

KENYA: RIFT VALLEY FEVER OUTBREAK

20 January 1998

Information Bulletin N° 01

The Disaster

In mid-December reports of an outbreak of a fatal, hemorrhagic fever were received from Garissa and Wajir Districts of North-eastern Province (NEP) in Kenya and from seven villages in southern Somalia. Initial case reports described clinical signs of acute onset of fever and headache, followed by bloody stools, bleeding from other orifices, then death. Most of the initial acute cases reportedly progressed to death within less than three days and jaundice was sometimes present. On 23 December the NEP Provincial Medical Officer reported 73 deaths due to the disease in Garissa district and 70 in Wajir.

Rift Valley Fever is spread by mosquitoes, whose numbers are rising rapidly, due to the huge amounts of stagnant pools left by the heavy flooding currently sweeping the East Africa Region, providing ideal vector breeding grounds and leading to poor hygienic conditions. This was clearly flagged in the International Federation's Appeal 29/97, issued on 5 December, which warned "the region now faces an imminent threat of rapidly-spreading epidemics. Conditions are ideal for the transmission of serious diseases like cholera and malaria, while health systems, where they exist, are hard-pressed to manage".

On 25 December, an investigatory team including representatives from the Federation, African Medical Research Foundation, WHO and MSF, co-ordinated by the Provincial Medical Officer began field investigations and collecting biological specimens. Specimens from 41 humans and seven sick animals ruled out Ebola, Marburg, Lassa, Congo Crimean, Dengue, Yellow Fever, Tick-borne Encephalitis, Sinbis, Hanta Viruses, Hepatitis E and West Nile Fever.

On 6 January 1998, WHO confirmed that Rift Valley Fever had struck NEP and up to 300 people had died from the disease. Specimens from Somalia confirm that Rift Valley Fever is also present and problematic in several areas.

Red Cross/Red Crescent Action

A Task Force has been created which included WHO, Kenyan Government Ministries, international organisation, NGOs and Kenya Red Cross Society/Federation. Its main objectives are to look into the epidemiological aspects, testing the manifestation and spread of Rift Valley Fever and defining appropriate responses. The Federation has played, and will continue to play a major role in health education.

In December, KRCS/Federation opened a Diarrhoea Diseases Centre to monitor a cholera outbreak, but the centre soon became the referral centre for all suspected Rift Valley Fever cases.

The Task Force made several field trips which relied on hitchhiking helicopter rides with WFP food drops. This operation has finished, and in any case was a poor method of data collection as it limited time spent on the ground and geographical spread. Ninety-three Red Cross Community Health Workers and Traditional Birth Attendants have been recruited and trained to gather information. Every two days home visits are conducted in Central Garissa and private clinics are visited weekly.

To support the investigation of the disease outbreak KRCS/Federation has provided one Cholera Kit and ten Basic Units, plus disinfectant, supplemented the laboratory kits with additional gloves, syringes, needles and, swabs, provided small medical kits for field visits to areas that lacked medicines and provided administrative support .

As part of the Task Force KRCS/Federation plans to distribute public health safety information and recommendations to community health workers in each village. The villages will be provided with essential materials such as masks, gloves, and disinfectants for use in disposal of dead humans and animals. Also, slaughter houses will be monitored, as will the quality of drinking water, the handling and cooking of meat in kiosks. Recommendations regarding vector control and personal protection from biting insects (e.g. repellents, insecticides and bed nets) will also be made. All staff have been advised to always use latex gloves and wear masks (and possibly gowns) during the collection and handling of blood specimens. Every precaution is being taken to prevent needle-stick injuries and minimise airborne droplets.

This latest disaster is stretching the resources of KRCS and the Federation Delegations to their limit, as they are already very active in drought mitigation, cholera programmes and other projects arising from floods.

Needs

Funding is needed to support the laboratory kits and subsequent specimens which have to be processed. Vaccines for livestock in unaffected areas, and funding for health education materials and protective materials for health workers and the communities. Contributions should be made to Appeal 29/97.

As inconsistencies exist between current observations in this situation and those reported from previous Rift Valley Fever outbreaks the Task Force recommends:

- { Continuation of active identification and investigation of new cases using a similar case definition format;
- { systematic surveillance to better estimate the magnitude of the problem;
- { follow-up of all investigated cases to record their progress, and a case-control study to look at risk factors affecting acquisition and severity of disease;
- { a statistical survey including serological evaluation in 1-3 villages to understand better the presentation of the disease and estimate the case-fatality rate;
- { investigation of new cases in animals and vaccinate livestock;
- { instigation of a health education campaign and distribution of masks, gloves and disinfectants.

Donors are urged to support Appeal N° 29/97. Contact Juan Saenz, Acting Desk Officer on 4122-7304315 for more information.

Ann Naef
Acting Head
Appeals & Reports Service

Bekele Geleta
Director
Africa Department