

DISEASE SITUATION REPORT OF 25TH June 2025

ACTIVATION LEVEL: FULL SCALE

ACTIVATION DATE: 6TH AUGUST 2024

SUMMARY

New Public Health Events

3

Cumulative Events

3

Active Events

3

Key Highlights;

1. Mpox Outbreak

- Total confirmed Mpox cases – **62 (Females 35)**
- New confirmed Mpox cases in the last 24 hours - **four (4)**
- Sub counties reporting cases **Changamwe, Jomvu,Nyali,Kisauni,Likoni and Mvita**
- Deaths- **One (1)**
- New Admissions- **Four (4)**
- Currently **Fifteen (15)** cases are in admission
- Number of contacts line listed – **One-hundred and thirty-two (132)**
- Cumulatively **One hundred and nine (109)** samples were collected since the beginning of the outbreak.
- Samples pending results **four (4)**
- Number of people **screened** at the point of entry (POEs) – **3,040,193**

2. Cholera Outbreak

- Total Cholera cases – **32 (Females 59.3%), three (3/7) confirmed**
- New confirmed Cholera cases since the last update - **zero (0)**
- Sub counties reporting cases **Jomvu and Kisauni**
- Deaths- **Five 5 (CFR = 15.6%)**
- New Admissions- **Zero**
- Samples pending results **two (2)**

3. Chikungunya Outbreak

- Total Chikungunya cases – **570 (Females 50.2%)**
- New confirmed Chikungunya cases since the last update - **six (6)**
- Sub counties reporting cases **Changamwe, Jomvu, Nyali, Kisauni, Likoni and Mvita**
- Deaths- **Zero (0)**
- New Admissions- **Zero**
- Samples pending results **eight (8)**

1. EPIDEMIOLOGY

a) MPOX

Outbreak Declaration

Since the declaration of the Mpox outbreak in Kenya on 31st July 2024, 137 cases have been confirmed in the republic, with 2 deaths (CFR 1.5%) and 94 (68.6%) recoveries. A total of 400 contacts have been listed, 315 have been followed up for 21 days, 15 contacts tested positive for Mpox and 70 are still on follow up. The NPHL has received 584 samples with positivity rate of 23.5%. Among the 17 Counties reporting Mpox, Busia (49), Nakuru (16) and Mombasa (36) have reported the highest number of cases.

Mombasa county confirmed its first Mpox case on 3rd September 2024, a 29-year-old female with a history of contact with a long-distance track driver (Case 4 nationally). This case indicated the first local transmission within the County.

- As of **5th June 2025**, Mombasa County has reported a total of **sixty-two (62)** cases with **one** death (Case Fatality Rate of **1.6%**).
- Sub-counties reporting cases are Jomvu **14/62 (22.6%)**, Changamwe **13/62 (21%)**, Likoni **9/62 (14.5%)**, Mvita **3/62 (4.8%)**, Nyali **14/62 (22.6%)** Kisauni **7/62 (11.3%)** and from other counties **2/62 (3.2%)**.

