

KENYA AVIAN AND PANDEMIC INFLUENZA INTERVENTION PROGRESS



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Minister of livestock development

The ministerial conference on avian and pandemic influenza in Sharm El-Sheikh, Egypt

24th – 26th October 2008

Presentation outline

- Country Profile
- Interventions progress
- Experiences & challenges
- Conclusion

Country Profile - Kenya



Area (Sq km)
Total :582,650
land: 569,250
water:13,400

**Human
Populatio
n: 34 m**

**Agriculture 26% GDP
Livestock 40% of AgriGDP**

Irrigated land:
670 sq km (1998 est.)

Coastline:
536 km

Natural hazards:
Recurring drought; flooding during rainy seasons

Poultry Population: 30 m
✓ 70% indigenous
✓ 28% commercial
✓ 2% others (Turkeys, ducks, Geese, Quails)

Coordination and Resource Mobilization:

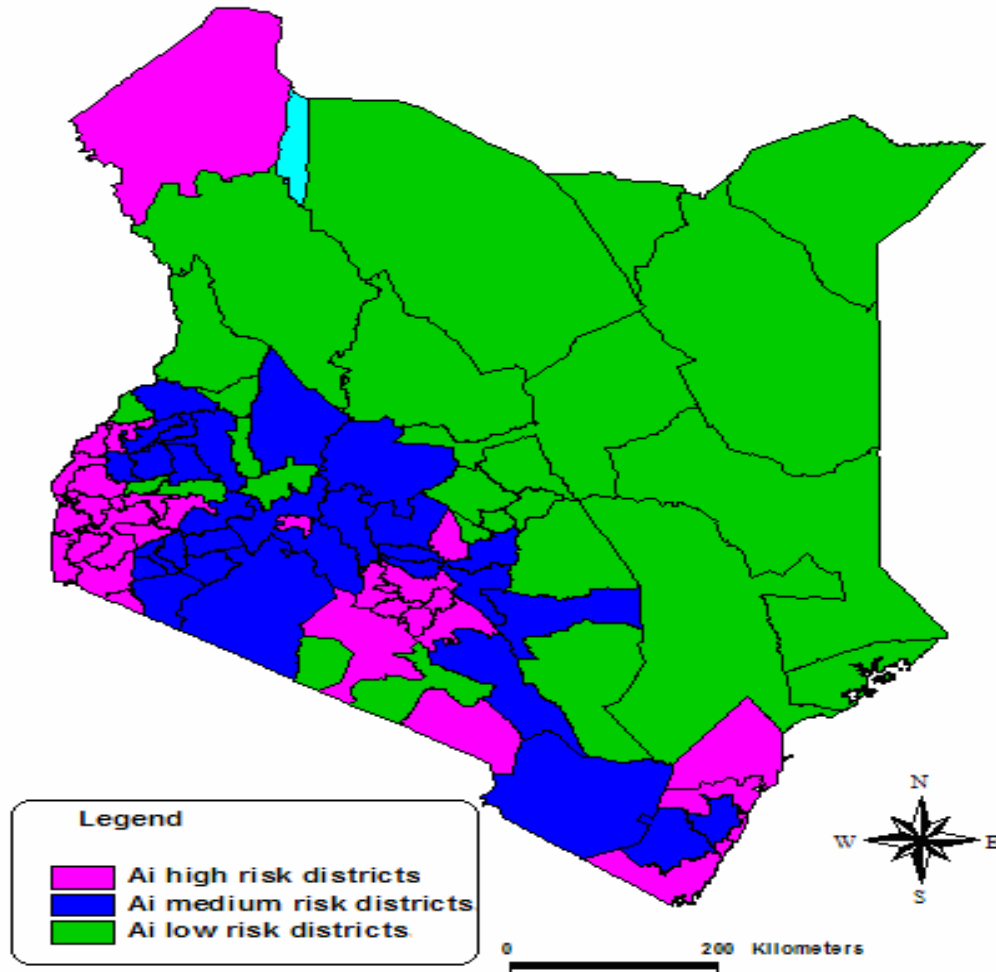
- Multi-sectoral Taskforce coordinating preparedness implementation in the country
- The government is committed in avian influenza preparedness. Committed to mobilize financial resources from within & partners to the tune of US\$ 3,472,222.
- EAC regional plan for Trans boundary human & animal diseases for implementation
- International partners/collaborators- World Bank, FAO, WHO, DFID, USAID, AU-IBAR, CDC, GTZ, UNICEF, IOM, EU, etc.

