



Food and Agriculture
Organization of the
United Nations



Multisectoral Joint Risk Assessment of Priority Zoonotic Diseases in Kenya

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World Health
Organization



World Organisation
for Animal Health
Founded as OIE



Multisectoral Operationalization of One Health



OHPZ



Taking a Multisectoral, One Health Approach:
A Tripartite Guide to Addressing Zoonotic Diseases in Countries (TZG)



Strategic
Planning and
Emergency
Preparedness

Risk Reduction,
Risk
Communication
and Community
Engagement

MCM

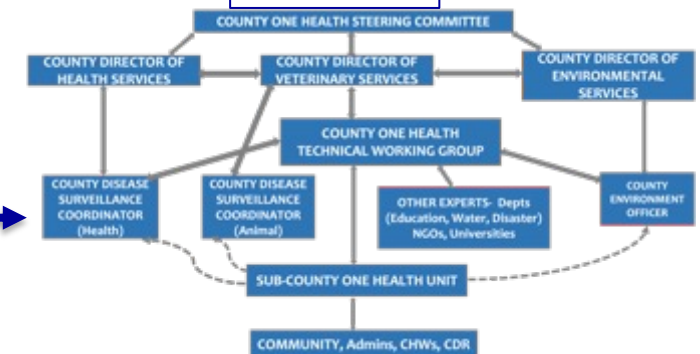


Joint Risk
Assessment

National Piloting (2019),
Training (2021)

Subnational Operationalization
(2021,2022)

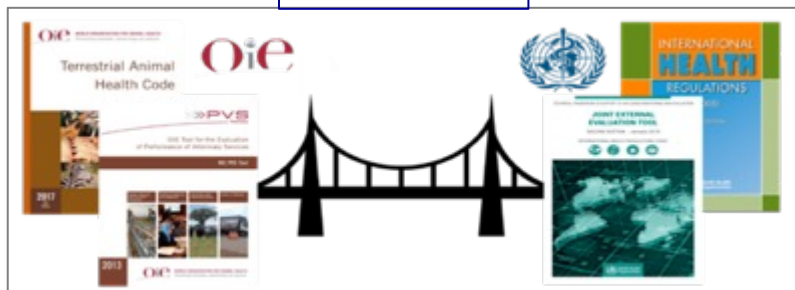
COHU



Joint One Health Priority Areas



Nov 2021



IHR-PVS (Human –Animal) Roadmap

Joint Risk Analysis Framework

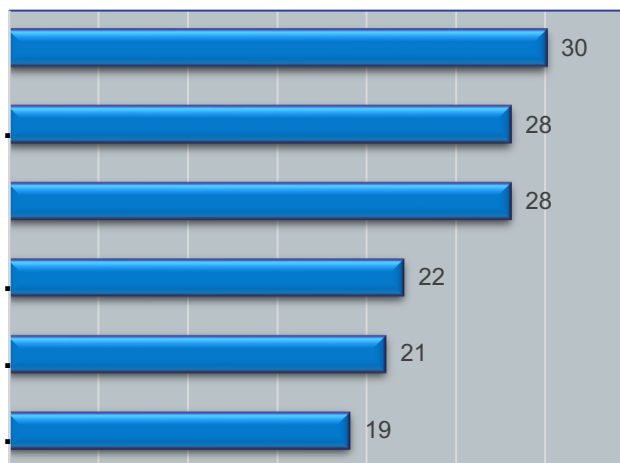
Response using OH...

Joint Surveillance Framework

Establishment of OH...

Risk Communication.

Joint Surveillance and Data...



