

Itinerary

Round Trip: United States → Kenya → United States

Health Concerns Summary

The following may pose a risk or require preventive measures based on this itinerary. See the report sections below for details.

- **Vaccine-Preventable Diseases:** chikungunya, cholera, COVID-19, dengue, Ebola disease, hepatitis A, influenza, meningococcal meningitis, mpox, rabies, typhoid fever, yellow fever
- **Malaria**
- **Other Diseases:** anthrax disease, arboviral infections, brucellosis, filarial infections, helminths, hepatitis C, leishmaniasis, leptospirosis, melioidosis, plague, rickettsial infections, schistosomiasis, sexually transmitted infections, travelers' diarrhea, tuberculosis, viral hemorrhagic fevers, West Nile virus, Zika

Current Health Bulletins

Influenza

Kenya

Seasonal Influenza; Growing Mismatch of A(H3N2) Vaccine Strain

Updated Jan 23, 2026 (Posted Oct 20, 2025)

Northern Hemisphere seasonal influenza rates have moderately increased in Japan and South Korea and moderately decreased in Canada, China, Europe, Southeast Asia, and the US since the last report. As of epidemiological week (EW) 1 (January 4-10) in 2026, seasonal influenza activity is above the average in Canada and China; above the baseline in the US; and below the average in Europe, Japan, South Korea, and Southeast Asia. In vitro antigenic and serological analyses show that the current vaccine formulations are poorly matched to the predominant circulating strain of A(H3N2), with a mismatch of 92% in Canada (84% of all isolated strains), 91% in England (87% of all isolated strains), and 96% in the US (85% of all isolated strains). The vaccine formulations remain well-matched to circulating A(H1N1) and B/Victoria strains in North America, Europe, and East Asia, and A(H3N2) in Europe and East Asia.

Despite a vaccine mismatch against A(H3N2), early estimates suggest that influenza vaccination continues to provide protection against hospitalization (72%–75% for children and 32%–39% for adults) and protection against clinical disease at the primary care level (52% for children and 57% for adults). For additional information, see the full Northern Hemisphere Seasonal Influenza report.

Mpox

Kenya

Mpox

Updated Jan 22, 2026 (Posted Aug 14, 2024)

According to WHO and regional health authorities, mpox outbreaks (Clades I and II), partially driven by sexual transmission, have been reported in many African countries (mainly in East Africa, although travel history to countries not otherwise known to have local Clade Ib mpox cases has also occurred) since January 2024. Since January 1, 2025, eighty-one cases of mpox Clade Ib have been reported in travelers returning from Africa (Angola, Democratic Republic of the Congo, Kenya, Rwanda, Tanzania, Uganda, and other unspecified countries); 16 cases were reported in travelers in 2024. Some of these cases have been associated with limited onward transmission. Clade I mpox has been associated with more severe disease. WHO considers the overall global and regional risks to be moderate for clades Ib and II and to be low for clades Ia and IIb. The actual magnitude of the outbreaks in many countries is likely underestimated due to insufficient testing capabilities. Countries with laboratory-confirmed cases (as of January 22, 2026) since January 1, 2025, include:

Country	Clade	Cases in the Past 6 weeks	Laboratory-Confirmed Case Counts	Laboratory-Confirmed Deaths	Trend	Geo
Kenya	Ib	> 50	920	12	 Decreasing	23 of 47 counties, mainly in Mombasa County

Travelers may be subject to health screening (e.g., temperature checks, health questionnaires, and visual inspections for rashes) at inter-African land borders, transit stops, or ports of entry at their destination if they have recently visited any of the aforementioned countries or other mpox-affected countries.

Travelers should avoid close contact with persons with symptoms consistent with mpox; observe hand and respiratory hygiene and safer-sex practices; and avoid consumption of bushmeat and direct contact with rodents and other animals in affected areas. Mpox vaccination is recommended for persons (regardless of sexual orientation or gender identity) traveling to countries with Clade I mpox outbreaks and who anticipate high-risk sexual activity (e.g., sex with a new partner, at a commercial venue, in exchange for money or drugs, or in association with a large public event). Vaccination is also recommended for high-risk persons traveling to any country with mpox (regardless of clade) and for persons with known, suspected, or anticipated exposure to someone with mpox.

Yellow Fever

Requirement Information (for entry)

Is yellow fever vaccine an official entry requirement for this itinerary?

NO. An official certificate showing vaccination is not required for entry by any country on the entered itinerary sequence, but view full details and see "YF Requirement Table" if there are additional transited countries.

Visa application: Proof of YF vaccination may be required for certain visa applicants. Travelers should contact the appropriate embassy or consulate with questions and, if it is required for their visa, carry the YF certificate with their passport on the day of travel.

Yellow Fever Requirement Table for this Itinerary

The following values result in the "NO" requirement result shown above (based on a round trip with United States as the home country):

Yellow Fever Requirement Table				
Country	Transm. Risk	Required if Coming From	Applies to Ages	See Note
UNITED STATES	No	None	None	
KENYA	Yes	Country with Transm. Risk	≥ 1 year	1, 2

Note 1: Additional conditions pertain for this country's requirement. Please refer to the Individual Country Requirements information presented below.

Note 2: Airport transit stops (no exit through immigration checkpoint) in a "Required if Coming From" country may impact the YF requirement. Please refer to the Individual Country Requirements information presented below to review this country's requirement and evaluate whether a traveler's transit stops may change the YF requirement result.

Individual Country Requirements

Effective July 11, 2016, the ICVP for yellow fever vaccination will be valid for life, and this validity applies to existing and new certificates for the purposes of international travel. Revaccination or a booster dose of YF vaccine cannot be required of international travelers as a condition of entry into any country regardless of the issued ICVP date; validity begins 10 days after the date of vaccination. On new ICVPs, "life of person vaccinated" should be entered in the validity space on the certificate. Whether recognition of the new lifetime validity regulation by personnel at the point of entry in countries with previous 10-year validity policies will occur immediately is uncertain.

