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The outcome of this mission will determine the appropriate intervention between two options; planned synchronized campaigns in the five border areas with Somalia or a minimum of two national immunization campaigns. Both have implication for resources mobilization.

In WHO’s flash appeal to be launched next week, an emergency synchronized mop up poliomyelitis and measles campaign for the neighboring districts of Kenya and Somalia had been planned.

On Saturday, 14th October 2006, the Emergency Polio response team chaired by the Director of Medical Services, Dr James Nyikal met to develop a response plan. Participants included WHO led by the WR, Dr. Peter Eriki, and senior officers form MOH, UNHCR, UNICEF, MOH, GTZ, STOP Polio team.

It was also proposed that the emergency synchronized mop up campaign in the five districts should proceed as planned.

“The Ministry of Health, Kenya has reported the first case of polio since 1984” said Dr. James Nyikal, the Director of Medical Services on Monday October 17, 2006. The case, a three year old girl was confirmed on 13/10/06 from the Hagadera refugee camp, one of the three refugee camps around Dadaab in the Garissa district of the North Eastern province of Kenya. She had Acute Flaccid paralysis with a date of onset as 17/09/06. The neighboring countries of Somalia and Ethiopia had confirmed wild polio virus this year.

The recent influx of Somali refugees from Kismayu, a town where wild polio viruses had been confirmed this year had heightened the risk of wild polio being imported into Kenya. The nomadic characteristics of the communities of the North Eastern region, which are similar to those of the neighboring Somalia and Ethiopia, placed the region at high risk. More than 30,000 refugees mostly women and children have crossed into Kenya since June 2006.

“A team drawn from the Ministry of Health headquarters, World health Organization, UNICEF, and provincial medical office are on the field investigating the case to determine whether it was a local Kenyan case or imported from elsewhere” said, Dr. Nyikal.

Map of Kenya showing probable route of transmission
Kenya Prepares Flash Appeal

Kenya has been home to Somali refugees since 1991. The majority of refugees are encamped in Dadaab in Garissa District. There are currently 160,000 registered refugees in Dadaab. Since September 2006, these migrations have rapidly increased with an average of 800 people per day reaching the Libio reception centre. In early October, other refugees had started arriving from Kismayo, where the ICU has taken recent control. The number of daily arrivals continues to increase and reached 1400 on the 10th October. Most of them are arriving in Liboi and Amuma (border centres) in an exhausted state.

Presently existing health facilities are being used to provide services to them thus causing a resource gap. Therefore additional resources are needed to fill this gap by upgrading existing health facilities.

The health plan, including the medical screening, early warning and response systems for diseases of epidemic potential and severe malnutrition, will take into account possible cholera/ dysentery and measles outbreaks which will need additional resources. Wild polio viruses have been confirmed in those areas the presently new refugees are coming from and immunization coverage is also low.

The World Health Organization is urgently seeking funds to:

- Provide direct technical assistance, supervision and training in order to
  - conduct and support in-depth health and nutrition assessment among the vulnerable population
  - strengthen/establish early warning and response systems against diseases with epidemic potential in the main and transitional camps as well as in the host population
  - support partners to conduct two emergency sub-synchronized polio and measles immunization campaigns in the districts adjoining the Kenya-Somalia border.
  - support partners to conduct health promotional and preventive activities, especially for basic hygiene and HIV prevention

Monthly Health and Nutrition Sector meeting Held

The Health and Nutrition sector had the monthly meeting in the Ministry of Health.

The main issues discussed centered on capacity building for MOH and partners on management of severe malnutrition at the facilities and the community level. A technical committee was formed to review and harmonize all the Guidelines and protocols. The new WHO nutritionist was co-opted into the team.

Most partners have plans to conduct nutritional assessments. It was agreed standardized tools be used for the data collection and analysis. This will enable comparison and projections for the future. The draft standardized tools was to be circulated to all partners.

WHO debriefed Partners on the recent vulnerability and needs assessment carried out on the new refugees arriving in Kenya in the north eastern part of the country. The Weekly WHO bulletin was also distributed to participants. The epidemiological situational report was also presented.