March 2022



June 2022



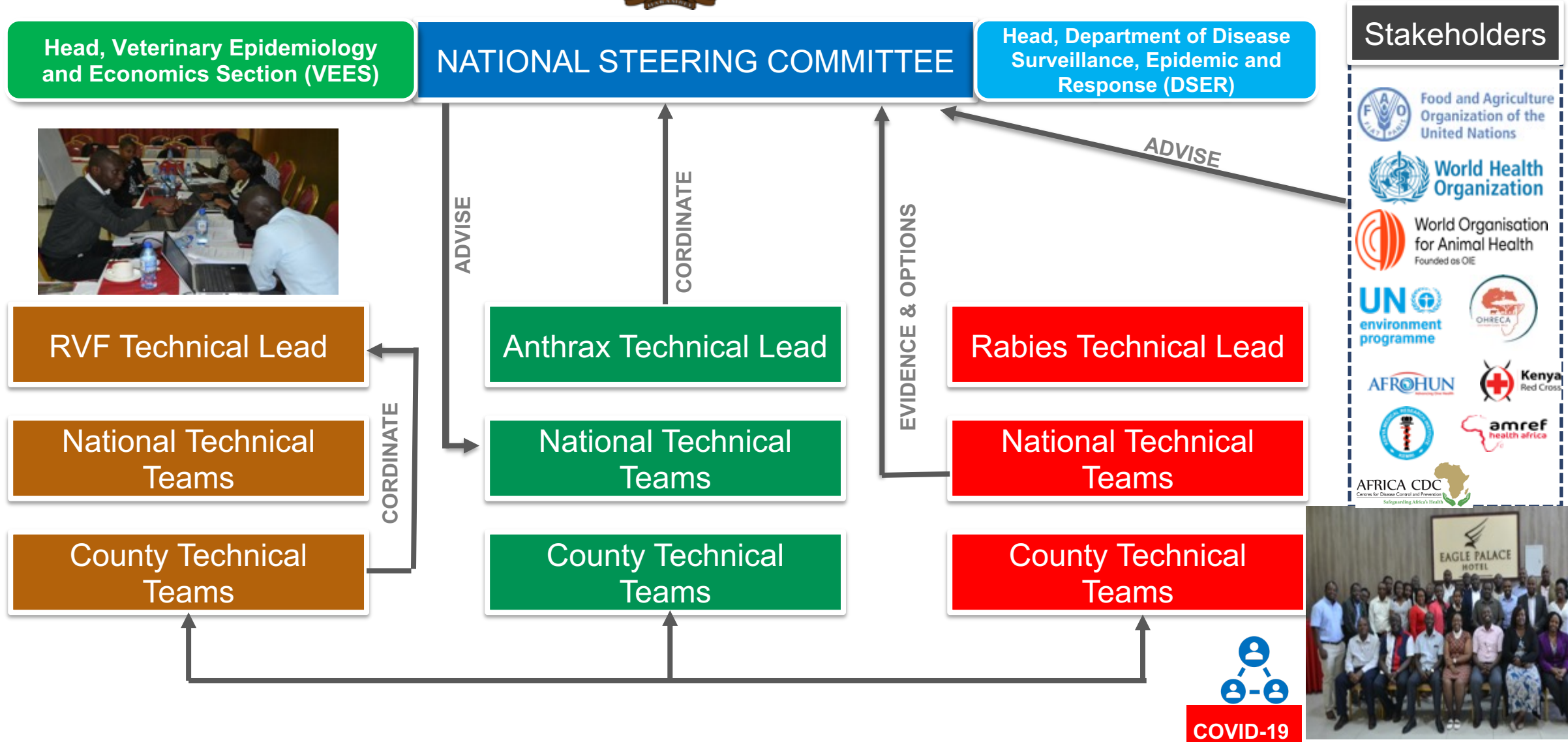
MCM Action Plan

1. Coordinating Joint Risk Assessment

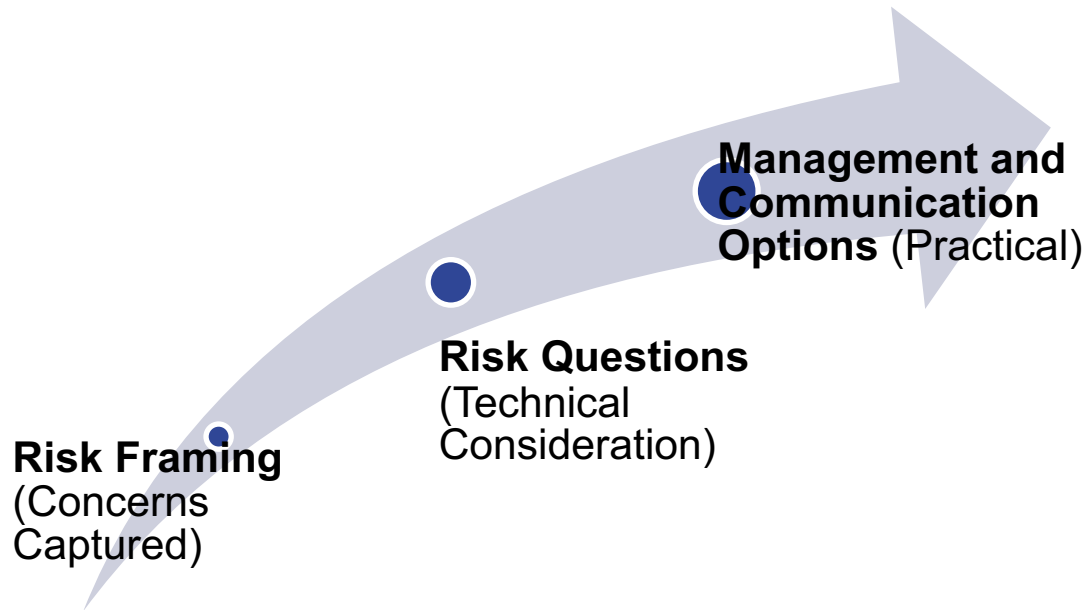
- > Strengthen JRA capacity at county levels
- > Strengthen RA for CHV & CDR
- > Prioritization of JRA at subnational level

