 counties had submitted the assessment as of 23rd September 2026.

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.

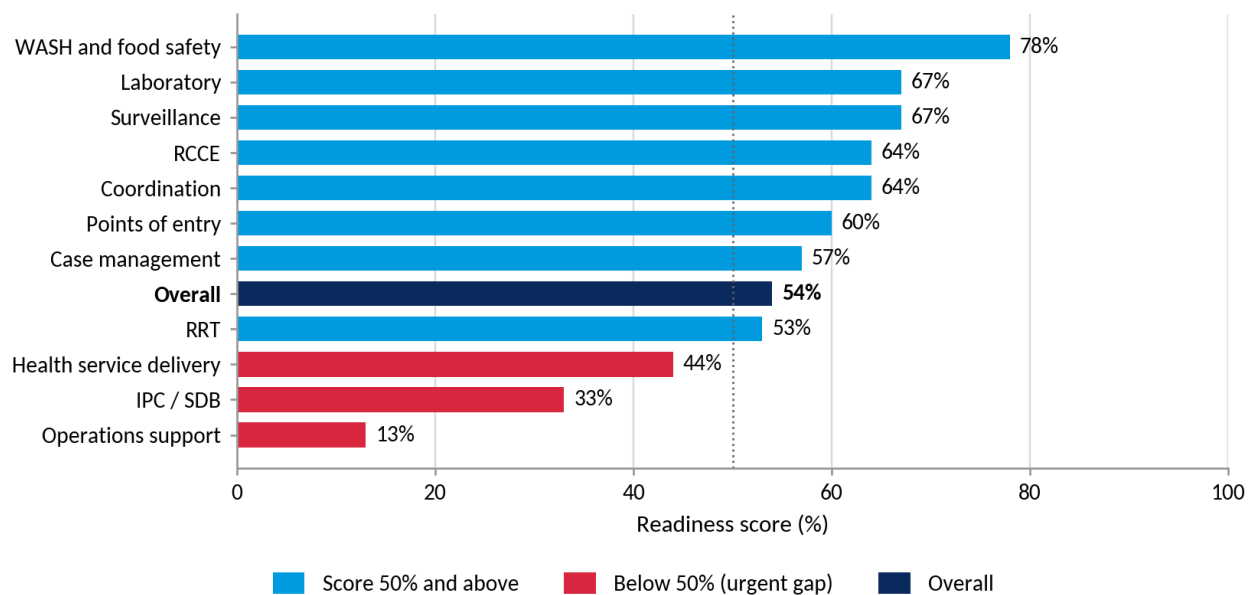


Figure 4: National flood readiness assessment per pillar status, September 2026

County readiness status for flooding, Kenya, September 2026

- 31/47 counties had submitted as at 10am, 23rd September 2026 (up from 19/47 as of 16th September).
- The strongest thematic areas were Coordination (72.9%), Laboratory (60.4%), and Surveillance (60.2%).
- The weakest were Food safety (333%), WASH (29.2%) and Integrated Outreach & MHPSS (21.9%).