Kenya

A certificate proving yellow fever vaccination is required for travelers aged ≥ 1 year coming from countries with risk of YF transmission. Note: Proof of YF vaccination is often required for travelers with airport transit stops (no exit through immigration checkpoint) longer than 12 hours in risk countries, despite Kenya's published declaration to the contrary under the International Health Regulations.

Recommendation Information (for health protection)

Is yellow fever vaccine a recommended protective measure for this itinerary?

YES. Vaccination is recommended for travel to areas of one or more countries on this itinerary.

Individual Country Recommendations

Kenya

Recommended for travelers aged ≥ 9 months: the western two-thirds of the country. Insect precautions are essential for unvaccinated travelers.

Generally not recommended (except for highly risk-averse travelers and long-stay travelers): itineraries limited to Nairobi, Mombasa, or the eastern one-third of the country. No human or non-human primate cases of YF have ever been reported from these areas. Data indicate that the only historical evidence for YF virus transmission is from serosurveys conducted over 40 years ago that demonstrated very low rates of possible exposure. Travelers aged ≥ 60 years going to these areas should not be vaccinated.

Vaccinations

Routine vaccinations are essential due to a persistent global rise of vaccine-preventable diseases (especially markedly high rates of diphtheria, pertussis, and measles). Prior to travel, travelers should be up-to-date with the age-appropriate and risk-based routine vaccinations recommended by their home country, which may include:

- COVID-19
- *H. influenzae* type B (Hib)
- Hepatitis A
- Hepatitis B: Protection is especially important for those at increased risk.
- Herpes zoster
- Human papillomavirus
- Influenza
- Measles, mumps, rubella: A single early dose is recommended for travelers aged 6-11 months.
- Meningococcal
- Pneumococcal
- Polio
- Rotavirus
- Tetanus, diphtheria, pertussis: Tdap preferred; consider an early pertussis booster for high-risk travelers.
- Varicella

Long-stay children should be vaccinated (prior to departure if possible) according to destination-country vaccination schedules as applicable (which may differ from that of the home country and require off-label administration); schedules for multiple countries globally can be found at WHO Immunization Data and for European countries only at European CDC Vaccine Scheduler.

Travel-specific vaccination recommendations are noted below as appropriate.

All Travelers

Chikungunya

Kenya

Risk exists in urban and rural areas throughout the northeastern and eastern coastal areas, especially in Garissa, Mombasa, and Wajir counties. No risk is known to exist in the capital city of Nairobi or in surrounding counties. Transmission occurs throughout

the year.

Consider for: travelers aged ≥ 12 years with a prolonged stay ≥ 6 months.

Travelers should observe insect precautions; mosquitoes that transmit chikungunya can bite throughout the day but have peak activity in the early morning, late afternoon, and evening.

COVID-19

Recommendation (for health protection)

Kenya

Risk exists throughout the year. Peaks generally occur during influenza season, although off-season peaks also occur.

Recommended for: all travelers aged ≥ 6 months.

Vaccination Considerations

Kenya

Travelers are advised to stay current with local COVID-19 vaccination recommendations and to consider transmission activity at their planned destinations. Travelers at highest risk (e.g., those with chronic cardiopulmonary disease or immunocompromise) should consider early booster vaccination, carrying Paxlovid (nirmatrelvir/ritonavir) or another self-administered antiviral therapy, and rapid diagnostic tests. Prophylactic administration of monoclonal antibodies for those at highest risk of poor outcomes may also be considered, especially during periods of peak transmission at their destination or in transit hubs.

Dengue

Kenya

Low risk exists and is presumed to have widespread distribution in urban and rural areas at elevations below 2,300 m (7,500 ft), including the capital city of Mombasa and northeastern and coastal counties. Transmission occurs throughout the year, especially during the rainy season.

Consider for: all travelers aged 4-60 years with travel to risk areas, particularly for long-stay (> 1 month) travelers. Qdenga (Takeda) is the only vaccine approved for travelers (not yet approved in the US). Countries differ in their recommendations for use in children; see Indications for Vaccination for more information.

Travelers should observe insect precautions; mosquitoes that transmit dengue can bite throughout the day but have peak activity in the early morning, late afternoon, and evening.

Hepatitis A

Kenya

High risk exists and is presumed to have widespread distribution.

Recommended for: all travelers.

Influenza

Kenya

Risk exists throughout the year, with highest activity usually occurring from February through April and from July through November.

Recommended for: all travelers; risk during transit should be considered.

Vaccination Considerations

Kenya

Travelers who have not received the currently available vaccine formulation should be vaccinated against influenza. Travelers who received the current formulation more than 6 months earlier should consider revaccination because immunity may have declined. Consider baloxavir or oseltamivir as standby therapy, especially for those who are at high risk for complications from influenza or who are inadequately vaccinated.

Typhoid fever

Kenya

High risk exists and is presumed to have widespread distribution.

Recommended for: all travelers.

Most Travelers

Meningococcal meningitis

Kenya

Risk of epidemic activity exists during the dry season (December-June) throughout the country, especially in Migori County. However, subnational seasonal variations may exist, and off-season transmission can occur. Epidemic activity has been reported outside the standard meningitis belt in the past decade.

Quadrivalent meningococcal conjugate vaccine (MenACWY) is recommended for: all travelers going to the standard meningitis belt and Migori County.

Consider MenACWY for: travelers with anticipated prolonged contact with the local populace going to other areas of the country; all health care workers; all children.

Some Travelers

Cholera

Kenya

Moderate risk exists throughout most of the country, especially in Nairobi City, Isiolo, and Siaya counties and the eastern counties of Garissa, Mandera, Tana River, and Wajir.