2. Coordinating Risk Communication

- > Risk reduction, risk communication and Community engagement (RCCE)



Risk Framing for a Zoonotic Disease (RVF- 2019, 2021)



- Reports of death of humans after high fever, headaches, bleeding (2018, 2021, 2022)
 - *Assessment of humans at risk*
 - *Vaccination status*
 - *Epidemiological shift - hotspots*
- JRA Steering committee (RVF TWG) :
 - *Joint outbreak investigation and surveillance*
 - *Risk mitigation and safety*
 - *Risk communication*
- Improved stakeholder knowledge
 - *Vector control*
 - *Livestock vaccination*

Risk Assessment for a Viral Haemorrhagic Fever - RVF

What is the likelihood and impact of...

Specific, relevant, time-bound:

- The **WHAT?** – i.e. **Hazard** and **Event** (as agreed during risk framing)
- The **WHERE?** – i.e. **Population** and **Location**
- The **WHEN?** – i.e. **Timeframe**
- The **HOW?** – i.e. **Source**
 - The source may be refined/decided/finalised **later**, after discussing the risk pathways

Question:

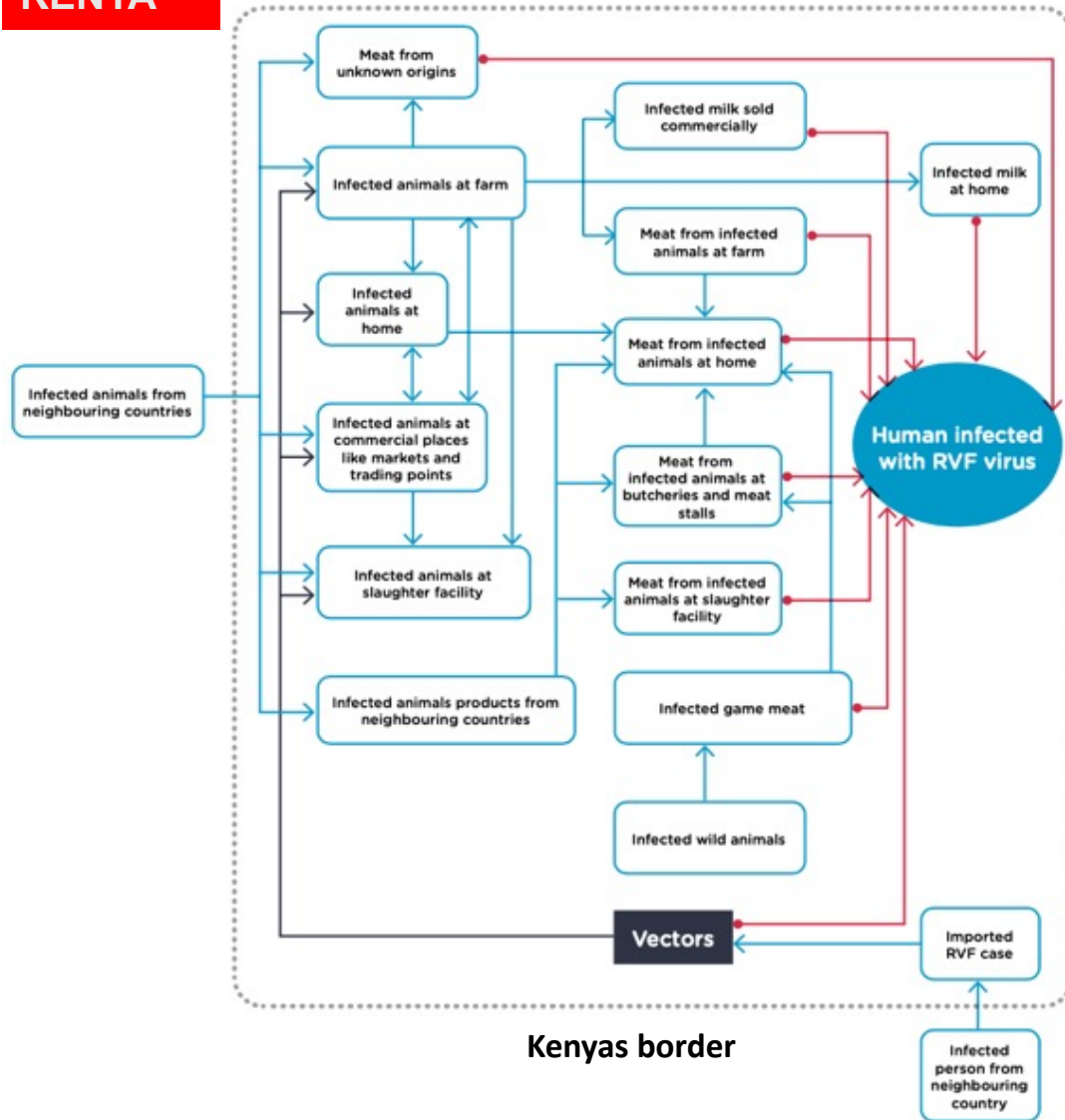
*What is the likelihood and impact of occurrence of a **human case of RVF** a **village** in **Nyandarua** due to **livestock trade** within **next 2 years** ?*

