

# Preparedness Assessment of Marburg Virus Disease in Border Communities between Kenya and Ethiopia, 2025

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## BACKGROUND:

- Marburg Viral disease (MVD) is a severe viral haemorrhagic fever with a case fatality rate of 24-88%.
- MVD cases in Jinka, Ethiopia (approximately 70km from the Kenyan border) increased Kenya's importation risk.

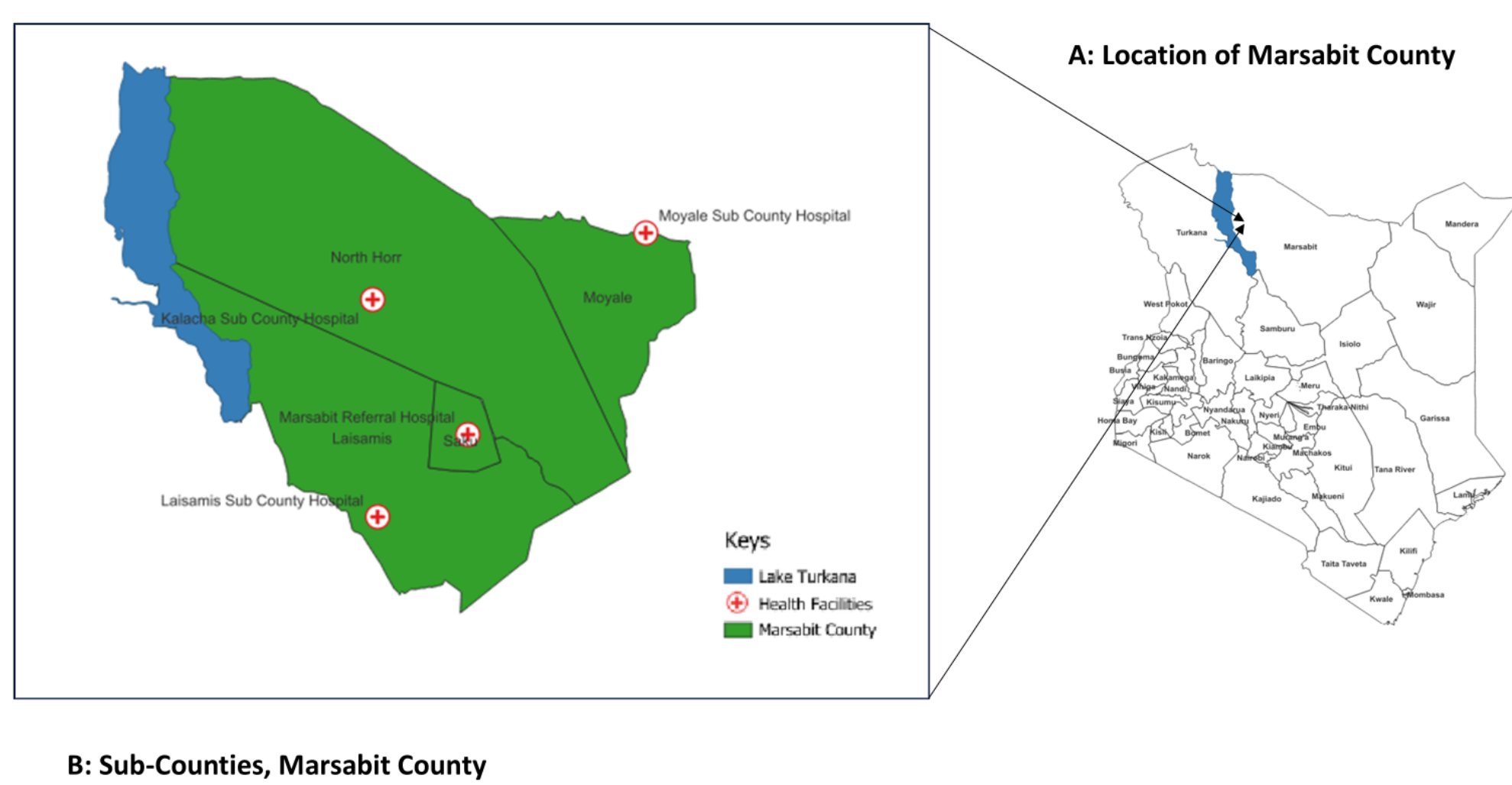
## OBJECTIVE:

- To assess MVD risk along the Kenyan-Ethiopian border
- Evaluate county preparedness for a potential outbreak
- To conduct Risk Communication and Community Engagement
- Provide targeted capacity building for frontline healthcare workers and community actors

## METHODOLOGY:

- Rapid risk assessment using the WHO preparedness checklist tool.
- Capacity-building interventions included sensitization sessions for healthcare workers and community members.