Recommended for: aid and refugee workers, medically vulnerable persons, and travelers visiting friends and relatives.

Travelers, regardless of vaccination status, should observe strict food and beverage precautions and hand hygiene (frequent, thorough handwashing) and carry empiric antibiotic therapy (azithromycin) and oral rehydration solution (ORS) for self-treatment if any moderate-to-severe diarrhea develops. Travelers who develop watery diarrhea should ensure adequate intake of clean water and avoid high sugar (high osmolality) beverages. In case of severe, watery diarrhea, oral rehydration (ideally with an ORS) should be considered if oral fluids are tolerated.

Mpox

Kenya

Very low risk exists throughout the country; person-to-person transmission has been recognized. Travelers should avoid close contact with persons with symptoms consistent with mpox and should observe hand and respiratory hygiene and safer-sex practices.

Recommended for: High-risk persons and persons with known, suspected, or anticipated exposure to someone with mpox.

Rabies

Kenya

Significant risk from dogs exists throughout the country (including Nairobi).

Preexposure preventive measures:

Recommended for prolonged stays: all travelers and expatriates, with a priority for young children.

Recommended for short stays: adventure travelers, hikers, cyclists, and cavers; travelers going to locations more than 24 hours' travel from a reliable source of human rabies immune globulin and rabies vaccine for postexposure treatment; animal workers (such as veterinarians and wildlife professionals); all travelers likely to have contact with bats.

Consider for: risk-averse travelers with short stays desiring maximum pretravel preparation.

Travelers should observe animal bite precautions.

Postexposure prophylaxis considerations:

Dog, bat, and other mammal (including cat) bites or scratches should be taken seriously, and postexposure prophylaxis should be sought even by those already vaccinated.

Travelers should practice proper wound care.

Generally Not Recommended

Ebola disease

Kenya

No human cases have been reported, but neighboring countries have reported outbreaks.

Malaria

Malaria General Information

Kenya

General malaria information: almost exclusively (> 95%) *P. falciparum*. Transmission occurs throughout the year, with extremely high transmission in western counties near and along the shores of Lake Victoria and Lake Turkana.

Malaria Recommendations

Note on Elevation

One or more countries on your itinerary have no evidence of sustained local transmission above certain elevations. When travel to higher elevations requires passage through areas where preventive measures are indicated, providers are advised to issue recommendations accordingly.

Kenya

No evidence of sustained local transmission exists at elevations above 2,500 m (8,200 ft).

Location-specific recommendations:

Chemoprophylaxis is recommended for all travelers: throughout elevations below 2,500 m, including the city of Nairobi.

No preventive measures are necessary (no evidence of sustained local transmission exists): elevations above 2,500 m.

Malaria Prophylaxis

Drug choice depends on personal factors discussed between the traveler and medical provider.

No preventive measure is 100% effective. Medical attention is necessary for persistent or recurrent febrile illness within 12 months after travel to a malaria risk area. Include mention of travel history.

Kenya

Preventive measures: Travelers should observe insect precautions in areas with any level of transmission. Atovaquone-proguanil, doxycycline, mefloquine, and tafenoquine are protective in this country. G6PD testing is required prior to tafenoquine use. Due to risk of adverse events, mefloquine should be reserved for travelers for whom it has clear advantage over other chemoprophylaxis options.

Travelers' Diarrhea

Kenya

High risk exists throughout the country, with moderate risk in deluxe accommodations. Community sanitation and food safety measures are generally inadequate. Some itineraries (e.g., remote destinations, austere accommodations) and activities (e.g., ecotourism, eating street or local-market food) further increase risk.

Travelers should observe food and beverage precautions, which reduce the likelihood of illness.

In addition to maintaining fluid status with clean, safe water, travelers should maintain electrolyte status if they experience diarrhea and carry loperamide for self-treatment of watery (noninflammatory) diarrhea plus single-dose/short-course azithromycin (alternatively, a quinolone antibiotic) for use in combination with loperamide if functional capacity is impacted. Travelers with dysenteric presentation (or high fever) should use antibiotics (azithromycin, 3-day course) alone and avoid loperamide.

Other Concerns

Zika

Kenya

Negligible risk may exist at elevations below 2,300 m (7,500 ft), but current epidemiologic data are unavailable. Travelers, especially pregnant women, should observe insect precautions; mosquitoes that transmit Zika can bite throughout the day but have peak activity in the early morning, late afternoon, and evening.

West Nile virus

Kenya

Negligible risk may exist, but current epidemiologic data are unavailable.

Leptospirosis

Kenya

Risk exists and is presumed to have widespread distribution. Travelers should wear appropriate footwear; avoid exposure to potentially contaminated floodwaters, fresh water, wet soil, and mud; avoid contact with rodents (including their excreta); and consider preexposure prophylaxis with doxycycline (200 mg once per week).

Schistosomiasis

Kenya

Significant risk exists throughout the country, especially in Lake Victoria, Tana River, and along the southeastern coast. Travelers should avoid freshwater exposure. If exposed to fresh water, discuss with a travel-medicine provider upon return.

Leishmaniasis

Kenya

Low risk of cutaneous disease exists in Baringo, Nakuru, and Nyandarua counties and on the slopes of Mount Elgon. Risk of visceral disease exists in foci throughout the country, mainly in northeastern and eastern areas and areas in Rift Valley. Travelers should observe insect precautions, especially from dusk to dawn (including use of bed nets) and in shaded areas throughout the day.

Rickettsial infections

Kenya

Risk of infection caused by *Rickettsia africae* exists in bush areas throughout the country, especially in Masai Mara National Park. Risk is especially high for hikers, hunters, and safari participants. Transmission occurs throughout the year, with highest activity from November through April. Travelers should observe tick precautions; however, DEET's effectiveness against the tick that transmits this disease wanes after 2 hours.