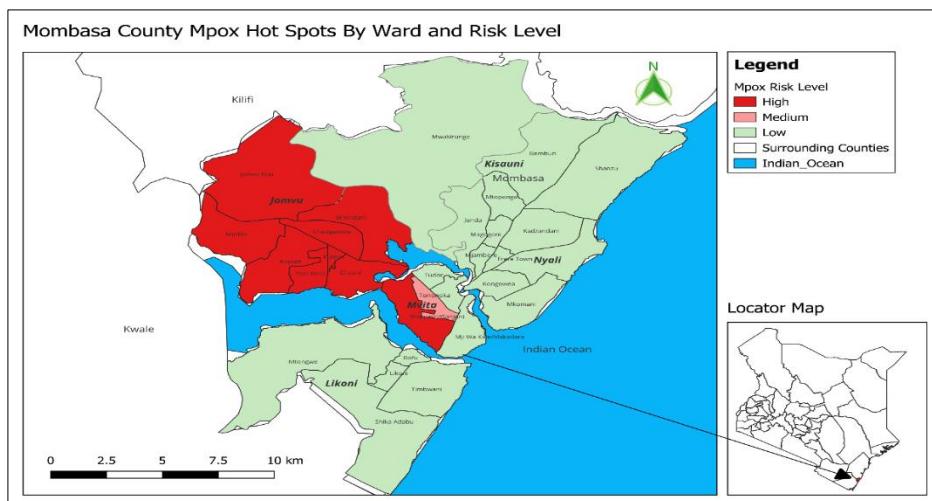


Figure 1: Map showing the distribution of Mpx Hot Spots by Ward and Level of Risk, August 2024

- Females were slightly higher at **35 (56.5%)**.
- The youngest case is aged **12** years and the young adults (**25–44 years**) comprise **78%** of cases
- Currently **Fifteen (15)** cases are in admission
- Number of contacts line listed – **One-hundred and thirty-two (132)**
- Cumulatively **One hundred and nine (109)** samples were collected since the beginning of the outbreak.
- Samples pending results **four (4)**
- Number of people **screened** at the point of entry (POEs) – **3,040,193**

KEY ACTIONS

a) Coordination

- The County Public Health Emergency Operations Center (PHEOC) has been fully activated.
- The County Incident Management System (IMS) has been constituted to coordinate response to the outbreak.
- The County Mpx Response Plan has been developed.
- Close collaboration with Port Health and other stakeholders has been established.
- KRCS (Kenya Redcross) support;
 - Supply of PPEs and other nonpharmaceutical
 - Sensitization forums on community engagement (100 CHPs trained)
 - Health care worker's sensitization (30 Healthcare workers)
 - Three (3) Radio talk shows on Mpx sensitization

- Distribution of IEC materials (1600)
- MSF (Médecins Sans Frontières) support;
 - 20 hygiene packs to the isolation center
 - 12,000(120 boxes) of PPE gowns
 - Sensitization of 60 Health care workers
 - Assessment of the isolation Center
 - Tele-counselling
 - Sensitization of the Isolation Team Center
 - Training of 51 Peer Educators (Nyali and Kisauni)
 - 45 hotspots identified; sensitization ongoing
- UNICEF support;
 - 6 Religious leaders engagement sessions
 - 2 Radio sessions
 - 1 TOT training
 - 1 County stakeholder training and 6 Sub- County stakeholder trainings
 - WASH items
 - Social mobilizers sessions
 - County RRT sensitization
 - Sub-county RRT sensitization
- USAID STAWISHA
 - Training for HCWs (Lab officers)
 - Strengthening RCCE activities (Stakeholders sensitizations, PAS, Radio sessions, Group engagement sessions)
 - Strengthen IPC pillar(sensitizations)
 - School Health sensitizations

b) Surveillance

- The Case definition from the national government has been adopted and shared, to guide case detection in health facilities and the community.
- Potential Mpox high-risk areas have been identified and mapped
- Disease Surveillance has been enhanced in all sub-counties, and at Port Health (MIA, Kilindini Sea Port, and Old Sea Port)
- County and Sub County Rapid Response Teams have been mobilized
- Number of people screened at the point of entry (POEs) –**3,040,193** as of 21st May 2025

- Ongoing Sensitization of HCWs and CHPs on Mpox

c) Laboratory

- A total of **Sixty-nine (69)** samples have been collected
- **Thirty-six (36)** samples were confirmed Mpox positive
- **Four (4)** sample pending results

d) Case Management/Infection Prevention and Control (IPC)

- **Seventeen (17)** confirmed cases is currently in admission at the isolation center
- **Zero (0)** case currently on home isolation
- Psychosocial support is offered to all cases once they are admitted at the isolation center

e) Risk Communication and Community Engagement (RCCE)