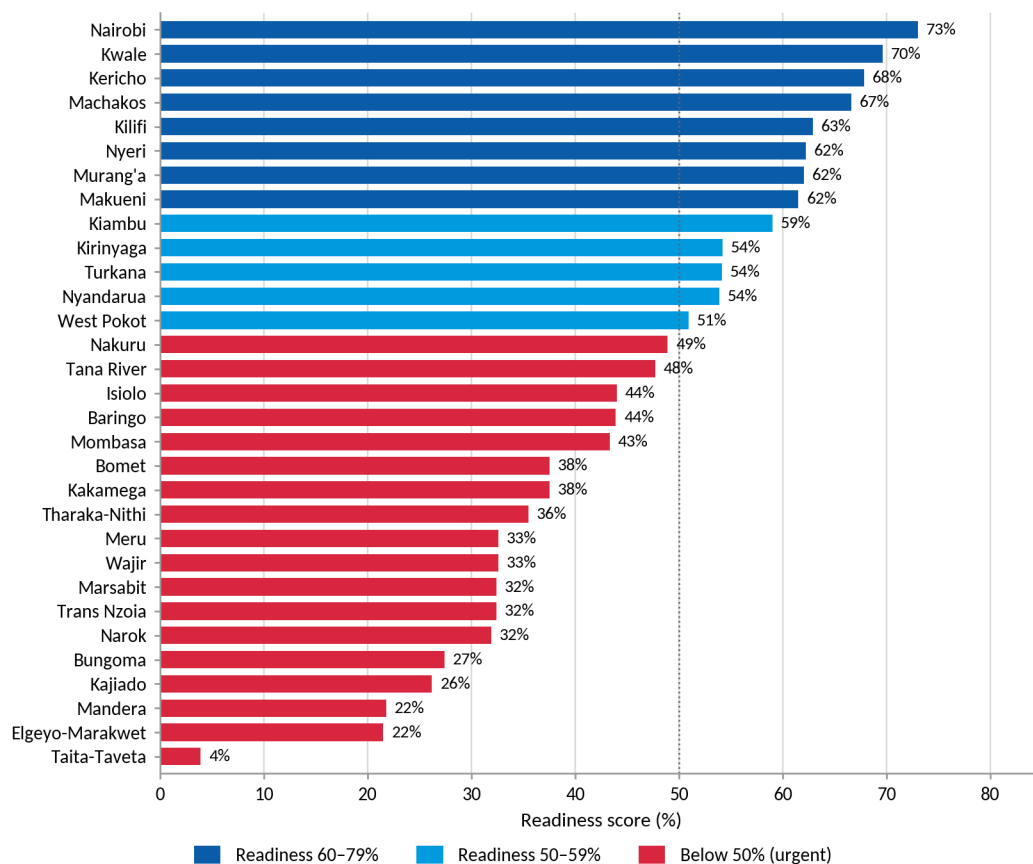


Figure 5: County flood readiness score, September 2026

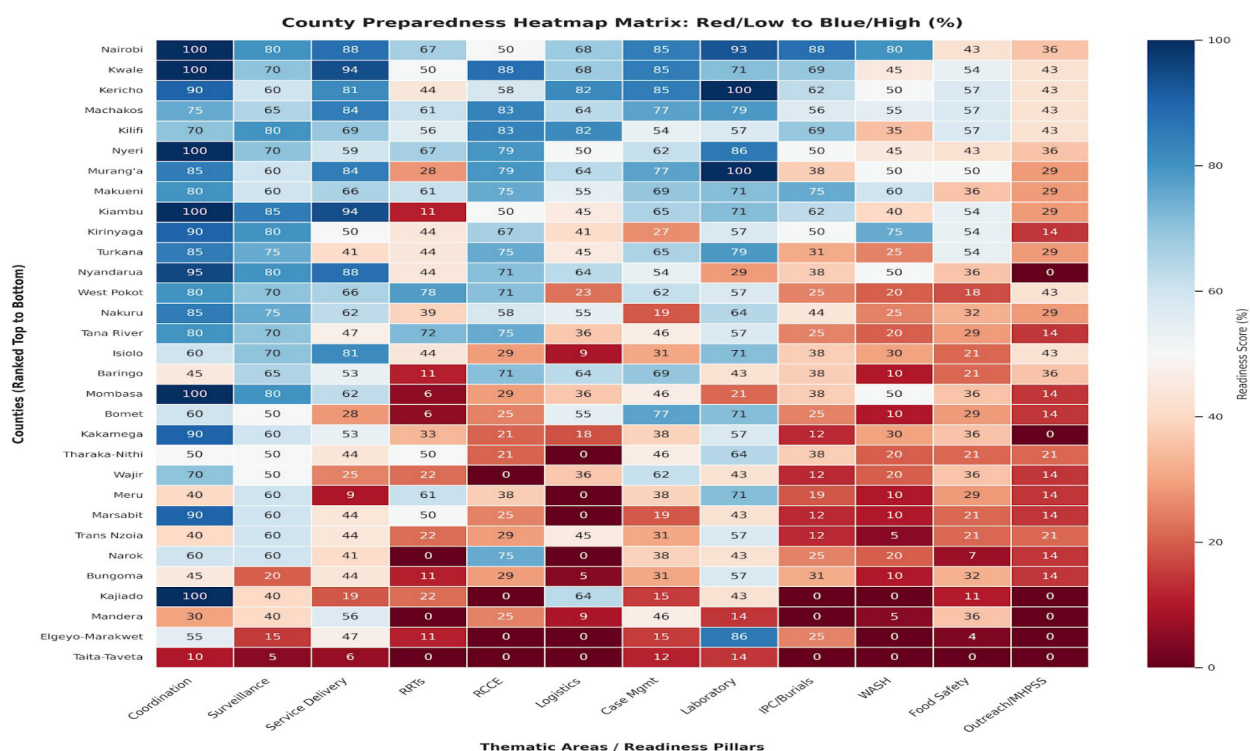


Figure 6: County flood readiness assessment per pillar status, September 2026

Recommended Prioritization

County group	Counties	Recommended approach
Adequate capacity (≥80%)	None	—
Moderate capacity (51–79%) – 13 counties	West Pokot, Nyandarua, Turkana, Kirinyaga, Kiambu, Makueni, Murang'a, Nyeri, Kilifi, Machakos, Kericho, Kwale, Nairobi	▪ Institutionalize mental health and integrated community outreach. ▪ Enhance food safety and environmental health surveillance. ▪ Strengthen infection prevention and control (IPC) in facilities. ▪ Conduct simulation exercises and inter-agency reviews.