Negligible risk of infection caused by *Rickettsia conorii* exists throughout the country. Travelers should observe tick precautions.

Tuberculosis

Kenya

Tuberculosis (TB) is common in all developing countries. TB incidence in this country is greater than 100 cases per 100,000 population (the highest risk category).

A documented interferon gamma release assay is recommended both before departure and 2 to 3 months after return for all travelers planning to stay more than 3 months and for stays longer than 1 month for health care workers and those with anticipated exposure in prisons, homeless shelters, refugee camps, or shanty towns. All travelers should also be individually assessed for risk before and after return. If necessary, a tuberculin skin test can be used as an alternative. In areas where resistant tuberculosis is common, expert consultation may be required in selection of specific latent tuberculosis therapy, if indicated.

Travelers should avoid crowded public places and public transportation (whenever possible). Domestic household workers should be screened for TB.

Brucellosis

Kenya

Significant risk exists throughout the country, especially in eastern, northern, and southern counties. Travelers should avoid consumption of unpasteurized dairy products and meat that is raw, undercooked, or unlikely to have been inspected. Travelers should also avoid direct or indirect contact with livestock, animal products, and animal carcasses or hides.

Sexually transmitted infections

Kenya

Most travel increases the risk for all sexually transmitted infections (STIs), with an increased risk of mpox for persons (and partners of persons) who have behavioral risk factors; risk for persons outside these groups is low. HIV is estimated to be present in more than 3% of the adult population (compared to < 1% in most countries) and is estimated to be present in more than 29% of sex workers. Travelers should be counseled on risk factors for STIs, short-term preexposure prophylaxis (PrEP) against HIV (with Truvada or other approved PrEP medication), and observation of safer-sex practices.

Visa/HIV Testing

Kenya

HIV testing is not required to obtain a tourist, work, or residence visa.

Snakebites

Kenya

Risk of envenomation exists in areas with dense vegetation or rock formations (especially in warm weather when snakes tend to be more active). Most snakebites result from startling snakes; do not disturb or handle snakes. Boots and long pants are recommended in high-threat situations. Urgent medical care is indicated after any snakebite.

Marine hazards

Kenya

Risk from jellyfish exists, including highly venomous bluebottle and nomad jellyfish. Travelers wading, launching boats, or fishing are especially at risk.

Risk from coral (including fire coral), stonefish, and sea urchins exists. Travelers should seek out and heed posted warnings and refrain from bathing at unmarked, unpatrolled beaches.

Altitude illness

Kenya

Chemoprophylaxis with acetazolamide should be considered for travelers anticipating rapid ascent to sleeping altitudes above 2,800 m (9,200 ft). Climbers summiting Mount Kenya reach an elevation of 5,200 m (17,100 ft).

Viral hemorrhagic fevers

Kenya

Negligible risk of Crimean-Congo hemorrhagic fever exists in Garissa County. Tick precautions are recommended. Travelers should avoid contact with infected livestock and animal tissue/blood.

Low risk of Marburg disease exists in Kitum Cave, Mount Elgon National Park. The last case occurred in 1987. Travelers should avoid entering caves, contact with bats and nonhuman primates, and direct contact with corpses or blood/bodily fluids of acutely ill persons.

Arboviral infections

Kenya

Low risk of Rift Valley fever exists in rural and agricultural areas in central, eastern, northern, and western counties. Transmission occurs following heavy seasonal rains. Travelers should observe insect precautions in affected areas, including in game reserves, and avoid contact with animal tissue or blood and the consumption of unpasteurized milk or raw meat.

Filarial infections

Kenya

Although this country is thought to be endemic for onchocerciasis, disease burden does not reach the ministry of health threshold for mass drug administration. Infection in travelers is unlikely.

Helminths

Kenya

Low risk exists for soil-transmitted helminths (including creeping eruption) in urban and rural areas and is presumed to have widespread distribution. Travelers should observe strict food and beverage precautions and avoid direct contact with sand and soil (e.g., by wearing appropriate footwear and lying on a chair or blanket).

Melioidosis

Kenya

Sporadic cases have been reported in Kilifi County. Travelers (especially diabetic persons) should consider wearing proper footwear in damp environments.

Hepatitis C

Kenya

Very low risk exists. Hepatitis C is estimated to be present in 0.9% of the population. No vaccine is available. Travelers should observe safer-sex practices and avoid contact with sharp objects (e.g., needles or tattooing equipment) and with blood or blood products that are not from a reputable medical source. Review the need for hepatitis A and hepatitis B vaccine in travelers at highest risk.

Anthrax disease

Kenya

Low risk exists throughout the country, mainly in Bomet, Murang'a, and Nakuru counties. Travelers should avoid direct or indirect contact with livestock, animal products, and animal carcasses or hides, as well as consumption of meat that is raw, undercooked, or unlikely to have been inspected.

Plague

Kenya

Although no human cases have been reported since at least 1995, potential risk exists and is limited to Nairobi, Machakos, Tana River, and Taita-Taveta counties and western areas and along the southeastern border with Tanzania due to established

endemicity in that country. Transmission occurs throughout the year. Travelers should avoid contact with potentially infected rodents and their fleas.

Additional Information by Country

Kenya

Medical Summary

General Information

Kenya is a developing nation classified as lower middle income. Located in eastern Africa (west of Somalia and north of Tanzania), the climate classifications range from humid equatorial (long dry season) to dry (arid), with cooler temperatures in some high-altitude areas.

Medical Care

Adequate private medical care that meets many international standards is available in Nairobi. Highly specialized cases or complex emergencies will usually require evacuation. Johannesburg, South Africa is a frequent destination. Medical care throughout the rest of the country is inadequate and usually does not meet international standards. One or more JCI accredited hospitals are present in Nairobi.