- The advisory on Mpox issued by the Ministry of Health is circulated to healthcare workers and members of the public.
- Mombasa County-specific risk communication messages have been developed and distributed to the public as ePosters through Facebook, WhatsApp.
- Number of people sensitized on Mpox in the community (health care workers – **960**, health facility- health education sessions at OPD waiting bay – **2350**, by CHPs – **100**, through chief public baraza – **total – 1,285 (13,251 cumulatively)**)
- Mpox Social Behaviour Change rapid assessment conducted in Changamwe and Jomvu.
- 300 Social mobilizes comprising of peers of sex workers, truck drivers, boda boda, hoteliers and youths were sensitized
- 2 Radio engagements session
- Social mobilization through Public address system across the 6 sub counties
- Community engagement – Sensitization of hoteliers (89), chief barazaz (1000 people reached)

1. CHALLENGES

- Low public risk perception of Mpox
- Low index of Mpox suspicion among healthcare workers
- Unavailability of Mpox vaccines in the County
- Inadequate resources for response particularly human resources, resources for contact tracing (toll-free line, phones, and airtime), IPC commodities and supplies, ambulance services, etc

- Inadequate training of all responders (healthcare workers, CHPs)
- Inadequate RCCE IEC materials

2. NEXT STEPS

- i. Improving the main Isolation center (CGTRH-Utange)
- ii. Training frontline healthcare workers on Mpox.
- iii. Enhance Risk Communication and Community Engagement activities.
- iv. Mpox Vaccination Planning

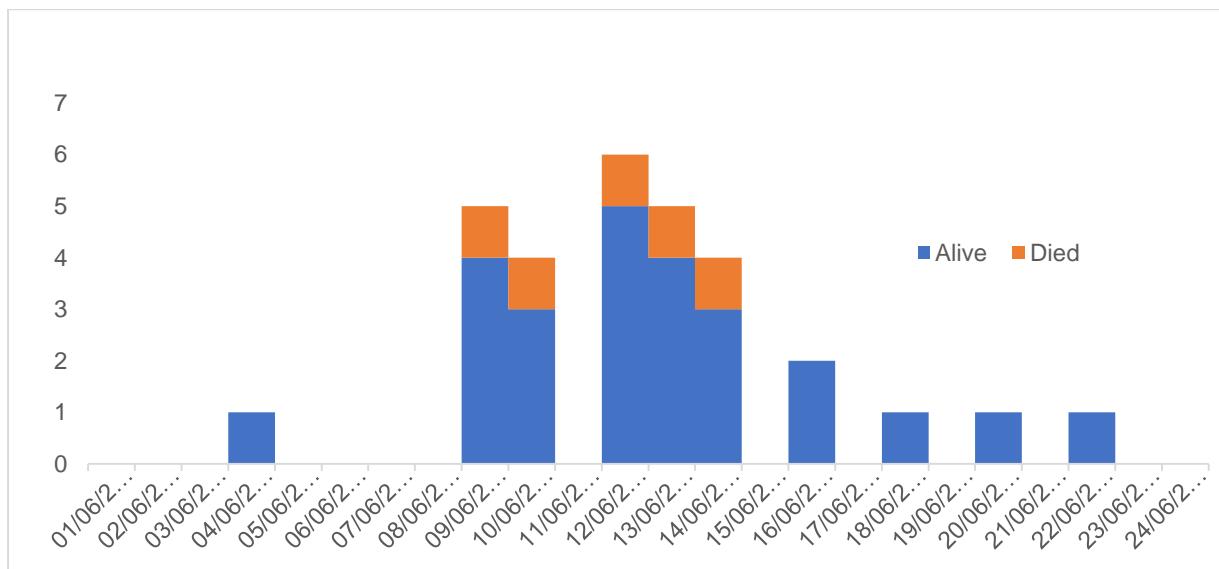
b) Acute Watery Diarrhea

The index case, a **30-year-old female** from **Kisauni–Shanzu**, developed symptoms on 4th June 2025. Two more cases in Kisauni were epi-linked and responded to prior to containment on 12th June. On **14th June, Jomvu Sub-county** reported a surge in cases of Acute Watery Diarrhea following the detection of suspected cases on 10th June.

Case investigation and active search were immediately done by the CGTRH public health team, sub-county disease surveillance officers, county rapid response team, and the EOC team.

