

Emergency Preparedness and Response

5 –16 October 2026



WHO is handed over around \$70,000 of Ebola supplies to the Ministry of Health, following Kenya's first confirmed imported case.
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KEY FACTS

Ebola disease caused by Bundibugyo virus (BVD)

Outbreak declared 6 October 2026 · One imported case ·

3

Confirmed cases

As of 16 October

1

New confirmed case

Detected in quarantine, 15 Oct

130

Contacts line-listed

120 in quarantine

10

Contacts being traced

As of 16th October

324

Samples tested

3 positives

315

Cumulative alerts

investigated

688,244

Travellers screened

Since DRC outbreak began

211

Isolation beds

In 5 facilities

Current Health Emergencies in Kenya, 2026

Kenya confirmed the first imported case of Ebola (Bundibugyo) Virus Disease in Nairobi on 6th October 2026; three confirmed cases have been reported as of 16 October 2026. Kenya is also responding to mpox in 23 counties, measles in four counties, one cVDPV2 case in Garissa County.

Event	Total Cases	New Cases	Confirmed cases	Deaths	New Deaths	Case Fatality Rate	Counties	Start of reporting period	WHO Grade
Ebola (BVD) Go →	3	1	3	1	0	33.3%	1	6th October 2026	Grade 3
Three confirmed cases reported. Index case confirmed in Nairobi on 6th October 2026; the patient died on 5th October. Of 130 contacts line-listed, 120 (92.3%) are in quarantine and 10 are being traced.									
Mpox Go →	1,339	9	1,339	21	1	1.6%	39	31 July 2024	Protracted 2
Nine new confirmed cases in the past week, all from Nairobi County. One new death from Homa Bay County (late reporting). 390 cases from 23 counties in 2026.									
Measles Go →	533	1	118	3	0	0.6%	4	Nov 2025	Ungraded
One new case in the past week. Active in four sub-counties: Kaloleni (Kilifi), Lagdera (Garissa), Moyale (Marsabit), and Likoni (Mombasa).									
Polio 2 (cVDPV2) Go →	1	0	1	0	0	0.0%	1	August 2026	Grade 2
No new case since August. One case remains confirmed in Dadaab Sub-County, Garissa County, classified orphan with no confirmed person-to-person transmission.									

Response

1. Ebola (Bundibugyo) Virus Disease Kenya

Confirmed New cases	Cumulative confirmed cases	New deaths	Confirmed Deaths	Contacts line-listed	In quarantine	Admitted in treatment Units	Being traced	Counties
1	3	0	1	130	120	2	10	1

*Ministry of Health, Kenya
Note: data as of 16 October 2026.

On 14 October 2026, the Ministry of Health confirmed a second case of Ebola (Bundibugyo) Virus Disease. The patient, a 39-year-old man, is a close family member of the first case and was already in quarantine under daily monitoring when he fell ill on 13th October 2026. He developed fever, fatigue and joint pains and was isolated immediately. His specimen tested positive at both the National Virology Reference Laboratory and the KEMRI-CDC laboratory, with matching results. He is receiving supportive care in a designated treatment centre. Kenya has now recorded two confirmed cases and one death.

On 6 October 2026, the Ministry of Health of Kenya notified WHO of the country's first laboratory-confirmed imported case of Bundibugyo virus disease (BVD). The case was a 40-year-old Kenyan male who had travelled from the Democratic Republic of Congo, through Uganda, before arriving at Jomo Kenyatta International Airport (JKIA), Nairobi, on 3 October 2026. He presented for care at a hospital on the day of arrival with signs and symptoms of intense fatigue, fever, chills, weakness, muscle pain, and painful swallowing. He was admitted to isolation, and samples tested at the National Virology Reference Laboratory and Kenya Medical Research Institute confirmed Bundibugyo virus infection. The patient died on 5 October and received a safe and dignified burial on 6 October 2026.

Both cases are linked, and there is no evidence of spreading in the wider community. As of 16 October, a total of 130 contacts has been listed. Of these 92.3% are in quarantine with daily clinical and temperature checks for 21 days from their last possible exposure. Of the 10 not yet in quarantine, seven contacts travelled outside of Kenya, where health authorities have been informed under the International Health Regulations (2005) and three other passengers are being traced.

Table 1: Clinical and travel timeline of the confirmed imported index case (step numbers match Figure 1)

DRC						
1 26–30 Aug	2 1–9 Sep	3 10–14 Sep	4 15–16 Sep	5 17–19 Sep	6 20 Sep	7 1 Oct
Stayed in Buta	Aketi Health Zone (work)	Aketi to Likati with brother (road)	Malaise; treated at home	Admitted, Tongo Etandi HC, Bondo	Flew to Kisangani; sought care there to 1 Oct	Flew Kisangani to Beni
DRC		UGANDA		KENYA		
8 1 Oct	9 1 Oct	10 3 Oct	11 3 Oct	12 3 Oct	13 5 Oct	14 6 Oct
Road to Kasindi–Mpondwe border	Road, Mpondwe to Kampala	Road, Kampala to Entebbe	Flew Entebbe to JKIA (arrived ~13:10)	Private car to The Nairobi Hospital; isolated	Died ~23:30 after supportive care	Safe and dignified burial