Risk Pathway for Rift Valley fever



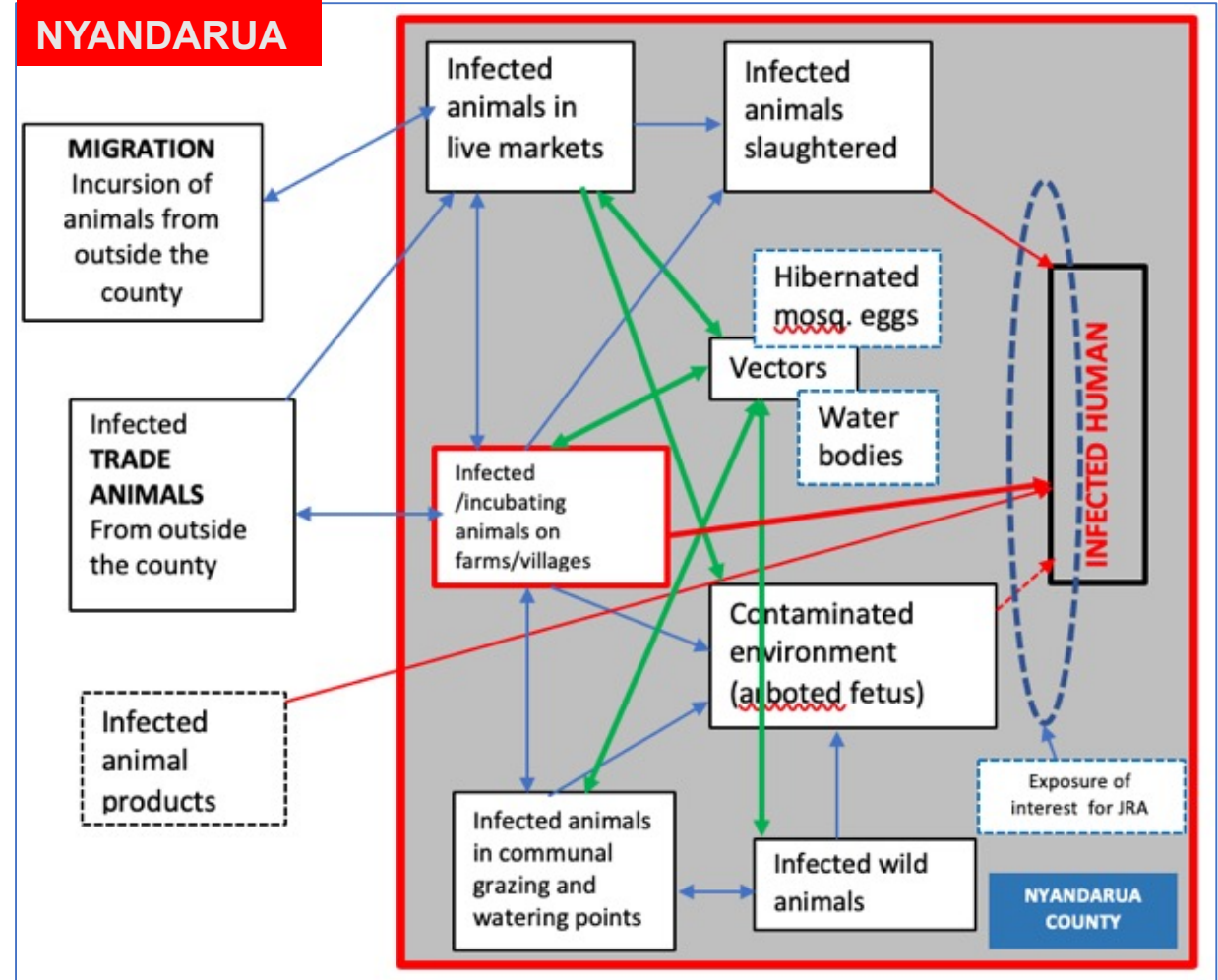
KENYA

National



Subnational

NYANDARUA



Risk Matrix for Estimating Likelihood and Impact

Likelihood: Moderate

Uncertainty: Low

Rationale: Low seroprevalence,
Ecology, Hydrology, Animal Pop.
density, Enhanced SS

Impact: Moderate

Uncertainty: Low

Rationale: Food security, Intervention
costs, Severity/Burden and
Economics-Trade, Disruptions

