



## **United Against Rabies Meeting**

23 – 25 September 2024

Cape Town, South Africa



Rabies Surveillance, Data sharing and Data reporting, Kenya Situation and Opportunities

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# Strategic 4 pillars

# Strategies for Rabies Elimination in Kenya anchored in



Pillar 1: Mass Dog Vaccinations

Pillar 2: Provision of PEP

Pillar 3: Rabies Education & Awareness

Pillar 4: Rabies Surveillance & Operational Research



## Pillar4: Rabies Surveillance/Operational research

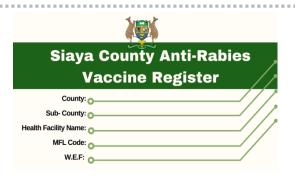




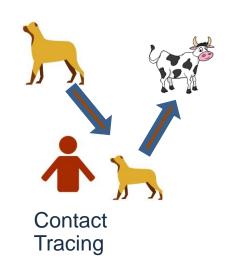
Dog Cohort and Ecology Studies



Community Surveillance



Hospital Based Surveillance DHIS2 surveillance





Toll-Free phone rabies Surveillance



Sample Collection and Diagnosis





#### Objectives of rabies surveillance

- To identify potentially exposed persons and provide timely access to post-exposure prophylaxis
- To identify potentially rabid animals to facilitate capture, confinement and diagnosis
- To estimate disease burden
- To identify high risk areas of rabies transmission
- To monitor vaccine demand and use within an area
- To monitor the impact of elimination efforts





> Suspected rabies case: a person with one or more of the following: headache, neck pain, nausea, fever, fear of water, anxiety, agitation, abnormal tingling sensation or pain at the wound site, when exposure to a rabid animal is suspected or any person in whom the clinician suspects rabies.

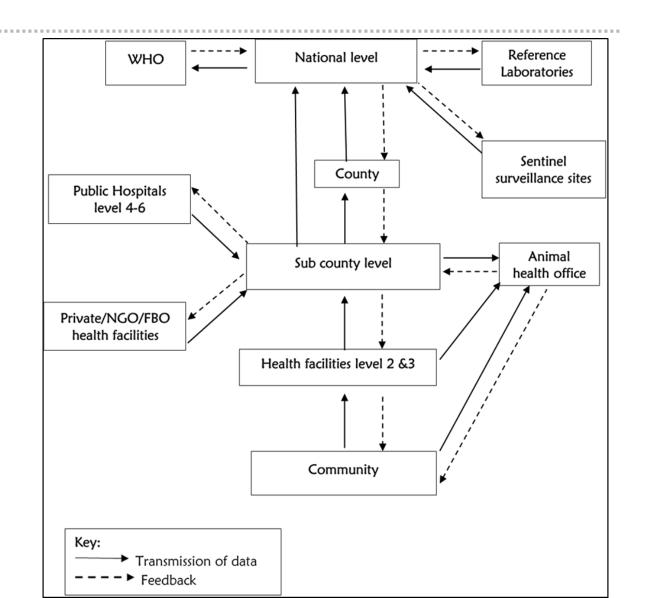
Confirmed rabies case: A suspected case that is laboratory-confirmed.





- Weekly and monthly basis
  - Weekly IDSR MOH 505
  - Monthly- MOH 705 A and B.
  - A case based form (MOH 502 B)retained for 28 days
  - All cases of animal bites MUST be notified to the veterinary department

