

THE FRONTLINE RESPONDERS IN PUBLIC HEALTH EMERGENCIES

REPUBLIC OF KENYA



MINISTRY OF HEALTH
THE KENYA FELTP

Our Vision

A leading training program in applied epidemiology that contributes to the strengthening of health systems and improves the health of the people of Kenya and the global community.

Our Mission

Build a sustainable network of skilled applied epidemiologists who can measurably improve public health services through training while in service, efficient and effective investigation and response to public health emergencies, building strong surveillance systems, and conducting operational research to improve public health in Kenya and beyond.

A QUARTERLY NEWSLETTER FOR THE KENYA FIELD EPIDEMIOLOGY AND LABORATORY TRAINING PROGRAM



**ISSUE 2:
JUNE 2022**

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Kenya
FELTP

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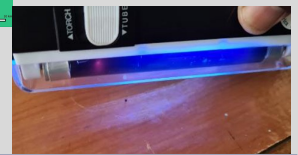
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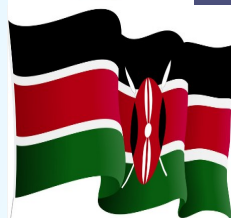
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In the Spotlight



Did you know?



**TEAM KENYA
FOR THE
UPCOMING**



TEPHINET

11th Global Scientific Conference
Panama City, Panama
September 4-9, 2022

FELTP Alumnus? Register with FESK

Word from the Director



Dr. Josephine Githaiga, Director Kenya FELTP

Kenya Field Epidemiology and Laboratory Training Program (FELTP) has progressively strived to meet its vision and mission toward creating a surge capacity that has the aptitude to respond to public health emergencies and reinvigoration of health systems both locally and globally. In Issue Two of the Newsletter, the program has meticulously showcased what FELTP, residents and alumni, and Improving Public Health Management for Action (IMPACT) program alumni have done in various regions. Based on the program's objectives, FELTP and IMPACT synergize with other sister programs, ministries, counties, and organizations where the residents and alumni provide a plethora of activities geared toward improving the health of the people of Kenya and the global community.

The FELTP and IMPACT support accorded to various programs, ministries and parastatals are conspicuously impeccable in meeting Sustainable Development Goals and Kenya Vision 2030. Initially, most sister programs and ministries found it challenging to comprehend the core mandate of FELTP. However, due to our dedication and diligence throughout the programming cycle, they now appreciate the program's prowess and technical support, directly or indirectly, offered seamlessly in support of various programs. The residents and alumni produced by FELTP and IMPACT have espoused and mastered the Johari Window and Human-centred Design Thinking modus operandi, which have been instrumental in routine duty dispensation that has innovated ground-breaking solutions.

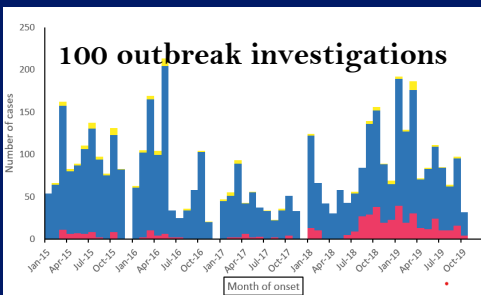
As a program this quarter, we have accomplished a lot that we choose to celebrate. Eleven abstracts from the Kenya FELTP were accepted for the Training Programs in Epidemiology and Public Health Interventions Network (TEPHINET) 11th Global Scientific Conference at Panama City, Panama, September 2022. They will present both oral and poster abstracts from various placement sites and outbreak investigation findings and recommendations as indicated in the 'Events Section' of this Newsletter. I accolade all the successful residents/alumni, supervisors, and co-authors who worked in packaging top-notch scientific papers that will be showcased globally. Similarly, we celebrate Epidemiologist Anna Qabale Duba, a FELTP alumna who won a Prestigious Aster Guardian Global Nursing Award, and many other alumni doing great things outside there. The faculty and the Ministry of Health are proud of you.

In conclusion, we accolade our partners who have collaborated with us to fulfill our mandate as a program; they include academic educational institutions, research institutions, government agencies, and Kenya county governments, among others. We thank the Centre for Disease Control and Prevention (CDC), African Field Epidemiology Networks (AFENET), Moi University, Kenyatta University, TEPHINET, and Field Epidemiology Society of Kenya for your logistical, advocacy, networking, academic and technical advice.

OUR ACHIEVEMENTS



Graduates: 187



KENYA FELTP TAKES LEAD IN THE MALARIA EPIDEMIC PREPAREDNESS AND RESPONSE

Word from the Head, Division of National Malaria Program (DNMP) Dr. George Githuka