* *National/transboundary trade impacts*

Likelihood

| | | | | |
|------------|------------|-------|----------|--------|
| High | | | | |
| Moderate | | | | |
| Low | | | | |
| Negligible | | | | |
| | Negligible | Minor | Moderate | Severe |

Impact

❖ * *SME- Expert opinion*

Linking risk assessment results with risk management

Recommendation : Increased/Enhanced surveillance strongly suggested

Risk Management and Communication

- Data review in health facilities – Differentials for Acute febrile illnesses
- RVF forecasting and Update the RVF risk map
- One Health sentinel surveillance sites
- Strengthen laboratory diagnostic capacity- infrastructure and human capacity.
- Training of animal and human health officers in diagnosis of RVF
- Multisectoral Simulation Exercises and After-Action Review – COHU (2022)
- **Communication:** Enhance community sensitization on RVF (causation, transmission, prevention, signs) – IEC, media

DAILY NATION | Wednesday, February 13, 2019

Nyandarua > Fever lasting over 48 hours to be reported

County on alert as two positive for Rift V. Fever

Four other suspected cases are under probe and the focus now is on prevention

BY WAIKWA MAINA
waikwamaina@yahoo.com

The Nyandarua Agriculture and Health departments have sent an alert over Rift Valley fever (RVF), after two human cases were confirmed.

Health Chief Officer Joram Muraya said four other suspected cases were under investigation.

For more suspected livestock cases, county Agriculture executive James Karitu said samples had been sent to the Nakuru and Kabete Veterinary Research Institutes for testing.

The cases have been confirmed in Rurii and Kaimbaga wards, both in Ol Kalou constituency.

These are the first cases of RVF in the region recently. The disease usually occurs after every 10 years in areas where it has been reported.

"We have already alerted the national government in case things get out of control. But our main focus, for now, is prevention.

We have directed our public health officials to carry out random meat inspections in all outlets," said Dr Muraya.

The two departments have a joint technical committee for prevention measures, which include community sensitisation and surveillance. "We have directed animal health providers to carry out surveillance and report cases of abortion in sheep and cattle and death of calves and lambs to

veterinary officers. The disease's mortality rate for lambs and calves is 100 per cent and up to 70 per cent for adult livestock," said Dr Karitu.

Movement of animals and meat in and out of the affected areas has been banned, while all livestock and meat to and from Nyandarua County must have a valid permit.

All livestock for slaughter must also be inspected, and movement permits verified at the slaughterhouse. All outlets must have their meat inspected, stamped and issued with a clearance certificate at designated abattoirs.

The first cases were reported in mid-January, but Dr Karitu says analysis results were unreliable, considering that Nyandarua is a low-risk area.

"The cases occur in prone areas and shortly after heavy rains. We are investigating to understand why the disease is in Nyandarua and during a period of drought. But we suspect these are effects of climate change," said Dr Karitu.

Dr Muraya has advised residents who develop fever lasting above 48 hours to seek medical attention. He warned farmers to use protective gear when handling sick animals.

In brief

FACTS ON RIFT VALLEY FEVER

Rift Valley fever is a viral disease that primarily affects animals but can also infect human beings.

A majority of human infections result from contact with the blood or organs of infected animals.

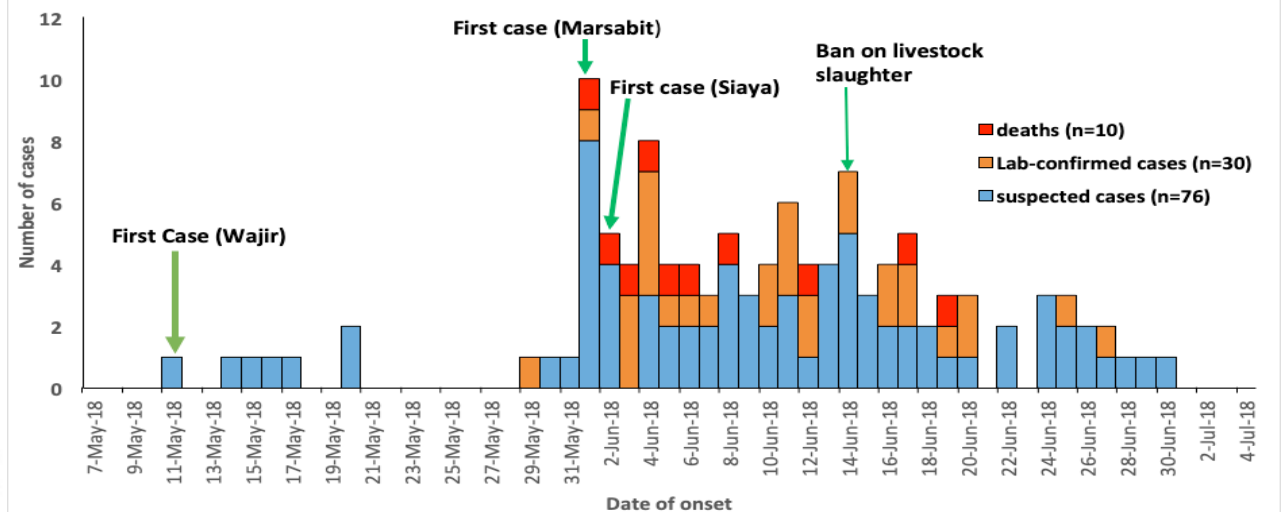
Human infections have also resulted from the bites of infected mosquitoes.