**Community Based Surveillance (CBS)** 









#### MINISTRY OF HEALTH

#### Surveillance of Human Rabies\_ Case Investigation form

|  | ounty: Sub county: Health Facility: Ward:                                                                                                                                    |
|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|  | ounty:         Sub county:         Health Facility:         Ward:                                                                                                            |
|  | ear Case No.                                                                                                                                                                 |
|  | atient Details                                                                                                                                                               |
|  | arname: First name:Other Names:                                                                                                                                              |
|  | ex:   Female   Male                                                                                                                                                          |
|  | ate of birth: dd/mm /yy or Age in years: or Age in months (if <12 months)                                                                                                    |
|  | esidential address: Village: Ward Telephone of patient                                                                                                                       |
|  | ib county: County:                                                                                                                                                           |
|  | ab county: County: Telephone: Telephone: Se coordinates: Longitude Latitude:                                                                                                 |
|  | ase coordinates: Longitude Latitude:                                                                                                                                         |
|  | 'as patient referred to another Hospital□ Yes □ No□ Don't know                                                                                                               |
|  | yes, specify name of hospital:                                                                                                                                               |
|  | inical and Exposure                                                                                                                                                          |
|  |                                                                                                                                                                              |
|  | ate of onset of symptoms: <a href="mailto:dd/mm/yy">dd/mm/yy</a> Date first seen at health facility: <a href="mailto:dd/mm/yy">dd/mm/yy</a> ealth facility where first seen: |
|  | atient status:   Recovered   Died   Still on admission   Self discharge   Abscondment                                                                                        |
|  |                                                                                                                                                                              |
|  | linical of Exposure                                                                                                                                                          |
|  | /mptoms                                                                                                                                                                      |
|  | Fever □ Insomnia □ headache □ Difficulty breathing □ Behavior change                                                                                                         |
|  | Aerophobia 🗆 Paralysis 🗆 Hydrophobia 🗆 Difficulty swallowing                                                                                                                 |
|  | Encephalitis □ Hallucinations □Anxiety Others (Specify)                                                                                                                      |
|  |                                                                                                                                                                              |
|  | ate of exposure                                                                                                                                                              |
|  | □ Date (dd/mm/yy) □ Not Known                                                                                                                                                |
|  |                                                                                                                                                                              |
|  | ature of exposure                                                                                                                                                            |
|  | Bite - Scratch - Lick - Others (specify)                                                                                                                                     |
|  | ature of Injury                                                                                                                                                              |
|  | □ Superficial injury/s without bleeding □ Superficial injury/s with bleeding                                                                                                 |
|  | □ Contamination of mucous membranes with saliva □ Deep injury/s                                                                                                              |
|  | □ Contamination of open wounds with saliva □ Unknown □ Others (specify)                                                                                                      |
|  | ite of injury                                                                                                                                                                |
|  | ☐ Head/Face/Neck ☐ Upper arms/tips of fingers/palms ☐ Chest (front or back)                                                                                                  |
|  | ☐ Genitalia ☐ Toes ☐ Arms/Legs ☐ Not known ☐ Others (specify)                                                                                                                |
|  |                                                                                                                                                                              |
|  | ource of infection                                                                                                                                                           |
|  | ting animal                                                                                                                                                                  |
|  | □ Dog □ Cat □ Wild Animal □ Others (specify) □ Unknown                                                                                                                       |





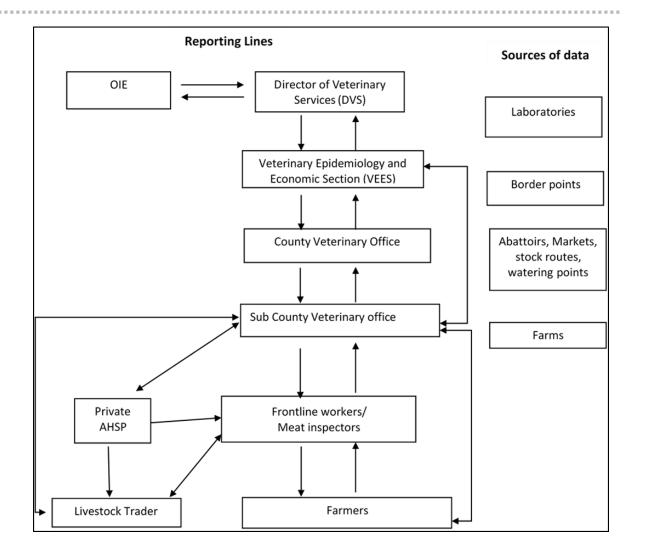
- Antemortem- not yet fully optimised in Kenya
  - Saliva
  - Skin biopsies
  - Hair follicles
- Post-mortem
  - Brain tissue not more than 6 hours after the death
  - · brain stem and cerebellum
  - Tests- dRIT, PCR and FAT
  - MOH, NPHLS has molecular capacity





### Reporting

- Bite cases
- Suspect rabies cases
- Death cases due to rabies





# Kenya Animal Bio-Surveillance System (KABS)



- Mobile phone based application
- Accessed by both public and private practitioners