Dr. George N. Githuka, OGW, Head, DNMP, Kenya-FELTP alumnus Cohort 11

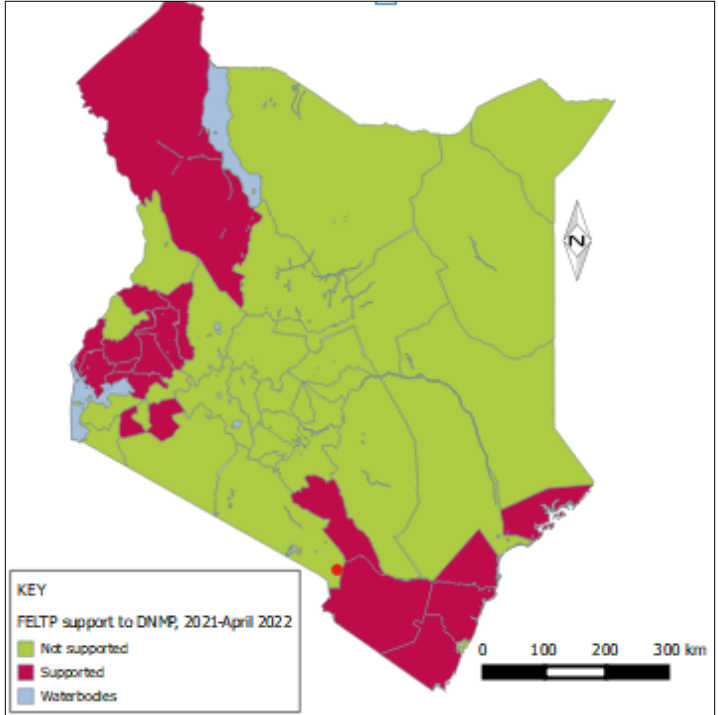
The Division of National Malaria Program (DNMP) collaborates with K-FELTP to train residents through supervision and mentorship. The residents placed at DNMP are integrated into the program's day-to-day operations, guided by the various unit heads and program officers. The placement site experience focuses on the Surveillance Monitoring and Evaluation and Operational Research (SMEOR) unit, including the malaria Epidemic Preparedness and Response (EPR). However, the residents are expected

to rotate in all the other units within the program to gain hands-on experience and offer services based on their background training, acquired skills, required FELTP competencies, and program needs. Recently, we have incorporated some residents in essential national surveys and studies. These include malaria Multiple First-Line Treatment (MFT) studies and the antimalarial Therapeutic Efficacy Study (TES), in which we have coopted Dr. Catherine Kilonzo (Cohort 15) and Dr. Fredrick Ouma (Cohort 16), respectively. Currently, we have two FELTP alumni and mentors – Dr.



Dr. Elvis Oyugi, SMEOR unit lead, Kenya-FELTP alumnus Cohort 10

Dr. Elvis Oyugi (SMEOR unit lead) and me. We are happy to continue helping train epidemiologists and competent leaders. We are honored to continue helping train epidemiologists and competent leaders.



Counties where Kenya FELTP supported the Division of National Malaria Program, 2021—April 2022

FELTP support to the Malaria Program by Fredrick Ouma

Malaria remains a significant public health concern in Kenya, with three-quarters of the population at risk of infection. KFELTP residents have supported several activities within DNMP. Outbreak investigations of increased malaria incidence in Kwale, Kilifi, Turkana, Elgeyo Marakwet, and Nandi, conducted data quality audits in Vihiga and Kakamega counties, and many more assessments, to mention a few. Findings from this assessment have informed the health management on the system's strengths and weaknesses and areas that need improvement for maximum management of Malaria patients. The partnership between the two programs has been instrumental for the Division of National Malaria Program (DNMP) to drive surveillance monitoring and evaluation data for action, guide treatment, manage severe malaria cases and possibly identify drug-resistant malaria parasites locally.

OUTLINE OF FELTP SUPPORT ACTIVITIES TO THE MALARIA PROGRAM (2021—2022)

2021

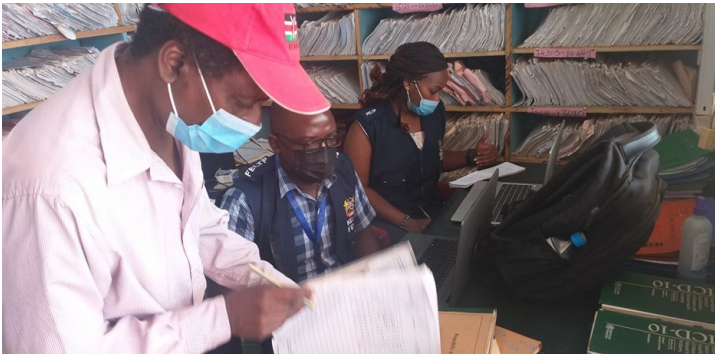
- 16th – 23rd May 2021: Investigation of increased malaria incidence in Kwale and Kilifi Counties
- 29th June – 12th July 2021: Assessment of malaria outbreak in Turkana, Nandi, and Elgeyo Marakwet Counties
- 5th – 19th September 2021: Assessment of inpatient malaria cases in Makueni, Taita Taveta, Lamu, Nandi, Elgeyo Marakwet, Kajiado
- 6th – 17th September 2021: Public Health Action following investigation on increased malaria incidence in Kwale and Kilifi Counties
- 17th Sept – 2nd Oct 2021: Malaria data quality assessment in Kakamega and Vihiga Counties

2022

- May 2022: Malaria Data Quality Assessment and Emergency Preparedness and Response for malaria surveillance in Uasin Gishu, Nandi, Trans Nzoia, Kisii and Bomet Counties.
- June 2022: Assessment of Repeat Malaria Infections in Busia, Kisumu, and Siaya Counties, June 2021-May 2022

The Malaria Outbreak investigations

The upsurge of malaria incidence in Kwale, Kilifi, Turkana, and Nandi



Kwale Sub-County Hospital HRIO assisting FELTP team during the outbreak investigation, reviewing patient files.

Kwale and Kilifi: K-FELTP Residents investigated an upsurge of malaria cases reported in February 2021. The findings indicated that The Kwale Sub-County Hospital in Matuga Sub-county reported most cases. In diagnostics, mRDTs had a much higher Test Positivity Rate (TPR) than microscopy, raising questions on the validity of the results obtained using either diagnostic method as cases reported were much lower than the previous year, February 2020.

Nandi: The assessments noted that the low land and sugar belt facilities e.g., Chemelil, Chemase in areas commonly known as hot spots, were the most affected facilities with the highest overall malaria positivity rates. Most facilities reviewed showed an increased number of cases and a seasonality trend on their Epicurve for the review period; some facilities saw an increase in

caseload surpassing the alert threshold but not reaching the action thresholds. The increase was attributed to the expected peak seasonality times.