Outbreaks of RVF in animals can be prevented by a sustained programme of animal vaccination.

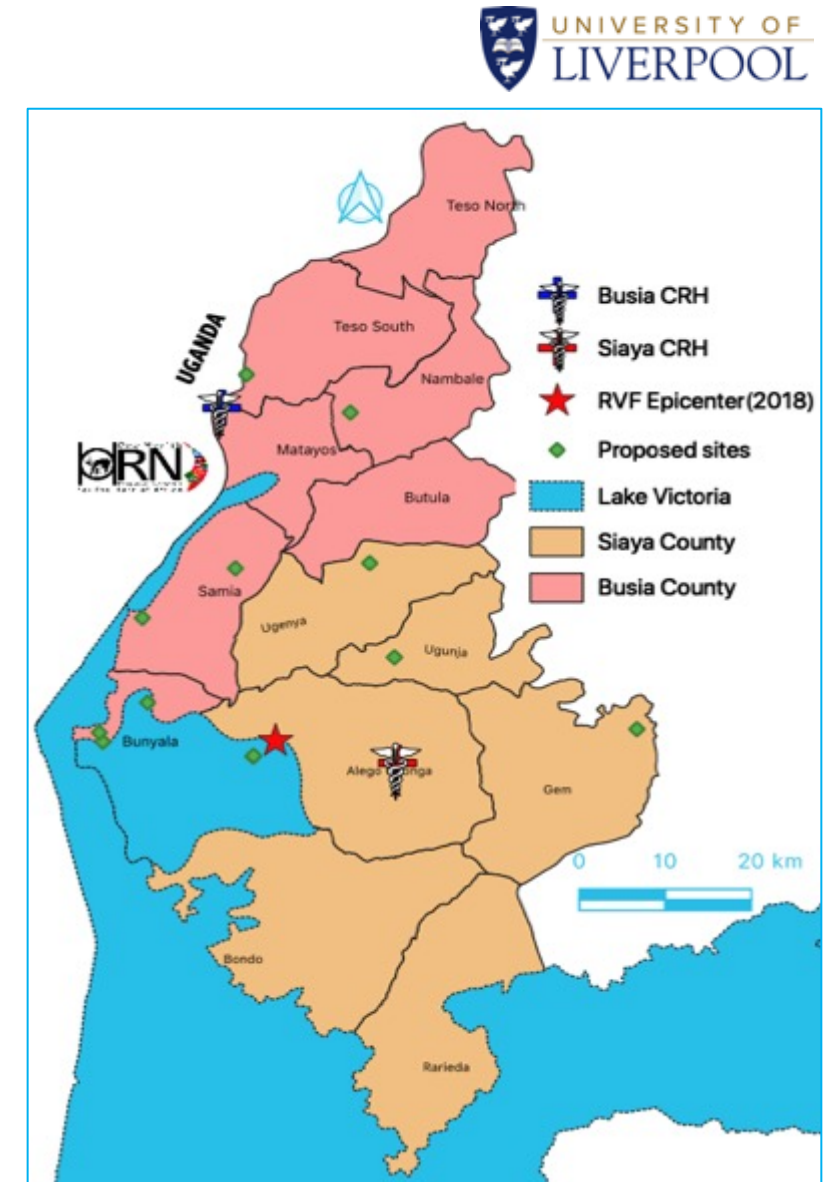
Rift Valley fever Outbreaks -2018, 2021



Joint Risk Assessment and Epidemiological Investigation



RVF One Health Surveillance in Kenya, 2022

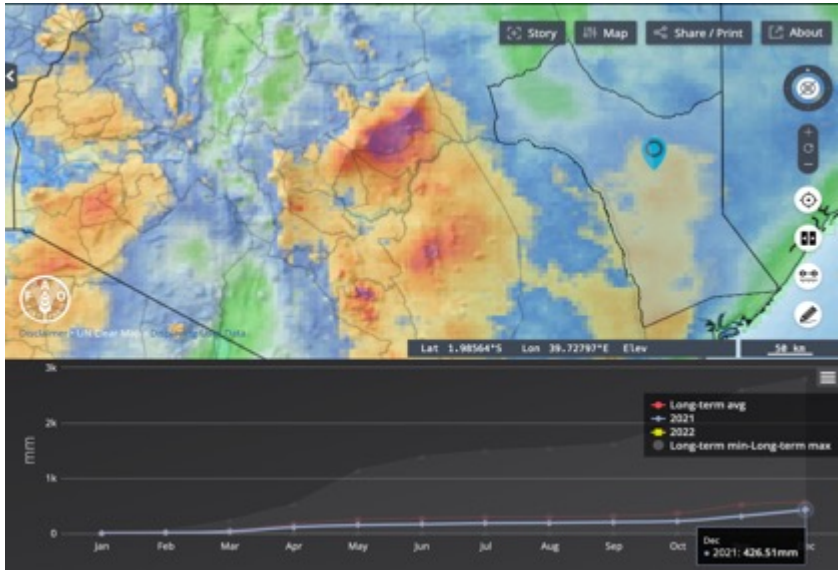


RVF Decision Support Tool (DST) 2022

- **Integrates** near real-time RVF **risk maps** with relevant **geospatial products, expert knowledge, risk assessment** and **categorization, recommended actions** to guide appropriate response to RVF at country level
 - **OH guideline document** for RVF Preparedness, response and contingency plans for the target countries
- **Pilot countries: Kenya, Uganda, Tanzania** (interest from other countries):
 - Routine Enhanced Surveillance System