Risk assessment

Risk factors for AI introduction/Spread

- Trade - in poultry, poultry products and wild pet birds.
- Migratory wild birds-
- Insufficient veterinary services
- Presence of wetlands
- Live bird markets – Unsatisfactory insecurity levels
- Live bird movement – poor mode of transportation
- Close proximity of human & poultry (backyard poultry farming).
- Inadequate monitoring and surveillance

Avian Influenza risk map by district for Kenya



Capacity building in surveillance- Animal health

- For risk zonation, training in surveillance methodologies, passive & active surveillance, monitoring at border points & live bird markets, reporting, protective clothing & sampling equipment.



Disease Surveillance in humans:

- Scaled up the influenza surveillance network
 - Surveillance sentinel sites (26)
- Training H/Workers HPAI & IDSR strategy (6,400 H/W).
- 32 health workers from all the ports of entry in Kenya trained on rapid response (TOTs) to avian influenza

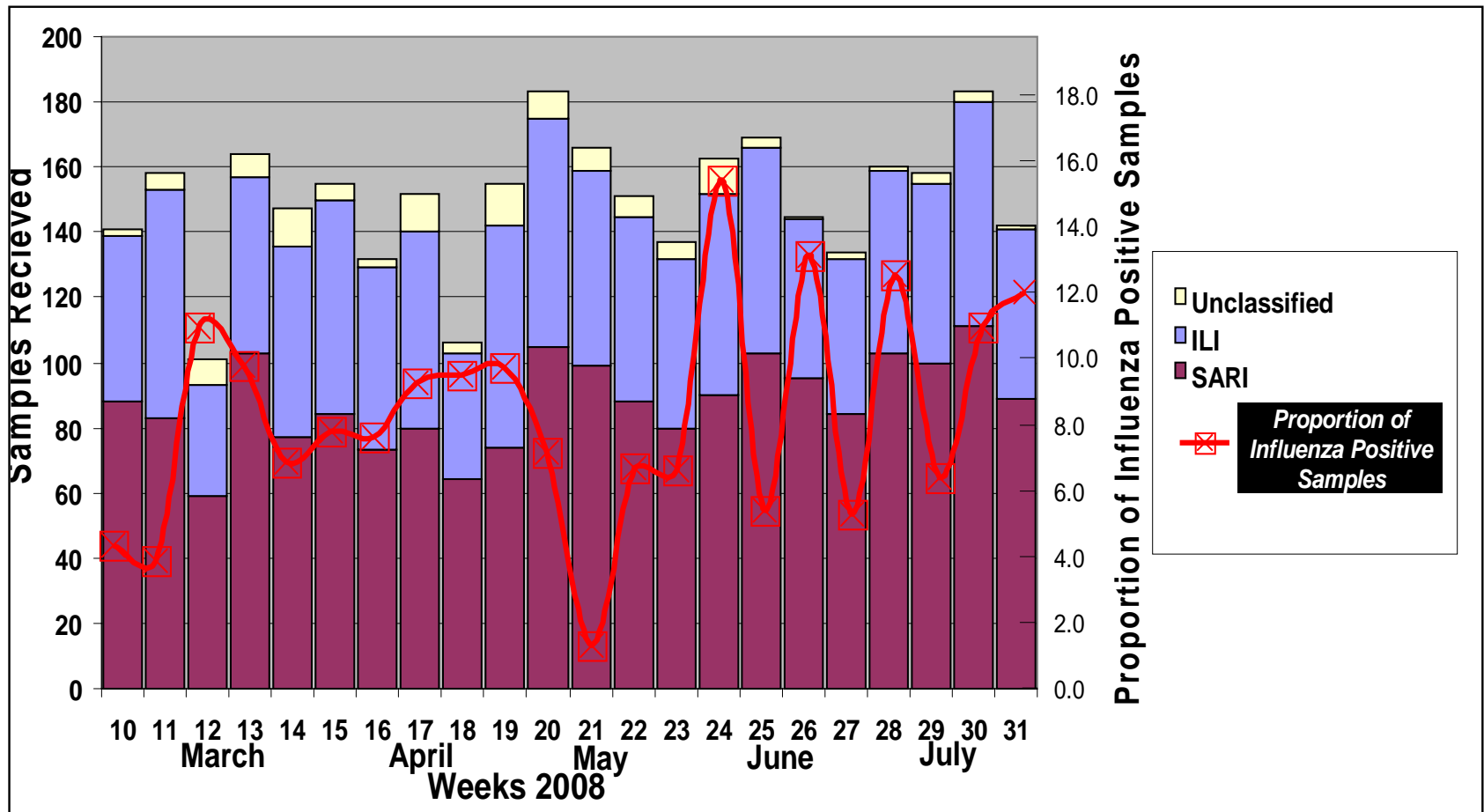