For a private ambulance in Nairobi, call the Nairobi Hospital at [+254] 202-845-000 or [+254] 702-200-200. For a St. John's ambulance in Nairobi, call [+254] 072-12-25-285 or [+254] 020-22-10-000. For a Red Cross ambulance in Nairobi, call 1199. The national medical emergency number is 999.

A hyperbaric chamber for diving injuries is located in Mombasa.

Upfront payment by cash or credit card, up to the total of all anticipated charges, is generally required by hospitals catering to foreigners prior to services or treatment. Upfront payment may be waived by hospitals that have existing cashless agreements with at least some major international insurance providers.

Safety and Security

Consular Travel Warning

Updated Sep 5, 2025 (Posted Jul 6, 2016)

Reconsider travel to Eastleigh and Kibera neighborhoods in Nairobi due to criminal activity and kidnapping.

Avoid travel (due to terrorism and kidnapping) to:

- counties bordering Somalia (Garissa, Mandera, and Wajir)
- West Pokot and western Turkana county
- parts of Turkana and Marsabit counties within 50 km (30 mi) of the border with Ethiopia

Key Safety Risks

- Road conditions and traffic collisions
- Public transportation
- Petty crime
- Heightened crime risk for women
- Food and beverage spiking
- Theft of vehicles
- Scams
- Natural disasters

Key Security Threats

- Terrorist attacks, which may target foreign nationals

- Risk of violent civil unrest
- Risk of violent protests
- Potential spillover of armed conflict
- Cross-border threats in areas bordering Ethiopia, Somalia, and South Sudan
- Explosions in public places
- Landmines
- Violent crime
- Kidnapping/hostage taking, which may target foreign nationals
- Random acts of armed violence
- Piracy

Emergency Contacts

The national emergency number is 999.

Civil Unrest

Protests and demonstrations occur throughout the country and are generally peaceful but have the potential to turn violent without warning. Bystanders are at risk of harm from violence or from the response by authorities. Disruption to transportation, free movement, or the ability to carry out daily activities may occur.

Crime

High risk of violent crime (armed robbery, home invasion, sexual assault, carjacking, and murder) and high risk of petty crime exist in Nairobi (especially in Kibera, Kasarani, Mathare, and Eastleigh neighborhoods); in Mombasa (especially on Likoni Ferry); in Kisumu (Kisumu County); in coastal beach resort locations, national parks, and game reserves; along routes to and from international airports in Nairobi and Mombasa; in other urban areas throughout the country.

Kidnappings by criminal groups occur throughout the country, especially in Nairobi, Mombasa, and other cities. Targets may include foreigners (especially Westerners), journalists, nongovernmental organization workers, missionaries, and aid workers.

Scams involving false identity (such as criminals posing as police officers) have been reported.

Risk exists of robberies and/or assaults occurring after consuming intentionally drugged food or drink; tourists are frequently targeted.

Cybersecurity

State surveillance, which is legal, occurs.

Cybercrime, including a wide range of internet scams, occurs.

Natural Hazards

The rainy seasons are from March through June and from October through November. Floods, mudslides, and landslides may occur.

Seismic and volcanic activity occur.

Terrorism

High risk of attack by transnational terrorist groups exists throughout the country, especially in northeastern areas (particularly in areas bordering Somalia) and in Nairobi; heightened risk exists in the period surrounding the anniversary dates of previous terrorist attacks (such as August 7, September 11, September 21, and October 7). Targets may include domestic and international organizations and businesses, including hotels; public places and events, including those frequented by tourists; and transportation systems.

High risk of kidnapping by terrorist groups exists throughout the country, especially in areas bordering Somalia and eastern coastal areas, particularly Lamu County. Targets may include foreigners (especially Westerners), journalists, nongovernmental organization workers, missionaries, and aid workers.

Transportation Safety

Traveling is unsafe off the main A2 road to the border with Ethiopia at Moyale due to landmines near Moyale. It is unsafe to stay at the rest house at Sololo while traveling to Marsabit Town from Moyale. The border with Somalia is closed and military and police roadblocks are common in the border region.

Driving is not recommended for safety and security reasons. Hiring private transportation from a reliable source is common practice. The traffic fatality rate is high. Road conditions vary, with major highways in generally good condition and most other roads poorly maintained. Travel by road is unsafe at night, especially outside of cities. During the rainy seasons (October-November and March-June), flooding and mudslides may make unpaved roads and bridges impassable.

Armed escorts (which can often be arranged by local police stations) are commonly used for travel by road in Isiolo, Mandera, Marsabit, Turkana, and Wajir counties.

Most travelers reach Lamu Island and Manda Island by air to Lamu Airport (on Manda Island) because travel by road through Lamu County is unsafe.

Between Nairobi and Mombasa, travel is most often by air or rail.

Convoy travel is used for added security outside of urban areas. Highway robbery and carjacking occur and criminals may use deadly force if resisted. Armed criminal group attacks occur on the following roads: the road between Kainuk and Lodwar; Malindi to Lamu; between Nairobi and Amboseli, Masai Mara, Lake Nakuru, and Tsavo national parks; and between Nairobi and the Mount Kenya/Aberdare National Park area.

Public transportation is generally unsafe. Minibuses or vans (matatus) are known to be the greatest danger to other vehicles and pedestrians.

Official taxis, which can usually be arranged through a hotel, are generally safe and reliable. Motorcycle taxis (boda bodas) are frequently involved in accidents causing injuries or fatalities.

Women face heightened security risks when traveling alone due to the high risk of violent crime.

Rail travel is unsafe, except in first-class cabins on the Madaraka Express (Nairobi-Mombasa Standard Gauge Railway).

The Likoni Ferry is unsafe. Piracy occurs in the Gulf of Aden and the Indian Ocean.