Limited capacity (≤50%) – 18 counties	Taita-Taveta, Elgeyo-Marakwet, Mandera, Kajiado, Bungoma, Narok, Trans Nzoia, Marsabit, Wajir, Meru, Tharaka-Nithi, Kakamega, Bomet, Mombasa, Baringo, Isiolo, Tana River, Nakuru	▪ Deploy emergency direct support and pre-positioned stockpiles. ▪ Establish basic Rapid Response Teams (RRTs) and training. ▪ Deploy mobile water treatment and public health protocols. ▪ Activate emergency financial allocations.

Response

3. Mpox

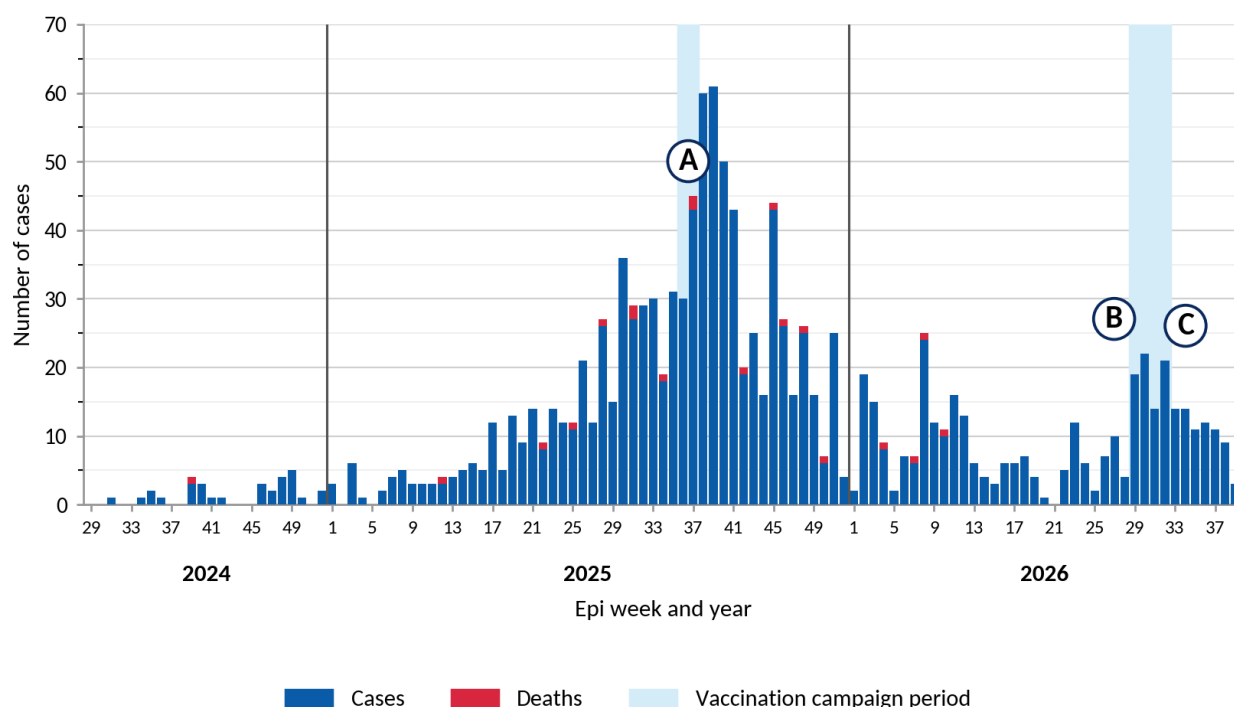
New cases	Cumulative cases	New Deaths	Total Deaths	Recovered	Case Contacts	Counties
3	1,322	0	20	1,285	1,376	39

