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Contents

Foreword

Infections that originate within health care facilities have always presented a major problem in delivering health care. Health care-associated infections (HAIs), which can be blood-borne, airborne, or transmitted directly through physical contact, endanger the safety of anyone who enters the health care setting: patients and their families, clients, health care workers (HCWs), and support staff. These infections can lead to prolonged hospital stays, long-term disabilities, financial burdens for health care facilities, additional costs for patients and their families, and often-avoidable deaths. The changing pattern of
Infections and the emergence of bacteria that are resistant to multiple antibiotics have only exacerbated this problem in recent years.

Infection prevention and control (IPC) initiatives should therefore be a high priority for all health care facilities. Good IPC practices can make health care safer by protecting patients, clients, and HCWs from HAIs. All HCWs must understand and adhere to these evidence- based IPC practices in order to provide high-quality health care services and to prevent unnecessary illnesses, expenses, and deaths.

The Ministry of Health (MoH) recognizes the critical role that IPC plays in preventing HAIs. To this extent, the ministry in consultation with all relevant stakeholders has developed this National Infection Prevention and Control Policy for Health Care Services to assist HCWs and other IPC stakeholders in the design, implementation, monitoring, and evaluation of IPC programs in Kenya. These efforts will improve health care delivery, lead to a reduction in infections, and move the country towards the achievement of the broader goals of the Kenya Healthy Policy 2014 - 2030

This policy is to be used in conjunction with other relevant documents, such as the National IPC Strategic Plan 2014-2018 and the National IPC Guidelines for Health Care Services in Kenya; and all other IPC related guidelines in the country.

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Acknowledgements

The development and subsequent review of this policy was through a comprehensive consultative process involving many stakeholders, individuals and institutions. These were all working through an IPC Technical Working Group that constituted stakeholders – Public and private; National and County level – currently or planned to be working with, and supporting infection prevention and control in the country. The Ministry Health (MoH) would like to thank all of those who participated in the development and review of this policy.

The ministry acknowledges the inputs made by the IPC Technical Working Group during its various consultations and reviews, together with the IPC practitioners from various public and private health care and training institutions, professional associations, faith-based organizations, and development partners as well as implementing partners who made invaluable contributions to this document.

The IPC Policy and Guidelines Technical Working Group was chaired by Dr. Linus Ndegwa, CDC-Kenya, and coordinated by Dr. Rachel Kamau, Dr. Eveline Wesangula, Veronica Kamau, Felister Kiberenge, and Japheth Gituku and their leadership and guidance is specifically appreciated. In addition, special thanks go to Dr. Humphrey Karamagih from the World Health Organization and Dr. Chris Forshaw for editing the policy.

Finally a word of thanks goes to Dr. Benjamin Tsofa, the consultant for capturing the views and inputs of stakeholders into this document.

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List of Abbreviations

AIDS	Acquired Immune Deficiency Syndrome
AMP	Antimicrobial Prophylaxis
CDC	Centre for Disease Control
CSSD	Central Sterilization and Supplies Department
DMS	Director of Medical Services
GARP	Global Antibiotic Resistance Partnership
HAI	Healthcare Associated infection
HAV	Hepatitis A Virus
HBV	Hepatitis B Virus
HCV	Hepatitis C Virus
HCW	Health Care Worker
HIV	Human Immunodeficiency Virus
HLD	High-Level Disinfection
HMIS	Health Management Information System
IEC	Information, Education, and Communication
IPC	Infection Prevention and Control
KEPH	Kenya Essential Package for Health
KEMRI	Kenya Medial Research Institute
KMTC	Kenya Medical Training College
KNH	Kenyatta National Hospital
MoH	Ministry of Health
NASCOP	National AIDS and STI Control Programme
NEMA	National Environment Management Authority
NBTS	National Blood Transfusion Services
NIPCC	National Infection Prevention and Control Committee
PEP	Post-exposure prophylaxis
PPE	Personal Protective Equipment
SSI	Surgical-site infection
TB	Tuberculosis
WHO	World Health Organization

