Destination Guide for Kenya



Overview

Destination Guide Content

Destination Risk Levels

- 🕂 Medium Medical Risk for Kenya
- Medium Travel Risk for Kenya
- High Travel Risk for The Somali-border counties of Wajir, Mandera, Garissa and Lamu
 High Travel Risk for Nairobi; the northern counties of Baringo, Turkana, West Pokot, Samburu, Marsabit and Isiolo

Nairobi: HIGH

Crime rates are high and regularly affect foreign nationals, business travellers, and international assignees. Attacks can occur anywhere, including in the affluent areas of Karen, Gigiri and Westlands, though the risk is highest in, and around low-income communities or isolated areas located away from police posts, especially after dark. The city has multiple locations that could and have served as attractive targets for Islamist militants; further attempted attacks are likely. Political tensions sometime degenerate into violence. This is most common in industrial and low-income areas, such as Kawangware, Kibera and Mathare. Although foreign nationals are unlikely to be targeted, they face an incidental risk and should avoid rallies and political gatherings. Unrest and clashes between protesters and the police are also common at demonstrations.

Northern Kenya (Baringo, Isiolo, Marasabit, Samburu, Turkana, and West Pokot counties): HIGH

Cattle-rustling, communal violence, and armed banditry pose significant risks in rural areas within these counties. Violence typically targets local communities with tit-fortat attacks, and resultant clashes often last for several hours. Law enforcement operations by the security forces can involve road closures and curfews, creating additional logistics considerations. Clashes between bandits and the security forces may also pose incidental risks to bystanders. Although foreign nationals are not usually the targets of local conflicts in these areas, they should exercise caution during any overland travel and seek up-to-date security advice from local contacts before travelling.

Counties bordering Somalia (Garissa, Lamu, Mandera, and Wajir): HIGH These counties are vulnerable to Islamist militancy, communal violence, and high levels of societal violence or criminality, including kidnappings. The Somalia-based Islamist extremist group al-Shabab is active in the area and stages regular low-level attacks – including improvised explosive device (IED) attacks, roadside ambushes, and abductions. Al-Shabab is more likely to target the security forces or locals, specifically Christian communities, though foreign nationals would present themselves as attractive targets if the opportunity arose. The group has on rare occasions attacked industrial and construction sites that employ foreign nationals.

Standing Travel Advice

- Travel to Kenya can proceed with standard security precautions.
- LGBTQ+ individuals should be aware that local laws strictly prohibit LGBTQ+ expression and that
 protections are limited. LGBTQ+ individuals face a credible risk of harassment and legal
 ramifications, including fines and jail sentences. LGBTQ+ individuals should adopt stringent
 security precautions such as keeping a low public and online profile and avoiding same-sex
 displays of affection. Refrain from expressing opinions on LGBTQ+ issues both in public and
 online. We recommend seeking itinerary- and profile-specific advice prior to travel.

Kenya (MEDIUM)

- Maintain good personal security to mitigate the risk of petty and street crime. Avoid overt displays of wealth. Carry only small amounts of cash and be discreet when handling cash or using smart phones. Laptops should be carried in a non-descript bag that cannot be easily identified. Other valuables, such as watches and jewellery, should be left in a secure location or concealed. Maintain heightened situational awareness.
- Remain alert when making ATM withdrawals and ensure the machine has not been tampered with by tugging on the ATM card slot and PIN pad to ensure they do not come loose. Cash withdrawals should be undertaken in secure areas, such as in shopping malls, hotels or banks, and during daylight hours. Immediately return to a safe location after withdrawing cash and ensure you are not followed.
- Residents should ensure their accommodation is fitted with robust security features, including perimeter fencing, burglar bars on windows, and a subscription to a residential security systems company, including an alarm system and armed response service. Residents should seek

accommodation in upmarket suburbs located away from major roads and should enquire about crime rates in the area in advance.

- Use a trusted local driver for road travel. Do not self-drive unless very familiar with local conditions and avoid travel after dark. All journeys should be conducted in a locked vehicle with the windows rolled up. Do not use buses or minibuses (City Hoppa, KBS or matatus), motorcycle taxis (boda-bodas), unregistered taxis or other forms of public transport.
- Remain abreast of information on volatile gatherings and avoid them due to the credible risk of unrest or clashes between protesters and the security forces. Do not stop to watch or photograph such events.
- Avoid non-essential travel to low-income urban areas due to the prevailing risks posed by high levels of violent crime, periodic outbreaks of communal violence and unrest, and the latent risk of terrorism. If essential, travel should be carried out in daylight hours only and in close co-operation with trusted local partners.
- Cybercrime and surveillance are relevant concerns. Minimise the number of devices brought into the country, ensure all software is up to date prior to travel and run a thorough check on devices upon your return.
- Use a Virtual Private Network (VPN) if connecting to public wi-fi networks. For further information on cybersecurity in Kenya, see our Communications section.

Nairobi (HIGH)

- Contact the Assistance Centre for itinerary-specific pre-travel advice, including for advice on accommodation options.
- High rates of petty and violent crime pose a credible risk to business travellers. Familiarise yourself with the crime risk areas of your destination prior to travel. Even in more affluent areas, minimise travel on foot, walk in groups, and do not walk after nightfall.
- Arms ownership is common. In the event of being accosted, assume that your assailant is armed; do nothing to resist or antagonise the attacker.
- Internationally branded, business-class hotels pose an attractive target for militant attacks, primarily by the Somalia-based Islamist extremist group al-Shabab which has a demonstrated capability to launch attacks in Nairobi. Members should opt for well-located, low-profile hotels with robust perimeter security measures that not only mitigate high crime risks but also pose a less likely target for militant attacks.
- Exercise increased vigilance in the vicinity of 'soft' civilian targets such as hotels, shopping malls and crowded restaurants. If you detect unusual behaviour or see suspect packages, leave the area immediately and notify the nearest member of the security forces.
- Minimise time spent in the vicinity of government buildings, diplomatic missions and security force installations.

North-western Kenya (the counties of Baringo, Turkana, West Pokot, Samburu, Marsabit and Isiolo) (HIGH)

- Contact the nearest Assistance Centre for itinerary-specific advice.
- People should travel to and within these counties by air where it is possible to do so. If road journeys are unavoidable, only conduct movements during daylight hours under strict journey management procedures, and with a trusted, preferably local, guide. Travelling in convoy provides

additional backup. Vehicles should be equipped with reliable communications, extra fuel, spare tyres, and plenty of water. Avoid making long stops on the side of the road or in roadside towns.

- Carry a satellite phone in northern areas, where network coverage can be unreliable in some rural areas.
- In the event of disturbances or warnings of communal violence or banditry, travellers should leave the affected area and immediately move to secure accommodation where they should remain until the situation has stabilised.
- Closely monitor weather forecasts for heavy rain and flooding, and prepare alternate routes or be prepared to postpone or cancel travel, as many roads are unpaved and can wash out in rainy season.
- Emergency response capabilities are severely restricted in these areas; members should have security support and contingency plans for a range of scenarios.

Counties bordering Somalia (Mandera, Wajir, Garissa and Lamu) (HIGH)

- There are credible risks of militancy, inter-communal violence, crime and kidnapping in these areas.
- Essential travel requires a specific pre-travel threat assessment, security support and in certain cases, a government security escort.
- Travel to Lamu Island and Manda Island must be conducted by air via Manda Airport (LAU), and boat transfers to Lamu Island should be pre-arranged with an accommodation provider.
- Overland travel should be avoided where possible; international assignees and workforce should travel by air as far as it is possible to do so. Short-distance overland travel should be conducted in convoy with security support and with a reasonable distance between vehicles, particularly if supported by a government security escort.
- Be aware of your surroundings, particularly on isolated roads or nearby to members of the security forces. Report any suspicious activity or unnatural ground disturbance to the authorities or convoy leader.
- People conducting essential travel should consider taking hostile environment training, so it is easier to identify and manage threats while travelling in the area.
- Be prepared to respond in the event of an attack; seek immediate cover and only move if in immediate danger, and be sure to head away from the point of attack. Once in a safe area, stand fast and immediately inform someone (either project coordinator, security support or a member of the security forces) of your location and wait for assistance.
- Anticipate stringent security measures due to the high occurrence of militant and bandit attacks; carry relevant identification documents at all times to ease passage through any security checkpoints.

Active Alerts (2)

Advisory 28 October 2024 at 12:35

Chuka: Expect heightened security, exercise caution over coming hours following unrest near Chuka University (Revised)

Location: Kenya

Category: Protest/Rally, Road disruption

Situation:

Expect heightened security and exercise caution in Chuka (Tharaka-Nithi county) **over the coming hours** following unrest earlier on 28 October. Students from Chuka University reportedly blocked sections of the nearby Meru-Nairobi highway with burning tyres to demand increased road-safety measures after recent fatal traffic accidents. The police responded by firing tear gas to clear demonstrators from the highway. Calls for further related protests and road blockades are possible, and any ensuing disturbances would pose incidental risks to bystanders.

Advice:

- Liaise with local contacts to remain apprised of related developments, including information on any related protests. Avoid affected locations and exercise enhanced caution.
- Reconfirm the status of routes before setting out and allow extra time to complete journeys. Do not attempt to cross any roadblocks erected by demonstrators, as this may elicit a hostile response.
- Expect heightened security, particularly near the university, and follow all official directives.
- Monitor our Kenya alerts for updates.

Advisory 26 October 2024 at 15:16

Mpox infections, monitor for developments

Location: Kenya

Category: Mpox

Situation:

Latest update: First fatality reported. Kenya reported its first imported mpox case in late July. Mpox is a potentially severe viral disease. People can contract the virus from close contact with a sick person or contaminated objects and surfaces. Prevent infection by following strict hygiene measures and avoiding contact with sick people. Consult your doctor for an individual recommendation on vaccination.

Advice:

Do the following:

- Monitor this alert which will be updated as further information becomes available.
- Avoid close contact with people who are unwell, including skin-to-skin contact and with materials contaminated by them (e.g. towels, bed linen).
- Observe good personal hygiene. Wash hands well and often.
- In crowded environments, avoid skin-to-skin contact as much as possible.
- Avoid contact with sick people or with materials contaminated by sick people.
- Prevent sexual transmission. Limit the number of sexual partners. Wear condoms for a further 12 weeks after recovering from a mpox infection. Using condoms reduces the risk of exposure to mpox but does not prevent infection through close physical contact.
- Vaccination may be recommended for people who are at higher risk of infection. Consult your doctor for an individual recommendation.

More Detail:

Mpox was first identified in Kenya at the end of July in an individual travelling from Uganda to Rwanda via Kenya. Since then, at least 14 infections have been confirmed in the counties of Bungoma, Busia, Kajiado, Kericho, Kilifi, Makueni, Mombasa, Nairobi, Nakuru, Taita Taveta and Uasin Gishu. **One fatality has been reported in an individual from Bungoma with comorbidities, including HIV and meningitis.** The mpox outbreak continues to escalate in several countries within the region, maintaining a risk of further infections. Most reported cases have involved recent travel to mpox-affected areas or close contact with confirmed cases. Authorities are actively monitoring the situation, with enhanced surveillance and response measures in place across the country, contributing to a lower risk domestically compared to the surrounding region.

What is mpox?

Mpox, formerly known as monkeypox, is a viral disease initially found in Central and Western Africa. In 2022, the disease spread globally due to human-to-human transmission. Infected people can pass the disease onto others through contact with body fluids, mpox sores or contaminated shared items – such as clothing and bedding. The virus is also spread to close contacts through respiratory droplets. Symptoms may start with fever, headache, muscle aches, backache, swollen lymph nodes and a general feeling of discomfort and exhaustion. Within a few days, infected people develop a rash that can appear anywhere in the body, including the mouth – as ulcers – and the genital area. The illness lasts two to four weeks. Severe cases and fatalities can occur. Vaccines and treatments exist and are increasingly available.