Criminals target travelers going to and from the international airports in Nairobi and Mombasa. The preferred route to the airport is Mombasa Road or the Nairobi Expressway between Nairobi and Jomo Kenyatta International Airport; using Airport South Road and Jogoo Road is unsafe. It is common practice to confirm the condition of the aircraft and the runways to be used when chartering private aircraft at Nairobi Wilson Airport.

Unsafe Areas

Armed conflict may occur and ethnic tensions may be present in northern and northeastern areas of the country, especially in areas bordering Ethiopia, South Sudan, and Somalia.

Water Safety

Rent water sports equipment from reputable operators. Scuba dive only with personnel certified by PADI or NAUI and use equipment only from PADI- or NAUI-certified dive operators.

Cross-Cultural Considerations

Official Name, Nationality

- Official Name: Republic of Kenya
- Nationality: Kenyan

Conversation

Elaborate greetings are normally exchanged, sometimes with refreshments, prior to discussing business. Initial meetings can be quite formal. Good topics of conversation include travel, children, jobs, and place of origin. Avoid mentioning politics, critical comments about Kenya, or the other's personal background (ethnic/tribal affiliation). The law prohibits hate speech, including insulting someone's religion.

Currency

The official currency is the Kenyan shilling (KES).

Major hotels generally accept credit cards. M-PESA is a common form of electronic-fund transfer accepted across Kenya, including at national parks. National parks do not accept cash and generally accept credit cards; sometimes only payment via M-PESA is accepted. When exchanging currency, torn and faded bank notes may not be accepted by banks or exchange facilities. ATM card skimming occurs. Destruction of Kenyan shillings is against the law. There are limits on the export of local currency.

Dress

Professional attire is preferred for business (tie and jacket for men; longer skirts or modest dresses for professional women). In some areas, especially along the coast, it is considered inappropriate for women (and in some cases men) to wear shorts or short sleeved shirts. In Mombasa, people wear modest dress, other than at tourist resorts and hotels.

Food

Slow-grilled meats (*nyama choma*) are popular, and choma restaurants are found in most Kenyan towns. This is usually served with a stiff corn porridge staple (*ugali*), which is broken off and used to eat meat, stews, or vegetables.

Avoid eating, drinking, or smoking in predominantly Muslim areas during daylight hours of the fasting month of Ramadan.

Gestures, Touching, and Personal Space

Offer a handshake for greeting. People may stand very close in conversation and may be very animated with gestures. Kenyans may not maintain eye contact when speaking. Avoid public displays of affection and pointing at people. Control of emotions is important in public presentations.

Language(s)

English and Kiswahili are the official languages. More than 40 indigenous languages are spoken. Swahili, a Bantu language with significant Arabic vocabulary, developed as a trade language for the region.

Names/Titles

Use professional or academic titles (Mr./Mrs./Ms. as default) and surnames until invited to use first names.

Personal

Homosexual activity is illegal. Public displays of homosexual affection, such as holding hands or kissing in public places, could lead to arrest and imprisonment.

Photography

Photographing official buildings, including embassies and airports, is illegal and can lead to detention. If in any doubt about what a building is used for, do not photograph it or film around it. Use of aerial drones (including for photography or filming) requires a permit.

Religion

Freedom of religion is provided by law. The population is majority Christian, with a significant Muslim minority along the coast. Indigenous faiths are also practiced by many people. Most Kenyans are deeply religious.

Distributing religious material in public without a license is illegal.

Time

Punctuality is expected but many Kenyans regard 30 minutes late as acceptable. Business hours are generally Monday to Friday, 9:00 a.m. to 5:00 p.m., and closed for lunch, 1:00 to 2:00 p.m. Some businesses are open on Saturday. In Kenya, life (especially family obligations) comes before work.

Tipping

Many people in the hospitality industry rely on tips. Give tips in shillings (not foreign currency) directly to the person being tipped. Tip baggage porters 50-200 shillings. Tip a hotel room housekeeper 200-500 shillings per week. For best service, give part of the tip at the beginning of the hotel stay. Tip 10-20% in restaurants.

Other

Single use plastic bags are banned, even for travelers.

Basic Protective Measures

Many travel-related health and safety problems can be significantly reduced through appropriate behavior by the traveler. Risk can be minimized by adherence to the following measures.

Health

Insect Precautions

- Wear clothing that covers as much skin as practicable.
- Apply a repellent to all exposed, nonsensitive areas of the body. Frequent application ensures continuous protection. When both an insect repellent and sunscreen are used, apply the sunscreen first, let it dry completely, then apply the repellent. Very limited data suggest that DEET-containing repellents reduce a sunscreen's stated SPF UVB protection by as much as one-third, requiring more frequent sunscreen application. Sunscreens do not appear to reduce the efficacy of insect repellents (DEET or picaridin) but may increase the absorption of DEET (but not picaridin) through the skin, even when the sunscreen is applied first as recommended. Never use a combination sunscreen/insect repellent product (e.g., Avon Skin Soft Bug Guard, Bull Frog Mosquito Coast Sunscreen with Insect Repellent, or Sunsect).
- Use a repellent containing DEET (N,N-diethyl-meta-toluamide; 30%–35% concentration) or, alternatively, a repellent containing picaridin (20% concentration or greater for tropical destinations; also known as icaridin). Picaridin, unlike DEET, has a pleasant smell and does not dissolve plastic materials.
- Determine the time of day and type of insects to be avoided when choosing when to apply repellent.
 - *Applicable to malaria risk countries:* Mosquitoes that transmit malaria (*Anopheles* spp.) are generally night biters with activity between dusk and dawn.
 - *Applicable to West Nile virus and Japanese encephalitis risk countries:* Mosquitoes that transmit these diseases (*Culex* spp.) are generally night biters but have peak activity at dusk and again at dawn.
 - *Applicable to chikungunya, dengue, yellow fever, or Zika risk countries:* Mosquitoes that transmit these diseases (*Aedes* spp.) can bite throughout the day but have peak activity during early morning and late afternoon and evening.
 - *Applicable to leishmaniasis risk countries:* Sandflies that transmit leishmaniasis are active from dusk to dawn, but in forests and dark rooms they may bite during the daytime if disturbed.
 - *Applicable to African trypanosomiasis risk countries:* DEET is generally ineffective. Wear light-colored (not blue), heavyweight clothing in risk areas.
- Treat outer clothing, boots, tents, and sleeping bag liners with permethrin (or other pyrethroid) when traveling in an area of very high risk for mosquito-borne or tick-borne diseases.
- Sleep under a permethrin-impregnated bed net when at high risk of malaria or Japanese encephalitis if not sleeping in a sealed, air-conditioned room. Regularly check the net for rips and tears and keep it tucked in around the bed at all times. Ensure that all open windows have insect screens.
- Use spatial repellent products in the form of an aerosol spray, vaporizer device, or smoldering coil. These products usually contain a pyrethroid (e.g., metofluthrin or allethrin).
- Perform a full body check for ticks at least once a day when staying in areas where tick-borne disease is a risk.