## STUDY AREA: North Horr Sub-County, Kenya



## STUDY DESIGN AND SAMPLING

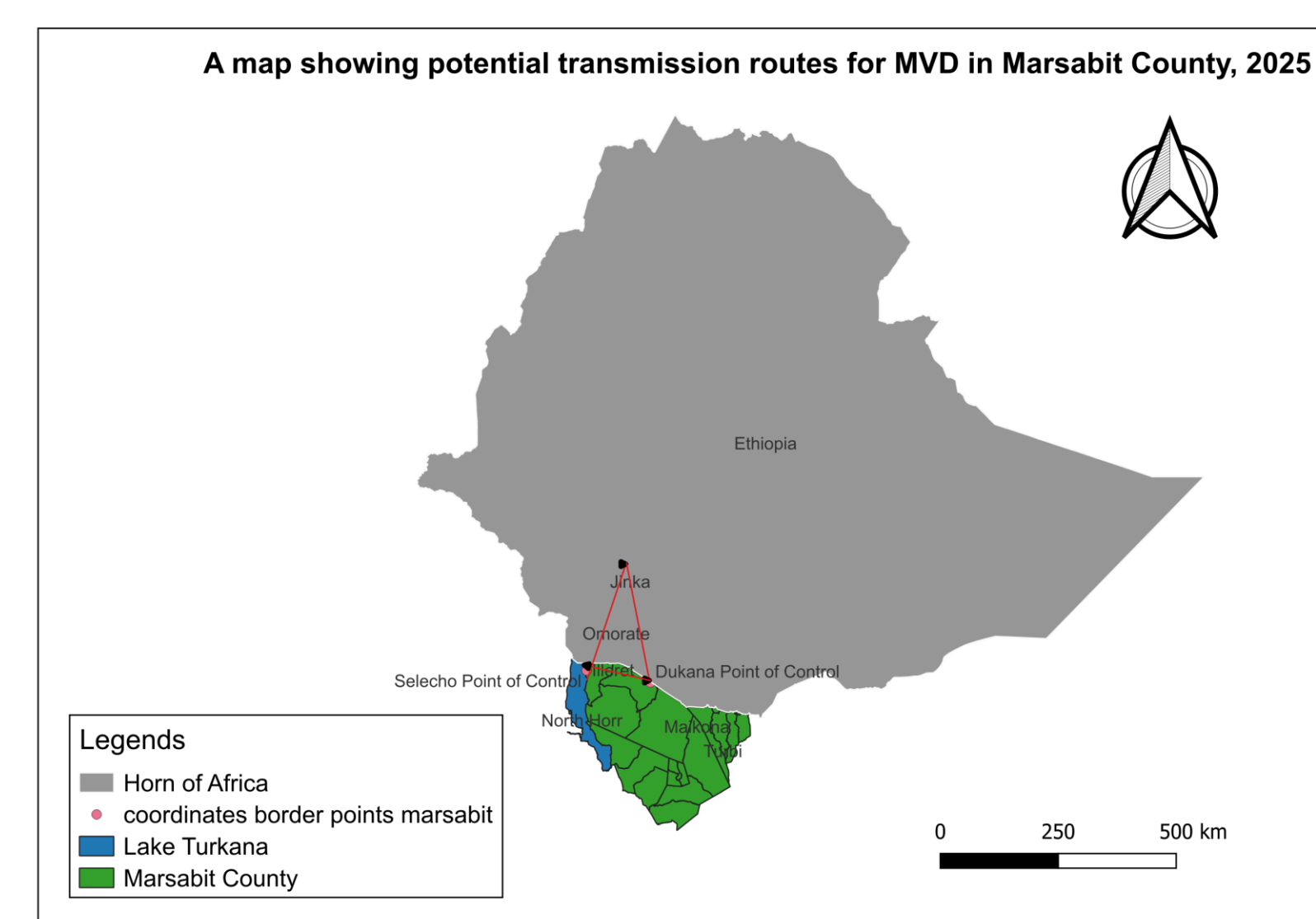
**Figure 1:** Healthcare worker and community sensitization, PPE donning and doffing demonstration



**STATISTICAL ANALYSIS:** Frequencies and proportions (%). Pillar scores were against the WHO-recommended threshold ( $\geq 80\%$ )

## RESULTS

- MVD overall score 37% (North Horr Sub County)
- Mapped Selicho, Dukana, Forale border points
- 453 community members were sensitized
- 32 healthcare workers were sensitized
- 81 community health promoters sensitized



**Table 1:** Marburg Virus Disease preparedness score

Core Pillar	Score	Gaps identified (e.g.)
Laboratory capacity	50%	Lack of SOPs, sample referral
Case management	44%	Lack of SOPs, lack of trained staffs
Contact tracing	43%	Lack of contact tracing guidelines
Surveillance	33%	RRT not trained, lack of EBS
IPC and Safe Burials	25%	Lack of MVD IPC kits, SOPs
Logistics	21%	Lack of supplies (WASH items)
RCCE	12%	Lack of MVD local messaging
Continuity of essential health services	0%	Lack of a plan for continuation of routine services

**Figure 2:** A Map showing the vulnerable border points

## DISCUSSION

- ❖ Overall MVD preparedness in North Horr Sub county 37% ( $\geq 80\%$  recommended threshold)
- ❖ No plan to maintain routine health services during the outbreak
- ❖ Vulnerable border points were Selicho, Dukana, and Forale
- ❖ Border communities remain vulnerable to MVD importation

## CONCLUSIONS

- ❖ Enhanced community-based active surveillance
- ❖ Screening at informal crossing points (Selicho, Dukana, and Forale)
- ❖ Prepositioning of supplies for response activities
- ❖ Locally adapted risk messaging
- ❖ Health systems accounting for population mobility

\*\*\*Scores were against the WHO-recommended threshold  $\geq 80\%$

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