For more information:

- Download the mpox infographic poster [PDF, 854kb].
- See the mpox page on the Pandemic Preparedness website.
- Listen to the International SOS podcasts Mpox in Africa: Public Health Emergency and Mpox Outbreak Update and FAQs.
- See the International SOS Location Guide for Kenya.

• Contact any International SOS Assistance Centre.

Destination Guide for Kenya



Before You Travel

Destination Guide Content

Visa Requirements

IMMIGRATION REQUIREMENTS AND PROCEDURES

British

Passport Required Yes

Visa Required Yes

Return Ticket Required Yes

Australian

Passport Required Yes

Visa Required Yes

Return Ticket Required Yes

Canadian

Passport Required Yes

Visa Required Yes

Return Ticket Required Yes

US

Passport Required Yes Visa Required Yes Return Ticket Required Yes

Visas

Nationals of all countries do not require a visa to enter Kenya. Foreign nationals and business travellers are required to fill an Electronic Travel Authorisation (eTA), which can be accessed here. Members of the East African Community can travel to Kenya without an eTA for a maximum of six months. Work <u>permits</u> are required if foreign nationals intend to work in Kenya.

Procedures

Customs officials occasionally insist foreign nationals pay a hard currency deposit (returnable on departure) for cameras or electrical equipment to control the illegal importation and sale of such goods, though this is rare. A receipt should be obtained if such a deposit is requested. Business travellers should also not take sensitive, political, or pornographic literature into the country.

Entry/Exit Requirements

Entry/Exit requirements

All foreign nationals must have a valid passport for six months from the date of entry, with at least one blank pages and proof of sufficient funds for the intended stay and a return or onward ticket.

Limits are imposed on the removal of large amounts of foreign currency from the country, though checking and implementation can vary. Business travellers carrying the equivalent of US\$5,000 or more must provide documentation stating the source and purpose of the fund. Export of local currency is limited to 100,000 Kenyan shillings (KSh).

Cultural Tips

CULTURAL ISSUES AND ETIQUETTE

 Homosexuality is illegal and this is generally enforced, though legal repercussions are rare. Societal attitudes towards the LGBTQ+ community are sometimes intolerant, but violence is only occasionally directed towards its members.

Getting There

METHOD OF ARRIVAL

By air

Kenya's two main international airports are Jomo Kenyatta (<u>NBO</u>) in the capital Nairobi and Moi International (<u>MBA</u>) in Mombasa (Mombasa county). Connecting flights to other destinations in Kenya or northern Tanzania are often made at Nairobi's smaller Wilson Airport (<u>WIL</u>).

People should arrange to be met at Nairobi Airport for transfers to Wilson Airport as airport taxi drivers are known to overcharge. Scammers may also impersonate legitimate drivers. Theft of and from luggage remains a sporadic problem; business travellers should be vigilant with their personal belongings. All valuables should be carried in hand luggage, while suitcases put in the aircraft hold should be visibly locked to minimise the risk of theft. A baggage wrap service can also be used at Nairobi airport in order to provide additional protection. Procedures and security checks at the airport can be tedious. Despite an increase in security and previous international initiatives, airport security levels remain below those in more developed countries. Airlines have variable security standards. You may wish to consult the European Commission's website for a list of airlines banned within the EU and the US Federal Aviation Administration's website for a database of aviation accidents and statistics.

By land

People journeying overland from Uganda or Tanzania are unlikely to face any major problems or delays at border crossings. Border crossings with Uganda are located at Malaba and Busia, while Moyale serves as a border crossing with Ethiopia; Namanga is the main border crossing with Tanzania. While driving, business travellers should observe safety precautions. They also need to have valid insurance documents and logbooks and allow enough time to transit through the border, as delays are possible, particularly if travelling via private car.

There is a bus service between Kampala (Uganda) and the capital Nairobi, as well as a train link from Mombasa via Nairobi to Kampala. Travel along the borders with Somalia and Ethiopia is not recommended due to the significant risks posed by banditry, carjacking and cross-border violence. Instead, people should travel by air. If road travel is unavoidable, only travel during daylight hours and with a local guide and/or security support.

By sea

The Port of Mombasa is the main seaport that receives international ships and cruise liners. Ferries in Mombasa have dubious safety records and should be avoided if possible.

Procedures

Customs officials occasionally insist foreign nationals pay a hard currency deposit (returnable on departure) for cameras or electrical equipment to control the illegal importation and sale of such goods, though this is rare. A receipt should be obtained if such a deposit is requested. Business travellers should also not take sensitive, political, or pornographic literature into the country.

Getting Around

BY AIR

Air travel is the safest, most convenient form of long-distance internal transportation. Kenya Airways, the national flag carrier, operates regular flights to all major destinations in the country.

Other domestic carriers include privately owned Air Kenya, Fly540 and Safarilink, which operate a network of internal scheduled flights from Nairobi to Kisumu (Kisumu county), Lamu (Lamu county), Malindi (Kilify county), Mombasa, and to game parks and other tourist destinations. Smaller aircraft embarking on internal flights also depart from Nairobi's Wilson Airport. Seats should be booked in advance and reconfirmed at least 48 hours before departure, especially for flights to and from Malindi and Kisumu. Light aircraft can be chartered from private airlines.

BY ROAD

Car hire is available but should be avoided unless business travellers are familiar with Kenyan roads, have experience of local driving conditions and are aware of the high probability of being targeted by police officers looking for opportunistic and baseless traffic fines. Foreign nationals can use their valid national driving licence for up to three months. Traffic drives on the left, though during heavy traffic motorists have been known to cross the median and drive on the wrong side of the road. Driving standards are poor; many drivers are undisciplined, untrained and drive un-roadworthy vehicles. Particular attention should be paid to matatus (minibuses) which are responsible for a large percentage of all road traffic accidents. Four-wheel drive (4WD) vehicles are recommended when travelling on other than main roads, and unpaved roads often become impassable during the country's rainy season, even with 4WD vehicles. When hiring vehicles, avoid luxury or overtly attractive models because of the greater risk from carjacking; thieves are known to favour 4WD vehicles. Carjacking can occur during the day, even in central urban business districts. People should complete their journeys before dark where possible; driving is hazardous at night, when some vehicles do not use headlights and drivers may be intoxicated, while the streets lack proper lighting. Potholes pose a risk as they can be large enough to break vehicle axles, leaving occupants stranded in remote or dangerous locations. In addition, the risk of armed robbery is higher after dark; many drivers in Nairobi ignore traffic lights (known locally as 'robots') to avoid being stationary. Gunmen force victims out of their vehicle or abandon them in a remote area, such as Karura forest in Nairobi. The Coast Road between Malindi and Lamu, as well as routes into game parks and Nairobi, have all been targeted for highway robbery and carjacking.

Banditry is a serious problem, especially in the northern and north-eastern areas of the country. People undertaking cross-country travel should do so by air where possible. If unavoidable, then a vehicle should be arranged with security support and a satellite phone, as well as spare fuel, food and water, and the journey should be conducted during daylight hours.

The police erect roadblocks on routes into and out of central Nairobi, residential areas, and Jomo Kenyatta airport. The police may charge on-thespot fines for breaking traffic regulations; however, they are illegal, and a receipt should be requested detailing the charges. The police may not stop a vehicle outside municipal boundaries unless a proper roadblock (which usually includes spikes) or a police vehicle is in evidence. Criminals sometimes pose as police officers.

BY TAXI

If using taxis, consult local hosts or your hotel about reputable taxi companies; most normal taxis are of a poor standard and lack seatbelts, while there is also a greater risk of in-vehicle crime, such as mugging or express kidnapping, in such vehicles. Kenatco state-licensed cabs are commonplace outside business hotels, shopping centres and tourist areas. Hotel taxis are appropriate and should be used in most scenarios requiring a taxi; app-based ridesharing apps can also be used but attention should be paid to the identity of the driver and plate number; do not get into an unrecognised car. Taxis are not metered and the price should therefore be agreed before departing. Fares are generally determined by distance, though journeys to some locations, such as the airport, will have fixed rates. Taxi drivers tend to be fairly open about journey costs.

BY TRAIN

The country's rail network has limited coverage. Trains are poorly maintained and services are slow. They should be avoided as theft is common and valuables have been stolen from compartments.

BY OTHER MEANS

Public transport

The use of public transport is not recommended in Kenya. Luxury tourist buses, which are faster than trains, are unsuitable for business travel as traffic accidents are a concern. Short-distance shared minibuses (*matatus*), which provide a cheap but uncomfortable service, can be dangerous and should be avoided: *matatu* crashes are frequent due to reckless driving, while they have been targeted for robbery. Motorbike taxis (boda-bodas) should be avoided for safety reasons and due to criminal incidents perpetrated by drivers. **By ferry**

Commercial ferries serving the tourist industry are a viable mode of transport. Public ferries operate along the eastern coast in Mombasa (Likoni) and Lamu and on the Tana River at Garsen. However, local ferry services are unsuitable for business travellers and should be avoided for safety reasons. The Likoni ferry in Mombasa has had serious safety concerns.

Business Women

BUSINESSWOMEN

Kenya has a high incidence of sexual assault and rapes. All female business travellers and locals should be alert to the risks and adopt sensible security precautions as a routine measure.

- Most attacks occur at night in dark streets, beach areas, unauthorised taxis, or near nightlife areas. Remain vigilant in such areas and book taxis through your hotel or a trusted local third party.
- Female business travellers are advised to prioritise security concerns when selecting accommodation. Lone workforce relocating for the medium-to-long term should reside in a secure complex where possible.
- Adopt sensible pedestrian security measures; avoid walking unattended in isolated areas and do not walk outside secure locations after dark. When walking, be aware of your surroundings and occasionally check for any signs that you are being followed.

- Avoid giving away personal information to unfamiliar people, including full name, contact details and any address where you might be staying, visiting, or working.
- Be particularly alert in restaurants, bars and nightclubs. Never leave a drink unattended or accept drinks from strangers. Some common effects of date rape drugs include dizziness, drowsiness, memory loss – which can be transient or long lasting depending on the drug – nausea, vomiting, confusion and impaired muscle control. Anyone who suspects they may have been victim of a date rape attack should seek professional medical advice and support immediately.

Working Week

WORKING WEEK

- Business hours: 09.00 to 13.00 and 14.00 to 17.00 Monday to Friday; some businesses close on Fridays and Saturdays.
- Banking hours: 09.00-15.00, Monday-Friday.

Language & Money

LANGUAGE

English is the official language and Swahili is the national language. Swahili is used more frequently than English, but the local population often uses a combination of the two, as well as a modern version known as Sheng. English is not widely spoken outside urban centres or other densely populated areas, where a number of different tribal languages are more common, such as Kikuyu, Kalenjin and Maasai.

MONEY

The local currency is the Kenyan shilling (KSh). Major hotels and banks will change money, though many hotel bills must be paid in foreign currency (US dollars are the most accepted). It is advisable to keep foreign currency in relatively new condition, as Kenyan banks may refuse older notes. Exchange receipts must be kept, as Kenyan money cannot otherwise be changed back into foreign currency on departure. Currency exchange through street exchange merchants should be avoided. ATMs are widely available in Nairobi and Mombasa; these accept most major debit or credit cards. Credit cards are not widely accepted beyond larger facilities in Nairobi, Mombasa and Kisumu. Even in these three cities, it is advisable to carry some cash. However, foreign nationals should leave larger sums of money in a safety deposit box at their hotel. Hotels in remote areas may only accept pre-payment as bank transfer or cash in person.

