PREPAREDNESS AT POINTS OF ENTRY (POES) THE KENYAN CASE

Sammy Makama Head, Port Health Services Unit MOH, Kenya



Presentation outline

- 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

CONTROLING 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: -**

 Permanent Capacities (Available at all times)

 Capacity to respond to PHEIC (During emergencies)

Permanent Capacities

Capacity requirements at all times (routine)



(a) Health service, staff & equipment



(b) Equipment & personnel for transport



(c) Trained personnel for inspection of conveyances

(d) ensure save environment, water, catering facilities, wash rooms, disposal services & inspection programmes



programme for vector control



Capacity to respond to PHEIC

Capacity requirements for responding to PHEIC (emergency)

b

a

f

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

d as qu su

C

Provide for assessment, quarantine of suspect or affected travellers

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

e

To apply entry/exit control for departing & arriving passengers

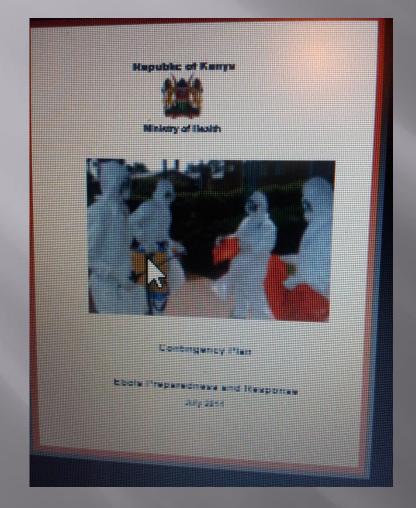
e

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

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

Contingency planning



 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

Supplies

• 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





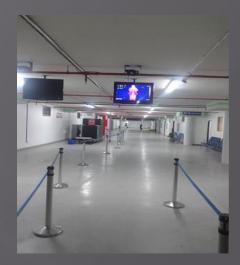
Designated health facilities for POEs' referrals

- Every major POE has a designated HF for referral of suspected cases
- Kenyatta National Hospital is designated for JKIA



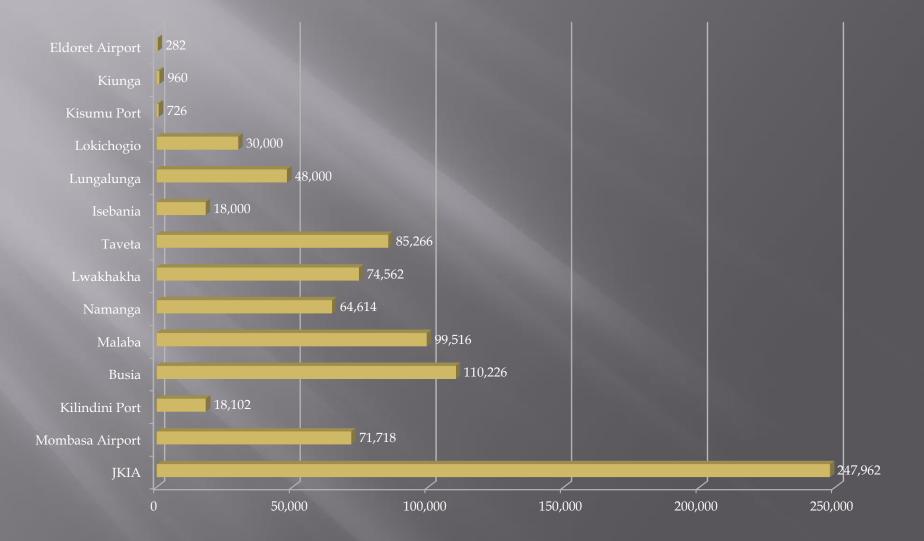
Entry screening

- 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





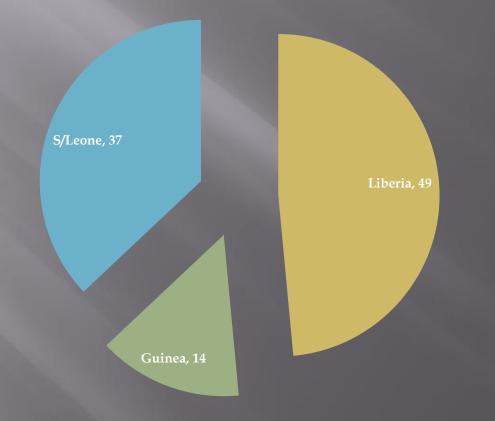
Travellers screened at key POEs (869,934 screened to date)



Use of information collected at POEs

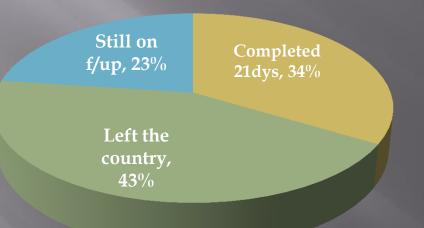
Revision of plans
Resource allocation
Follow up of travelers
Further risk assessment

Proportion of travellers from most affected countries (JKIA)



Travellers captured for follow up by RRT (No = 271 by 9th April 2015)

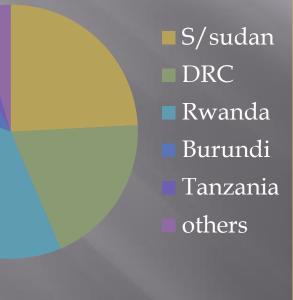
Outcome of follow up: -

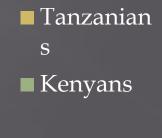


15 are health workers: nurses, doctors, clinicians and epidemiologists

Comparing data to make decisions

Travellers screened at Busia (Kenya/Uganda Border) Travellers screened at Lungalunga (Kenya/Tanzania Border)





Others

Way forward

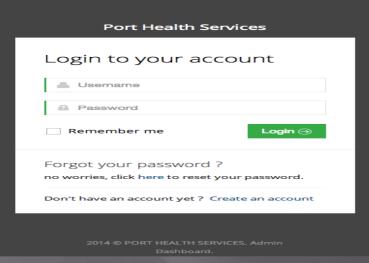
Further strengthen POEs core capacities

 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