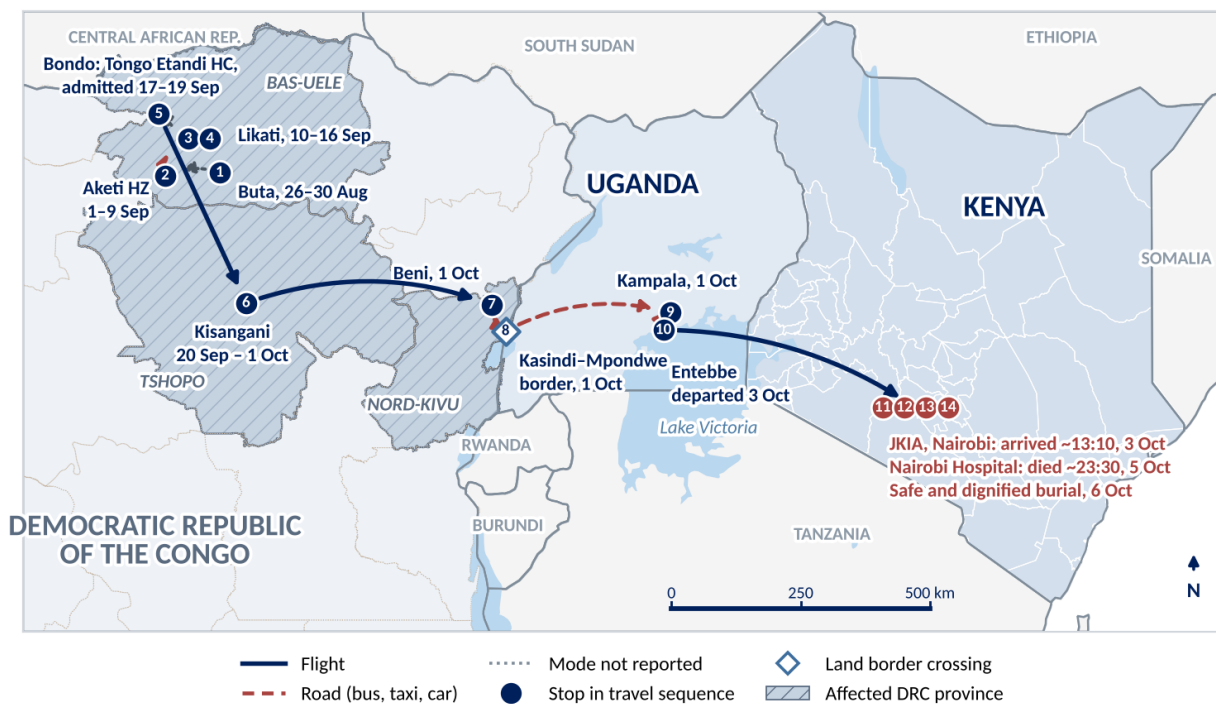


Figure 2: Travel route of the confirmed BVD case prior to death in Kenya, 26 August – 6 October 2026

- **Clinical presentation:** fever, chills, intense fatigue, weakness, muscle pain, painful swallowing and bleeding at injection sites.
- **Laboratory confirmation:** positive for Bundibugyo virus at both the National Public Health Laboratory and KEMRI.
- **Genomic sequencing:** the virus is closely related to strains circulating in the DRC, confirming the PCR result and importation.

Contact Tracing and Quarantine in Kenya as of 16 October 2026

130 Contacts line-listed	120 In quarantine 92.3%	10 Being traced
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Contacts are traced, risk-assessed, quarantined and monitored according to exposure. Of the 10 not yet in quarantine, comprises of seven contacts who travelled outside of Kenya, where health authorities have been informed under the International Health Regulations (2005), and three other passengers on the same flight of the index case who are being traced.

Public Health Response Actions

- **Coordination:** IHR (2005) notification made promptly; National Taskforce constituted; national PHEOC and Incident Management System activated; advisory sent to all counties. County PHEOCs are being set up in 10 counties (Turkana, Trans Nzoia, Bungoma, Wajir, Tana River, Taita Taveta, Kilifi, Vihiga, Baringo, Laikipia), with 71 personnel trained.
- **Surveillance:** case definitions shared with all counties; enhanced surveillance at points of entry, health facilities and at-risk communities; national and county RRTs on 24-hour standby.
- **Case management and IPC:** 211 isolation beds: The Nairobi Hospital 130, NPS Hospital 49, Moi Teaching and Referral Hospital 20 ICU-grade (scalable to 50), Kenyatta National Hospital 8, Port Reitz Hospital (Mombasa) 4.
- **Laboratory:** sample referral in all counties; 5 designated laboratories (National Public Virology Reference Laboratory, KEMRI-CDC Nairobi, KEMRI-CDC Kisumu, and mobile laboratories at Lwakhaha (Bungoma) and Busia). Turnaround, including second-laboratory confirmation, is 6–12 hours.
- **Operations and logistics:** WHO donated about US\$70,000 of supplies (PPE, body bags, infrared thermometers, test kits); surge staff are being scaled up for surveillance, case management, RCCE, IPC and operational research.
- **Risk communication:** updated prevention messages and FAQs; toll-free hotline 719; daily social listening; tailored packages for schools, religious leaders, CHPs, transport operators, businesses and NGAOs.