Tipping

TIPPING

Tipping is not customary in Kenya, however a 10% service charge may be added to the bill in upmarket restaurants. Otherwise, a small change in local currency may be offered to taxi drivers, porters and waiters. On safari, drivers, guides and cooks often rely heavily on tips, but these are discretionary.

Geography & Weather

GEOGRAPHY

Kenya is located in East Africa, with the equator running across the centre of the country. It is bordered by Ethiopia and South Sudan to the north, Somalia and the Indian Ocean to the east, Uganda to the west and Tanzania to the south. The country comprises 47 counties, including the capital, Nairobi. Mombasa, the second largest city, is the country's main seaport. Kisumu is another major port, located on Lake Victoria.

Kenyan topography changes as one travels west from the coast. The coastal regions in the east are fertile and bordered with coral reefs and islands on the ocean side. The coastal regions give way to gradually rising coastal plains that are largely dry and covered with savannah and thorn bush. The plains merge into the high plateau region, also known as the Kenyan highlands. This region features peaks such as Mount Kenya, Mount Elgon and the Aberdare Range, and houses the majority of the country's population and economic centres. The north-western region of Kenya is arid and semi-desert; the principal rivers are the Tana, the Athi, and the Ewaso Ngiro. The north of the country is arid and semi-mountainous, interspersed with wide plains. The north-east is desert, particularly near the border with Somalia.

CLIMATE

Climate overview

- Kenya has varied seasons and climate.
- The lowlands are hot and the highlands are temperate, characterised by moderate climate conditions with four seasons (December-March: dry; March-June: wet; June-October: cool; November: wet).
- Coastal areas are tropical and humid.
- The 'long rains' generally occur from March to May and the 'short rains' take place from October to December.

Flooding and landslides

- Heavy rain and occasional storms lead to floods and flash floods.
- Coastal areas, south-eastern lowlands, Lake Victoria Basin, parts of the central and south Rift Valley and north-eastern and north-western parts of the country are vulnerable to flooding.
- Poor drainage systems in urban centres, including the capital Nairobi, exacerbate the impact of flooding.
- Flood-prone areas include the floodplains of major rivers such as the lower Tana river, the lower Nzoia river at Budalang'i plains (Busia county) and the lower Nyando river at Kano Plains (Kisumu county).
- Rain-induced landslides are common in mountainous regions, with the Rift Valley region, particularly West Pokot county, among the worst-affected areas.
- Flooding can cause fatalities, population displacement, road travel disruption and infrastructural damage.
- In December 2023, several parts of the country experienced heavy flooding, which killed at least 160 people and displaced 500,000 others.
- Monitor the website of the Kenya Meteorological Department for weather forecasts and warnings.

Droughts

• The country is prone to droughts, especially in the northern and eastern regions of Garissa, Isiolo, Marsabit, Moyale, Turkana and Wajir counties.

Wildfires

- Wildfires are also likely during dry spells. Most of them are the result of human activities.
- Wildfire-affected parts include Aberdare forest (central region), Mount Kenya (eastern and central region), and Tsavo National Park (southeastern region).

Locust infestation

- Waves of locust infestations have affected the country since 2019, worsening widespread food insecurity in northern areas.
- Locust infestation has mainly affected counties in the north-eastern, central and eastern parts of the country, including Garissa, Isiolo, Meru and Samburu.

International Dialing & Power

DIALLING CODES

Country Code 254

IDD Prefix (International Direct Dialling) 00

NDD Prefix (National Direct Dialling) 0

COMMUNICATIONS

The telephone system is adequate. Cellular network coverage is good in the main cities and much of the south of the country, but coverage is unreliable and often unavailable in the northern counties, where travellers should consider the use of a satellite phone, especially if travelling overland. GSM operators Orange, Safaricom and Airtel have roaming arrangements with major European networks. Safaricom is considered the most reliable, particularly in remote areas. Foreign nationals can easily obtain a local SIM card, and top-up payment cards for these are also readily available. The postal service is still unreliable and slow, and goods are frequently stolen from packages. Foreign nationals should use international courier firms or the Kenyan post office system, Posta. Internet connectivity is increasingly widespread.

Information security

Foreign nationals and business travellers should anticipate a degree of surveillance and take appropriate precautions. In March 2018, Kaspersky found evidence that hackers had used monitoring software to harvest data from public and private agencies in Kenya for at least six years. Cybercrime is becoming an increasing concern due to particularly weak cybersecurity infrastructure. Public and private services are becoming increasingly available online in Kenya. As firms increasingly digitise operations, there are concerns that security is not keeping pace with commercial developments. In July 2023, a series of cyberattacks affected key public and private institutions. The e-citizen platform, which provides access to over 5,000 government services was targeted denying access to essential services to the citizens.

The Computer Misuse and Cybercrimes Bill was passed in May 2018. Although the law contains stiff penalties for crimes such as cyberbullying and cyberespionage, it fails to adequately address the issue of cyberattacks such as ransomware.

Advice

- Minimise the number of devices you bring in country; only carry devices that are absolutely essential. Clean devices, containing only data necessary for the trip with no access to shared networks, should be used if targeted attacks are likely.
- Ensure all devices you bring in-country are well secured with strong passwords; ensure all storage devices have full disk encryption.
- Ensure all software, including anti-virus protection, is up-to-date prior to travel; avoid updating software while away.
- Avoid connecting to insecure Wi-Fi networks where possible. Public Wi-Fi connections are almost always unencrypted, allowing attackers to easily instigate man-in-the-middle attacks, where they redirect your browsing request to a malicious website and then, run malware on your device.
- If necessary, only connect to public networks using a Virtual Private Network (VPN). Always familiarise yourself with the legal status of any VPN or application in your destination country prior to travel. Be aware of other relevant legislation, including compliance requests that allow the authorities to inspect devices.
- Keep devices on your person as much as possible. If unattended, ensure devices are powered down and well secured. If using hotel safes, secure them with a secondary personally-lockable device.
- Limit location tracking/turn off your phone's location function to deter surveillance, with the exception of our Assistance App or other essential applications. Turn off Wi-Fi and Bluetooth when not in use.
- Run a thorough check of all devices upon your return and use the 'forget network' setting if you did connect to any public Wi-Fi networks.

- Comply with local legislation. This includes any official requests to inspect devices. If this occurs, inform your IT department as soon as possible and exercise caution when using the device after. Power off devices prior to approaching customs.
- Obtain profile-specific advice taking into account your industry and position in the company.

ELECTRICITY

This is the most common plug type used:

Calendar

Holidays & Security Dates

2024

12 Dec Jamhuri/Independence Day

25 Dec Christmas Day

In some countries, if this holiday falls on a Saturday or Sunday, a public holiday is declared for the following Monday.

26 Dec Boxing Day

In many countries, if this holiday falls on a Saturday or Sunday, a public holiday is observed on the following Monday or Tuesday respectively.

2025

01 Jan New Year's Day In many countries, if this holiday falls on a Saturday or Sunday, a public holiday is declared for the following Monday.

01 Jun Madaraka Day

Rallies on this day are likely to draw large crowds and cause travel disruption.

10 Oct Moi Day

20 Oct Kenyatta Forces Day

Destination Guide for Kenya



Medical

Destination Guide Content

Medical Care

Variable

Standard of Health Care

Medical standards in Nairobi are the best available in the country, and most specialties are available. Many health professionals are trained in Europe. Most Kenyans speak English. Elsewhere the standard of care is lower, including in Mombasa. Outside the main cities, medical infrastructure can be very limited.

Even in cities, equipment supply, reliability and maintenance can be problematic. More complex medical cases, including those requiring specialized surgery or specialist inpatient care, may be recommended international evacuation, to locations such as Johannesburg.

EMERGENCY NUMBERS

Fire service 999 Police 999

Ambulance services are not recommended. Contact International SOS for help with your medical situation. Contact us

Hospitals & Clinics

Aga Khan Hospital Mombasa

Category: Hospital

Address: Vanga Road, off Likoni Road, Mombasa Phones: 254412227710, 254412312953 Email: akhm@akhskenya.org

The Aga Khan University Hospital (Nairobi)

Category: Hospital Address: 3rd Parklands Avenue, Nairobi Phones: 254203742531, 254203740000, 254203662000, 254111011888 Emails: nbi.creditcontrol@aku.edu, akuh.nairobi@aku.edu,

marketing.department@aku.edu

The Nairobi Hospital

Category: Hospital Address: Argwings Kodhek Road, Nairobi Phones: 254730666000, 254202845000, 254703082000 Emails: aecashier@nbihosp.org, customer.service@nbihosp.org, alladt@nbihosp.org

Vaccinations

Cholera

Vaccination should be considered for some travellers and relief workers who are likely to encounter unsanitary conditions, or will have limited access to safe water.

COVID-19

Vaccination is recommended for all travellers.

Hepatitis A

Recommended for all travellers and international assignees, especially groups at higher risk including:

- long-term and frequent visitors.
- adventurous travellers who travel to more remote locations or stay in areas with poor sanitation.
- gay, bisexual, and other men who have sex with men (see US CDC).
- people who use illicit drugs.
- those with liver disease.

Hepatitis B

Recommended for all travellers and international assignees.

Meningitis - meningococcal

Vaccination with the quadrivalent vaccine (serogroups A, C, Y and W135) is recommended for anyone who is:

- Travelling during the dry season (December to June).
- Travelling during outbreaks.
- At increased risk including:
 - Those visiting friends and relatives.
 - Healthcare workers.
 - Long-term travellers who will have close contact with the local population.

Polio

All travellers are recommended to be fully immunised against polio (including a booster, if available) before they arrive in the country.

WHO **recommends** that all residents and visitors who have been in the country for more than 4 weeks receive a dose of polio vaccine within 4 weeks to 12 months of travel.

Travellers should carry the document on which their polio vaccination status is recorded. They may be **required** to show proof of polio vaccination upon departure or for entry into their next destination. (The above-mentioned recommendations/requirements are as stated by the World Health Organization or the Ministry of Health. However national authorities may differ in how they implement these recommendations. Consult your travel health practitioner for individualised vaccination recommendation 6-8 weeks before your trip and check with the embassy or consulate of your destination if proof of vaccination is required in your itinerary.)

Rabies

Consider for certain travellers, especially:

- For international assignees and long-term visitors.
- For children who tend to play with animals and may not admit to being bitten or scratched.
- If you are travelling to a location where quality medical care may not be available immediately after being bitten/scratched by an animal.
 - (Unvaccinated people need immunoglobulin within 24 hours of an animal injury, and this medication is scarce in some countries. If you are pre-vaccinated, you do not need this immunoglobulin after an injury.)
- If contact with dogs, monkeys or other potentially rabies-carrying animals is likely.

Jogging increases your risk of dog bite.

Typhoid fever

Recommended for all travellers and international assignees.

Routine Vaccinations

Influenza

Influenza occurs in:

- Temperate southern hemisphere: April to September.
- Temperate northern hemisphere: November to March.
- Tropics: year-round.

Annual vaccination is recommended. Vaccination is especially important for people at higher risk of severe disease. People who are at higher risk for severe disease include:

- People over the age of 65.
- People with underlying health conditions.
- Pregnant women.

Measles-Mumps-Rubella

Vaccinations against measles, mumps and rubella are routine in childhood, and are usually available as a combined vaccine "MMR". See routine childhood vaccination schedules: Australia, Canada, Europe, USA, UK All adults should ensure they are immune to these diseases before they travel abroad. If unsure of your immunity, consult your health professional. You may need to be vaccinated.