Turkana: An active outbreak was noted in four health facilities Turkwel Health Centre, Kakuna Sub-County Hospital, Lokichar Sub-County Hospital, and Ammusait General Hospital. Lokichar sub-county hospital had the highest attack rates.

Cross cutting findings: Most healthcare workers offering services at key malaria service delivery points lacked either knowledge or possession of the key malaria policy documents and/or requisite capacity training hence reduced capacity on malaria control and prevention services and interventions. Data quality issues were noted in all health facilities. Particularly of concern were missing data in source documents, late submission of monthly reports, and variations in reported number of confirmed malaria cases in the monthly summary as compared to the source document.

Public Health Action Kwale and Kilifi Counties

Following the investigation, we planned and conducted a Public Health Action (PHA) activity between 6th and 17th September 2021 in the nine sub-counties of Kwale and Kilifi Counties. County and sub-county teams were trained on malaria surveillance and data assessment using the malaria rDQA tool. Teams conducted mentorship activities in select facilities in the counties identifying lack of standard tools, poor utilization of available tools, staffing shortages, and absence of quality assurance activities within laboratories as crucial deterrents to the quality of malaria data. Immediate measures aimed at improving malaria data quality, improving malaria surveillance indicators, promoting quality and reliability of laboratory results, promoting accountability of malaria commodities, and reducing arithmetic errors in summaries were implemented to resolve some of these issues. Mid to long-term interventions to address the other problems, such as staff shortage, were discussed and recommended to the county and sub-county health management teams.



Dissemination of PHA findings at Kwale County Referral Hospital Boardroom with Kwale CHMT in attendance

The Malaria data quality assessment



FELTP team assessing data quality at a facility in Khwisero Sub-county

Highlights on Malaria data quality assessment in Kakamega and Vihiga Counties

Kakamega: We conducted a Malaria data quality assessment in selected facilities by reviewing the source documents (outpatient register for individuals aged at least five years). Findings showed that 30% had missing data, whereas the completeness of monthly outpatient summary reports was 77%. Only one facility (2.0%) had not submitted its monthly outpatient summary report in time. As per data obtained from KHIS, 11 (61.1%) facilities had acceptable data accuracy in the monthly report.

Vihiga: Malaria data quality assessment done in 10 facilities, 5 (50%) had 90% of the suspected malaria cases in the outpatient register recorded in the laboratory register as having been tested for malaria. In contrast, 2 (2%) had confirmed malaria cases in the laboratory register

recorded in the malaria commodities daily activity register as having received treatment. Written guidelines on report preparation and submission were available in 33% of the facilities, while 100% had a designated staff to verify reports before submission to the next level.

Cross cutting findings: Data quality issues arose in majority health facilities reviewed with discrepancies between the source document and monthly summary report and data uploaded to the national DHIS

Recommendations

- Data quality audits with Improved filing system and storing of patient files
- Conduct Entomological survey to identify mosquito species and malaria parasites likely to be transmitted.
- Conduct refresher trainings to health workers on malaria parasitological diagnosis, case management and treatment as per the current malaria guidelines
- Provide updated malaria treatment guidelines.
- Conduct malaria supportive supervision for malaria diagnosis.
- Strengthen malaria case management by ensuring testing of all suspected cases and optimal stocking of anti-malarial medicines, laboratory reagents, and relevant non-pharmaceutical supplies
- Capacity building of health workers at service delivery points on malaria surveillance, data management.
- Quarterly and annual data quality assessments by Health management teams

Ongoing activities

- Report writing for assessment of Repeat Malaria Infections in Busia, Kisumu, and Siaya Counties



Part of the FELTP team meeting in Kisumu for data analysis and report writing

HEALTH SYSTEMS STRENGTHENING

Improving Public Health Management for Action (IMPACT)

By Grace Wanjau and Gatwiri Murithi

Improving Public Health Management for Action (IMPACT) program is an experiential training modeled on the Field Epidemiology and Laboratory Training Program (FELTP). IMPACT comprises two components: the two years master's program and the six months short course. It was designed in response to the need to strengthen the management skills of Kenyan public health professionals and to meet the challenges of the public health issues in Kenya. The training emphasizes service, providing tangible results to the health sector as the Fellows complete their field competencies.



Tabletop simulation exercises on Emergency Planning, Preparedness & Response

The training is designed so that learning takes place through discrete, classroom-based lectures and case studies, as well as service-based training that occurs during field placement.

The IMPACT two-year training leads to an MSc in Public Health Systems Management and Application from Kenyatta University. The Kenya Ministry of Health offers it in collaboration with Kenyatta University School of Public Health and The U.S. Centers for Disease Control and Prevention (CDC).

On 8th February 2017, the IMPACT master's course was launched. Four cohorts with eight (8) residents were stationed at the national and county levels. Cohort 4 joined the program in November 2021.

The IMPACT short course referred to as the Distinguished Fellows Program (DFP), was launched on 20th June 2016 at the Kenya School of Government. It is a six-month program designed to provide

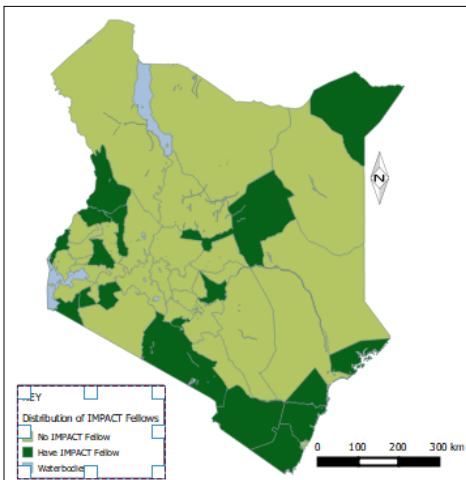
intensive, advanced training to senior managers across the Kenya Ministry of Health. Implementing a combination of classroom, field, and project work, IMPACT' Distinguished Fellows' enhances skills and applied knowledge in critical public health management competency areas. It covers five training sessions.