Safe Food and Beverages

- Wash hands with soap before eating and after using the toilet. If water is not available, use disposable antiseptic wipes or an alcohol-based hand sanitizer.
- Avoid food from street vendors or market stalls.
- Choose establishments that are known to cater to foreigners.
- Avoid buffets if food covers or fly controls are not used or foods have not been kept steaming hot.

- Avoid undercooked meat, seafood, and fish; unpasteurized dairy products, such as cheese, yogurt, and milk; creamy desserts; cold sauces such as mayonnaise, salad dressing, and salsas; and leafy or uncooked vegetables and salads.
- Eat well-cooked, steaming-hot foods. Other foods that are safer to eat include breads, tortillas, crackers, biscuits, and other baked goods as well as canned foods and fruits, nuts, and vegetables with thick skins, peels or shells that can be removed.
- Avoid eating amberjack, bonito, mackerel, mahi-mahi, or tuna due to risk of scombroid poisoning.
- Avoid tap water or anything mixed with tap water and do not rinse toothbrushes in tap water.
- Do not use ice unless it is made from boiled, bottled, or purified water. Freezing does not kill the organisms that cause diarrhea.
- Use sealed bottled water or chemically treated, filtered, or boiled water for drinking and making ice and for brushing teeth.
- Drink canned, boxed, or commercially bottled carbonated water and drinks. Beer and wine are safe to drink; however, alcohol added to other beverages does not render the beverages safe.
- Purify water if one of these options is not available (see *Treating Water*). Decide which method to use for water purification and bring along the appropriate equipment or chemicals. Do not assume that water is safe because it is chlorinated. Chlorination does not destroy all the organisms that can cause illness.
- Continue to breastfeed infants who are nursing because it is the safest food source for these infants. If formula is used for feeding infants, prepare with boiled water and sterilized containers.

Blood-Borne and Sexually Transmitted Infections (STIs)

- Use condoms in all sexual encounters; unprotected casual sex, whether with local residents or with fellow travelers, always poses a high risk.
- Understand that inhibitions are diminished when traveling away from the social constraints of home; excessive use of alcohol and recreational drugs can influence behavior and encourage unintentional risk exposure.
- Avoid sexual relations with commercial sex workers.
- Consider short-term HIV preexposure prophylaxis with Truvada if very high-risk sexual behaviors are anticipated.
- Avoid skin-perforating procedures (acupuncture, piercing, or tattooing).
- Avoid invasive medical or dental procedures in unaccredited medical facilities (unless in a life-threatening situation); request proof of accreditation by Joint Commission International or other international bodies.
- Consider carrying disposable needles, syringes, and sutures for remote travel.

Swimming and Water Exposure

- Heed posted warnings and avoid beaches that are not patrolled.
- Recognize rip currents as a calm area with flat sandy water in front of the beach where the waves are not breaking and a line of white foam moves steadily seaward. Stay afloat, wave and yell for help, and swim parallel to the shore. Do not swim directly against the current in an attempt to get immediately back to shore; doing so may lead to exhaustion and drowning.
- Do not swim alone or after dark and do not walk on any beach after dark.
- Avoid use of alcohol or mind-altering drugs while engaging in water sports. Avoid water where sewage contamination or algae are present. Avoid any exposure (rafting, swimming, or wading) in water known to be infected with schistosomiasis (bilharzia).
- Scuba dive only with personnel certified by the Professional Association of Diving Instructors (PADI) or the National Association of Underwater Instructors (NAUI); use equipment only from PADI- or NAUI-certified dive operators.
- Follow established timetables for air travel after diving. The time from the end of the dive until the boarding of an aircraft is generally between 12 and 24 hours, depending on the type of dive.
- Decline water transportation in vessels without personal flotation devices or life jackets.
- Wear appropriate footwear when walking, wading, or swimming to avoid injury and exposure to parasites and poisonous plants and animals.
- Consider leptospirosis prophylaxis with 200 mg of doxycycline once per week (or 100 mg per day if in use for concomitant malaria prophylaxis) in developing countries where substantial risk of leptospirosis exists due to activities with exposure to water or wet environments (e.g., hikers, bikers, or adventurer travelers).
- Sit on a towel, blanket, or piece of clothing if a chair or hammock is not available because sand may be contaminated in areas frequented by animals. Thoroughly shake out all fabrics after use.