*Ministry of Health

Three (3) new confirmed cases with zero deaths were reported in the past week, bringing the 2026 total to 373 cases across 23 counties. Active cases: 17, with 8 in facility care and 9 in home-based isolation and care. Cumulatively, 1,322 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 (52%, 195/373) and is the current hotspot.
- A total of 3,234 samples have been tested (1,322 positive; 1,912 negative; none pending), with nine (9) tests done in the past week. 257 samples have been sequenced, identifying sub-clade 1b.
- A total of 11,876,378 travellers screened at 26 points of entry since the beginning of the outbreak in July 2024.



A: Vaccination in Mombasa, Nakuru and Busia, 3–12 Sep 2025

B: Phase 1 vaccination in Busia, Mombasa and Kilifi, 17–26 Jul 2026

C: Phase 2 vaccination in Machakos, Makeni and Nakuru, 30 Jul–8 Aug 2026

Figure 7: Epi curve of mpox cases in Kenya, July 2024 – September 2026 (shaded bands: vaccination campaigns)

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, 27% (363 cases) had no known exposure and 69% (906 cases) had no documented exposure or epidemiological linkage. The increasing proportion of cases without known exposures may point to community transmission.

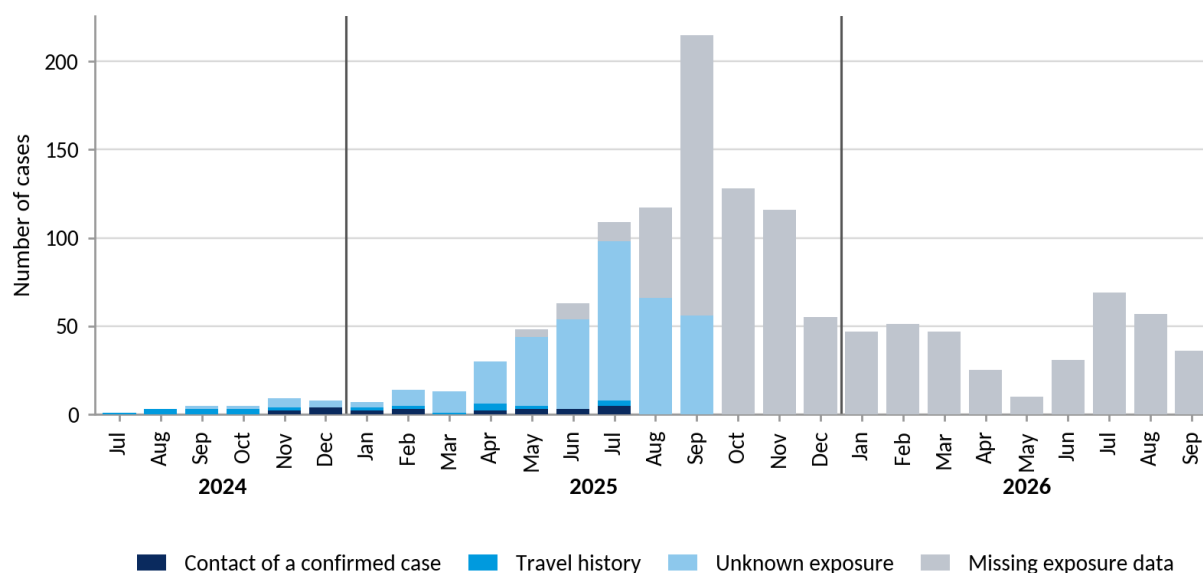


Figure 8: Epi linkage and exposure history of the Mpox cases

Mpox Deaths

- Of the 20 deaths, 11 (55%) were female. Among females, deaths were highest in the 25–34 age group; among males, in the 35–44 age group. Most deaths occurred among adults aged 25–54 years.
- 14 (70%) of the deaths were among people living with HIV; among these, 9 (64%) were female. One death was HIV negative with a co-morbidity (diabetes mellitus); HIV status was unknown for 5 deaths.

