

Strategic Plan for the Elimination of Human Rabies in Kenya 2014 - 2030



# Strategic Plan for Elimination of Rabies in Kenya

### OIE RABIES MEETING, TUNIS 23-24 July 2019

Mathew Muturi, Kenya



# **Rabies in Kenya**

- Kenya has a 100 year history of rabies
- First confirmed rabies case recorded in 1912
- Domestic dogs transmit at least 98% of human rabies in Kenya
- It is estimated that between 300-1000 human deaths due to rabies occur annually in Kenya
- The true burden of the disease is masked by the poor surveillance system

Trends of confirmed rabies cases by species for the period 1958 to 2017.



Bitek AO, Osoro E, Munyua PM et al. A hundred years of rabies in Kenya and the strategy for eliminating dog-mediated rabies by 2030 [version 2]. AAS Open Res 2019, 1:23 (doi: 10.12688/aasopenres.12872.2)

AAS Open Research

#### Strategy for rabies Elimination of Human rabies in Kenya



#### - Estimated human population 50 million people

- 2.5 5.2 million dogs Rural Kenya
  - 850,000 dogs Urban Kenya

Mass dog vaccination

Prompt provision of PEP

Public Health Education and awareness on rabies

Enhanced surveillance for rabies in humans and animals

Advocacy, Communication and Social Mobilization

# The six Guiding principles of the strategy

- Rabies control is a public good Government responsibility
- Domestic dogs transmit at least 98% of human rabies in E.Africa
- Rabies cycles are maintained by domestic dogs in East Africa ; no evidence of role of wildlife
- Sustained annual mass dog vaccination , at least 3 years, 70% eliminates rabies
- More than 70% of dogs in Kenya are owned and are accessible for parenteral vaccination

#### Stepwise approach to rabies elimination in Kenya





# Mass dog vaccinations

- Main pillar of rabies control
- Feasibility? Viability ? sustainability?
- South Africa Kwa Zulu Natal province
  Animal rabies has been reduced by >50% in 3 years

#### ○ Philippines

The number of human deaths from rabies has decreased significantly by **70% reduction** 

#### $\circ$ Tanzania

Significant impact in the Serengeti area

# Kenya rabies elimination activities



in 10 of 47 counties

Surveillance for rabies in the veterinary sector in Kenya Rabies is a notifiable disease

• All suspect cases of rabies should be reported to the **DVS and to the OIE** 

Surveillance is a devolved function

 From National to County function (47 counties carrying independent surveillance and reporting)

Cases of suspect rabid dogs reported to the County DVS and DVS simultaneously

 Development of a smartphone-based Kenya Animal Bio-surveillance App (KABs) for syndromic surveillance and reporting for rabies (bite cases in animals and humans)

Weak link between veterinary reports state of biting dogs with the health sector

• Integrated Bite Case Management only practiced in areas with ongoing rabies research

# Improving data quality



Toll-Free Number



Community Surveillance



#### Hospital Based Surveillance



Dog Cohort Study



Contact Tracing



Sample Collection



600

400

200

Cumulative number of rabies cases (1958 – 2017) and location of veterinary labs (blue dots) that can make rabies diagnosis.

# **Rabies diagnosis - labs**

- 6 regional veterinary investigative labs and one central veterinary lab in Kenya
- DFAT confirmatory diagnosis in 3 of the 7 labs
- Human diagnosis only in the Central Veterinary lab (until 2012), now also at **KEMRI** lab and recently at National Public Health laboratories (NPHLs)
- DRIT and PCR staff from several labs trained. Used routinely at the KEMRI lab

### RABIES FREE KENYA 10km RUN NANDI EDITION

2KM RUN FOR KIDS

ZDU ZOONOTIC

GOLAZO

BEAMERIES I.



**4 RABIES** 

RUN

COUNTY

GOVERNMENT

SHARON LIVE ON

OUNDATION

# Rabies awareness is a key driver....



- Mass dog vaccinations most successful with involvement of local and national governments
  - Domestic funding for mass dog vaccination is a process involving:
    - Preparation of a county-level elimination plan
    - Development of cabinet papers to solicit for government fund
    - Lobbying appropriate department heads and leaders to prioritize rabies
    - External support/funds an important catalyst for domestic ownership and funding of rabies elimination programs
    - Unexploited opportunities for crowd-funding and foundations at the local levels
- Mass dog vaccinations should be data driven Post-vaccination surveys and use of phone apps
  - Estimation of dog population sizes and vaccination coverages are easily ignored and should be emphasized as critical components of the elimination strategies
  - Obtaining collars/marker sprays/vaccination cards alongside vaccines
  - Evidence of adequate spatial vaccination coverage difficult to gather without use of phone-based apps supporting vaccination campaigns (e.g the WVS app to aid mapping)

### Cost data from vaccinating 45,000 dogs





### • Cost 1.17 dollars/dog vaccinated

- Keeping dog vaccination costs low Innovations in vaccine delivery
  - Vaccinations during school holidays, vaccination sites in schools and shopping centers
  - Two sites per team per day, engaging a local person at the village for data entry
  - Use of volunteer vaccinators, large vaccination campaigns, intense campaigns over a short period
  - Bulk procurement of vaccines
- Development of a dog vaccine demand and supply system
  - Disconnect between national and county level dog vaccine supply systems (county do "autonomous" vaccine procurement, OIE vaccine bank linked to the national/DVS office)
  - Forecasting for rabies vaccine demand only possible with county-level elimination plans

- National rabies elimination secretariat to support county efforts
  - Custodian of national rabies elimination data (more details than would be available at the respective ministries) – coordinating role – eg the Kenya ZDU
  - Coordinate research support (dog ecology and demography, post-vaccination surveys, and human-animal surveillance studies) for the implementing counties
  - Assist in drafting county-level rabies elimination plans including rabies budgets presented at the county cabinet and assembly meetings
- Linking animal surveillance to human surveillance for rabies
  - Health-facilities treat bite patients without information from the veterinary sector
  - Multiple recording systems health-facility specific software and DHIS2
    - Patient-level data
    - Community and health-facility based syndromic surveillance (acute encephalitis with bite history
    - Animal syndromic surveillance include bite cases (Kenya livestock and wildlife syndromic surveillance)
  - Multiple persons involved with bite cases:
    - Investigation of bite cases by public health and animal health officers
    - Bite patients seen by clinicians
    - Data on PEP kept by the health facility pharmacist

- Rabies surveillance should include both outpatient and inpatient monitoring of suspect rabies cases
  - Outpatient clinics reported dog bites investigated to know the status of the biting dog
  - In-patient acute encephalitis cases with history of bite
    - Ante-mortem diagnosis for rabies (saliva and skin biopsies)
    - Post-mortem diagnosis for rabies (emphasizes to make this routine with quick turn-around time with diagnosis results)

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## Acknowledgements







- BEP
- CRDF
- USDA