Influenza Sentinel Surveillance Results

June 2005 – Feb 2008

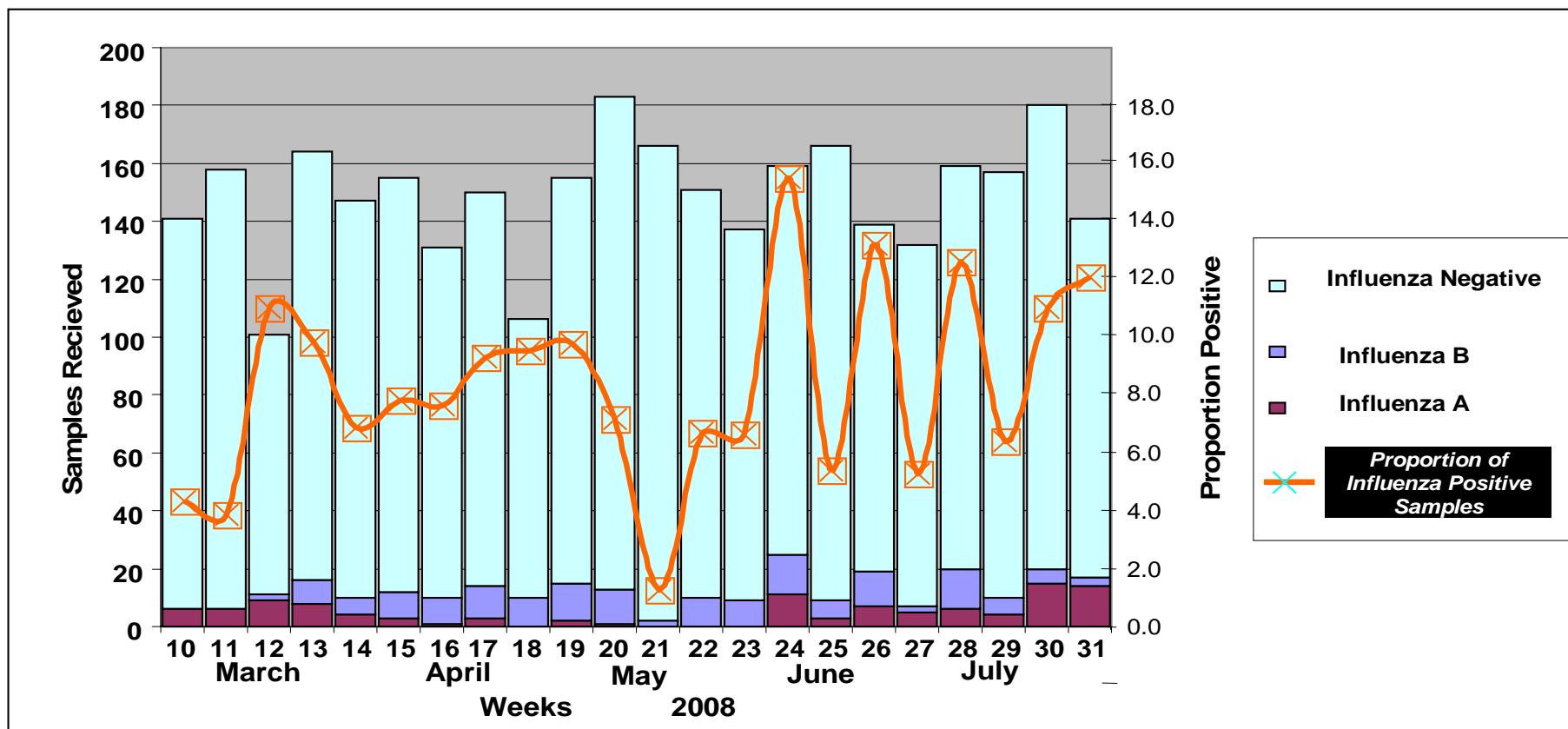
Of 7929 specimens received at NIC (KEMRI),

- 38.1% - patients with ILI (3,019)
- 58.7% -patients with SARI (4,658)
- 8.8 % - were positive for influenza(695)
 - 3.6% were positive for influenza A (289)
 - 5.1 % were positive for influenza B (406).
- ***No H5N1 patients were detected/confirmed.***

Influenza sentinel surveillance, March 1, 2008 to July 31, 2008:



Influenza sentinel surveillance, March 1, 2008 to July 31, 2008



Infection Prevention & Control

- The Draft Contingency Plan done & awaits approval & dissemination.
- Infection prevention & Control protocols and guidelines developed & in use in designated h/facilities
- Trained Health workers, veterinarians/ Paravets on IPC.
- Rapid response teams formed and trained.
- Continued stock piling of Personal Protective Equipments, disinfection supplies, culling equipment, laboratory equipment and reagents, antiviral (Tamiflu).