The Nutritionist also briefed partners on the recent workshop held in Dare Salaam on the management of severe malnutrition, and extension of same to the community level.

There were presentations from each partner.
Integrated Management of Childhood Diseases

The IMCI division of MOH had completed supportive supervisory visits to Ijara district. This is a follow up to the capacity building activities earlier in the year. 15 health workers were trained in the district.

Similarly training is in progress in Garissa district for 24 health workers from the health facilities in the district. The training will be completed next week.

UN Emergency Task Force meeting

The UN Emergency Task Force had an emergency meeting to finalize and harmonize the Kenyan Humanitarian Flash Appeal. The meeting was chaired by the Resident coordinator. Also in attendance was the Inter Country team Focal Point and the WHO Representative.

Meeting with the IDSR Team of MOH

The EHA Focal Point had a meeting with the Integrated Disease Surveillance and Response Team at the MOH. The objective of the meeting was to improve capacity at the national data entry level. Findings of the preliminary analysis of the data from the North Eastern part of Kenya were also discussed.
The major disease outbreak news for the week was the confirmation of one wild polio virus case in a three year old girl at the Hagadera refugee camp near Dadaab in the Garissa district. The case is being investigated. At the same time there is an active case search on-going in the district and other districts bordering Somalia by a multi-agency team including WHO, UNICEF, MOH and other partners.

There were no other outbreaks of any diseases of epidemic potential.

The number of districts reporting weekly surveillance in the ten districts has improved considerably. The data entry had also improved at the national level improving from week 37 last week to week 40 this week. Only Samburu district could not report so far among the WHO trained drought affected districts. The graph below shows the number of districts.

Malaria continues to rank first among the diseases that are diagnosed in the health facilities in the drought affected districts. Even though the morbidity is high there is no significant change in the trend of incidence. Most of these cases were clinically diagnosed

Similarly there was no significant increase in acute measles cases reported over the period.

There is an increase in the trend of childhood diarrhoea cases. This trend will be observed closely in the coming days and investigated.

There is an increase in Kala azar cases also admitted to the Wajir district hospital. As at the end of the week a total of 84 cases were admitted. No deaths were recorded.
SUB OFFICE NEWS

The activities of the week were mainly based outside Garissa town and covered Wajir, Moyale and Marsabit districts. These were as follows:

The Focal Point held meetings with the DHMT members of the three districts. He shared with the teams the feedback on the IDSR reports analysis from the national level.

The Wajir district is among the regular reporting districts with over 60% reporting.

In Moyale the district only one week report had been received in the last ten weeks. The DMÖH office had good communication systems including e-mails but reports were lying in the Records Dept and not being submitted to DOMU as required. The DMO promised to remedy the situation. There were several reported suspected cases of measles which do recur frequently from districts neighbouring Ethiopia. A visit to two nearby rural health facilities revealed that immunizations were being offered on weekly and month basis instead of the normal daily basis. This is a big concern particularly when the same areas are the ones that report frequent measles out break.

Finally, he Held meetings also with the Disease Surveillance Officers in both the Oromo and Somali regions of Ethiopia. They appreciated of Government of Kenya and / WHO support particularly during the synchronized polio campaigns. They requested Kenya to include them during diseases surveillance training sessions in future.

The Marsabit District Health Management Team expressed surprised that no single report reached MOH at national level since the last ten weeks. The DMÖH office and DDSC requested to make a follow up with MOH since they said they had evidence that the reports were being submitted to them on weekly basis. The DDSC also gave me copies of the summarised reports that he said he has been sending to DOMU.

The following general challenges were identified:

Poor communication systems from facility level to the district level and from the district level to the national level.

High turnover and attrition of staff which affects the IDSR roll out.

Inability to conduct supervisory visits to the health facilities as planned during the IDSR training due to lack of funds. This was crucial particularly during the first months following the roll out.

The way forward was seen as providing solutions for the above raised challenges.

There still exists malnutrition especially among children less than five years. Malnutrition cases admitted to the Wajir hospital is still high. The largest number at the Stabilization Centre came from Merti Division of Isiolo Districts.

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It was observed that the Therapeutic feeding programs in the districts visited do not use the latest MOH/WHO guidelines despite several

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