Polio

Vaccination against polio is routine in childhood in many countries. See routine childhood vaccination schedules: Australia, Canada, Europe, USA, UK All adults should ensure they are immune to the disease before they travel abroad. If unsure of your immunity, consult your health professional. You may need a *primary vaccination* or a *booster*. Booster recommendations vary by country.

Tetanus-Diphtheria-Pertussis

Vaccinations against tetanus, diphtheria and pertussis are routine in childhood.

See routine childhood vaccination schedules: Australia, Canada, Europe, USA, UK

All adults should ensure they are immune to these diseases before they travel abroad. If unsure of your immunity, consult your health professional. You may need a *primary vaccination* or *booster*. Booster recommendations vary by country.

Varicella

Varicella (chickenpox) vaccinations are included in the routine childhood immunization schedule of some countries. See routine childhood vaccination schedules: Australia, Canada, Europe, USA, UK

All adults should ensure they are immune to varicella before they travel abroad. If unsure of your immunity, consult your health professional.

Malaria

Risk in some areas

Malaria is transmitted by mosquitoes that usually bite from dusk to dawn. Symptoms can develop as early as seven days or as late as several months after exposure. Early malaria symptoms are flu-like and can include fever, sweats/chills, head and body aches, and generally feeling tired and unwell. People also sometimes feel nauseous and vomit or have diarrhoea.

Untreated, malaria can cause serious complications like anaemia, seizures, mental confusion, kidney failure and coma. It can be fatal.

Follow the ABCDEs to minimise malarial risk:

A: Awareness - Be Aware of the risk, the symptoms and malaria prevention.B: Bite Prevention - Avoid being Bitten by mosquitoes, especially between dusk and dawn.

C: Chemoprophylaxis - If prescribed for you, use **Chemoprophylaxis** (antimalarial medication) to prevent infection and if infected reduce the risk of severe malaria.

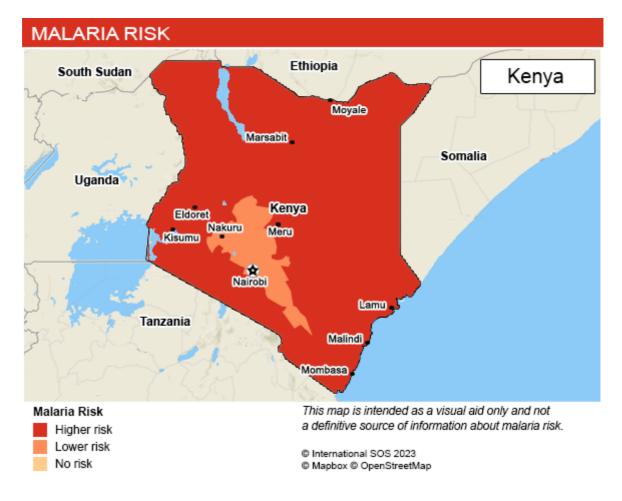
D: Diagnosis - Immediately seek **Diagnosis** and treatment if a fever develops one week or more after being in a malarial area (up to one year after departure).

E: Emergency - Carry an **Emergency** Standby Treatment (EST) kit if available and recommended (this is the kit which contains malaria treatment).

Malaria transmission occurs throughout the year in coastal counties of Kilifi, Kwale, Lamu, Mombasa and Taita-Taveta; and counties near Lake Victoria including Bungoma, Busia, Homa Bay, Kakamega, Kisumu, Migori and Siaya. Seasonal transmission is seen in counties in western highlands with high risk of epidemics. The arid and semi-arid areas of northern and central parts of the country experience short spells of malaria transmission associated with rainy months. There is low risk of malaria in counties of central highlands including Kiambu, Kirinyaga, Laikipia, Machakos, Makueni, Murang'a, Nairobi, Nakuru, Nyandarua and Nyeri.

Prevention:

- mosquito bite avoidance
- medication: consult your travel health doctor for an individual recommendation. Some authorities recommend preventive medication if visiting the risk areas



Yellow Fever

Yellow fever vaccination recommended and proof is required for specified travellers for entry

Kenya is a country with a risk of yellow fever transmission. A yellow fever vaccination certificate is *required* for entry for anyone \geq 1 year of age arriving from a country with a risk of yellow fever transmission. Vaccination is *recommended* for all travellers ≥ 9 months of age travelling to Kenya, except vaccination is *generally NOT recommended* for travellers only visiting the following areas; the cities of Nairobi and Mombasa, the entire North Eastern Province, or the states of Kilifi, Kwale, Lamu, Malindi and Tanariver in Coastal province.

See the map of vaccination recommendations.

For onward travel: You may be required to show proof of vaccination upon departure and your next destination, including your home country, may require a vaccination certificate for entry.

(Discuss vaccination with your travel health professional well in advance of your trip. The certificate becomes valid 10 days after vaccination and is valid for the life of the traveller. Note that vaccination requirements may change at any time; check with the relevant embassy or consulate for your destination. Occasionally border authorities request a valid vaccination certificate although it may not be required under the official policy.)

Yellow fever is caused by a virus spread through mosquito bites. The symptoms range from a mild flu-like illness to a severe haemorrhagic fever with organ failure. It is prevented through vaccination and preventing mosquito bites.

Vaccination provides life-long protection. It is only available through designated yellow fever vaccination clinics. They will issue a signed and stamped International Certificate of Vaccination or Prophylaxis (ICVP) which becomes valid 10 days after the vaccination, and is valid for the lifetime of the person vaccinated.

Many countries require proof of vaccination for entry. If proof is not available, authorities may deny entry, mandate vaccination or may monitor your health. Some countries require proof of vaccination when departing. Always check the relevant location guide, or ask the consulate or embassy for the requirements, several weeks prior to your trip.

View Yellow Fever Infographic Poster PDF

The Disease

Yellow fever is a potential fatal viral disease which is spread through mosquito bites. It is one of the 'viral haemorrhagic fevers'. It occurs in some countries of Africa and South America. There is no specific treatment available, hence prevention through vaccination and preventing mosquito bites is critical. Many countries require travellers to show proof of vaccination in order to enter.

Transmission

The virus is carried by certain mosquito species (*Aedes* and *Haemogogus*), which tend to live around houses, or in jungles, or both environments. People (and monkeys) are infected through mosquito bites. When the virus moves into urban areas, large outbreaks can occur in humans if a large proportion of the population has not been vaccinated and is not immune.

Symptoms

Some people never develop symptoms after being infected. For those who do become ill, the first signs usually appear three to six days after the mosquito bite. These are often a sudden headache and fever, and "flu-like" symptoms that can include fatigue, muscle pain, back pain and sometimes nausea and vomiting. Most people recover in about four days. However within 24 hours after appearing to improve, about 15% progress to a serious toxic form of the disease. High fever, abdominal pain, vomiting, and jaundice, which turns the skin and eyes yellow (hence the name "yellow fever") can occur. The illness can progress to haemorrhagic (bleeding) symptoms and organ failure. Between 20%-50% of people who have a severe case of yellow fever die from the disease.

Diagnosis

The diagnosis is made through highly specialised laboratory testing of blood and tissue samples.

Treatment

There is no specific treatment for yellow fever. Patients are managed with supportive therapy. In severe cases hospitalisation and intensive care is required.

Prevention

Prevention is through preventing mosquito bites, and vaccination. **Prevent mosquito bites:**

- When outdoors, wear clothing that covers most of your body (long sleeves, long pants, socks and covered shoes).
- Consider treating clothing with an insecticide. These are available as both soaks and sprays, and usually last through several washings. Always follow the manufacturer's instructions.
- Use an effective insect repellent that contains DEET, Picaridin, PMD, or IR3535. In general, the higher the concentration of the active ingredient in a product, the longer it lasts and hence the more effective it is. Reapply after swimming or excessive sweating.
- Stay away from mosquito breeding areas, such as stagnant water.
- Avoid using perfumes and wash off sweat as both attract mosquitoes.

- Consider using a bed net impregnated with insecticides.
- Ensure windows are covered with fly-wire. Use "knock-down" insect spray to kill mosquitoes in your room.
- Choose air-conditioned, well-screened accommodation, if possible.

Vaccination: An effective vaccine is available, which contains live but weakened virus. Vaccination provides protection to most people within about 10 days, and this climbs to almost everyone by 30 days. A single vaccination provides life-long immunity in most people. There are precautions and contraindications to vaccination, and not everyone can receive the vaccine. Yellow fever vaccination is only available through designated yellow fever vaccination clinics. They will issue a signed and stamped International Certificate of Vaccination or Prophylaxis (ICVP) which becomes valid 10 days after the vaccination, and is valid for the lifetime of the person vaccinated. **Proof of Vaccination for Entry / Exit requirements**

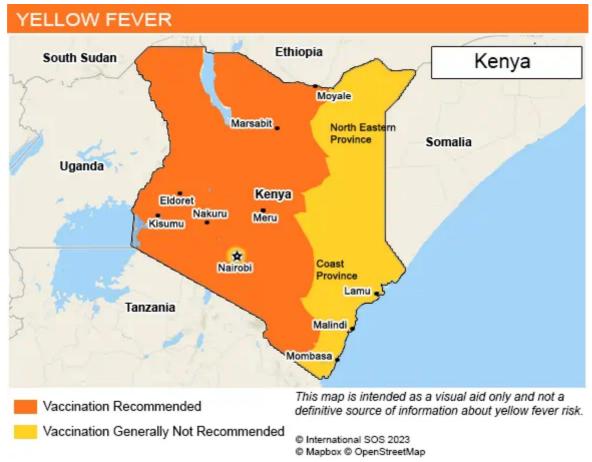
Proof of Vaccination for Entry / Exit requirements

Many countries require proof of vaccination in order to enter – these are places where yellow fever exists, but also places that do not have yellow fever but have mosquitoes which are capable of being infected. If proof is not available, authorities may deny entry, mandate vaccination or may monitor your health. Some countries require proof of vaccination when departing. Requirements are specific for each country, and can vary depending on where the trip originated. Always check the relevant location guide, or ask the consulate or embassy for the requirements, several weeks prior to your trip. If vaccination is required for entry/ exit purposes but is medically contraindicated or not recommended, the doctor will complete the "Medical Contraindications to Vaccination" section of the ICVP. In addition they can issue a medical waiver letter. The waiver should be written on letterhead stationery, signed and stamped by the doctor, clearly stating the reason the vaccination was not administered. Generally waivers are given for a specific trip and subsequent waivers need to be issued for further trips.

Risk to Travellers

The risk of acquiring yellow fever is higher in Africa than in South America, but the risk varies greatly according to location and season. In West Africa, peak transmission is late in the rainy season and early in the dry season (July-October). Transmission is highest during the rainy season (January-March) in Brazil. However, people can get the disease any time of year.

CDC Yellow fever information CDC Yellow fever vaccine There is a risk of yellow fever in most of Kenya. However there is a low potential for exposure in the entire North Eastern province, the states of Kilifi, Kwale, Lamu, Malinidi and Tanariver in Coast province and the cities of Nairobi and Mombasa.



Health Threats

Anthrax

Anthrax is an acute infectious disease caused by the spore-forming bacterium *Bacillus anthracis.* It most commonly occurs in hoofed mammals, though humans can also become infected. The serious forms of human anthrax are cutaneous anthrax, inhalation anthrax and intestinal anthrax. Symptoms of anthrax are different depending on the mode of infection. Generally, symptoms develop within seven days of exposure. *Cutaneous anthrax* is a skin infection and accounts for 95% of all naturally-occurring anthrax infections. The main risk factor is contact with animal hides or hair, bone products, and wool. The disease can also be spread through contact with infected animals. Hence, the populations most at risk for anthrax include farm workers, veterinarians, and tannery and wool workers.