#### Variables collected per syndrome

- GPS coordinates where the cases occurred
- Date of report and date when case started
- Species and number of animals affected
- List of clinical signs observed
- Tentative diagnosis provided by the surveillance officer





- Well established network for diagnosis of rabies
- Direct Rapid Immuno histochemistry test (dRit), Flourescent Antibody Test (FAT) and Polymerase Chain Reaction (PCR) used
- Four veterinary labs have rabies dx capacity in Kenya: NVRL, RVIL Nakuru, Eldoret, Mariakani



## Linkages between Human and Animal Surveillance

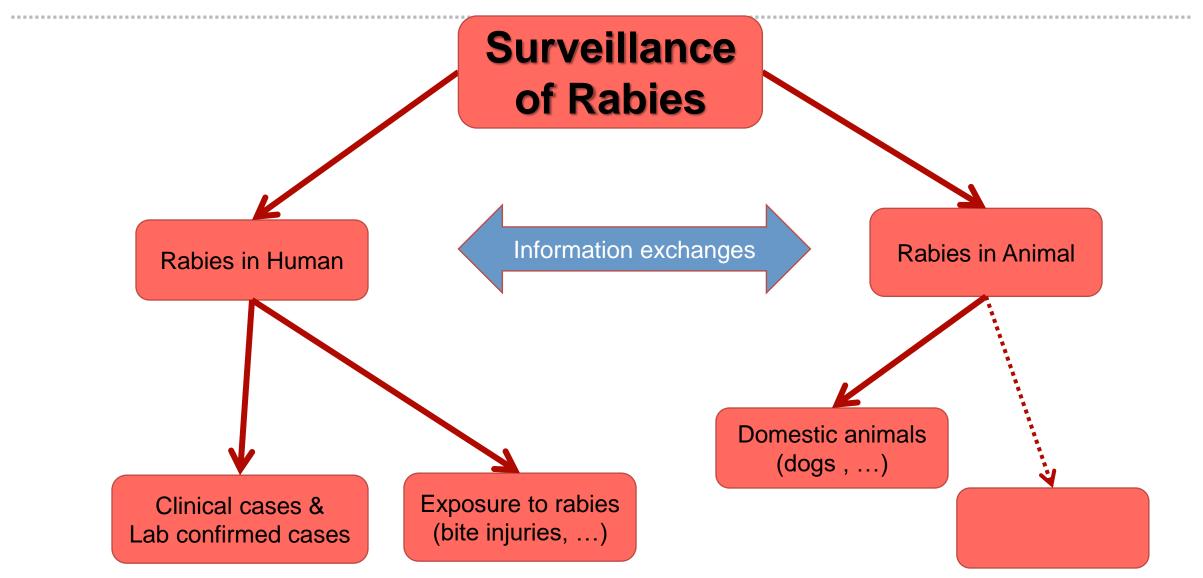


- → All human bite and clinical cases should be notified to the veterinary department.
- Veterinary practitioners should notify all suspect rabid animals to sub-county surveillance officers.
- The Emergency Operation Center (EOC) phone number (0732353535, 0729471414) can be used for notification.



## WHOI-OIE RECOMMENDED DATA SHARING



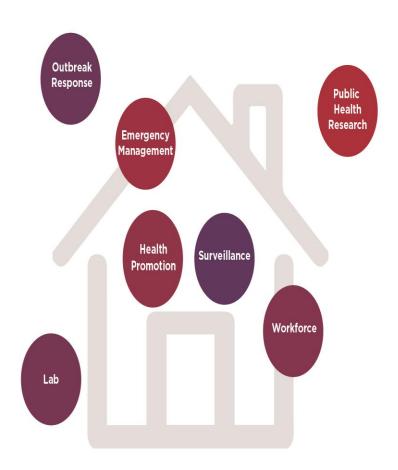




## **Opportunities for Improved Surveillance**



- Establishment of the National Public Health Institute (NPHI)
- Rabies is one of the **36** priority diseases under Kenya's (MOH) integrated disease surveillance system.
- The NPHI is mandated to coordinate all relevant sectors involved in health security
- Integrate ZDU activities







## **Envisioned One Health Functional Architecture**



