

Strategic Plan for Elimination of Rabies in Kenya

'A perfect case of one health in action' and The Role of EPT2



ECTAD Emergency Centre
for Transboundary Animal Diseases

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**1st Meeting of the Directors of Rabies Control Programs
in East Africa, Nairobi, Kenya**



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REPUBLIC OF KENYA
Ministry of Health and
Ministry of Agriculture, Livestock and Fisheries



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

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Can we have a Rabies-free Kenya by 2030?



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History and burden of rabies in Kenya

- Kenya has history of rabies with first case recorded in 1912
- To-date rabies is endemic in all counties in Kenya with varying incidence levels
- Domestic dogs transmit at least 98% of human rabies in Kenya
- It is estimated that up to 2,000 human deaths due to rabies occur annually in Kenya (Kitala *et al*, 2000).
- Ranked as one of the top priority ZD



(a) 1912-1920



(b) 1921-1930



(c) 1931-1940



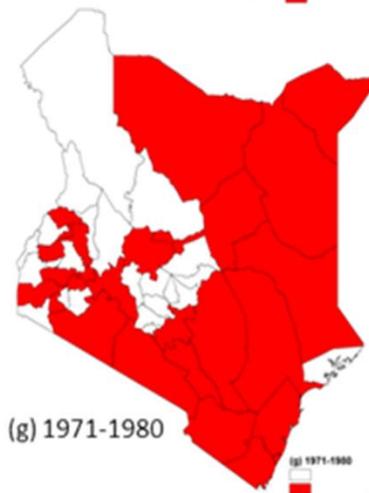
(d) 1941-1950



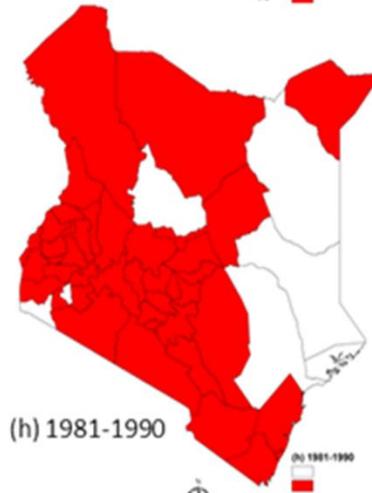
(e) 1951-1960



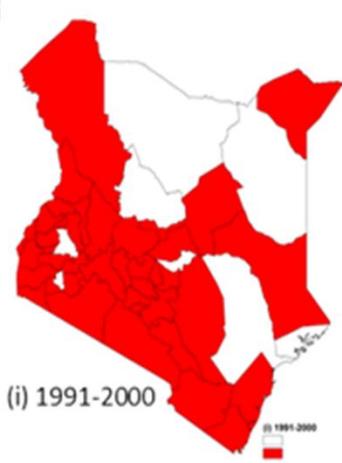
(f) 1961-1970



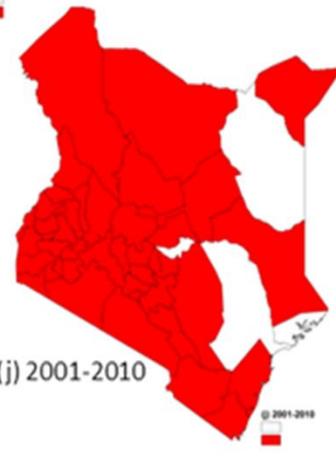
(g) 1971-1980



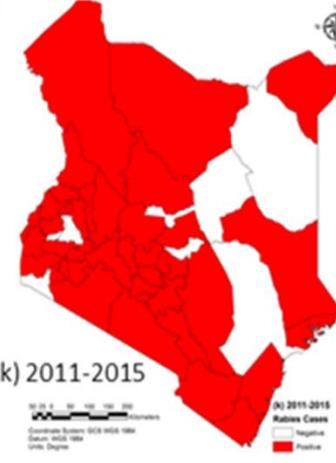
(h) 1981-1990