Public Health Interventions

- A second vaccination campaign using the 20,000 vaccine doses available in-country was completed in two phases: Phase One in Busia, Mombasa and Kilifi (17–26 July 2026; 13,948 vaccinated, 105.2% of target) and Phase Two in Machakos, Makueni and Nakuru (30 July–8 August 2026; 6,009 vaccinated, 105.2% of target).
- Clinical care and isolation of active cases continue in health facilities and through home-based care.
- Surveillance and screening at points of entry are ongoing.
- A decision on transitioning the response to the routine health system is under review, in line with continental IMST guidance.

4. Cholera

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

- One culture-confirmed cholera case has been reported in Nairobi County from Roysambu sub-county.
- 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.
- No new case has been reported in the past week.

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 were done in the affected and surrounding areas.

5. Measles

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

* Source: Ministry of Health of Kenya

- No new cases were reported during the past week, and no new death was reported.
- The outbreak has affected 10 counties since January 2026 and remains active in three sub-counties across three counties: Kilifi (Kaloleni), Garissa (Lagdera), and Marsabit (Moyale). The most recent case had onset on 14th September 2026 in Moyale, Marsabit County.
- 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, 279 (55%), are aged ≥ 10 years; more than half, 280 (58%), are male.

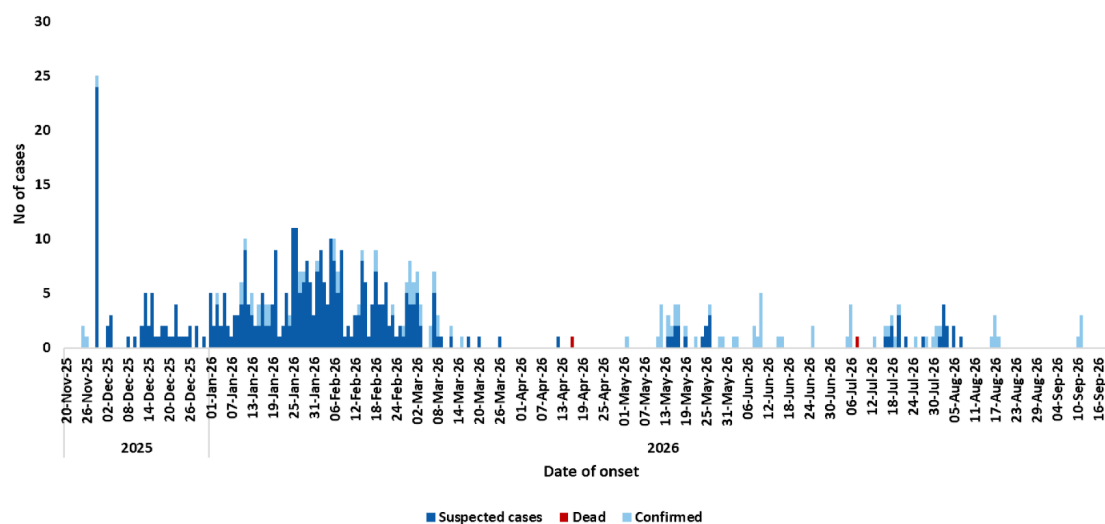


Figure 9: Epi Curve of Measles Cases, Kenya Nov 2025 – September 2026

Public Health Response

- Active case search at health facility and community levels to identify suspected cases promptly.
- Enhanced surveillance for timely detection and response is ongoing in health facilities and communities in the affected counties.
- Provision of supportive care at health facilities reporting cases.

6. Circulating Vaccine Derived Polio Virus 2 (cVDPV2) in Dadaab, Ifo 2 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. The isolate had 37 nucleotide differences from Sabin 2 in the VP1 region and 16 nucleotide differences from an environmental cVDPV2 isolate from Beledweyne, within the SOM-BAY-1 emergence group. 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 Response Activities

- Planning for Inactivated Poliovirus Vaccine (IPV) intensification in the affected camp and surrounding areas
- 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.
- Integrated services including measles vaccination, Vitamin A supplementation and deworming were provided to all eligible children upon arrival.
- 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

7. 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.