Bacteria infects a person through cuts or abrasions on their skin. An itchy skin lesion, similar to an insect bite, then develops - usually within two weeks of exposure. This lesion may later blister and then break down, resulting in a black ulcer. The ulcer is frequently painless but surrounded by significant swelling. Sometimes painful lymph nodes may develop. Often, a scab forms, then dries and falls off within two weeks. In 20 percent of untreated individuals, the infection may spread through the bloodstream and become fatal. However, death is extremely rare among individuals who receive appropriate treatment.

Initial symptoms of *inhalation anthrax* infection may resemble a common cold. After several days, the symptoms may progress to severe breathing problems and shock. Inhalation anthrax is often fatal.

Intestinal anthrax may follow the consumption of contaminated food and is characterized by acute inflammation of the intestinal tract. Initial signs of this disease are nausea, loss of appetite, vomiting and fever. These are followed by abdominal pain, vomiting of blood and severe diarrhea.

Direct person-to-person spread of anthrax is extremely unlikely; it may not even be possible. Therefore, there is no need to immunize or treat people who have been in contact with infected people unless they also were also exposed to the same source of infection (usually, a sick animal).

People who have been exposed to anthrax can take antibiotics to prevent infection. It is necessary to treat anthrax infections early; a delay lessens chances for survival. Anthrax usually is susceptible to penicillin, doxycycline and fluoroquinolones.

An anthrax vaccine can also prevent infection. Vaccination against anthrax is not recommended for the general public and is not available.

Anthrax outbreaks occur associated with eating contaminated meat, especially beef. However cases have also been linked to contaminated hippo meat.

MERS CoV

Middle East respiratory syndrome (MERS-CoV) is a viral illness that was first identified in 2012 in Saudi Arabia. It is from the same family of viruses as SARS (Severe Acute Respiratory Syndrome). The virus is present in bats and camels. People may be infected through direct contact with these animals OR through respiratory droplets from an infected person to others in close contact with them. Symptoms begin 2 to 14 days after someone is exposed and include severe respiratory (breathing) problems, fever and cough. In some cases, diarrhoea and abdominal pain are additional symptoms. The majority of cases originate from the Middle East and the death rate is between 30-40%. In most fatal cases people have an underlying medical problem. There is no specific treatment and no vaccine available for MERS-CoV. Prevent infection through good hygiene measures such as frequent hand washing, avoiding touching your face, keeping some distance from people who are coughing, sneezing or appear sick and in the Middle East avoiding unnecessary contact with live animals and consuming raw camel products. See the MERS-CoV pages of the Pandemic Preparedness website for more details.

MERS-CoV has been detected in camels in Kenya, and research evidence suggests possible human infections in recent years.

Rabies

Rabies is a viral disease contracted when bitten or scratched by an infected (rabid) animal, often a dog. Once it enters the body, the virus travels along nerves and causes paralysis. As it reaches important organs like the spinal cord and the brain, it causes coma and death.

In countries where rabies is present in animals or bats, ALL animal / bat bites, scratches and licks to broken skin must be treated seriously. Rabies vaccination is very effective in preventing rabies, even after a bite/scratch by a rabid animal.

Rabies vaccination

Pre-exposure vaccination is often recommended for expatriates and longterm visitors to destinations where rabies is present. It's especially recommended if quality medical care may not be available after being bitten or scratched by an animal. Pre-exposure treatment can be especially useful for children, since they may not tell their parents that they have been bitten/scratched.

Pre-exposure vaccination makes it easier to treat a bite or scratch. That's important because some types of rabies treatment can be in short supply in many countries, even in cities.

If bitten, scratched or licked (on broken skin) by an animal:

- Immediately cleanse the wound with soap and water and a povidoneiodine solution if available.
- Seek medical advice from a qualified source or your assistance company.
- Notify local health authorities immediately. You may need *post-exposure vaccination*, even if you have had pre-exposure vaccination. (THIS CAN BE LIFE SAVING.)

Rabies is a serious concern. The virus is present in dogs and other animals including bats, cats, cows, goats, horses, hyenas, jackals and zebras. Human cases occur commonly.

Rift Valley fever (RVF)

Rift Valley fever (RVF) is a viral disease that usually infects domestic animals such as cattle, sheep, goats, buffalo and camels. The virus sometimes transfers to humans, usually causing a mild flu-like illness that goes away within a week. However, in some cases the illness can be deadly. Humans can get the disease through the bite of an infected mosquito or other bloodsucking insect. They can also contract it via contact with the blood, organs, or bodily fluids of infected animals. Such contact most often occurs while caring for or slaughtering animals, or handling meat for food preparation. The virus can enter a person's body through contact with broken skin or via inhalation.

Some people infected with RVF will have no symptoms. Others will have a mild, flu-like illness with fever, weakness, muscle and back pain and dizziness. Some patients also develop meningitis-like symptoms: neck stiffness, sensitivity to light (photophobia) and vomiting. In severe cases, people may develop a haemorrhagic fever. This can cause severe liver disease, yellowing of the eyes and skin (jaundice), and signs of bleeding including blood in the faeces and vomit, bleeding gums and a rash. About 50 percent of those who develop haemorrhagic fever die. Other severe effects include encephalitis (brain inflammation) and eye disease. Both of these complications occur one to three weeks after symptoms first appear. Encephalitis can cause headache, seizure, coma or death. Eye inflammation and sores can result in permanent vision loss.

There is no specific treatment for RVF. Although a vaccine has been developed, its use is still experimental and it is not commercially available. Prevention is through avoiding contact with potentially infected animals, and insect bites.

The disease is named after the Rift Valley in Kenya where it was first discovered in 1931. Sporadic outbreaks occur.

African Sleeping Sickness

African sleeping sickness (sometimes called *African trypanosomiasis* or *human African trypanosomiasis*) is a parasitic disease that can be fatal if left untreated. It is spread by the bite of the tsetse fly, which is about the size of a honeybee and gray-brown in color.

Early symptoms include fever, skin lesions and a rash. The lymph nodes in the neck often become enlarged and swollen. Early diagnosis and treatment can minimize the risk of developing more serious symptoms. Untreated, the disease progresses to affect the patient's brain. This can cause confusion, personality changes and disturbed sleep cycles, with excessive daytime fatigue and nighttime insomnia. Coma and death can occur. No vaccine is available. Prevent infection by avoiding Tsetse fly bites. Ask local inhabitants which areas are infected, and avoid these areas. Tsetse flies are attracted to moving vehicles and dark, contrasting colors. They are **not** affected by insect repellent and can bite through light-weight clothing. If you must visit an affected area, wear medium-weight clothes with long sleeves, long pants and socks. Choose neutral colors that blend with the background environment.

African sleeping sickness was first detected in Kenya in 1901. The highest risk areas are in the western region, the Lambwe Valley, Nyanza region, and near the border with Uganda. The Tsetse fly, which carries the disease, is present throughout most of the country.

Chikungunya

People can get chikungunya if they are bitten by a mosquito carrying the virus. About four to seven days later, the infected person develops a sudden fever and severe joint pain. Pain is especially common in the knees, ankles, small joints (especially in hands and feet) and any previously injured area. Other common symptoms are a rash and headache.

There is no specific cure for the disease. Recovery takes several weeks. The best way to prevent chikungunya is to prevent mosquito bites. Wear long sleeves and long pants and use insect repellents to prevent mosquito bites. A vaccine named IXCHIQ is approved in the United States and Canada for people 18 years and older at increased risk of infection.

Cases were first detected in 1966. Outbreaks have occurred in multiple locations since that time. The 2018 outbreak affected multiple locations and had more than 1,400 cases. Risk is greatest during the rainy seasons which occur from March to May, and again from October to December.

Crimean-Congo Fever (CCHF)

Crimean-Congo haemorrhagic fever (CCHF) is a viral disease that affects animals and humans. It is transmitted to humans by an infected tick bite or upon direct contact with an infected person or animal's blood and other fluids or tissues. Symptoms occur within one to twelve days of exposure to infection. The illness presents with fever, chills, headache, body ache and haemorrhage (bleeding). Continued bleeding leads to shock and death about ten days after symptoms begin. Around 40 per cent of all infected people die. If the patient survives, recovery is long and slow.

The risk to travellers is low. High-risk groups include agricultural workers, healthcare workers, military personnel, and people who camp in rural areas. Prevention is mainly by avoiding tick bites. Wear long sleeves and long pants and use insect repellents. There is no safe, effective, and widely available vaccine for CCHF.

The first human case was reported in a famer from th western region in 2000. Risk to travellers is higher in rural areas, and when engaging in outdoor activities in forested areas.

Dengue fever

Dengue, or "break-bone" fever, is a viral disease of the tropics and subtropics. It is transmitted by the *Aedes aegypti* and *Aedes albopictus* mosquitoes that bite during the daytime and are found in and around human habitation. Transmission from mother to child is possible during pregnancy or birth. Symptoms include high fever, severe headaches, joint and muscle pain, nausea and vomiting. A rash often follows. The acute illness can last up to ten days, but complete recovery can take two to four weeks.

Occasionally, a potentially fatal form of dengue called severe dengue (previously known as dengue hemorrhagic fever or DHF) occurs. Severe dengue is more likely in infants and pregnant people, as well as for people who have been infected in the past and are infected again with a different strain of dengue. When a pregnant person is infected there is a risk of preterm birth, low birth weight and foetal distress. About 2 to 3 out of 100 severe dengue cases are likely to be fatal.

Prevention is through avoiding mosquito bites. There are two commercially available dengue vaccines approved in a few countries. Dengvaxia is generally only used in people with previous dengue infection while Qdenga can be considered for people without a history of dengue infection. The first case was reported in 1982. Since that time Dengue has become widespread. The risk to travellers is present year-round. Risk is higher during the rainy season, from April to October, and in areas below 2,300 meters (7,500 feet) elevation. Outbreaks have occurred almost every year since 2017.

Filariasis

Filariasis is a parasitic disease, also sometimes called "elephantiasis". It is caused by microscopic, thread-like worms that are spread via mosquito bites. Larvae enter the skin when a person is bitten, then travel to the lymph nodes, where they develop into adult worms. The adult worms reproduce (creating microfilaria) then migrate further in the tissues and circulate in the blood causing a variety of symptoms.

Initial symptoms include skin redness and swollen lymph nodes in the arms and legs. Headache, weakness, muscles pain, coughing, wheezing and fever are also common.

People who are repeatedly bitten by mosquitoes over several months or years are at risk. Thus, short-term travellers are at low risk. Nevertheless, all travellers should prevent insect bites.

Risk is present throughout the country year-round, peaking during the rainy seasons from April to October. Annually, more than 250,000 cses have been reported each year since 2016.

Risk is highest for long-term travellers, and those spending time in rural areas.

Leishmaniasis

Leishmaniasis is a disease caused by a parasite that can infect humans, dogs, rodents and other small animals. It is transmitted by sandflies that bite mainly between dusk and dawn and can occur in both rural and urban environments. Sandflies breed quickly in unsanitary conditions, and the spread of the disease is exacerbated by war, chronic food shortages and urbanisation activities like deforestation and building of dams and irrigation systems, changes in temperature, heavy rainfall and population movement. The disease can manifest in one of the three forms, cutaneous (is the most common form and causes skin ulcers), mucocutaneous (is a rare form which affects the inner parts of the nose and mouth) or visceral (which is the more severe form and can lead to death). There is no vaccine or drug to prevent leishmaniasis.