Operational Gaps and Priority Actions

Gap	Priority action
New contacts from the second case, including quarantine staff and health workers	Assess, line-list and monitor all contacts of the second case; reinforce IPC at quarantine and treatment sites
Contact tracing incomplete , including contacts who left Kenya	Accelerate tracing and quarantine; strengthen cross-border coordination
Limited holding, quarantine and isolation capacity	Expand capacity , starting with the facilities and PoEs under most pressure
Workforce shortages in surveillance, case management and IPC	Deploy additional trained personnel to response teams
Contact tracing partly paper-based ; digital systems intermittent	Operationalise the digital contact-management system
PoE gaps: PPE, WASH, thermo-scanners, holding space and transport	Equip priority PoEs with these items, including transport for suspected cases and specimens
Shortfalls in PPE, laboratory commodities and other supplies	Quantify, procure and pre-position supplies for national, county and PoE needs

Table 4: BVD operational gaps and priority actions, Kenya, week 41, 2026

Preparedness

2. Bundibugyo Virus Disease in the DRC and Uganda; Kenya Readiness

The DRC outbreak remains the largest Bundibugyo outbreak ever recorded: **9,066 confirmed cases and 4,381 deaths (CFR 48.3%) across 65 health zones** as of 11th October 2026. WHO declared it a PHEIC on 15 May 2026, and Africa CDC declared a Public Health Emergency of Continental Security. Uganda's outbreak is over (20 confirmed cases, 3 deaths) but reimportation risk remains high. Kenya still stands at high risk of more importation of cases.

DRC Overview

463 New confirmed cases DRC, past 7 days	233 New deaths DRC, past 7 days	48.3% Case fatality rate Confirmed and probable	65 Health zones affected DRC
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Country	New confirmed (7 days)	New deaths (7 days)	Cumulative confirmed	Confirmed & probable deaths	CFR (%)	Health zones	Status
DRC	463	233	9,066	4,381	48.3	65	Active
Kenya	1	0	2	1	50	1	Active
Uganda	0	0	20	3	14.3	0	Ended
France	0	0	1	0	0.0	0	Ended

*Source: DRC MoH as of 11th October 2026

Kenya Preparedness and Readiness

National readiness rose from **66% (May) to 82% (July 2026)**, with the largest gains in IPC, points of entry and logistics. Case management (45%), logistics (65%) and safe and dignified burial (71%) remain below the 80% benchmark.

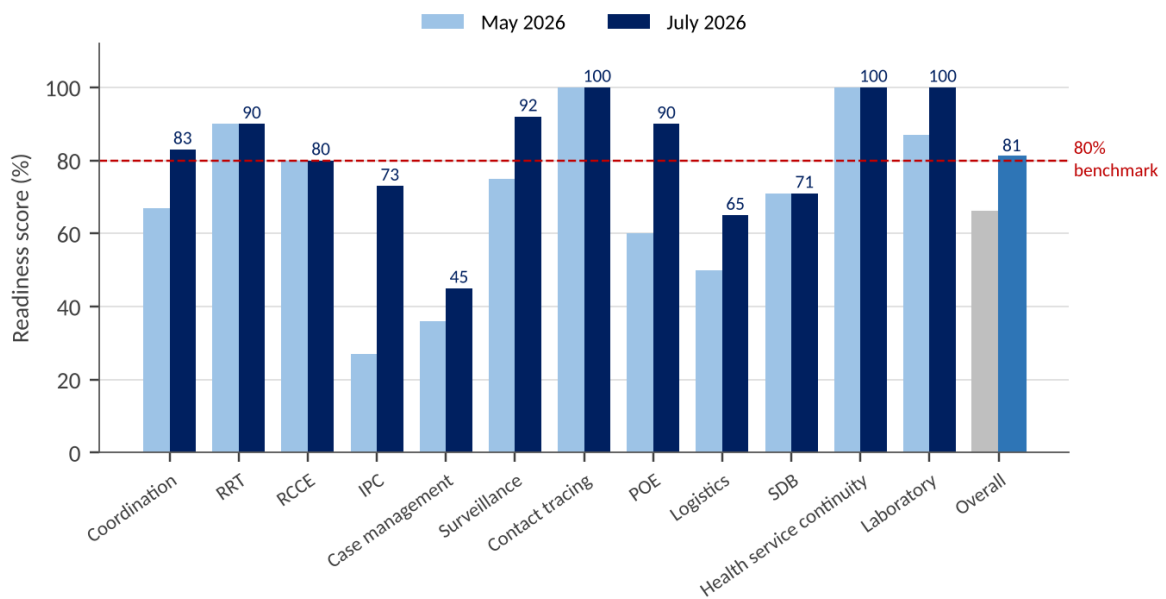


Figure 3: Readiness for BVD by pillar, Kenya, May and July 2026

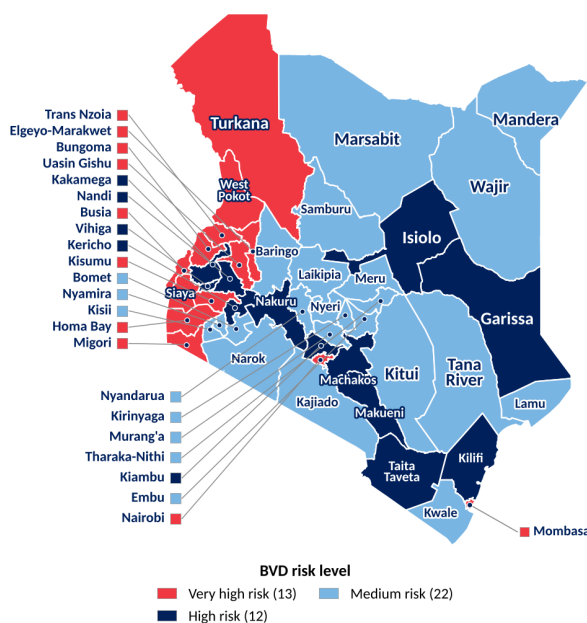


Figure 4: BVD risk classification by county, Kenya, June 2026

13 very high-risk counties: border Uganda or South Sudan, or are international travel hubs (including Nairobi).