The five training sessions:

1. Project Management
2. Strategic Collaboration and Communication,
3. Public Health Emergency Preparedness and Response
4. Organizational Leadership & Systems Awareness , and
5. Final Symposium: Group Case Study.

The training classes are carried out in collaboration with the Kenya School of Government, the Ministry of Health, and the Centers for Disease Control and Prevention.

There have been five cohorts of 15 participants, each comprised of MOH staff from national and counties. So far, 29 counties and the national Ministry of Health have been represented in the IMPACT training.



Distribution of IMPACT fellows in Kenya

IMPACT GRADUATES UPDATES

- The Ministry of Health (MoH) on 15th March, 2022 launched four Tuberculosis (TB) policy documents which will provide health care workers with interim guidance in managing patients with presumed or Confirmed TB or Covid 19 and follow up. IMPACT cohort 1 graduate, **Nkirote Mwirigi** Coordinator of TB Prevention and Care Action Plan, took the lead in the preparation of the Public-Private Mix Action Plan (PPM Action Plan 2021-2023) which has three pillars among them effective leadership and stewardship, optimization of delivery, monitoring and evaluation of PPM interventions which will increase the number of private facilities offering TB services.



IMPACT MSc cohort 1

OUTBREAK INVESTIGATIONS

Yellow Fever Outbreak Investigation Isiolo County, March 2022

By Esau Langat and Mark Matheka

Yellow fever is an acute viral hemorrhagic disease transmitted by infected mosquitoes of the *Aedes* species with an incubation period of 3 to 6 days. The Signs and symptoms include; fever, headache, jaundice, muscle pain, nausea, vomiting, and fatigue. Symptoms disappear in most cases after 3 to 4 days, but 15% of patients may enter a second, more toxic phase within 24 hours of the initial remission, where high fever returns and several body systems are affected, including the kidneys. Half of the patients who enter this toxic phase die within 10 to 14 days, while the rest recover without significant organ damage.



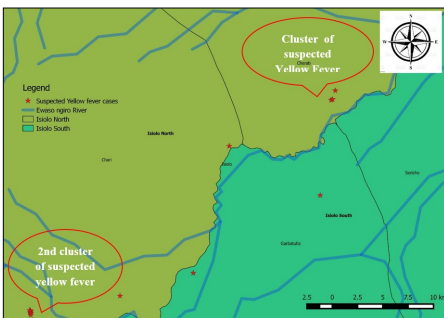
The global yellow fever burden is estimated at 84,000-170,000 severe cases and 29,000-60,000 deaths every year. Isiolo County reported 15 yellow fever-like illnesses cases characterized by fever, jaundice, and headache in March 2022, triggering an epidemiological investigation to ascertain the extent of the outbreak and institute response measures.

Investigation Design: We used a cross-sectional study to investigate with a retrospective review of health records (January 2022) at the health facilities. We conducted active case searches to identify suspected cases per the Yellow fever case definition.



Sample collection

A case was defined as any person with acute illness presenting with at least one of the following signs and symptoms: fever, jaundice, nausea, vomiting, fatigue, headache or dark urine in the past 4 months (from November 2021).



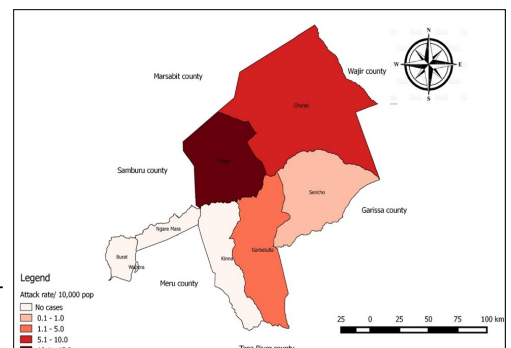
Yellow fever clusters in Isiolo County, March 2022

Results: A total of 49 cases were line listed with six deaths (case fatality rate of 12.2%). The mean age of the cases was 28.6 years (standard deviation of 19.0). Males contributed 87.8% (43/46) of the suspected cases.

Merti Sub County contributed 73.5% (36) of the cases, while Garbatulla and Isiolo sub-counties had 18.4% (9) cases and 4.8% (4), respectively. Cases were distributed within the Ewaso nyiro river Basin with clustering of cases in two sections along the river basin in Chari and Cherab wards of Merti sub-county. Chari and Cherab wards had the highest attack rate of 14.67 per 10,000 and 5.82 per 10,000, respectively.

Livestock herders contributed 40.7% of the suspected cases. Fever was in 100% of the suspected cases, Jaundice 89.1%, general body malaise 73.9%, dark urine 67.3%, headache 52.2%, and vomiting 50%. Of the suspected cases, 29.2% (7/24) were hospitalized.

Four cases had presumptive positive Yellow Fever results, two cases through Enzyme-Linked Immunosorbent Assay (ELISA) and the other two through DNA PCR. Four livestock specimens were collected from a flock with a history of abortion for testing for possible comorbidity and turned negative for Rift Valley Fever, Brucellosis, and Q fever infections. A malaria test was also done for all the samples, and 53% (26 cases) were positive.



