

## COMMUNICATION INTERVENTION OF RVF DISEASE OUTBREAK IN KENYA DEC 2006-JUNE 2007

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### Outline of presentation

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- Introduction of RVF disease
- History and impact of disease in the Country
- Communication strategy
- Tools used
- Messages
- Main challenges
- Lessons learnt
- Conclusion

### Rift Valley Fever (RVF) disease

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- RVF is a per-acute or acute disease of domestic ruminants such as sheep, goats, cattle and camels.
- It is also transmissible to human beings mainly through contact with body fluids of animal cases during slaughter, milking, treatment and examination
- It is caused by a bunya virus of the phlebovirus genus and is transmitted by mosquitoes.

### RVF disease contd..

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- The disease occurs in climatic conditions favouring the breeding of mosquito vectors which occur following unusually high rainfall with prolonged flooding.
- The main symptoms of the disease in sheep, goats, cattle and camels are abortions and high death rates in newborns. The disease is also characterised by liver damage.

### Prolonged flooding

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### History of disease in Kenya

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- RVF has been documented in the country since 1912.
- The causal virus was confirmed in 1931 in Rift Valley Province, hence the name.
- Outbreaks have been recorded in Kenya in cycles of 5-15 years.
- The most recent outbreaks occurred in 1997 and from December 2006 to march 2007.

### Effects of 2006/2007 Outbreak

- The 2006/7 outbreak affected **35** of the **71** districts
- There were **717** human and **8,252** animal reported cases, of which **216** human and **448** animal cases were confirmed in the laboratory.
- **162** human lives were lost.
- The outbreak had an estimated negative economic impact of **KShs 4 billion**.
- This loss was in the form of death of animals and people, loss of animal production and productivity, local and international trade bans and costs of controlling the outbreak.

### RVF control programme

- The Ministry of Livestock Development in collaboration with the Ministry of Health, Arid Lands Resource Management programme, USAID, CDC and FAO launched a control programme in January 2007 in Garissa District where the disease started.

### Disease Control interventions

- Vaccinations of animals at risk
- Symptomatic treatment of sick animals
- Livestock movement control
- Banning of slaughter of animals in infected areas
- Surveillance
- Laboratory diagnosis
- Integrated vector control
- Public awareness and education

### Vaccination



### Public awareness and education

- This activity was implemented in collaboration between the DVS, the MPH&S with assistance from WHO and UNICEF.
- This included;
  - A rapid formative research
  - Development of communication strategy
  - Message and material development
  - Implementation of the strategy
  - Monitoring and Evaluation

### Objectives of communication

- Raise awareness of the disease risk to the target audiences
- Educate them on the features of the disease:
  - Mode of transmission
  - How to recognize the disease
  - Promote reporting of disease
  - Preventive measures in human beings and animals
  - Actions to take to prevent spread of disease
  - Activities being carried out by the government to control the disease

### Objectives....

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- Promote practice and behaviour change to prevent infection by the disease
- Encourage the population to observe regulations laid by the authorities

### Formative assessment issues

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- Who is most affected
  - young males 21-30 years old, mostly herdsmen (over 60%)
  - Women aged 31-50 years more affected than men
- Key risk factors
  - Close contact with sick animals and products
  - Consumptions of products from sick animals

### Rapid assessment....

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- When infection could occur:
  - Milking
  - Slaughtering
  - Butchering and when preparing food
  - Drinking milk
  - Skinning
  - Handling the sick animal
  - Eating raw meat from sick animals
  - Eating meat from dead animals

### Rapid assessment....

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- Cultural beliefs/practices
  - What communities do with sick/dead animals

etc

### Target audiences

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- livestock owners, traders, butchers, the general public, consumers, media, technical staff, Faith based organizations and politicians.

### Communication activities

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- Joint task force with ministry of health
- Circular alert of RVF prediction sent to the field
- Mass media – TV, radio, newspaper adverts, press conferences.
- Media training on RVF
- Print materials – fact sheets, posters, brochures
- Advocacy activities – Media, leadership
- Public *barazas* ( meetings)
- Group trainings/seminars/workshops

## Communication Tools

- Messages were developed by the line ministries in collaboration of UN agencies
- Mass media – Paid for e.g. TV and radio spots, newspaper adverts.
- Print materials production were subcontracted to private commercial companies.
- Advocacy by the provincial administration and religious bodies

## Sample messages

- Report any sick animals showing signs of abortions, high death rates, fever, depression, reduced milk yield, yellowing of eyes, blood stained nasal discharges and bloody diarrhea.
- Wear gloves or other protective covering when handling animals or assisting with difficult calving, lambing or kidding.
- Comply with stipulated livestock movement requirements and restrictions to prevent the spread of the disease.

## Sample messages

- Dip or spray animals with a recommended insecticides and their repellants as instructed by veterinary authorities to curb mosquito vectors and prevent introduction and spread of infection.
- Eat meat that has been inspected by a government meat inspector
- Drink only boiled or pasteurized milk
- Eat well cooked meat and avoid consumption of uncooked blood
- Seek medical attention if you develop symptoms indicative of RVF: headache, fever, muscle pains, backache and vomiting
- Do not slaughter animals for consumption in infected areas

## Challenges

- Although there was predictions of flooding and consequent outbreak of RVF, the decision to take action was delayed.
- Preparedness against RVF was late hence the planning for communication intervention was also late leading to lack of integrated interventions between the animal and human health disciplines.
- There were conflicting messages and sensationalization by the media.

## Challenges contd..

- Consumers abandoned consumption of meat and the industry was badly hit.
- Actions taken in the control of disease were questioned. E.g. Should we be vaccinating during outbreak?
- Inadequate communication capacity in the Department. (funds, personnel, skills)

## Lessons learnt

- Use decision tool developed by ILRI and the GoK to make correct and timely decisions. E.g. vaccinate early to avoid spread of disease or make phased decisions.
- Start communication planning early and collaborate with the MPH&S.
- Start sensitization early and give few but same messages

## Conclusion

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- Communication is an integral part of disease control.
- Communication planning should be done before outbreak occurs.
- The government/departments must build capacity on outbreak/health communication.
- We need to **learn from experience** and adopt best practices.

## End

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- Thank you for listening