12 high-risk counties: heavy population movement through land borders and airports.

22 medium-risk counties: neighbour high-risk counties, with possible spillover.

Training: all very high-risk counties except Homa Bay are trained, and 8 of 12 (67%) high-risk counties. More training is needed to cover both groups.

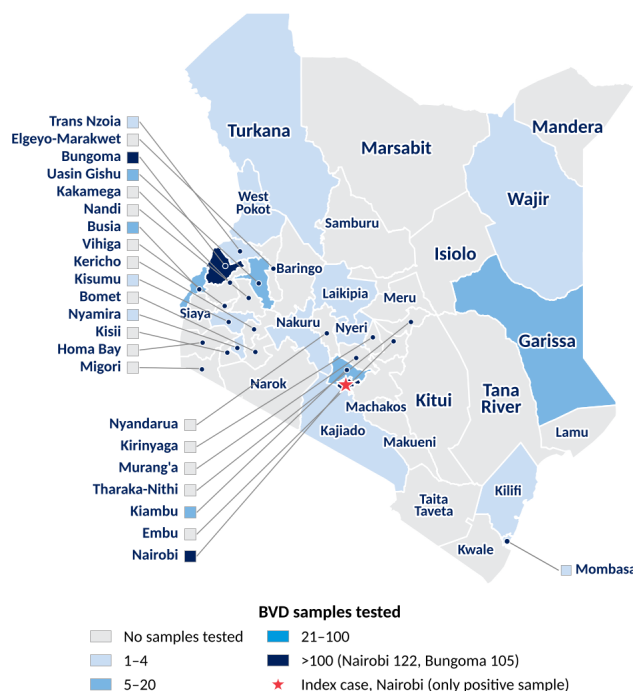


Figure 5: BVD alerts tested by county, cumulative to week 41, 2026 (n = 294)

Surveillance

- 294 alerts investigated to date; only the index case was positive.
- 28 alerts this week: Nairobi 18, Bungoma 5, Uasin Gishu 2, Busia, Kiambu and Wajir 1 each.
- KNPHI, DHA and partners have drafted an executive dashboard that consolidates surveillance data.
- Points of entry**
- Enhanced screening of travellers from the DRC and Uganda at high-risk PoEs.
- 3,427 travellers screened in the last 24 hours (59 from the DRC); 675,539 to date.
- A PHEOC call centre is operational, with watch officers assigned.

3. El Niño Preparedness and Weather Outlook, Kenya 2026

The October–December short rains provide more than 30% of annual rainfall in several counties. Above-average rainfall is expected in most counties, and near- to above-average in Turkana and parts of West Pokot, Samburu and Marsabit. Temperatures are expected to be warmer than average, especially in Kwale, Mombasa, Kilifi, Lamu and parts of Tana River, Taita Taveta and Garissa.

Region / counties	Expected onset	Expected cessation	Outlook
Western, Rift Valley & Lake Region	September	Into January	Fair–Good
Central & Nairobi	2nd–3rd week Oct	Into January	Fair–Good
Eastern & inland Tana River	3rd–4th week Oct	Into January	Fair–Good
Coastal counties & Tana Delta	2nd–3rd week Oct	1st–2nd week Dec	Fair–Good
Turkana & Samburu	3rd–4th week Oct	1st week Dec	Poor–Fair
Marsabit, Mandera, Wajir, Garissa & Isiolo	2nd–3rd week Oct	1st–2nd week Dec	Fair–Good

Table 6: Expected rainfall onset and cessation, October–December 2026 (source: Kenya Meteorological Department, Ref. KMD/FCST/05-2026/SO/03)

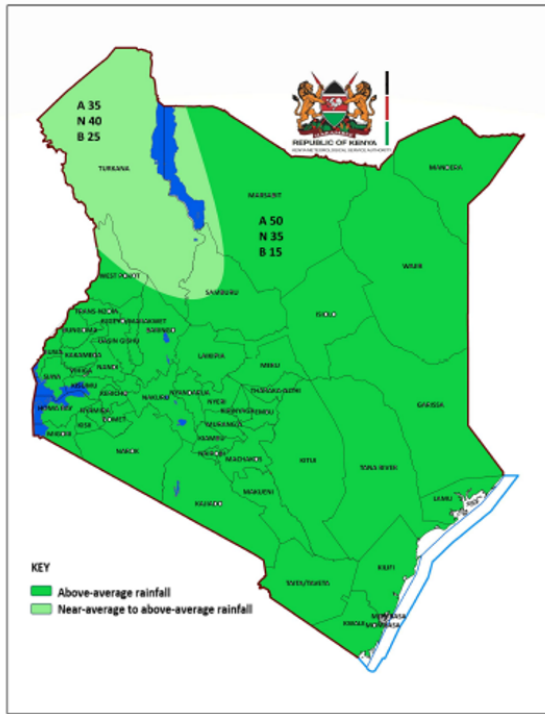


Figure 6: October–December 2026 rainfall forecast: above-average rainfall over most of Kenya; near- to above-average in Turkana and parts of West Pokot, Samburu and Marsabit (A/N/B: probability of above-, near- and below-average, %)