Yellow fever attack rates in Isiolo County, March 2022

Conclusion and Recommendation: Most suspected cases were young male herders. There was also a high number of malaria in the community. There is need for community education on yellow fever and Malaria with net distribution. There was also the need to enhance malaria and yellow fever surveillance and instituting yellow fever vaccination.

OUTBREAK INVESTIGATIONS

Acute Respiratory Illness investigation reveals Pseudomonas Outbreak in Nakuru County

By Catherine Chacha



Introduction: Globally, Acute Respiratory Infections (ARI) epidemics result in 3 to 5 million cases of severe illness, with approximately 290,000 to 650,000 related deaths yearly. On February 10, 2022, Nakuru County reported an increase in flu-like illnesses among children, which was identified as being due to Adenovirus. A case-control study demonstrated that malnutrition and lack of knowledge on clinical management of ARI may have contributed to the outbreak. Further laboratory investigations identified 2 (9%) of the positive adenovirus samples positive for Pseudomonas aeruginosa. An additional 8 cases (38%) were identified from another cluster of 21, leading to hospital environmental sampling that isolated several pseudomonas species within the hospital environment. As a result, the team

IPC Evaluation approach

Questionnaire administration and Observations on:

- IPC Program
- Hand Hygiene audits and compliance
- Environmental cleaning and disinfection audits and effectiveness (use of UV light)

sought to evaluate the Infection Prevention (IPC) Practices in Nakuru County.

Results: A total of six facilities were evaluated; 50% had IPC guidelines. In surveillance of

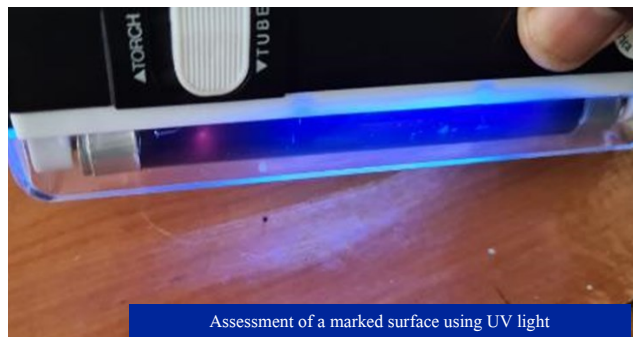
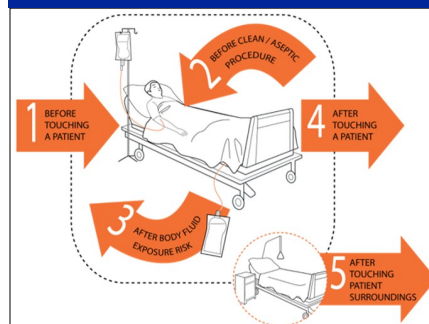


Assessment of injection safety practices

hospital-acquired infections, 37.5% of respondents knew methods of identifying the infection status of the transfer-in patients. Hand hygiene compliance was at 24%. The healthcare workers wearing a mask covering both nose and mouth was 74%.

Conclusion: In conclusion, IPC and hand hygiene guidelines were unavailable in all facilities, with insufficient training of healthcare workers on hospital environmental cleaning noted in the facilities visited. Hospital Acquired Infections surveillance (HAI) systems were inefficient, and health care workers were not adequately performing the five moments of hand washing.

The Five Moments of Hand Hygiene



Assessment of a marked surface using UV light



MEET THE ASTER GUARDIANS GLOBAL NURSING AWARD 2022 WINNER



Anna Qabale Duba, FELTP Cohort 15 resident during the Aster Guardians Global Nursing Award

We interviewed Qabale, and she said, "My name is Qabale Duba. I am a Nurse/Epidemiologist by profession. I am also the founder of Qabale Duba Foundation <http://www.qabale.org/>, a community-based organization empowering pastoralist communities through education. My organization is trying to reduce illiteracy among the nomadic pastoralist communities in Northern Kenya. I started a school in my rural village that serves the children in the morning, and illiterate parents use the same school for adult education in the afternoon. I also champion against harmful cultural practices like Female Genital Mutilation and Early marriages. Because of my community work, I have received numerous awards and recognitions locally and internationally. The most outstanding rewards were winning the Global Citizen's Choice Award in 2019 and winning the Aster Guardians Global Nursing Award winner 2022, becoming "World's Best Nurse."



Joining KFELTP as Cohort 15 to pursue my master's degree was an outstanding career achievement for me personally. As EOC operations manager in Marsabit County, I was able to serve society in response to emergencies. Apart from being a Nurse and Epidemiologist, my engagement with the communities gave me an upper hand in winning this prestigious award out of the 24,000 applications. I am so humbled, and with the funds, I am expanding my school to accommodate more pastoralist children to get quality education like the rest of the world."

IN THE SPOTLIGHT



Nkirote Mwirigi, IMPACT fellow Cohort 1, 2019 graduate

Nkirote Mwirigi, is one of the alumni of IMPACT Cohort One (2017-2019). Upon graduating with a Master's degree in Public Health Systems Management and Application, she has been adeptly working at the Department of Strategic Health Programs domiciled at the Division of National Tuberculosis and Leprosy Program. In the program, she vibrantly and objectively coordinates Public Private Mix (PPM), which focuses on engaging all public and private service providers toward TB control. Similarly, she is also the focal person for TB Human Rights and Gender. Routinely, she is involved in programming, engagement of various stakeholders in implementing TB interventions, and ensuring ethical issues are upheld during the dispensation of various

interventions at the facility and community level. She acknowledges that without any iota of self-aggrandizement, IMPACT has played a pivotal role in successfully executing her duties and responsibilities with programmatic prowess.

Q1. Kindly tell us how you heard about IMPACT and what motivated you to apply for the course?