Rabies

- Never assume that an animal or bat is free of rabies.
- Avoid entering caves due to the possibility of exposure to bats and their droppings.
- Do not handle or feed pets, unknown animals (especially dogs and monkeys), or bats. Children should be closely supervised.
- Clean any bite, scratch, or lick on broken skin immediately with soapy water; seek postexposure prophylaxis for rabies (even if rabies vaccine was completed before exposure) or herpes B virus (transmitted by monkey bites).
- Minimize running or bicycling in high-risk rabies areas to avoid provoking domestic animals.

Skin/Wound Care

Extra vigilance, as outlined below, is recommended.

- Clean any bite, cut, or broken skin with safe water. Broken skin may become infected and lead to serious problems. Apply an antiseptic solution or spray.
- Seek medical help if increasing pain, redness, or discharge from a wound occurs, which suggests a spreading infection and may require antibiotic treatment.
- Always wear hats and apply sunscreen in the tropics. When both an insect repellent and sunscreen are used, apply the sunscreen first, let it dry completely, then apply the repellent. Very limited data suggest that DEET-containing repellents reduce a sunscreen's stated SPF UVB protection by as much as one-third, requiring more frequent sunscreen application. Sunscreens do not appear to reduce the efficacy of insect repellents (DEET or picaridin) but may increase the absorption of DEET (but not picaridin) through the skin, even when the sunscreen is applied first as recommended. Never use a combination sunscreen/insect repellent product (e.g., Avon Skin Soft Bug Guard, Bull Frog Mosquito Coast Sunscreen with Insect Repellent, or Sunsect).
- *Applicable only to African countries:* Iron all clothes that have been dried outdoors to prevent skin infestation by the larvae of the tumbu fly.

Tuberculosis

- Practice hand hygiene diligently.
- Avoid crowded public transportation or crowded public places that are poorly ventilated.
- Move away from anyone with a persistent or intense cough.
- Screen domestic workers for tuberculosis.
- Have a tuberculosis skin test or tuberculosis blood test before departure, once per year thereafter, and upon returning home (if planning a long stay to areas of the world where TB is highly or moderately endemic).

Pretravel Checklist

- Have predeparture medical and dental exams.
- Express any concerns about jet lag, altitude illness, or motion sickness to a travel health provider, who may suggest suitable medications.
- Pack adequate supplies of necessary medications and ensure that they are securely packaged in their original, labeled prescription containers and carried in multiple places. Travelers should have a letter from a physician stating the medical condition and the medications and/or medical supplies being carried.
 - If traveling with a controlled drug for personal use, review medication regulations on the International Narcotics Control Board website (<http://www.incb.org/incb/en/travellers/index.html>) as well as official government sites. Rules on amphetamine-based medications used for attention-deficit/hyperactive disorders should always be checked before travel.
- Prepare a compact medical kit that includes the following: simple first-aid supplies (such as bandages, gauze, hemostatic gauze, antiseptic, antibiotic ointment, butterfly bandages, skin glue, and splinter forceps), a thermometer, antipyretic agents, antifungal creams, cough and cold remedies, antacids, hydrocortisone cream, and blister pads.
- Pack a spare pair of eyeglasses or contact lenses and adequate cleansing solution, if applicable.
- Pack sunglasses, wide-brimmed hats, sunscreen (SPF 30+), and lip protection to avoid sun exposure problems during travel.
- Arrange adequate medical and evacuation insurance when traveling, even for short trips. Ensure all preexisting medical issues are declared to the insurer so that noncovered conditions are ascertained in advance. Have the insurer's contact details recorded and accessible at all times during travel.
- Carry a list of contact information for hometown medical providers, health insurance carriers, and a medical assistance company, keeping it accessible at all times.
- Carry a list of medical conditions, allergies, and medications (with dosages).

- Carry a copy of a recent electrocardiogram on a portable USB drive or ensure that it can be accessed on the internet (for those with cardiac disease).

Safety

Safety and Crime Avoidance

Extra vigilance, as outlined below, is recommended.

- Use caution in tourist sites and crowded areas and on or near public transportation; avoid marginal areas of cities.
- Be wary of any stranger who initiates conversation or physical contact in any way, no matter how accidental it may seem.
- Be familiar with common local scams and distraction techniques.
- Avoid using ATMs at night.
- Minimize visible signs of wealth in dress or jewelry.
- Wear handbags across the chest to prevent theft.
- Give up valuables if confronted. Money and passports can be replaced; life cannot.
- Use taxis from official ranks or dispatched via smart phone app or radio from a reputable company.
- Carry only a photocopy of the passport face page and legal entry stamp unless otherwise required by authorities; leave the actual passport in a hotel safe or other safe place.
- Advise at least 1 other person of one's whereabouts and expected schedule.
- Register a foreign trip and residence information with the Department of State at travelregistration.state.gov (U.S. citizens only), which facilitates communication and assistance in case of an emergency.

Safety in the Hotel

- Keep hotel doors locked at all times.
- Seek out and read fire safety instructions in the hotel room. Become familiar with escape routes upon arrival.
- Keep valuables in the room safe or the hotel safe.

Safety while Driving

- Do not drink and drive.
- Avoid overcrowded transportation.
- Keep automobile doors locked and windows closed at all times, if possible.
- Seek vehicles with seat belts, which may result in extra expense; decline vehicles without seat belts unless no choice is available.
- Decline transportation in vehicles with worn tires, worn brakes, or inoperative lights.
- Avoid driving at night or alone; seek local advice before driving outside urban areas after dark.
- Never drive a motorcycle or scooter abroad; passengers should wear a helmet.
- If planning a long stay, arrange for local mobile phone service (either a personal phone with a local plan or a locally purchased phone) to be in the vehicle when traveling.

Travax content represents decision-relevant, expert synthesis of real-time data reconciled with new and existing available advice from authoritative national and international bodies. Recommendations may differ from those of individual countries' public health authorities. Travax country-specific recommendations pertain to healthy adult travelers. Guidance regarding pediatric and special needs travelers can be found under the relevant topic in the Travax Library.

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