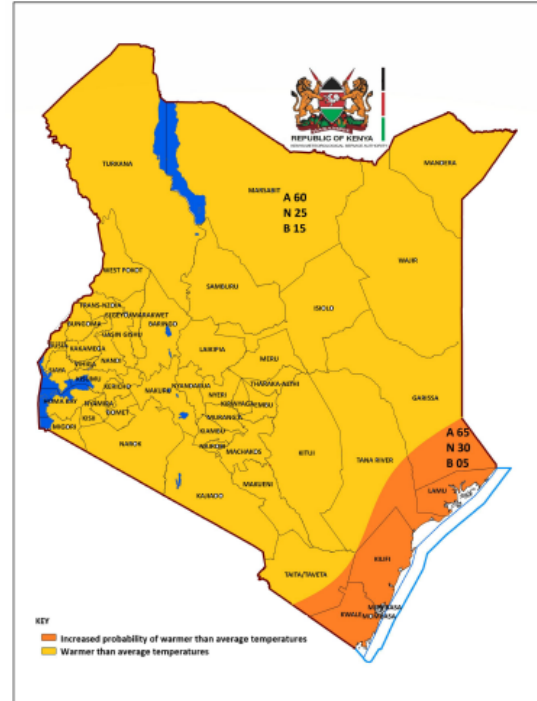


Figure 7: October–December 2026 temperature forecast: warmer than average countrywide, with higher probability over the coast and parts of Tana River, Taita Taveta and Garissa

Source: Kenya Meteorological Department, OND 2026 seasonal forecast

- The Kenya El Niño Contingency Plan has been developed. MoH has activated health sector meetings and the National Disaster Operations Centre (NDOC) multisectoral meetings.
- The national readiness assessment is complete, and the county readiness tool has been shared with all counties; 31/47 had submitted as of 23rd September 2026 (up from 19/47 on 16th September).

National Readiness Status for Flooding, September 2026

Overall national readiness is **moderate at 54%**. Critical preparedness structures are in place, but significant gaps remain that could affect response operations: operations support (13%), IPC and safe and dignified burial (33%) and health service delivery (44%) score below 50%.

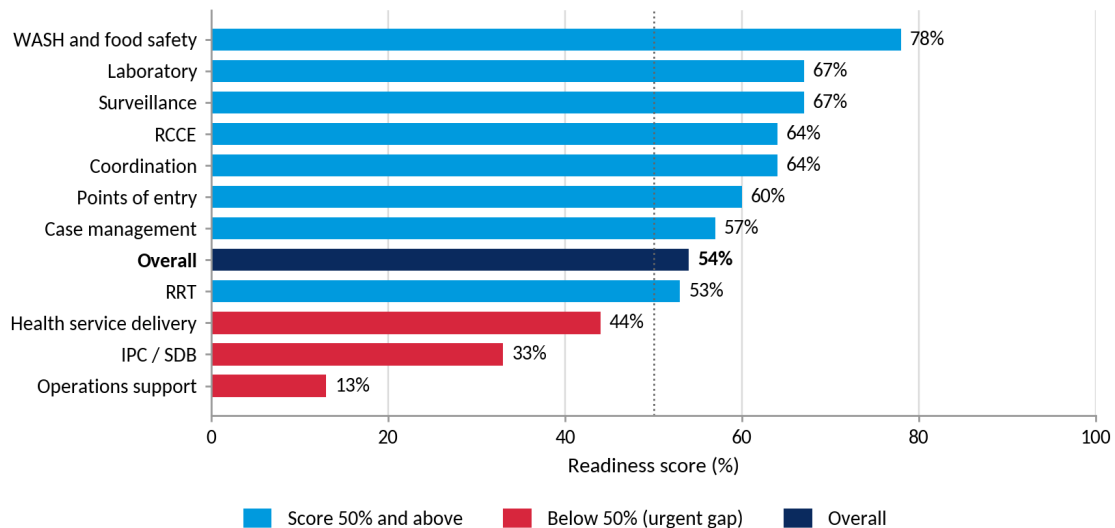


Figure 10: National flood readiness assessment by pillar, Kenya, September 2026

Recommended Prioritization

County group	Counties	Recommended approach
Adequate capacity ($\geq 80\%$)	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 IPC in facilities; conduct simulation exercises and inter-agency reviews.
Limited capacity ($\leq 50\%$): 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 and training; deploy mobile water treatment and public health protocols; activate emergency financial allocations.

Table 7: Recommended prioritization of counties by flood readiness, September 2026

Other Responses

4. Mpox

New cases	Cumulative cases	New deaths	Total deaths	Recovered	Case contacts	Counties
9	1,339	1	21	1,308	1,376	39

*Ministry of Health

Nine (9) new confirmed cases were reported in the past week, all from Nairobi County, bringing the 2026 total to 390 cases in 23 counties. There are 11 active cases (2 in facility care, 9 in home-based care). Since July 2024, 1,339 cases have been reported from 39 of 47 counties (83%). One new death was reported from Homa Bay County (late reporting), bringing deaths to 21 (CFR 1.6%).

- Contacts:** 1,376 listed; 1,141 (83%) completed follow-up; 16 became confirmed cases.
- Hotspot:** Nairobi County accounts for 54% (212/390) of 2026 cases.
- Laboratory:** 3,274 samples tested (1,339 positive, 1,935 negative, none pending), 18 in the past week; 257 sequenced, all sub-clade Ib.
- Points of entry:** 12,094,737 travellers screened at 26 PoEs since July 2024.