As of 23rd June, a total of **32** cases have been linelisted; **12** admissions, 5 outpatients, and 5 community cases (following active case search).

The majority (**90.6%**) of the cases were reported from Mikindani Ward, particularly from Kibarani (**24** cases) and Bahati (**5** cases) villages. **Five** deaths (**4** died at the homestead) were reported, bringing the case fatality rate (CFR) to **15.6%**.



Environmental Assessment.

Environmental health investigations revealed critical significant WASH (Water, Sanitation, and Hygiene) challenges in the affected areas:

- Low latrine coverage ([<25%](#)) resulting in open defecation.
- Scarcity of safe drinking water community resorting to the use of untreated and unsafe water for drinking and household tasks.
- Contamination of water sources due to mixing of stormwater and drinking water through damaged or unprotected piping systems.

Laboratory sample collection and testing

Cumulatively [seven \(7\)](#) samples have been collected and [three \(3\)](#) confirmed the presence of *Vibrio cholerae O1*, serotype Ogawa:

- **Two** cases from Kibarani-Jomvu sub county
- **One** from Shanzu-Kisauni sub county

Antimicrobial susceptibility testing revealed that the isolated strain was:

- **Resistant** to: ampicillin, erythromycin, and azithromycin
- **Sensitive** to: ciprofloxacin and chloramphenicol

KEY ACTIONS

1. Coordination

- The Public Health Emergency Operations Centre is fully activated and continues to coordinate response measures as well as provide daily situation reports informing planning.
- IMS constituted for outbreak response
- Weekly Coordination meetings and updates

2. Case management and IPC

- CTC supported by MSF is in place
- 25 Health Care Workers sensitized on Case Management
- Cases meeting the case definition referred to the CTC for screening and admission
- Zinc supplement and ORS distributed at community level

3. Risk Communication and Engagement

- 480 IEC materials distributed
- PAS done (Mikindani, Kibarani and Changamwe areas); 15,000 people reached
- 3 Chief barazas done
- 2 Church sensitizations ;600 people reached
- 2 Companies sensitized; 81 people reached
- Health education at facility level; 9 Facilities reached (1250 clients reached)

4. Surveillance

- Case definition developed and shared
- MSF supported sensitization of 55 healthcare workers on emergency response
- Enhance active case finding across all sub-counties.
- Continue collection of stool specimens for laboratory confirmation and monitoring of resistance patterns.
- Monitoring cholera hotspots areas in the county and initiate targeted interventions.

5. Logistics

- Health products and assessment needs completed
- Allocation of HPTs to the CTC and Utange Isolation center done

6. Sensitizations

- 1 chief baraza done
- Data sensitization meeting –Kisauni team 30 participants

7. Laboratory

- Procure Cholera RDT

8. Public Health Action

- Disinfection Activities
 - Houses Disinfected- 133
 - Toilets Disinfected- 30
 - Open Drains- 18
 - Refuse Pits- 12
- Chlorination Activities
 - Wells- 22
 - Boreholes- 6

- Overhead tanks- 1
- Aqua tabs distributed- 967
- Water sampling Activities
 - Water samples collected- 0
- General Sanitation
 - Homesteads visited -74
 - Homesteads with latrines-12
 - Action days- 1
- Food safety and Control
 - Food premises inspected- 9
- Vector Control Activities
 - Larvicing-5
 - Indoor spraying - 96
 - Sanitation facilities sprayed- 47

Challenges

- **Clean Water Supply:** Urgent need to improve access to safe drinking water in affected areas; Kibarani
- **Medical Supplies:** Stockpiles of oral rehydration salts (ORS), IV fluids, and antibiotics are depleting
- **Logistics & Personnel:** Insufficient health personnel for 24hour shift basis at the CTC.