Prevention

The only way to avoid leishmaniasis is to prevent sandfly bites.

- Minimise outdoor activities from dusk to dawn- this is when sand flies are most active.
- Use protective clothing and insect repellent.
- Consider using an insecticide-treated bed net with *fine mesh* if there are sandflies in your living quarters. The standard bed nets used to prevent malaria are not effective, as sandflies are about one-third the size of mosquitoes and can fly through the malaria nets.
- Note that sandflies are small and do not make noise while flying. This makes it difficult to determine whether they are in your environment. Their bites cause mild symptoms and might not be noticed.

Visceral leishmaniasis cases are reported each year, particularly in semi-arid and arid areas of Rift Valley, Eastern and North Eastern regions of Kenya. Counties that have recorded transmission include Marsabit, Mandera, Garissa, Turkana, West Pokot, Baringo, Isiolo, Wajir, Kitui, and Nyandarua. Several outbreaks have occurred in the country.

Onchocerciasis

Onchocerciasis, also known as "river blindness", is caused by parasitic worms. The disease is mainly found mainly in parts of tropical Africa, though several non-African countries are also affected. Humans contract the disease via fly bites. Once introduced into the human body, the worms enter the bloodstream and mature in nodules under the skin. Later, large numbers of microscopic larvae (called microfilariae) are released. These migrate within the body.

Prevent insect bites to avoid infection.

Tick bite fever

Tick bite fever (TBF) is part of a group of illnesses collectively called "spotted fevers". People get the disease when bitten by an infected tick. Most commonly, these ticks are carried on animals such as cattle, rodents and dogs.

Typically, TBF causes a fever, rash and an "eschar" where the tickbite occurred. (An eschar is a black mark on the skin surrounded by an inflamed red area.) Most people only become mildly ill. However, the disease is occasionally severe or fatal. It can be treated with antibiotics. There is no vaccine or medication to protect people against TBF infection. Avoid tickbites to prevent TBF and other tickborne illnesses.

Zika virus

Zika fever is a viral disease, mostly transmitted to people by mosquito bites, but also from one person to another through sexual contact. Symptoms can be mild and include fever, rash, muscle and joint pains, red eyes (conjunctivitis). However, infection during pregnancy can cause severe complications, including miscarriage and permanent birth defects (congenital Zika syndrome). No specific treatment or vaccine is available. Prevent infection through mosquito bite avoidance. Prevent sexual transmission through condom use or abstinence.

The mosquito that transmits Zika is present. There is research evidence of Zika virus exposure to the human population in Kenya in 1970. Later research shows people have probably been infected with Zika in parts of Kenya in recent years.

COVID-19

COVID-19 is predominantly a respiratory illness, caused by the SARS-CoV-2 virus. Transmission is from person to person via contaminated respiratory droplets. People are infected when these droplets are inhaled or land directly on the mouth/nose/eyes, or indirectly when transferred by touching contaminated surfaces and then touching the mouth/nose/eyes. Most people will develop a mild to moderate illness only which lasts up to two weeks, or have no symptoms. Symptoms vary greatly. Common symptoms include fever, cough and sore throat. Sometimes there is a loss of or change in the sense of smell or taste. The illness can progress to being severe and can be fatal. Older people and people with underlying health conditions are at higher risk of severe disease and death. Antiviral treatment is available and is particularly important for people at higher risk of severe illness. Some people may continue to have symptoms that last for weeks or months after the initial infection has gone.

Prevention is through vaccination, hand hygiene, and physical distancing. Wearing a mask, and ensuring adequate ventilation in enclosed spaces can reduce the risk of infection.

The first case was reported in mid-March 2020. See the COVID-19 pages of the Minsitry of Health website here, and the WHO COVID-19 Dashboard here.

Meningitis - meningococcal

Meningococcal disease is a severe, often fatal, bacterial infection. People can contract the disease if they inhale droplets that have been coughed or sneezed into the air by an infected person. Direct contact with an infected person's throat secretions (e.g. through kissing, sharing drinks) can also spread the disease.

The bacterium invades the brain and its linings (meningitis) and can multiply in the blood (septicemia). A characteristic red, blotchy rash occurs all over the body in most serious cases. Symptoms include fever, intense headache, vomiting, neck stiffness and progress to coma. It is essential that infected people receive antibiotics quickly, as the disease progresses rapidly and can cause permanent brain damage or death.

The risk to travelers is mainly limited to areas of equatorial Africa and pilgrims to Mecca (Saudi Arabia), but an epidemic can occur in any country at any time. Typically, epidemics of meningococcal disease occur among people who live in close quarters.

Vaccines against some strains of the disease are available. People who have been in close contact with an infected person should be promptly treated with preventive antibiotics.

Meningococcal meningitis is present throughout the country. The first recorded epidemic occurred in 1989 affecting 3,800 people. Risk is highest in the northwest region of Kenya, along the borders with Ethiopia, South Sudan, and Uganda. For travellers, risk is greatest for longterm stays such as work assignments, men who have sex with men, and in those who attend large events such as conferences or sporting events.

MERS CoV

Middle East respiratory syndrome (MERS-CoV) is a viral illness that was first identified in 2012 in Saudi Arabia. It is from the same family of viruses as SARS (Severe Acute Respiratory Syndrome). The virus is present in bats and camels. People may be infected through direct contact with these animals OR through respiratory droplets from an infected person to others in close contact with them. Symptoms begin 2 to 14 days after someone is exposed and include severe respiratory (breathing) problems, fever and cough. In some cases, diarrhoea and abdominal pain are additional symptoms. The majority of cases originate from the Middle East and the death rate is between 30-40%. In most fatal cases people have an underlying medical problem. There is no specific treatment and no vaccine available for MERS-CoV. Prevent infection through good hygiene measures such as frequent hand washing, avoiding touching your face, keeping some distance from people who are coughing, sneezing or appear sick and in the Middle East avoiding unnecessary contact with live animals and consuming raw camel products. See the MERS-CoV pages of the Pandemic Preparedness website for more details.

MERS-CoV has been detected in camels in Kenya, and research evidence suggests possible human infections in recent years.

Tuberculosis (TB)

Tuberculosis (TB) is a serious bacterial disease. The bacteria can be coughed or sneezed into the air by an infected person. Most people who contract TB have had prolonged, close, exposure to an infected person. Family members, close friends and healthcare workers are most at risk. People with compromised immune systems, babies and children, those travelling to or living in countries with high TB rates, smokers and those who consume alcohol or other substances and those residing in group accommodation (such as prisons or nursing homes) are also at higher risk.

Active TB causes a variety of symptoms that are sometimes vague, but often include prolonged cough, chest pain, weakness, lack of appetite, weight loss, fever, chills, night sweats, tiredness, and lack of energy. Latent (inactive) TB causes no symptoms.

Tuberculosis is diagnosed by evaluating a patient's risk factors for exposure to TB, clinical symptoms, chest X-rays, CT scan, tuberculin skin testing and examination of sputum or secretions which may contain the bacteria. Most strains of TB can be treated with antimicrobial drugs. Up to four different types of medicines may be used together to treat a patient. If left untreated, active TB can be life-threatening. Some forms of TB have become resistant to drugs (MDR TB), and some forms are extensively resistant to drugs (XDR TB). These forms are hard to treat.

A vaccine, Bacillus Calmette-Guerin (BCG) is available. It protects children against severe TB. Some authorities recommend vaccinating children up to 16 years old or for travellers who may live or travel for three months or more to places with higher rates of TB infection or with the risk of multi-drug resistant TB. It must be discussed on an individual basis with your own health care provider. Avoid enclosed or crowded environments where there are known TB patients, such as hospitals and prisons, whenever possible. People who must enter such places, such as health care workers, should wear specially fitted personal respiratory protective masks (such as the N-95 mask). Other ways to prevent the spread of TB include early identification, isolation and treatment of active cases, spreading awareness of symptoms to ensure people seek medical care early and ensuring that people on treatment take their medication and complete the entire course.

The World Health Organization (WHO) has designated Kenya a "high burden country" for tuberculosis. The country falls in the "endemic" incidence category for tuberculosis with an estimated 237 cases per 100,000 population in 2022. BCG vaccination is given at birth and is included in the country's immunisation schedule.

International assignees or frequent travellers should consider consulting their doctor as TB screening may be offered.

Air Pollution

Poor air quality, also known as "haze", "smog" and "air pollution", can negatively impact one's health. Some groups are especially vulnerable to problems caused by polluted air. These include children, the elderly and anyone with underlying chronic health problems such as heart disease, emphysema, bronchitis or asthma.

The chemicals in polluted air can affect the lungs resulting in wheezing, coughing, shortness of breath and even pain. Polluted air can also irritate the eyes and nose, and may interfere with immune system function. Long-term exposure can result in reduced lung function, particularly in children. It can also lead to lung cancer.

Limiting exposure to polluted air is the best way to prevent health problems. When air quality is poor, it may be advisable to avoid outdoor physical activities. While indoors, keep doors and windows closed, and use an air conditioner on 'recirculate' if possible. If the air quality is frequently problematic, consider using an air cleaner. During particularly bad periods, you may want to wear a mask while outside. Ask your healthcare provider before using a mask, especially if you have underlying health conditions. See the International SOS Air Pollution website - use your membership number to log in.

Altitude

Altitude illness is a potentially fatal condition that can affect people who normally live at a low altitude and travel to higher altitudes. It can occur from elevations of 1,500 meters onwards but is more common at elevations above 2,500 meters (8,000 feet).

People most at risk are those who have experienced altitude illness before, people who have heart or lung problems and people under the age of 50. There are three different types of altitude illness: Acute Mountain Sickness (AMS), High Altitude Cerebral Edema (HACE) and High Altitude Pulmonary Edema (HAPE). AMS is the most common and mild form of altitude illness. HACE and HAPE are more severe. HACE is a medical emergency and if not treated and managed quickly, can result in coma and death. Management of altitude illnesses involves immediate descent and oxygen treatment. Most people who are affected, even those who develop HACE or HAPE, recover completely if moved to a lower elevation. There are medicines that can be administered by trained medical professionals.

Anyone travelling to high altitudes, especially higher than 2,500 meters, should be aware of and recognise the symptoms of altitude illness. See your travel health professional before departure, for individual advice on preventive measures, especially if you have ever suffered altitude sickness in the past, or if you have an underlying medical condition.

Most of Kenya is low-lying but the country has mountainous regions to the southwest bordering the Great Rift Valley. Near the centre, the nation's highest point is Mount Kenya is 5,199m (17,057ft) above sea level. Elevated population centres include the capital Nairobi at 1,795m (5,889ft), Meru (city) at 1,600m (5,300ft) and Eldoret at 2,100m (6,889ft).

Volcano

There are several types of volcanic eruptions and some pose a major threat to health. One such eruption is volcanic ash fall. Ash is made of fine particles of rock and minerals and is gritty and abrasive. It can carry for many kilometres through the air. Approaching ash clouds resemble ordinary weather clouds, and are sometimes accompanied by lightning or thunder. They bring a sulfur smell into the air.

When the ash finally falls, it settles in a dust-like covering. The "dust", however, is hard and abrasive. It does not dissolve in water, and it conducts electricity. It becomes more conductive when wet. Heavy ash falls can cause roofs to collapse and can lead to high levels of respirable ash in the air people breathe.

Most commonly, people get a runny nose and sore throat, sometimes with a dry cough. Because the ash is gritty, it can cause skin and eye irritation. People should minimize exposure to ash, those with chronic bronchitis, emphysema, asthma and other respiratory conditions should be especially vigilant since their symptoms can worsen.