(i) 1991-2000



(j) 2001-2010



(k) 2011-2015

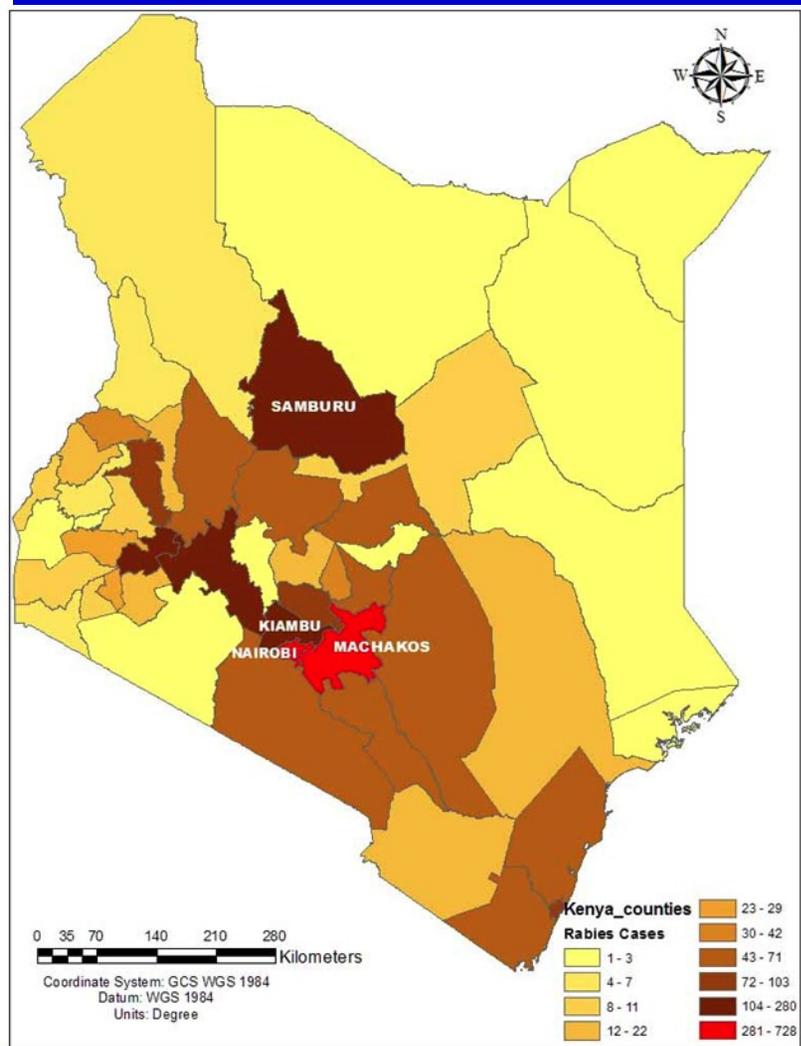


Distribution of number of samples submitted and tested for rabies by species, Kenya 1958 - 2015

Species	No. of samples submitted	Number positive	% positive
Domestic			
Canine	4,466	2,265	50.7
Feline	470	154	32.8
Bovine	1,401	981	70
Ovine/Caprine	352	244	69.3
Equine	164	111	67.7
Porcine	11	6	54.5
Sub-total	6,919	3,771	54.5
Wildlife			
Canine	135	54	40
Mongoose	60	38	63.3
Honey Badger	39	23	59
Feline	9	4	44.4
Others	152	12	7.9
Sub-total	395	157	39.7
Human	164	114	69.5
TOTAL	7,478	4,042	54.1



Rabies burden by County



- Machakos, Makueni and Nairobi cumulatively had the highest burden
- ***These data only as good as the surveillance/sample submission



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Strategies and challenges

Strategy to address challenges in rabies control in Kenya:

1. **Laboratory Diagnoses** - Inadequate laboratory capacity
2. **Field Surveillance (active & passive)** - Inadequate surveillance
3. **Sectoral collaboration** - Inadequate inter-sectoral collaboration/partnerships
4. **KAPP** - Low awareness on rabies prevention and control
5. **Research** - Inadequate research on rabies
6. **Vaccination** - Limited supply of anti-rabies vaccine
7. **Funding** - Funding constraints
8. **National Guidelines** - Lack of integrated National Guidelines on Rabies prevention and control