As a Medical Laboratory Professional working in a clinical and research laboratory, it was my dream to pursue a career path that will hone my skills and join the researchers and other top-notch professionals at the forefront in bolstering health systems management both locally and internationally. When I saw the IMPACT scholarship and the competencies it presented in one of the local newspapers, I knew this was what I wanted. Without any hesitation, I immediately grasped this lifetime golden opportunity. It is well known that IMPACT is one of the country's highest-rated public health management molding programs. There was no better place to pursue my passion, develop my skills, and ultimately shape my career and practice.

Q2. Describe for us your experience as a FELTP/IMPACT resident

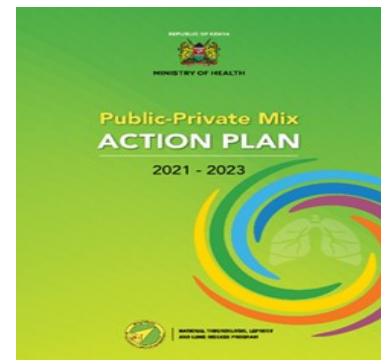
The journey toward joining IMPACT started with a very rigorous interview process, being a new program and procedures had to reflect the action in "Improving Public Health Management for Action." The IMPACT Cohort 1 was recruited, and much was expected of this cohort. The way from understanding the IMPACT plan to showing results for it. The two-year competency-based program equipped fellows well for developing, leading, managing, and governing health systems for quality health service delivery. Competencies were obtained through a combination of fieldwork and didactics, and each block of time in the field was devoted to advancing one to two competencies. It was 'hard' but full of life and fun! Most often, it involved practicals, engagements with renowned experts in the public health and management fields, and scheduled continuous evaluations to track improvement.

It was a great honor, privilege, and pleasure learning and collaborating with Kenyatta University, IMPACT/FELTP, and my colleagues, the pioneers of cohort 1. I am forever grateful for the culture, experiences, friendships, and overall growth in my life and career that IMPACT bestowed on me. My utmost gratitude is to the mentors I got who continue to steer me to the pinnacle of both local and global recognition.

Q3. In your view, why do you think the IMPACT program is very vital in the Kenyan Public health system?

The IMPACT Program focuses on public health management. This pillar of public health practice works closely and alongside the disciplines of epidemiology, health policy, behavioral sciences and education, environmental health, and biostatistics to influence health outcomes. Only through enhanced training on public health systems management can research, theory, and scientific innovation be translated into successful public health action.

Specifically, I spearheaded the development of the PPM Action Plan 2021-2023,



which focuses on engaging all relevant health care providers in TB prevention and care through the public-private mix (PPM) approaches. The development of this plan involved a rapid assessment that employed a cross-sectional, mixed-methods participatory study design to collect and analyze both qualitative and quantitative data. However, the dissemination of this document remains my most significant highlight. The launch was successful because my team and I prepared a clear description of the plan and the journey toward its development. I attribute these efficiencies to my experiential learning at IMPACT.

I believe the ultimate goal in strengthening public health systems would be to equip more health care workers with practical skills through IMPACT to address gaps in the public health system and contribute to achieving public health goals.

IN THE SPOTLIGHT



Cosmas Mwamburi, IMPACT fellow Cohort 1, 2019 graduate

Cosmas Mwamburi is a Cohort 1 IMPACT master's program. He graduated in 2019. He has been working in the office of the county director of public health in Mombasa County. His role is the coordination of TB control activities in the county.

Q2. Kindly tell us how you heard about IMPACT and what motivated you to apply for the course?

Well, I heard IMPACT through an email from the chief officer of health, encouraging staff to apply for the course. By then, I had just graduated with a Bachelor of Science in health system management. With this background, I saw this as an opportunity to enhance my skills in health system management with the IMPACT course.

So, I applied. The selection process was very competitive. It included a written paper and an oral interview. Lucky enough, I was shortlisted and emerged among the eight best who were selected as pioneers of the course, inspiring me to work hard throughout the course.

Q3. Describe for us your experience as a FELTP/IMPACT resident

IMPACT to me was and is an eye opener. I learned a lot in class, and I had an opportunity to practice it at my placement site. The idea of a fellow being attached to a supervisor and a mentor is incredible. I received excellent guidance from my supervisor and outstanding mentorship from my mentor.

My supervisor was the county public health officer working at the monitoring and evaluation unit in the department of health services in Nyeri county. I got first-hand information on how to conduct effective monitoring and evaluation of health programs at the county level, coupled with class work made me acquire skills in monitoring and evaluation. I had on-job lessons on leadership and governance from my mentor, the county director of health services in Nyeri County. I was exposed to oral and written human resource management and communication skills. I had a practical session on financial and commodity management at Nyeri county referral hospital as I was attached to the accounts department and the main store. During the entire training period, I worked and interacted with county health management team members (CHMT) who had a wealth of management experience and were very supportive. These skills are helping me in my daily work of coordinating tuberculosis control activities.


Q4. In your view, why do you think the IMPACT program is very vital in the Kenyan Public health system?