Proposed HR needs for 18 bed capacity CTC;

- 1 CTC supervisor
- 10 Nurses
- 4 Clinical Officers
- 10 Support staff
- 2 PHOs
- Inadequate RDT kits for screening
- Low Public risk perception
- Lack of IEC materials (200 supported by (Redcross were already distributed)
- Inadequate sensitization of Health Care workers on case management
- Develop Cholera Response Plan

NEXT STEPs

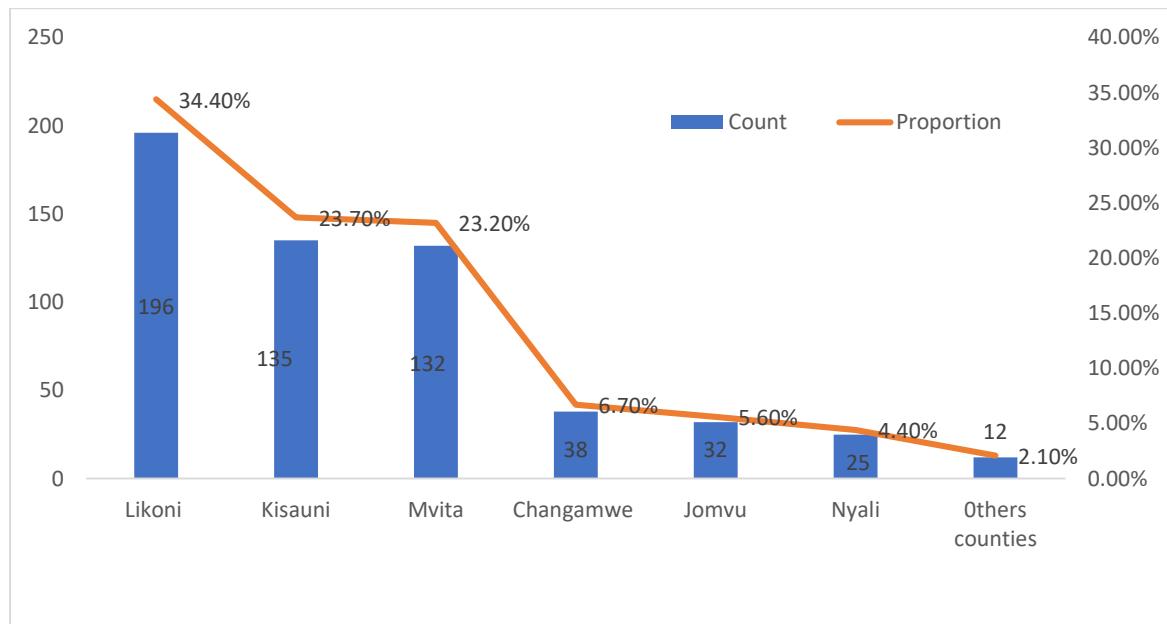
- Multisectoral involvement to address water and sanitation challenges
- Engage the County leadership to allocate enough HR at the CTC
- Provide enough RDT kits for screening
- Strengthen Risk communication and engagement
- Continue with Health Care worker sensitizations
- Mobilize resources to develop the Cholera response plan

c) Chikungunya Outbreak

Chikungunya is a mosquito-borne viral infection caused by Chikungunya virus (CHIKV), an RNA virus transmitted primarily by infected Aedes mosquitoes, including *Aedes aegypti* and *Aedes albopictus*. The last Chikungunya outbreak was reported in 2016 where out of 262 suspected cases, 151 were confirmed.

In May 2025, an increase in cases presenting with fever and joint pains were reported across the county. Samples were collected and were confirmed positive for chikungunya.

As of **24th June 2025**, **570** cases were linelisted and **89 (15.6%)** were confirmed positive. All the six sub counties reported cases with Likoni reporting the highest number of cases at **196** cases followed by Kisauni at **135**.



All age groups are affected with those aged 16 – 35 contributing the highest (fig 3).