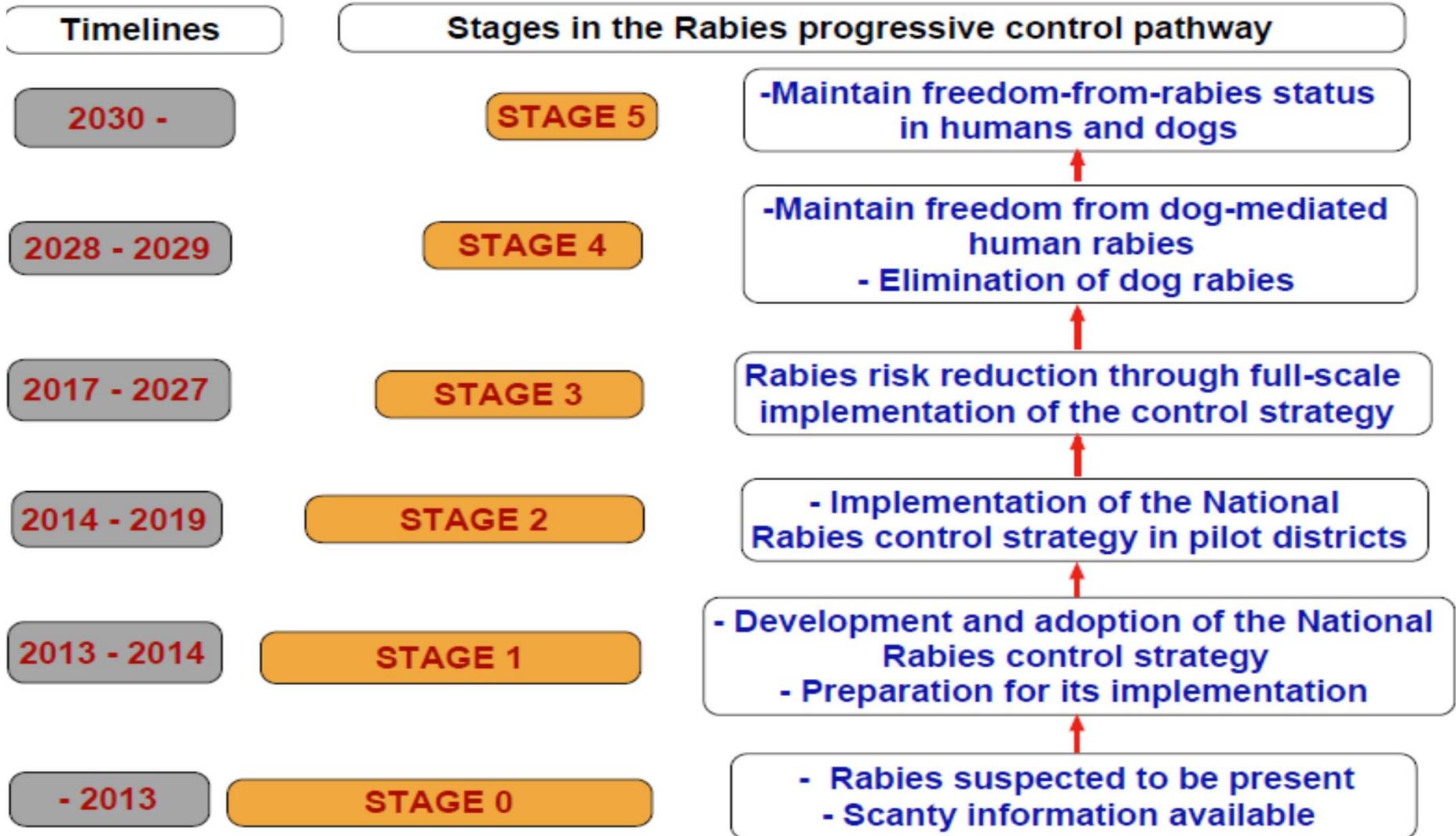
Role of ECTAD FAO

- With major funding from the USAID, FAO is able to focus on:
 - Zoonoses
 - National laboratory capacity
 - Biosafety and biosecurity
 - Workforce development

Priority zoonotic diseases: Rabies, Brucellosis, Anthrax, Rift valley fever and Q-fever



Implementation stages





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thank you