Cholera

Cholera is a diarrhoeal disease. People get sick when they consume food or water that has been contaminated by the faeces of an infected person. The most common symptom is severe watery diarrhoea, often called "rice-water" stools. Vomiting is also common.

Most cholera infections are relatively mild. People recover on their own by keeping well-hydrated. About 1 in 10 of all infected people will suffer severe illness, which can cause life-threatening dehydration. These cases are treated with oral and/or intravenous fluid replacement and antibiotics.

Most travellers have a low risk of cholera, as following food and water precautions is usually sufficient to prevent the disease.

Healthcare and relief workers who travel to areas of cholera outbreaks and have limited access to safe water are at higher risk. They should consider vaccination against cholera.

Cholera is persistently present in Kenya, and outbreaks occur frequently. The disease has been reported at least from Coast, Eastern, Nyanza & Rift Valley provinces.

Hepatitis A

Hepatitis A is a viral disease that causes liver inflammation. The virus is present in the faeces of an infected person. It spreads through contaminated food and water and is common in areas with poor sanitation. Person-toperson spread also occurs, when the virus is inadvertently transferred into the mouth, including during sexual activity. People at higher risk of infection include men who have sex with men, illicit drug users and people with liver disease.

Not everyone gets symptoms. If symptoms do occur, they begin two to four weeks or more after infection and can last for weeks or months. Symptoms include fever, fatigue, loss of appetite, diarrhoea, nausea/vomiting, abdominal pain/discomfort, jaundice (yellow colour of the skin and eyes), dark urine, claycoloured stool, joint pain and itching. Many infected people suffer only a mild illness. Most cases recover fully after four or more weeks. However, for some, the disease can be severe, and occasionally is fatal. There is no specific treatment and cases are managed through supportive therapy. Prevention is through vaccination, attention to hygiene, and access to safe food and water.

Polio

Polio is a highly infectious disease caused by poliovirus and is spread from person to person. People can be infected with polio if they eat or drink something that has been contaminated with faeces, particularly in countries with less-developed sanitation systems. In countries with higher levels of sanitation, respiratory droplets coughed by an infected person are an important means of transmission.

Efforts are ongoing to eradicate the disease, which remains endemic (consistently present) in two countries - Afghanistan and Pakistan. The circulating strains include WPV1 (wild poliovirus type 1) and cVDPV (circulating vaccine-derived poliovirus). Most infected people show no symptoms or have only mild ones, including fever, headache, nausea and vomiting. In about one in 200 cases, the virus reaches the central nervous system and causes paralysis.

Polio prevention involves selecting safe food and water, as well as vaccination. Many countries give a primary vaccination against polio during childhood. It entails several doses of oral (OPV) or injected (IPV) vaccine. Unvaccinated people, or those whose vaccination status is unknown, should receive IPV before travelling to areas where polio is a risk. Poliovirus circulates in the country. Infections with circulating vaccine-derived poliovirus type 2 (cVDPV2) have been reported since May 2023. The virus has been detected in the capital city Nairobi and Garissa County.

Travellers diarrhoea

Travellers' diarrhoea is the most common travel-related illness. It usually occurs within the first week away from home. It is spread through contaminated food and water.

Prevention is through choosing safe food and water, and paying attention to hygiene. Select food that is thoroughly cooked while fresh and served hot. Avoid undercooked or raw meat, fish or shellfish. Avoid salad and raw vegetables unless you can wash them with clean (treated) water and you peel them yourself.

Unless you are certain that the tap water is drinkable - choose bottled water and beverages, avoid ice.

Typhoid fever

Typhoid fever is a serious infection caused by *Salmonella typhi* bacteria. People are infected through ingesting contaminated food or water. Choosing safe food and water and vaccination reduces the risk of developing the disease.

Symptoms usually begin one to three weeks after exposure. Although typhoid fever is often called a diarrhoeal disease, some patients do not have diarrhoea. Persistent, high fever is typical. Other early symptoms are flu-like: body aches and pains, weakness, loss of appetite and a continuous dull headache. A rash with pink spots may appear on the chest and abdomen of some patients. In severe cases, perforation of the bowel can cause severe bleeding or infection in the abdomen, which can be fatal.

Typhoid is treated with antibiotics. However there is a growing problem of antibiotic resistance. "Extensively drug-resistant" (XDR) typhoid is present in some locations and does not respond to many of the antibiotics which are usually used against typhoid, making preventive measures even more important.

The first recorded cases were documented in 1944. Risk to travellers is greatest in rural and remote areas. Risk is lower in areas where access to clean drinking water and safe food are available.

Ebola

Ebola is a potentially severe illness, which kills on average 50% of those infected. Wild animals initially spread the virus to humans, though during outbreaks the disease moves from person to person. Ebola is present in the blood and/ body fluids of the infected person. It spreads when someone has contact with these fluids, which may happen when caring for a sick person or through certain funeral practices such as communal washing of the body. This is why the virus often spreads within families, friends and to healthcare providers.

Symptoms develop between 2 and 21 days after someone is exposed to infected bodily fluids. Initial symptoms are sudden fever, weakness, tiredness, muscle pain, headache and sore throat. Vomiting, diarrhoea, rash and abdominal pain follow in most cases. Some people progress to organ failure and bleeding, both internally and externally, which leads to death. There is no cure for Ebola. Supportive treatment (such as intravenous fluids and managing secondary infections) significantly increases a person's chance of survival, especially if medical care is given early in the illness. Several vaccines and treatment are under development and some are being used in outbreak situations with special government permissions.

Ebola outbreaks are controlled by keeping people from infecting one another: people with the disease should stay away from others, ideally in a dedicated Ebola treatment centre. Their contacts should be monitored for illness. Business travellers are at low risk of infection. While in an affected area, pay strict attention to hygiene. Avoid sick people, their bodily fluids and any facilities that are treating suspected Ebola cases. Do not have contact with or eat bats, gorillas, monkeys and other non-human primates. Avoid communal handwashing during funerals or other public gatherings. When possible, avoid funerals entirely. Ebola survivors should either abstain from sexual activity or use condoms until their body fluids test negative for the virus.

A single case of Ebola was reported in Nzoia in 1980. Population studies undertaken at the time found a number of other people with evidence of prior infection.

HIV, Hepatitis B and C, and STIs

HIV/AIDS, hepatitis B, and hepatitis C are spread by contact with bodily fluids (especially blood and semen).

- unprotected sex,
- needle sharing during IV drug use, or
- unsafe blood or medical/dental instruments.

Genital herpes (HSV), genital warts (HPV), gonorrhoea, chlamydia, syphilis and most other sexually transmitted diseases are spread by genital contact. Prevention:

- In many countries, hepatitis B is now a routine childhood immunisation and need not be repeated. All non-immune travellers should consider vaccination.
- Always use new condoms (preferably brought from your home country).
- IV drug users should not share needles.
- Avoid having tattoos or piercings done.
- In healthcare settings, make sure that needles and syringes are sterile and not shared between patients.
- Call International SOS or your corporate medical department if you are hospitalised.
- Be aware of your risk when assisting anyone with an injury. Protect yourself from contact with bodily fluids.
- Seek medical attention within 24 hours if you accidentally come into contact with someone else's bodily fluids.

Schistosomiasis

Schistosomiasis, also known as bilharzia, is a disease caused by parasitic worms that live in freshwater lakes, rivers and rice paddies. It can penetrate the skin of persons who are wading, swimming, bathing or washing in contaminated water. There is no vaccine.

To prevent infection:

- Avoid swimming or wading in fresh water in countries where schistosomiasis occurs.
- Using soap during bathing *reduces* the risk of infection, as does a vigorous rubdown with a towel immediately after contact with contaminated water. Do *not* rely on these methods to prevent schistosomiasis.
- Heat bath water for five minutes at 50°C (122°F).
- Water held in a storage tank for at least 48 hours should be safe.

Risk is present throughout the country, but highest in Kisumu, the Kano Plain, Machakos, and the Tana River region. Risk to travellers is highest in rural areas, and densely populated urban and suburban areas.

Food & Water

Drink bottled water. Care with food.

Food Risk

Food served in large hotels and well-known restaurants should be safe. In coastal areas, fresh seafood should also be safe. Avoid street vendors, because the standard of hygiene may be low and food may not be fresh. Do not buy pre-peeled fruit or salad. Fruit that you wash and peel yourself should be safe. Ensure that milk and other dairy products have been pasteurised.

Water and Beverages

Tap water is unsafe throughout Kenya. Drink only bottled water and carbonated beverages. Avoid ice.

The country is vulnerable to water shortages and faces extreme water stress annually.

Be aware of developments related to water supply, ahead of your travel. During periods of acute shortage, travellers may experience curtailed water supply or rationing of water.

Destination Guide for Kenya



Security

Destination Guide Content

Personal Security

STANDING TRAVEL ADVICE

- Travel to Kenya can proceed with standard security precautions.
- LGBTQ+ individuals should be aware that local laws strictly prohibit LGBTQ+ expression and that protections are limited. LGBTQ+ individuals face a credible risk of harassment and legal ramifications, including fines and jail sentences. LGBTQ+ individuals should adopt stringent security precautions such as keeping a low public and online profile and avoiding same-sex displays of affection. Refrain from expressing opinions on LGBTQ+ issues both in public and online. We recommend seeking itinerary- and profile-specific advice prior to travel.

Kenya (MEDIUM)

- Maintain good personal security to mitigate the risk of petty and street crime. Avoid overt displays of wealth. Carry only small amounts of cash and be discreet when handling cash or using smart phones. Laptops should be carried in a nondescript bag that cannot be easily identified. Other valuables, such as watches and jewellery, should be left in a secure location or concealed. Maintain heightened situational awareness.
- Remain alert when making ATM withdrawals and ensure the machine has not been tampered with by tugging on the ATM card slot and PIN pad to ensure they do not come loose. Cash withdrawals should be undertaken in secure areas, such as in shopping malls, hotels or banks, and during daylight hours. Immediately return to a safe location after withdrawing cash and ensure you are not followed.
- Residents should ensure their accommodation is fitted with robust security features, including perimeter fencing, burglar bars on windows, and a subscription to a residential security systems company, including an alarm system and armed response service. Residents should seek accommodation in upmarket suburbs located away from major roads and should enquire about crime rates in the area in advance.

- Use a trusted local driver for road travel. Do not self-drive unless very familiar with local conditions and avoid travel after dark. All journeys should be conducted in a locked vehicle with the windows rolled up. Do not use buses or minibuses (City Hoppa, KBS or matatus), motorcycle taxis (boda-bodas), unregistered taxis or other forms of public transport.
- Remain abreast of information on volatile gatherings and avoid them due to the credible risk of unrest or clashes between protesters and the security forces. Do not stop to watch or photograph such events.
- Avoid non-essential travel to low-income urban areas due to the prevailing risks posed by high levels of violent crime, periodic outbreaks of communal violence and unrest, and the latent risk of terrorism. If essential, travel should be carried out in daylight hours only and in close co-operation with trusted local partners.
- Cybercrime and surveillance are relevant concerns. Minimise the number of devices brought into the country, ensure all software is up to date prior to travel and run a thorough check on devices upon your return.
- Use a Virtual Private Network (VPN) if connecting to public wi-fi networks. For further information on cybersecurity in Kenya, see our Communications section.