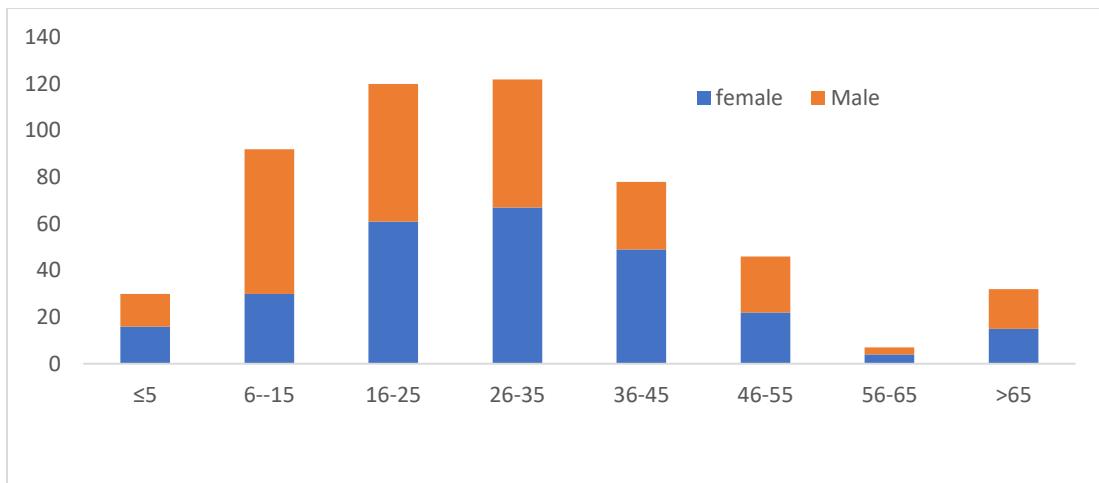


Figure 2: Distribution of cases among different age groups in Mombasa Kenya.

The outbreak is spreading rapidly, with the month of june reporting the highest number of cases , with symptoms ranging from fever and joint pain to severe body weakness (fig 3).

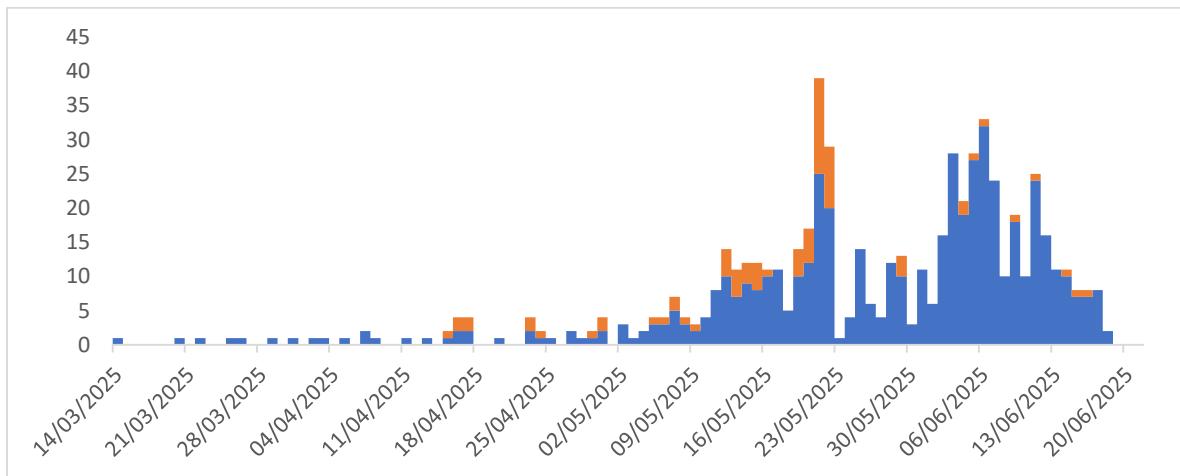


Figure 3: Chikungunya cases in Mombasa County, June 2025

VECTOR CONTROL ACTIVITIES

- No. of breeding sites treated (Larviciding) 9
- No. of Houses sprayed 8
- No. of Toilets sprayed 3
- No of Bathroom sprayed 0
- No. of open drains 9
- No. of septic tanks/soak pit 0
- No. of refuse heaps sprayed 0

- No. of people health educated on Vector control 24
- No. of villages reached during fogging exercise

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Acknowledgement