 - National Emergency Response - Incident Coordination Group (ICG) activated
 - Use of risk maps produced to target field activities in Kenya to conduct a RRA
 - Targeted Livestock vaccination
- **Joint FAO-IGAD alert messages (Feb 2022)**



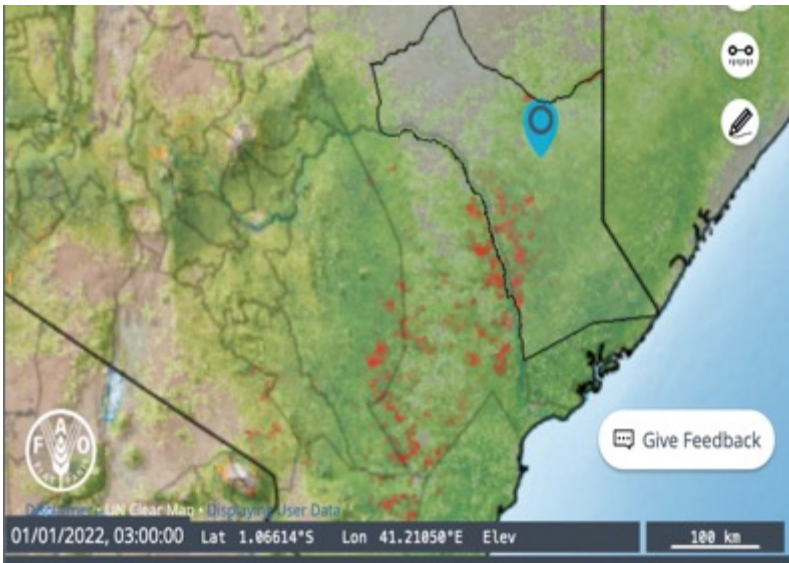
RVF Decision Support Tool (DST) 2022



Cumulative precipitation indicating the Dec 2021 rainfall amounts (Scenario 2)



EVI for Dec 2021 and Analysis report for risk of vector amplification , Jan 2022 is high (Scenario 3)

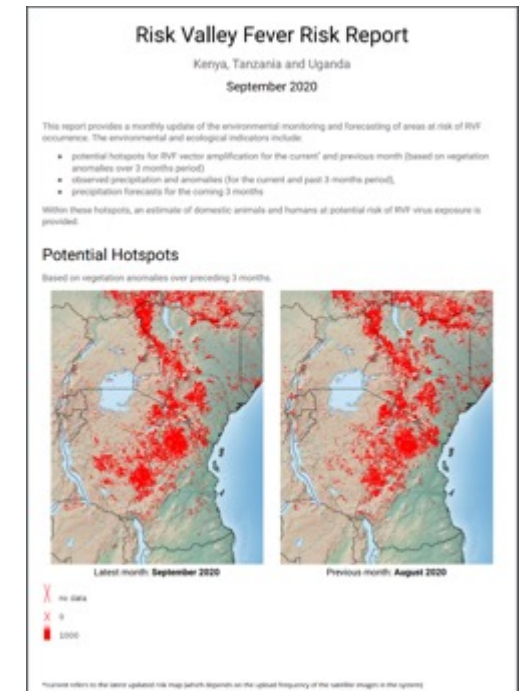


EVI and current vector amplification monthly forecast (Scenario 4)



Multifactor radar analysis 8.95% risk in humans

- RVF outbreaks
- RVF risk maps
- Rainfall anomalies
- Livestock
- Roads
- Protected areas
- Markets
- Livestock routes
- Soil
- Water bodies