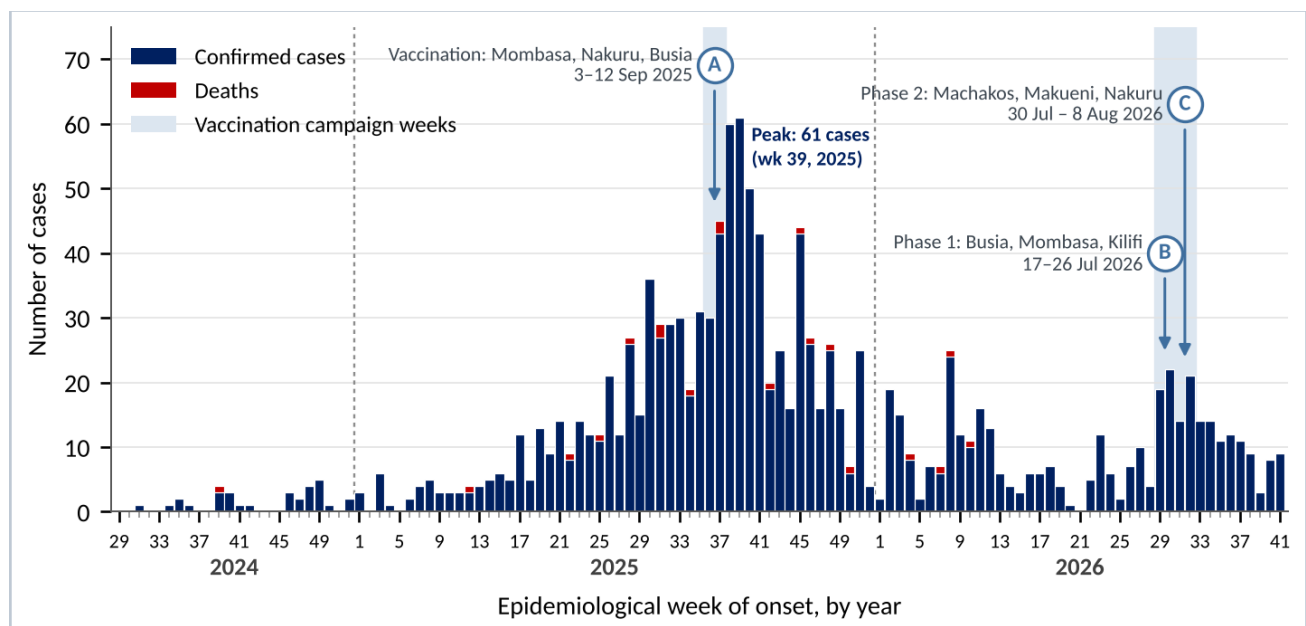


Figure 8: Confirmed mpox cases and deaths by week, Kenya, July 2024 – October 2026 (A–C: vaccination campaigns)

Public Health Interventions

- Second vaccination campaign (20,000 doses) completed: phase 1 in Busia, Mombasa and Kilifi, 17–26 July 2026 (13,948 vaccinated, 105.2% of target); phase 2 in Machakos, Makueni and Nakuru, 30 July – 8 August 2026 (6,009 vaccinated, 105.2%).
- Clinical care and isolation continue in facilities and through home-based care; PoE surveillance and screening are ongoing.
- Transition of the response to the routine health system is under review, in line with continental IMST guidance.

5. Measles

New cases	Cumulative cases	New deaths	Deaths	Case contacts	Counties
1	533	0	3	0	4

*Source: Ministry of Health, Kenya

- One (1) new case was reported in the past week; no new death.
- Ten counties affected since January 2026; transmission is active in four sub-counties: Kaloleni (Kilifi), Lagdera (Garissa), Moyale (Marsabit) and Likoni (Mombasa). Latest onset: 22nd September 2026, Likoni.
- 533 cases to date (118 laboratory-confirmed) and 3 deaths (CFR 0.6%).
- 54% of cases (281) are aged ≥10 years; 58% (284) are male.