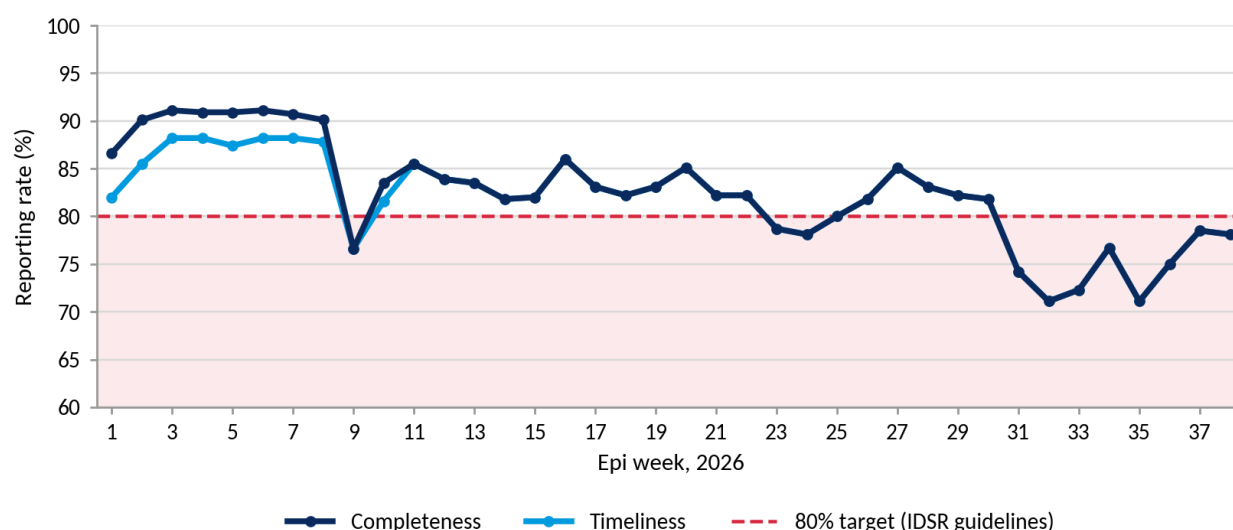


Figure 10: Overview of key indicators of IDSR, Kenya from Epi week 1-38, 2026

- The average overall completeness of reporting from Epidemiological Week 1 to 38 was 82%.
- The average overall timeliness of reporting during the same period was 81%.
- Timeliness has fallen below the 80% target since Epi Week 31, dipping to about 71% in Weeks 32 and 35 (lower than the 76% dip in Week 9).
- Targeted reporting rate of 80% for both completeness and timeliness of reporting (IDSR Guidelines).