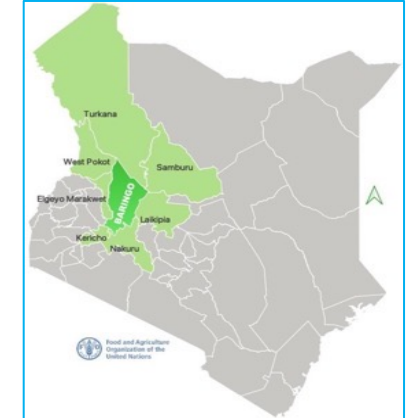
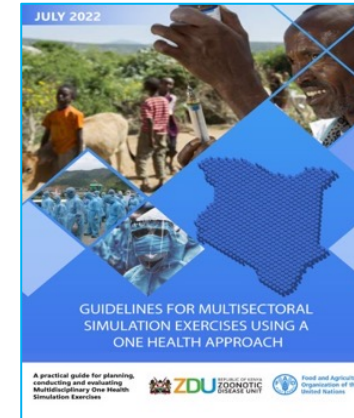


Simulation Exercises (SIMEX) and AAR- (RVF, EVD)



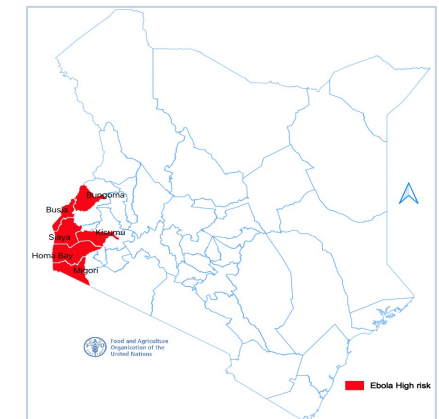
December 2020, July & Nov 2022

- Different sectors have specific risk assessment approaches that can be synergized by a **One Health Approach**.
- Conducting multisectoral, multidisciplinary SIMEX - **Risk assessment**, identification of critical gaps RVF & EVD contingency plans (Functions areas of surveillance **communication** and collaboration).
- County One Health Cluster Tabletop Simulation exercises- Review the “Human/Animal” emergency response structures (, PHEOC etc.),



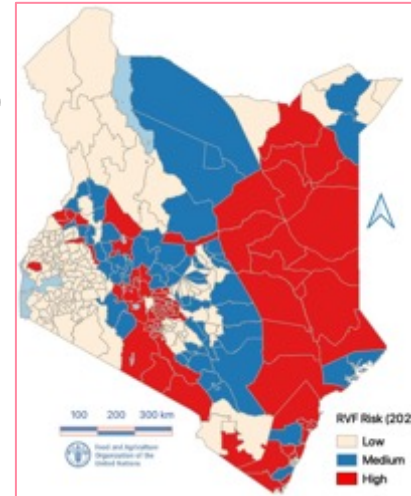
Monday, September 26, 2022 KSh60/00 (TSh1,700 - US\$2,700/00 - Rf900/00) | f t /NationAfrica [No. 20901] | www.nation.africa 000000

DAILY NATION



Risk Communication & Community Engagement (RCCE)

- Policy and legislation involving the community
- Community feedback meetings
- Behavioral Change Communication (BCC)
- Risk mapping
- PHEIC – EVD



TDR-IDRC RESEARCH INITIATIVE ON VECTOR BORNE DISEASES IN THE CONTEXT OF CLIMATE CHANGE FINDINGS FOR POLICY MAKERS RIFT VALLEY FEVER IN KENYA

Enhancing responses
and community resilience
to RVF in Kenya



Executive summary

This policy brief provides recommendations based on evidence emanating from findings of a multidisciplinary collaborative research project titled "Improving Human Health and Resilience to Climate-Sensitive Vector Borne Diseases in Kenya", which was conducted in Baringo County between 2014-2016. The aim of the project was to assess factors predisposing local communities to Rift Valley fever and develop strategies to improve their resilience. The brief complements Kenya's Rift Valley Fever Contingency Plan (2014) and RVF Decision Support Tools (2010). Successful adoption of the recommendations in this brief requires public education and awareness, effective vector control, enhancement of community early warning systems and strategic livestock vaccination, as well as coordinated response between the health and veterinary departments.

About the project

This policy brief forms part of the research project on *Early warning systems for improved human health and resilience to climate-sensitive vector borne diseases in Kenya*.

This programme is implemented by TDR-WHO, with funding support from the International Development Research Centre (IDRC) and in technical collaboration with WHO's Department of Public Health and Environment (WHO-PHE), WHO's Regional Office for Africa (WHO-AFRO), and the International Research Institute for Climate and Society (IRI), Columbia University, New York, USA.

The Principal Investigator of this project is Professor Benson Estambale, Jaramogi Oginga Odinga University of Science and Technology, Kenya. bestambale@juost.ac.ke