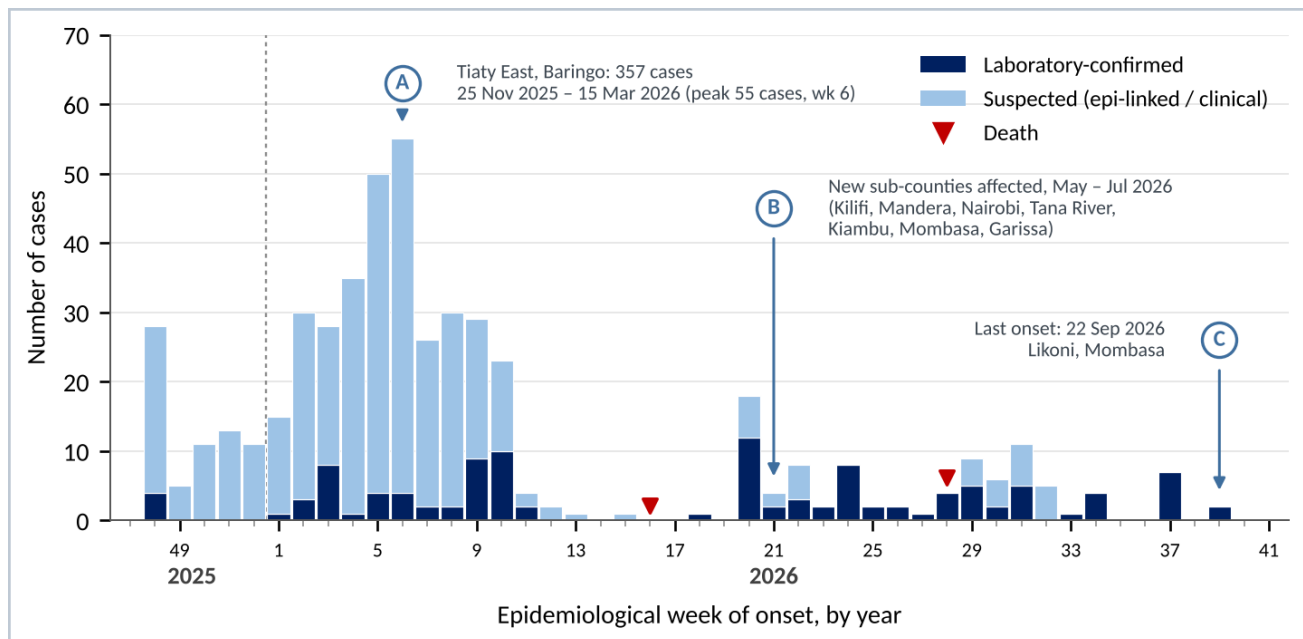


Figure 9: Measles cases by week of onset, Kenya, November 2025 – October 2026 (cases with onset date, n = 492)

Public Health Response

- Active case search in health facilities and communities.
- Enhanced surveillance in affected counties for early detection and response.
- Supportive care at health facilities reporting cases.

6. Circulating vaccine-derived poliovirus type 2 (cVDPV2)

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

Index case details	
Age / sex	48 months (4 years); female
Origin	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
Household	10 members (parents and 8 children aged 2–16 years); all new arrivals from Somalia
Seen at facility / sample collected	10 July 2026
Sample sent to laboratory / result	23 July 2026 / 18 August 2026

Table 10: cVDPV2 index case details, Dadaab, Garissa County

- Planning for inactivated poliovirus vaccine (IPV) intensification in the camp and surrounding areas.
- Case investigation completed by WHO, MoH, CORE Group, Kenya Red Cross, MSF and partners; a country response plan covering routine immunisation, surveillance and cross-border coordination is being developed.
- All eligible children received measles vaccine, vitamin A and deworming on arrival (MSF); follow-up planned so partially immunised siblings complete their schedule.

Surveillance

8. Integrated Disease Surveillance and Response (IDSR)

Kenya reports weekly on 46 priority diseases, conditions and events under the third edition of IDSR. In weeks 1–40, average **completeness was 82%** and **timeliness 81%** (target 80%). Reporting fell below target in weeks 31–39 and recovered to **83% in week 40**. Marsabit and Narok have reported below 50% in weeks 37–40.

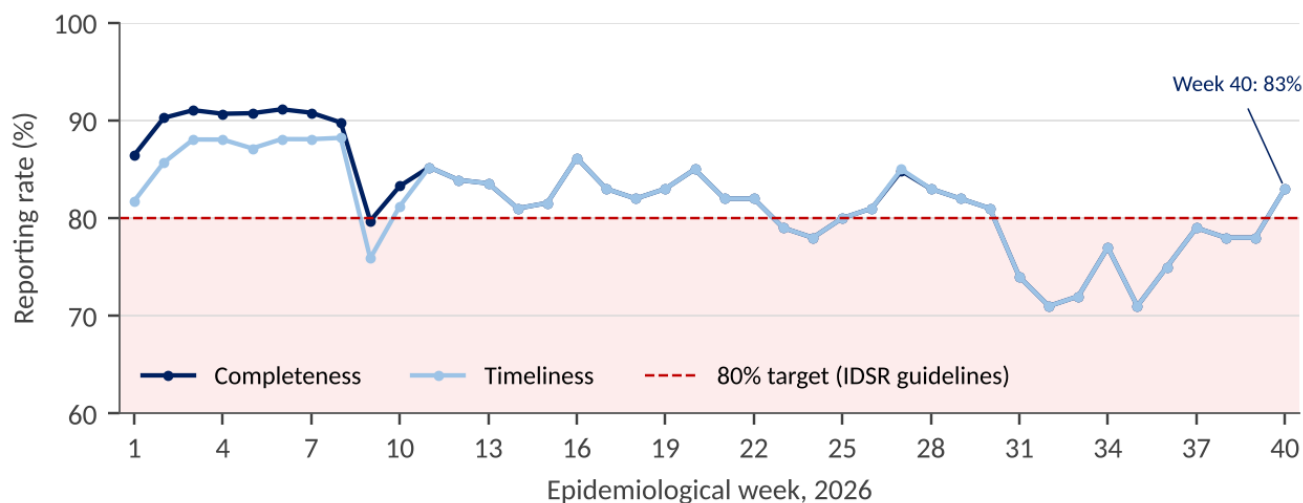


Figure 11: Completeness and timeliness of IDSR reporting, Kenya, epidemiological weeks 1–40, 2026

IDSR Interventions

- MoH has planned a national review meeting of all County Surveillance Officers, with reporting as a key agenda item.
- KNPHI has designated an IDSR focal person to follow up with low-performing counties.
- WHO is supporting KNPHI to identify the causes of low reporting and strategies to address them.