Nairobi (HIGH)

- Contact the Assistance Centre for itinerary-specific pre-travel advice, including for advice on accommodation options.
- High rates of petty and violent crime pose a credible risk to business travellers. Familiarise yourself with the crime risk areas of your destination prior to travel. Even in more affluent areas, minimise travel on foot, walk in groups, and do not walk after nightfall.
- Arms ownership is common. In the event of being accosted, assume that your assailant is armed; do nothing to resist or antagonise the attacker.
- Internationally branded, business-class hotels pose an attractive target for militant attacks, primarily by the Somalia-based Islamist extremist group al-Shabab which has a demonstrated capability to launch attacks in Nairobi. Members should opt for well-located, low-profile hotels with robust perimeter security measures that not only mitigate high crime risks but also pose a less likely target for militant attacks.
- Exercise increased vigilance in the vicinity of 'soft' civilian targets such as hotels, shopping malls and crowded restaurants. If you detect unusual behaviour or see suspect packages, leave the area immediately and notify the nearest member of the security forces.
- Minimise time spent in the vicinity of government buildings, diplomatic missions and security force installations.

North-western Kenya (the counties of Baringo, Turkana, West Pokot, Samburu, Marsabit and Isiolo) (HIGH)

- Contact the nearest Assistance Centre for itinerary-specific advice.
- People should travel to and within these counties by air where it is possible to do so. If road journeys are unavoidable, only conduct movements during daylight

hours under strict journey management procedures, and with a trusted, preferably local, guide. Travelling in convoy provides additional backup. Vehicles should be equipped with reliable communications, extra fuel, spare tyres, and plenty of water. Avoid making long stops on the side of the road or in roadside towns.

- Carry a satellite phone in northern areas, where network coverage can be unreliable in some rural areas.
- In the event of disturbances or warnings of communal violence or banditry, travellers should leave the affected area and immediately move to secure accommodation where they should remain until the situation has stabilised.
- Closely monitor weather forecasts for heavy rain and flooding, and prepare alternate routes or be prepared to postpone or cancel travel, as many roads are unpaved and can wash out in rainy season.
- Emergency response capabilities are severely restricted in these areas; members should have security support and contingency plans for a range of scenarios.

Counties bordering Somalia (Mandera, Wajir, Garissa and Lamu) (HIGH)

- There are credible risks of militancy, inter-communal violence, crime and kidnapping in these areas.
- Essential travel requires a specific pre-travel threat assessment, security support and in certain cases, a government security escort.
- Travel to Lamu Island and Manda Island must be conducted by air via Manda Airport (LAU), and boat transfers to Lamu Island should be pre-arranged with an accommodation provider.
- Overland travel should be avoided where possible; international assignees and workforce should travel by air as far as it is possible to do so. Short-distance overland travel should be conducted in convoy with security support and with a reasonable distance between vehicles, particularly if supported by a government security escort.
- Be aware of your surroundings, particularly on isolated roads or nearby to members of the security forces. Report any suspicious activity or unnatural ground disturbance to the authorities or convoy leader.
- People conducting essential travel should consider taking hostile environment training, so it is easier to identify and manage threats while travelling in the area.
- Be prepared to respond in the event of an attack; seek immediate cover and only move if in immediate danger, and be sure to head away from the point of attack. Once in a safe area, stand fast and immediately inform someone (either project coordinator, security support or a member of the security forces) of your location and wait for assistance.
- Anticipate stringent security measures due to the high occurrence of militant and bandit attacks; carry relevant identification documents at all times to ease passage through any security checkpoints.

Crime

Violent crime common

CRIME

Crime poses a serious risk to foreign nationals and locals. Nairobi and Mombasa account for almost half of reported crimes in the country, and the prevalence of incidents contributes to the HIGH travel risks associated with the capital. However, Kenya's provincial cities and towns also have high rates of crime compared with other urban centres in East Africa. Crime is particularly common in low-income urban areas. Affluent residential communities are often targeted in more sophisticated criminal attacks such as home invasions. Criminals are highly likely to be armed and resort to violence if resisted. Amid deepening economic challenges from domestic and global factors and the availability of weapons, crime rates will likely continue to increase over the coming year. The most common crimes include:

Street crime and opportunistic theft

Opportunistic snatch-and-grab thefts and street muggings are the most reported crimes. Such crimes often occur in crowded public areas, such as central business districts, markets, or transport hubs. However, the risk remains in all other areas. Criminals have also been known to masquerade as hotel employees or police officers, and sometimes stop foreign nationals for so-called identity checks before extracting money. ATM crime is an increasing concern and muggings at cash machines occur frequently. Card skimming is also regularly reported; criminals attach a fake card reader on top of ATMs to record users' card details. Other tactics include the use of closed-circuit television (CCTV) cameras to view the PIN number before stealing the victim's card and withdrawing cash from the account. Criminals have been known to damage ATMs in secure locations to force foreign nationals and business travellers to use ATMs situated in more vulnerable locations.

Armed robbery

Armed robberies are increasingly prevalent in major urban centres. Organised gangs normally conduct such crimes after nightfall. Perpetrators may be armed with firearms, machetes, or knives and will resort to violence if resisted. Residential and business facilities may be targeted, including fuel stations, banks, and supermarkets. Major cities, such as Nairobi and Mombasa, experience some of the highest rates of armed robbery. *Vehicle theft and carjacking*

Carjacking is common in major urban centres. Perpetrators are known to target drivers at residences' gates, traffic lights, fuel stations, junctions, and in slow moving traffic, particularly after nightfall. In the event of an attack, perpetrators could order occupants out of the vehicle, though there have been cases where the victim has been tied up or locked in the boot of the vehicle and later released in a remote or rural area. Carjackings unfrequently result in fatalities.

Residential break-ins

Residential break-ins are usually carried out by armed criminal gangs and commonly target higher-income areas of Nairobi (Westlands, Loresho, Gigiri, Lavington, Karen, and Hardy neighbourhoods) and Mombasa (Nyali and Kizingo neighbourhoods). Perpetrators tend to target homes overnight or when the residents are away from the premises. Spikes in residential break-ins tend to occur during the peak holiday period beginning in late November and ending in early January.

Banditry and rural crime

The risks of banditry are generally considered to be highest in remote areas of the Tana River, Kilifi and Baringo counties; West Pokot, North Samburu and Turkana counties to the west; Marsabit and Isiolo counties to the north; and Garissa, Mandera and Wajir counties to the east, along rural roads and in villages. Since 2021, there has however been an uptick in bandit attacks in Baringo, Laikipia, Elegyo-Marakwet and Turkana counties linked to armed local militias. Game parks and reserves – particularly north of Samburu, Leshaba and Masai Mara game reserves – periodically experience banditry. Criminals in rural areas operate in larger groups than those in urban localities, and their activities tend to be more opportunistic, less organised, and more prone to violence.

Terrorism

Direct risk to foreigners

TERRORISM

There is a credible risk of terrorist attacks This risk stems from multiple factors, including porous borders with Somalia, evidence suggesting that Islamist militant cells and affiliated sympathisers operate within the country, and Somalia-based militants' clear motive to strike the country, given Kenya's troop contributions to the African Union Transition Mission in Somalia (ATMIS, formerly the African Union Mission in Somalia or AMISOM), the international force confronting Islamist extremists in Somalia. As such, the Somalia-based Islamist extremist group al-Shabab currently poses the most serious terrorist threat in Kenya.

Most al-Shabab operations are low level and occur mainly in the counties bordering Somalia (Garissa, Mandera, Lamu and Wajir). Such incidents typically entail small-scale grenade or gun attacks against government infrastructure, transport hubs, bars, churches, Christian communities, commuter vehicles and public areas.

High-profile attacks are infrequent, and this is likely to remain the case. Such plots require skilled operators, greater planning and wider involvement, ensuring there is a greater opportunity for detection by the authorities. Furthermore, the alertness of international and domestic security agencies has improved in recent years. However, the potential for a high-impact attack cannot be discounted as al-Shabab retains the intent to target 'soft' civilian locations, including hotels, shopping centres, restaurants, bars and other public venues, particularly in major urban centres such as Nairobi and Mombasa.

The latest large-scale al-Shabab attack occurred in January 2019 when the militant group attacked the 14 Riverside Drive Complex in Nairobi, targeting the dusitD2 Hotel. At least 21 people were killed, and more than 30 others injured. Several of the attackers were Kenyan, indicating al-Shabab's success in increasing its local recruitment of Kenyan citizens.

Separately, the Islamist extremist group Islamic State (IS) has asserted its presence in the country since 2016, though attacks by the group have not been conducted in recent years. In October 2016, security guards at the US embassy fatally shot an assailant after he stabbed a General Service Unit (GSU) officer guarding one of the entrances. The IS subsequently claimed responsibility for the attack.

Kidnapping

KIDNAPPING

Kidnapping risks are moderate across the country. The highest risks are in the northeastern, border and coastal areas close to Somalia where security measures are generally lax and where cross-border militant and criminal groups frequently stage incursions. The most common types of kidnapping include express kidnapping and kidnap-for-ransom. Most kidnappings target local nationals. Incidents targeting foreign nationals are isolated. However, they remain attractive targets for kidnap-for-ransom. Individuals perceived to be wealthy with predictable routines are also attractive targets.

Social Unrest

SOCIAL UNREST

Political and socio-economic unrest

Socio-economic protests are common, pose notable incidental risks and cause disruption. Although all protests carry an underlying risk of unrest, demonstrations by students, street vendors and public transport operators are most likely to involve unruly elements. Such protests occasionally entail rioting, looting and arson. The police are liable to use forceful measures such as tear gas, batons and live ammunition to disperse any unruly demonstrations. Protests tend to occur in central urban areas and low-income areas, as well as on university campuses and industrial sites.

Various other issues have driven protests in 2024, including by medical practitioners at government hospitals over salaries and other issues. In June 2024, nationwide protests over proposed tax reforms turned violent, with the police firing tear gas and live ammunition after demonstrators set fire to the parliament building in the capital Nairobi. More than 4020 people were reportedly killed. Since 2022, protests over high living costs have also occurred intermittently, including throughout the first half of 2023. Despite government efforts to address these issues, sporadic demonstrations are liable to recur over the coming months.

Local disputes relating to tribal and political issues occasionally cause unrest, particularly during election cycles. The political system is largely based on ethnic alliances, leading to ethno-political protests and violence. Dozens of casualties are often reported during widespread bouts of related unrest, which commonly impact central, coastal and western parts of the country. Political violence can be self-perpetuating, with localised incidents triggering outbreaks of unrest and targeted violence in other areas that were not initially affected. Election-related violence typically poses indirect risks to organisations and foreign nationals.

Communal violence

Prolonged clashes over cattle rustling (livestock theft) as well as tribal and political rivalries occur frequently in Baringo, Isiolo, Mandera, Tana River, Turkana and West Pokot counties and in the northernmost areas of Marsabit county. Cross-border clashes at the Ethiopian and/or South Sudanese frontier over historic clan rivalries and resource issues can also lead to cycles of violence between rival communities.

Most incidents are confined to remote rural communities and most foreign nationals are highly unlikely to be affected. Nevertheless, residents of communities vulnerable to bouts of disturbances could be exposed to indiscriminate violence and credible incidental risks. Anyone conducting overland travel in northern areas could also be exposed to incidental risks.

Conflict

CONFLICT

Conflict risks are moderate. The primary concerns relate to communal violence. Refer to our Unrest section for more information. Kenya's border area with Somalia also continues to suffer from insecurity as a result of the country's continued involvement in ATMIS. The Kenyan army's involvement means that the country remains an attractive target for reprisal militant attacks. Refer to our Terrorism section for more information. Additionally, relations with Uganda improved slightly following the establishment of the East African Community (EAC). Although the two countries are engaged in a dispute over the sovereignty of Migingo Island in Lake Victoria, stemming mostly from demands for fishing rights, this is unlikely to lead to open conflict.