PREPAREDNESS AT POINTS OF ENTRY (POES) THE KENYAN CASE
Sammy Makama
Head, Port Health Services Unit
MOH, Kenya
1. POEs in Kenya (Int. Airports)
2. Objectives of Port Health Services at POEs
3. Key PHS functions
4. Core capacity requirements
5. Preparedness at POEs
6. Use of information generated at POEs
7. Challenges
8. Achievements
IHR support to POE operations

1. Part IV; Points of Entry
2. Part V: General Provisions
   a) Article 23: Health measures on arrival and departure
   b) Article 31: Health measures relating to entry of travellers
3. Annex 1 (B): Core capacity requirements at POEs
Airports of Public Health importance in Kenya
Objectives of Health Services at POEs:

Prevention/control of spread of PHEICs through:

1. Provision of basic health services for travellers
2. Control of disease causing vectors and vermins
3. Inspection and certification of exports/imports
4. Surveillance: communicable diseases and conditions
5. Ensure coordinated rapid response to any PHEICs
Key Port Health functions

- Controlling Public Health Risks at Ports, Airports, Ground Crossing
- Detecting Public Health Events of International Concern (PHEICs)
- Responding to Emergencies

Inspection - Screening

Contingency Plans
Core capacity requirements for POEs

Airports, ports and ground: -

1. Permanent Capacities
   *(Available at all times)*

2. Capacity to respond to PHEIC
   *(During emergencies)*
Permanent Capacities

(a) Health service, staff & equipment

(b) Equipment & personnel for transport

(c) Trained personnel for inspection of conveyances

(d) Ensure safe environment, water, catering facilities, wash rooms, disposal services & inspection programmes

(e) Trained staff and programme for vector control
Emergency resp. plan, coordinator, contact points for relevant PoE, PH & other agencies

Provide PH assessment & care for affected travellers, animals, goods by establishing arrangements with medical, veterinary facilities for isolation, treatment & other services

Provide space, separate from other travellers to interview suspect or affected persons

Provide for assessment, quarantine of suspect or affected travellers

To apply recommended measures, disinsect, disinfect, decontaminate, baggage, cargo, containers, conveyances, goods, postal parcels etc

To apply entry/exit control for departing & arriving passengers

Provide access to required equipment, personnel with protection gear for transfer of travellers with infection/contamination

Capacity requirements for responding to PHEIC (emergency)
Preparedness for EVD at POEs

1. Staff deployment/re-deployment
2. Contingency planning
3. Development of protocols
4. Supplies
5. Training/Sensitization
6. Surveillance
7. Designated referral facilities for POEs
POEs requirements included in the MOH Contingency Plan

Public health emergency plan part of Kenya Aviation Pandemic Preparedness Plan
POE protocols

- Entry screening protocol – finalised
- Protocol for handling suspected cases at POEs - finalised
- Exit screening protocol - Draft
- Safe burial protocol – Draft
PPEs
Surveillance/Entry screening forms
Disinfectants / Sanitizers
IEC materials
Waste management supplies
Training and sensitization at POEs

- 95 TOTs on EVD
- Over 500 sensitized on EVD
- 50 trained on use of thermo-cameras
Every major POE has a designated HF for referral of suspected cases

Kenyatta National Hospital is designated for JKIA
1. Travelers arriving from unaffected countries
   a) Temperature taking
2. Travelers arriving from EVD affected countries
   a) Fill surveillance forms
   b) Temperature taking
3. Travelers transiting from EVD affected countries
   a) Fill surveillance forms
   b) Temperature taking
Travellers screened at key POEs
(869,934 screened to date)

- Eldoret Airport: 282
- Kiunga: 960
- Kisumu Port: 726
- Lokichogio: 30,000
- Lungalunga: 48,000
- Isebania: 18,000
- Taveta: 85,266
- Lwakhakha: 74,562
- Namanga: 64,614
- Malaba: 99,516
- Busia: 110,226
- Kilindini Port: 18,102
- Mombasa Airport: 71,718
- JKIA: 247,962
Use of information collected at POEs

- Revision of plans
- Resource allocation
- Follow up of travelers
- Further risk assessment
Proportion of travellers from most affected countries (JKIA)

- Liberia, 49
- S/Leone, 37
- Guinea, 14
Travellers captured for follow up by RRT (No = 271 by 9th April 2015)

- Outcome of follow up: -

- 15 are health workers: nurses, doctors, clinicians and epidemiologists
Travellers screened at Busia (Kenya/Uganda Border)

- S/sudan
- DRC
- Rwanda
- Burundi
- Tanzania
- others

Travellers screened at Lungalunga (Kenya/Tanzania Border)

- Tanzanians
- Kenyans
- Others
Further strengthen POEs core capacities
- Human resource, Commodities, Equipment, Infrastructure

Strengthen collaboration:
- Within the country with other agencies
- With PHS agencies of countries within the region

Complete development of e-portal and health information system for Port Health Services
Conclusion:
If we are well prepared, we can prevent this!!!!
Thank you