Completeness of IDSR reporting Epi 37-40, 2026

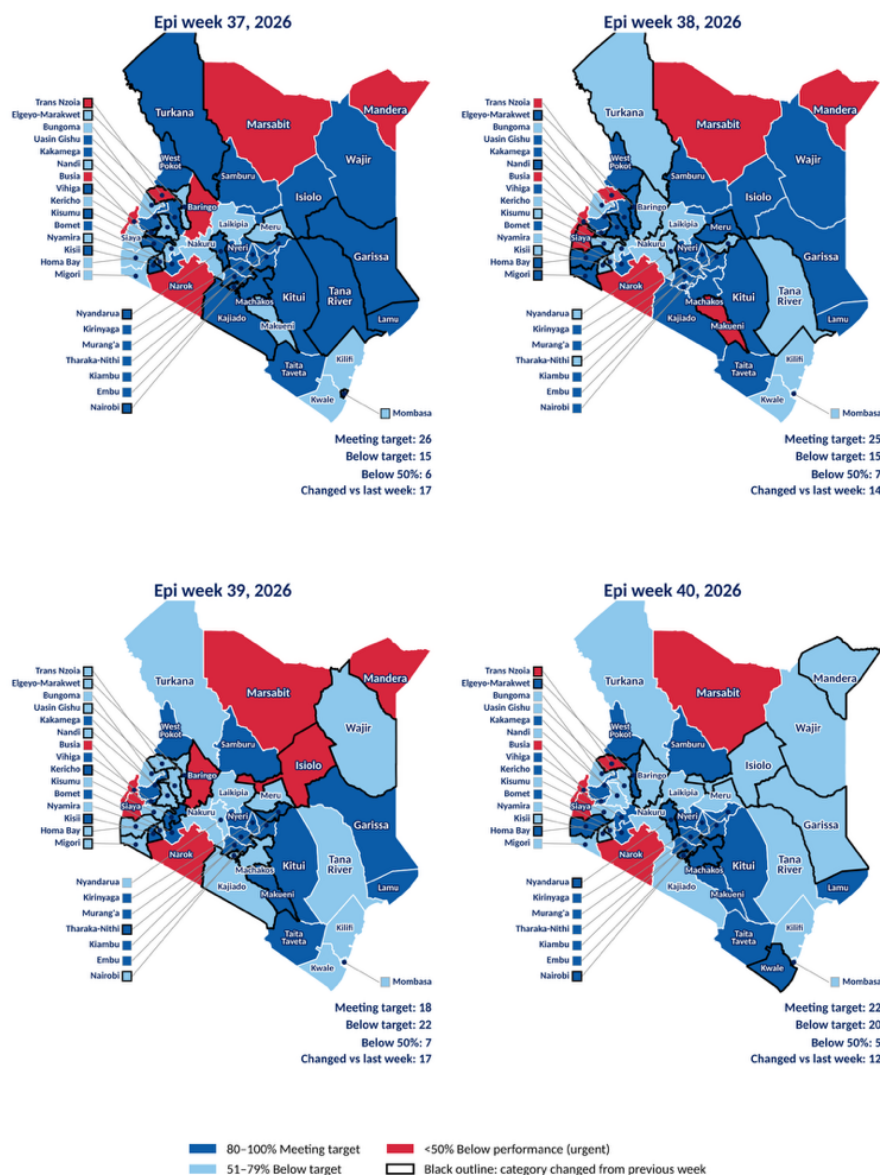


Figure 12: Completeness of IDSR reporting by county, Epi weeks 37-40, 2026

- 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, 14 in week 38 and 17 in week 39).
- Marsabit, Mandera, Narok and Busia counties reported below 50% in all four weeks; Isiolo and Baringo dropped below 50% in week 39.

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.

9. Social Listening: Priority Issues and Recommended Responses

Kenya | 28 September – 11 October 2026

Health issue	Online discussion	Recommendation
Ebola denial and hoax claims <i>Priority: Very high</i>	The confirmed case is called a hoax; health alerts are described as theatrics.	Publish a short daily evidence chain (travel, isolation, testing, death, tracing). Distinguish one imported case from community transmission. Point to one information hub and hotline 719.
Financial and government distrust <i>Priority: Very high</i>	The response is described as a money-making opportunity linked to foreign funding.	Publish a simple, auditable account of response funding, partners and purposes; answer funding questions with verifiable facts.
Airport screening concerns <i>Priority: Very high</i>	Users ask how an unwell traveller passed JKIA screening.	Explain what screening checks, its limits and how symptom timing affects detection; update regularly on contacts traced and cleared, without identifying anyone.
COVID-19 comparison and lockdown fears <i>Priority: Very high</i>	Users predict COVID-style lockdowns and economic harm.	State that one imported case does not trigger a lockdown; explain the trigger, legal basis, scope and duration of any measure. Use Kiswahili and trusted local voices.
Falsified medicines (PPB alert) <i>Priority: Very high</i>	An alert on falsified Lucentis injections was generalised to “no medicine is safe”.	Name the specific product and batches; explain how to verify and report suspicious medicines.
Regional reporting inconsistencies <i>Priority: High</i>	No simultaneous announcement from Uganda or the DRC is cited as proof the case is false.	Publish the DRC–Kampala–Nairobi timeline; coordinate messages with Uganda, the DRC, WHO and Africa CDC.
Election “psychological operation” narrative <i>Priority: High, emerging</i>	Ebola is alleged to be a pretext to postpone the August 2027 General Election.	Keep public health decisions separate from politics; explain that measures follow evidence and Kenyan law.

Table 13: Priority health narratives and recommendations, Kenya, 28 September – 11 October 2026

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