Completeness of IDSR reporting Epi 35-38, 2026

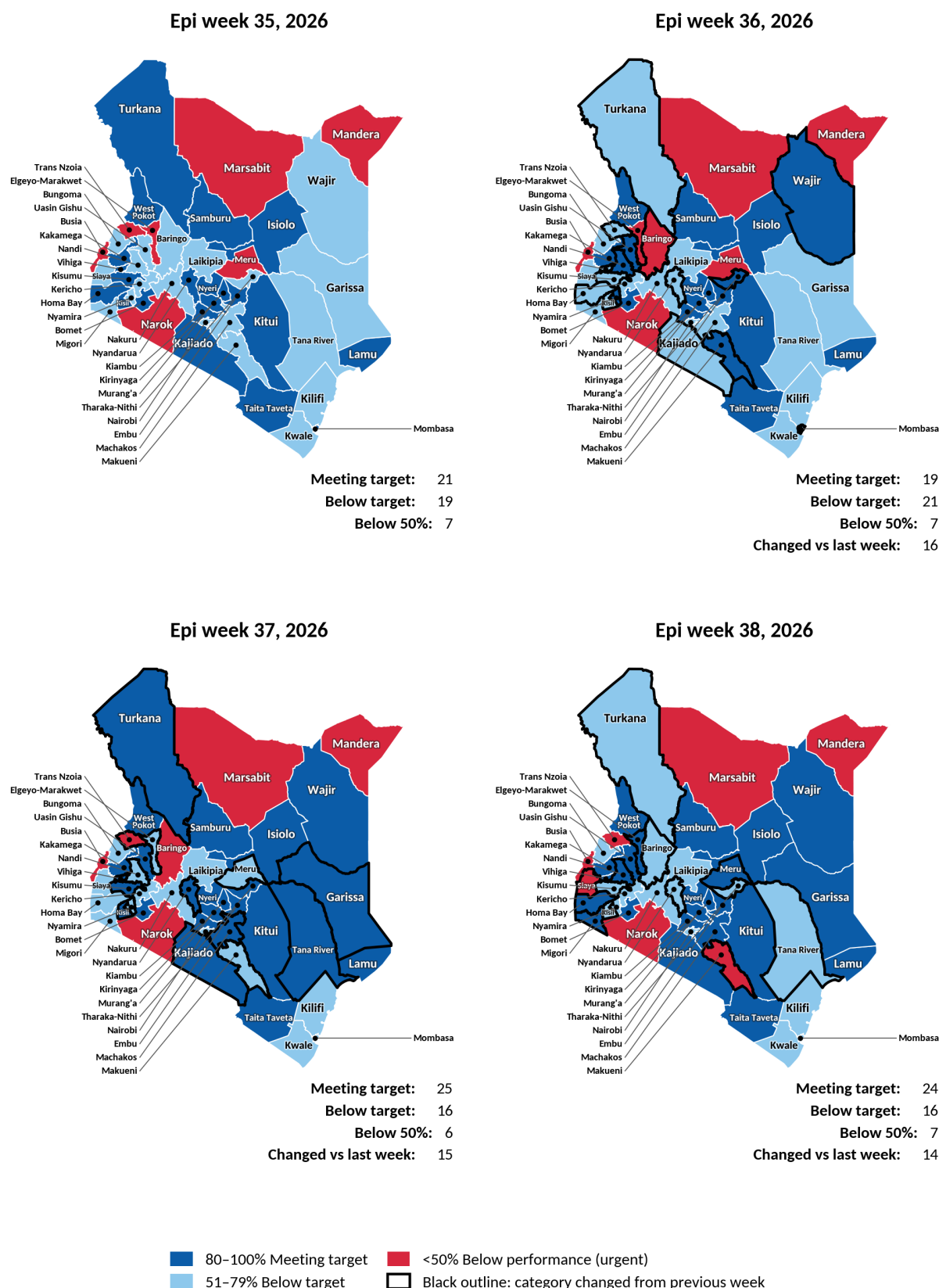


Figure 11: Completeness of IDSR reporting by county, Epi weeks 35–38, 2026

- Several counties are below the recommended reporting rate (light blue); counties in red reported below 50%. Counties outlined in black changed category from the previous week (16 in week 36, 15 in week 37 and 14 in week 38).
- Marsabit, Mandera, Narok and Busia counties reported below 50% in all four weeks.

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.

8. Social Listening: Priority Health Issues & Response Actions

Kenya | 21–27 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 | 21–27 September 2026

Health Issues	Online Sentiment/ Discussion	RCCE & Infodemic Management Recommendation
HIV and AIDS misinformation Priority: Very high	▪ A widely shared claim that one hospital was seeing at least three new infections daily among people aged 20–25 triggered broader debate. The individual account should not be treated as a national estimate. Original X discussion; UNAIDS regional evidence ▪ Explicit denialism claims that HIV does not exist and that diagnoses are evidence of poisoning. HIV denialism post ▪ False claims blame COVID-19 or influenza vaccines and STI treatment injections for HIV infection. Vaccine causation claim ▪ Some users minimise HIV by comparing it with malaria or saying previous generations exaggerated the disease. Risk minimisation post ▪ Generational discussion portrays young people as unconcerned and young women as a source of infection, creating stigma and misusing AI or personal anecdotes as evidence. Generational post; Gendered anecdote; Related youth discussion; MoH Triple Threat update	▪ Rapidly affirm that HIV is a real, well-established virus and explain diagnosis, transmission, prevention and treatment in simple language. Clarify that vaccines and routine STI injections do not cause HIV. ▪ Equip providers and CHPs with short responses to common denial claims; promote confidential testing, condoms, PrEP, PEP, treatment adherence and U=U with clear service referrals. ▪ Use credible young communicators and contemporary platforms without fear, blame or moral judgement. Avoid stereotyping young people or women. ▪ Track denialism, vaccine causation, AI-attributed advice and anecdotal case claims; correct harmful claims without reproducing them at length, and label all statistics with source, geography and date.