The knowledge and skills the IMPACT program is imparting to the fellows will help address the shortage of public health managers in our country. Hence there will be a network of skilled managers to coordinate public health efforts from prevention to outbreak response. The IMPACT fellows know how to translate research, theory, and scientific innovation into successful public health action. IMPACT graduates are working and are expected to work alongside scientists to plan, implement, and evaluate public health programs and prepare for and respond to outbreaks. All this will help strengthen the Kenyan health system

IMPACT FELLOWS COHORT 1 IN PICTORIAL

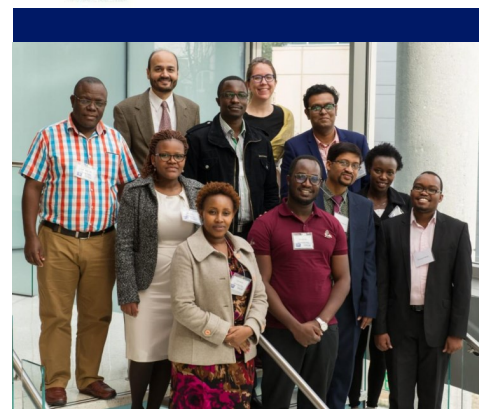


IMPACT Cohort 1 fellows having a group discussion during the planning activities for fieldwork

 **CDC Kenya @CDCKenya** Mar 8
 .@CDCKenya's Dr. Marc-Alain Widdowson with the Improving Public Health Management for Action (IMPACT) Fellows at #AHAIC2017.



Amref Health Africa and Amref Health Africa



IMPACT Cohort 1 fellows during a symposium in Atlanta

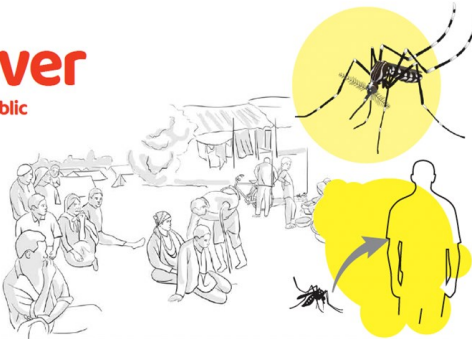
DID YOU KNOW?

Yellow fever

Information for the general public

Source of infection

Yellow Fever is an acute viral haemorrhagic disease transmitted by mosquitoes, belonging to the *Aedes* and *Haemagogus* species.



Symptoms



Actions to take in case of symptoms:

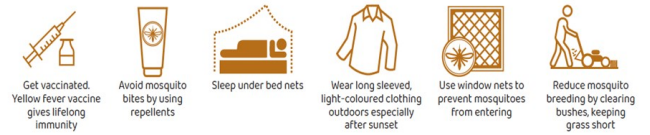


Visit a doctor in case of symptoms.



Types of exposure & prevention

Yellow fever is transmitted through mosquito bites. Prevent it by:



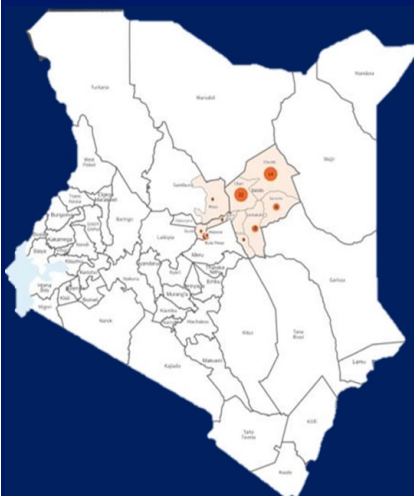
❖ A single dose of WHO approved yellow fever vaccine is sufficient to confer sustained immunity and life-long protection against yellow fever disease.



❖ A booster dose of the vaccine is not needed.
❖ The international certificate of vaccination against yellow fever becomes valid 10 days after vaccination and the validity extends throughout the life of the person vaccinated (IHR, 2005).

Epidemiology of Yellow Fever

Forty-seven countries globally: 34 in Africa and 13 Central and South America 13 are either endemic for, or have regions that are endemic for, yellow fever. Kenya is classified as high risk country in the elimination of the yellow fever.



Previous outbreaks reported in Kenya: 1992, 1993, 1995 and 2011 in the western part of the country (Rift Valley zone).

Current Yellow fever vaccination coverage is at 7% targeting few counties. The MOH-Kenya is planning to roll out the campaign in the affected counties way below WHO recommendation of 80% to provide herd immunity.

Gavi [Back to main site](#)

VaccinesWork

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[Stories from the community](#) [Outbreaks](#) [Yellow fever](#) [Vaccine campaigns](#)

Kenya rolls out yellow fever vaccine to fight first outbreak in a decade

Gavi and WHO to help deploy yellow fever vaccine to reduce the risk from the latest outbreak.

9 May 2022 • 3 min read • by [Mike Mwaniki](#)

Yellow fever cases by ward, 12 January to 15 March 2022, Isiolo county, Kenya (n=53).

Source : <https://www.who.int/emergencies/disease-outbreak-news/item/2022-DON361#>

UPDATES

The 2022 Field Epidemiology Training Program (FETP) International Nights (Virtual conference)



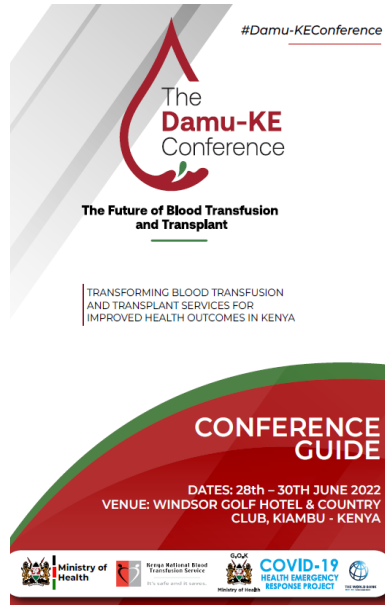
2022 Field Epidemiology Training Program (FETP) International Nights

DAY 1
Poster May 10, 2022
Session: 8AM-10AM

DAY 2
Oral May 11, 2022
Session: 8AM-11AM



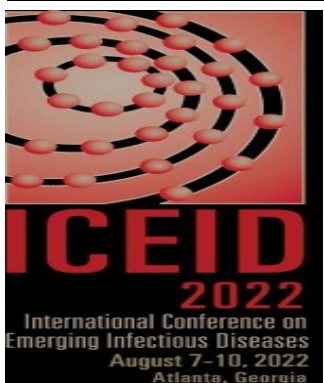
May 10th to 11th 2022, TEPHINET and the U.S. Centers for Disease Control and Prevention (CDC) co-hosted the FETP International Nights. Two FELTP residents presented posters. Tabitha Wambui on “Factors associated with sputum non-conversion, Kirinyaga County.” and Paul Kibati on “Visceral Leishmaniasis that went undetected; a revelation of an Outbreak investigation in Tharaka Nithi County, Kenya 2021”.