Legal and Policy Reforms

**Reviewed legislation
in HPAI prevention
and control on:-**

- existing disease control
- public health
- animal welfare



Field drills (culling and disposal):



Information, Education and Communication

- Research studies undertaken on AI include,
 - A formative research on AI
 - A KAP-Assessment on AI
 - A review of the Poultry Industry and Bio-security status in Kenya
- An integrated Avian Influenza communication strategy developed
- Capacity building in Risk communication skills for the IEC sub-committee

IEC Cont...

Some of the IEC materials developed for public awareness

U KILA WAKATI

Manufactured by
DMC Chemicals Corporation Inc
1725 Market Street, Philadelphia, USA

Supplied by
Unga Farmcare (EA) Ltd
P.O. Box 41786, Nairobi
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Email: info@juncasps.com

IDARA YA MATIBABU YA MIFUGO
UGONJWA WA HOMA YA NDEGE

VILE UNAVYOENEZWA

- Kutokana na kukaribiana na ndege wa mwitu
- Ununuzi wa kuku nyama ya kuku ama mayai kutoka kwa nchi ambazo zina ugonjwa
- Usafirishaji wa kuku, magari, vifaa, mbolea, magunia, kutoka kwa shamba moja hadi lingine

DALILI ZA UGONJWA

- Maafa mengi ya ndege ama kuku.
- Shida za kupumua.
- Kufura kichwa.
- Wekundu kwa sehemu zisizo na manyoya kama vile miguu
- Kushindwa kutembea na kupinda shingo upande
- Kuhara.

Ni ugonjwa hatari wa ndege kama vile kuku, bata, na kadhalika.
Wakati mwingine huambukiza binadamu!

KUZUIA HOMA YA NDEGE

- Wafungie kuku wako wasikaribiane na ndege wa mwitu
- Usimame kuku nyama ya kuku ama mayai kutoka kwa nchi zilizoadhiwa
- Weka usafi kwa vyumba vya kuku
- Piga ripoti kwa ofisi ya veterinary kuhusu magonjwa ama maafa ya kuku ama ndege.

JINJI YA KUNJIZUA KUAMBUKIZWA

- Usikule ndege ama kuku ambao ni wagonjwa ama wamekufa
- Hakikisha umeosha mikonu yako kwa kutumia maji na sabuni baada ya kuwashika ama kuwachinja kuku
- Hakikisha umevaa mavazi ya kunjikinga unapofanya kazi kwa kuku
- Usishi kwa chumba kimoja na kuku
- Piga ripoti kuhusu mtu yeyote aliye na dalili zozote za homa kali ambayo inauwezekano kuwa homa ya ndege kwa hospitali iliyo karibu

MPAKA SASA, UGONJWA WA HOMA YA NDEGE HUJAWAI KURIPOTIWA NCHINI KENYA!

Capacity building in laboratories

- Three laboratories in Kenya: KEMRI (enhanced BSL2); CDC (BSL3)-Human & and CVL-Kabete –Animal.
- Training of lab staff on AI SOPs in regional labs
- NIC sends flu isolates to WHO Influenza Collaborating Centers for vaccine development.
- All samples from human, wild birds and domestic birds - tested negative for H5N1



Ai Simulation

- Desk top simulation done- gaps identified being used to update action plan.
- Simulation for culling & disposal of culled birds
- Planning for desk top & simulation ongoing at regional level- EAC Partner states.

Lessons learnt / Challenges

- Other Competing priorities in animal & human health – low funding to AI preparedness (RVF, PPR, HIV/AIDS ,Malaria, etc).
- Donor fatigue in AI preparedness – AI not coming
- Inadequate logistical & human resource capacity.

Conclusion

- All stakeholders must put more focus in availing required resources to ensure sustainability & strengthening of systems for AI preparedness efforts.
- Strategy for long term control of avian influenza and other zoonotics strengthened.

Asante Sana