Health Issues	Online Sentiment/ Discussion	RCCE & Infodemic Management Recommendation
Bundibugyo virus disease and Ebola preparedness Priority: Very high	▪ The DRC outbreak expanded to 63 health zones in seven provinces, with continued transmission and cross-border concern. WHO outbreak update; CDC situation summary ▪ Kenyan discussion is shifting towards accountability for approximately US\$14.52 million in U.S. preparedness support and questions about who received, implemented and accounted for it. U.S. Embassy funding explanation; Nation report ▪ Kenya has no confirmed BVD case and continues surveillance, laboratory, IPC, emergency response and border preparedness. Kenya preparedness report	▪ Publish a joint, verifiable explanation of funds committed, disbursed and implemented, naming implementing partners, activities, accountability arrangements and measurable preparedness outputs. ▪ Explain what regional escalation means for Kenya and give practical information on surveillance, referral and border-health measures while clearly stating Kenya's current case status. ▪ Treat public accountability questions as legitimate and use technical experts to explain how international emergency support is channelled and monitored. ▪ Monitor whether accountability questions develop into unsupported claims that Ebola is fabricated for funding; fill information gaps early with documentation and dated updates.
El Niño preparedness Priority: High communication risk	▪ Preparedness is active in all 47 counties ahead of forecast above-normal rainfall, with health risks including flooding, unsafe water, diarrhoeal disease, vectors and disruption of health services. Kenya News Agency update; Forecast discussion; WHO Kenya preparedness report ▪ An emerging narrative minimises the risk as ordinary heavy rain and compares it with Ebola preparedness that did not result in a Kenyan outbreak. Risk minimisation post; Related online discussion ▪ Online discussion also highlights practical concern about rainfall impacts and the need for early preparation. Online discussion 1; Online discussion 2; 2023–2024 floods report	▪ Explain the forecast, uncertainty and why early action is justified. Focus on likely health consequences and lessons from the 2023–2024 rains. ▪ Issue location-specific guidance on safe water, sanitation, floodwater avoidance, mosquito control, food safety, evacuation and care-seeking. ▪ Use practical preparedness stories and local experts; clarify that preparedness reduces harm under elevated risk and does not mean a disaster is certain. ▪ Track minimisation and comparisons with other emergencies, identify affected audiences, and answer recurring questions with local-language content.
Mpox Priority: Medium	▪ Kenya had recorded 1,308 confirmed cases and 20 deaths across 39 counties as of 13 September, while public attention remained low. WHO situation report week 37	▪ Refresh dated, county-specific messages on recent trends, symptoms, prevention, vaccination and where to seek care.

Health Issues	Online Sentiment/ Discussion	RCCE & Infodemic Management Recommendation
	No significant new misinformation was identified. Fatigue, stigma, vaccine narratives and spillover from Ebola, HIV and COVID-19 distrust remain the main information risks.	- Use trusted health workers and affected communities to maintain attention with non-stigmatising messages and clear referrals. - Monitor vaccine safety, testing, stigma and government-motive narratives across diseases, and treat declining engagement as a signal for message refresh.
Cholera and WASH risks Priority: Medium high potential	- The recent Kenyatta University cluster remains relevant as El Niño preparedness raises concern about unsafe water, sanitation and food safety. Cholera/WASH discussion - No major misinformation wave was found, but claims about water sources, causes, treatment or responsibility could emerge if further cases are reported. Online monitoring example - Kiambu and other counties are preparing for possible disease outbreaks associated with heavy rains. County preparedness report	- Report confirmed cases and investigation findings quickly, with dates and locations, and distinguish preparedness from evidence of a nationwide outbreak. - Reinforce treated water, sanitation, hand hygiene, food safety, symptom recognition, oral rehydration and prompt care-seeking. - Monitor claims naming water sources, vendors or products; correct false attribution and prevent blame while investigations are ongoing.

Source: Weekly Infodemic Report | Reporting period 21–27 September 2026. Hyperlinks reproduced from the source report; where no specific source link was provided, none has been added.

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