Rocky Jumapili, Kwale County Blood Transfusion Coordinator speaking on 'Co-ordinating Efficient Blood transfusion services at county level' a Cohort 2 IMPACT fellow during “The Damu-KEConference”, 20222

UPCOMING EVENTS

The International Conference on Emerging Infectious Diseases (ICEID) 2022



Nassoro Mwanyalu , a Cohort 17 resident will be presenting on the Implementation of a national-level baseline capacity review assessment tool for WASH-related diseases in Kenya



Dr. Fredrick Ouma, Cohort 16 resident will be presenting on Reduction of COVID-19 incidence following implementation of control measures, Mombasa, Kenya,2020



**Kenya FELTP Annual
Dissemination conference 2022**

August 1st to 2nd 2022,

Venue: Maanzoni Hotel, Machakos County

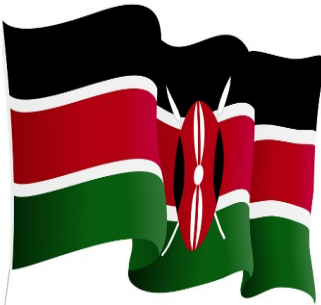
REPUBLIC OF KENYA



MINISTRY OF HEALTH



UPCOMING EVENTS



**TEAM KENYA
FOR THE
UPCOMING**



TEPHINET
11th Global Scientific Conference
Panama City, Panama
September 4-9, 2022

ORAL PRESENTATIONS



Daniel Gichovi, FELTP Basic Level training,
Topic: *“Assessment of Uptake of Pre-Exposure Prophylaxis for HIV among clients attending Embu Teaching and Referral Hospital-Kenya, 2021”*



Bernard Chege, FELTP Cohort 15*,
Oral presentation on *“Improved Latrine Coverage could Reduce the Prevalence of Porcine Cysticercosis: Evaluation of sanitation Based Intervention Strategy in Busia County, Kenya, 2021”*



Stella Mmochi, FELTP Cohort 16,
Topic: *“An outbreak of Hand Foot and Mouth Disease caused by Enterovirus that was reported for the First Time in Kisumu County, Kenya, 2021”*



Mercy Cheptoo, FELTP Basic Training,
Topic: *“Assessment of Antimicrobial Susceptibility of Isolates from Inpatients at The Nairobi West Hospital, 2021”*

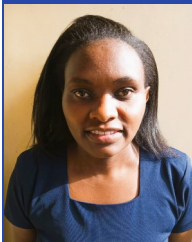


Sarafina Sikwata, Cohort 17 resident,
Topic: *“Review of the National AIDS and Sexually Transmitted Infections Case-Based Surveillance system for viral suppression among HIV positive women of reproductive age, Western Kenya, 2021”*



Amadiva Kibusu, FELTP Cohort 16, Oral presentation on *“Clinical Presentation and Risk Factors for COVID-19 among Health Care Workers in Nairobi Metropolis, Kenya, 2021”*

POSTER PRESENTATIONS



Lucy Munyeki, FELTP Basic training,
Topic: *“Assessment of suspected Tuberculosis cases tested using GeneXpert in Nyandarua County, Kenya, 2021”*



Catherine Menganyi, FELTP Cohort 17, poster presentation on *“Moderate Malnutrition, a Risk Factor for Acute Respiratory Illness: Revelation from an Outbreak Investigation in Nakuru County, Kenya, February 2022”*



Tabitha Oketch, FELTP Cohort 17,
Topic: *“Actual or Artefactual Increase: an assessment of Inconsistent Inpatient Reporting Gaps on Malaria in Endemic Coastal Counties, Kenya, 2021”*



Boru Okotu, FELTP Cohort 16,
Topic: *“Kenya Assessment of COVID-19 outbreak investigation and response preparedness in a pastoralist community in Kenya: A case of Marsabit county, Kenya, December 2021”*



Esau Langat, FELTP Cohort 17,
Topic: *“Suspected Yellow Fever outbreak investigation -Isiolo county, Kenya, March 2022.”*

THE FIELD EPIDEMIOLOGY SOCIETY OF KENYA (FESK)



The Field Epidemiology Society of Kenya (FESK) is a non-political body created to help and maintain a network of Field Epidemiologists who have graduated from the Kenya Field Epidemiology and laboratory Training Program (K-FELTP). It was registered as a society in 2013.



FESK aims to be a resource for the African Field Epidemiology Network (AFENET) and Global Public Health networks.



Registration

New members: KShs. 1,000 one off and KShs. 2,000 annual subscription

Registerer members: Annual subscription KShs. 2,000

Bank: Stanbic Bank

Account Number: 0100003619235

All Field Epidemiologists who have graduated from the Kenya Field Epidemiology and laboratory Training Program (K-FELTP) are eligible to register as members.

Call for Articles for Issue 3

Sections:

- ♦ Public Health Surveillance
- ♦ Health System strengthening
- ♦ Outbreak investigations
- ♦ Success stories

Email address:

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<https://feltp.or.ke/partners.html#>