1. Introduction and Background

1.1. Rationale and Purpose of the National IPC Policy

Healthcare-associated infections (HAIs) have been a major contributor to the burden of morbidity and mortality in the developing world. In Kenya, the actual burden of HAIs has not been accurately quantified but is estimated to account for about 10-25% of hospital admissions in government health facilities. HAIs are caused by a range of microorganisms acquired in the course of medical care and treatment. Current evidence shows that HAIs increase mortality rate, prolong length of stay in hospitals, cause illness amongst staff; and raise antibiotic resistance as well as raise health care costs. With the emergence of new pathogens and antibiotic resistance, managing HAIs is becoming a significantly increasing challenge.

Over the past five years, the Ministry of Health (MoH) Kenya has made significant efforts towards addressing the problem of HAIs, amidst some challenges. Some of the key achievements that have been made in this area over the past five years include:

- The development of the first National IPC Policy and Guidelines for healthcare services in Kenya in 2010
- The establishment of a National IPC Committee to advise the health sector on IPC
- The development and implementation of programmes for control of potentially epidemic respiratory tract infections (influenza), Injection Safety, Medical Waste Management, Safe Phlebotomy, Laboratory Biosafety/Biosecurity and Occupational Health and Safety (OHS) including Post-Exposure Prophylaxis (PEP) for HIV/AIDS and the roll out of the Hepatitis B vaccination program among healthcare workers.
- Development of the National Strategic Plan for IPC for health care services in Kenya, 2014 – 2018.

However, despite these efforts and gains there are still several components of IPC such as surveillance for HAIs and antimicrobial resistance that have not yet been adequately established.

In recognizing the need to strengthen existing systems and implement evidence-based methods to tackle infectious diseases in health care settings; as well as the gradual development of drug resistant infections, the MoH with support from the WHO Country Office and CDC-Kenya undertook to review and update this National IPC Policy with a view of aligning it with the current policy environment in the health sector and to refocus its objectives within the context of the overall Kenya Health Policy. This policy is aimed at providing a clear direction to the Health sector and partner programs supporting IPC in the country in:

1. Setting national standards for minimizing transmission of healthcare associated infections
2. Providing guidance for health administrators, health care workers (HCWs) and all stakeholders in observing these standards

1.2. Linkage with the Kenya Health Policy 2014 – 2030

The Government of Kenya (GoK) has committed itself to providing equitable, affordable and quality health care of the highest standard to all its citizens as per the Constitution of Kenya 2010 under the 'Bill of Rights'. This is to be achieved through the implementation of appropriate policies and programs within the health sector.

The Kenya Health Policy 2014-30, which was developed in line with the Constitution of Kenya 2010 and the Kenya Vision 2030, has highlighted six priority policy objectives that the health sector is going to focus its efforts on. These are:

1. Eliminating communicable diseases
2. Reducing the burden of non-communicable diseases
3. Reducing the burden of injuries from violence and accidents
4. Providing essential health services
5. Reducing the health risk exposures
6. Strengthening health sector collaboration with other sectors

To achieve these objectives, the MoH has adopted the World Health Organization (WHO) Health Systems Approach, as the core principle in guiding strategic investments into the health sector.

The six policy objectives and the health systems building blocks jointly form the 'policy framework', within which one can view the national health system in Kenya. The national 'policy intent' of providing equitable, affordable and **quality health** care of the **highest standard** to all its citizens, is thus anchored in this framework.

The WHO definition of '**quality of care'** emphasizes, among other elements, the aspect of 'safety' for both service seekers and service providers within the health service delivery settings. The profiling of, and desire to eliminate communicable conditions in the national health policy, and the emphasis on safer health care delivery settings within the Kenyan health system thus builds a strong rationale and justification for profiling IPC strategies in the health sector in Kenya.

1.3. Definition and Scope of IPC Services in Health Care Settings

For purposes of this policy, IPC is defined as a set of practices, protocols, and procedures that are put in place to prevent infections that are associated with health care service provision. This is a broad and comprehensive definition; and is in-line with the global definition and understanding of IPC within health care settings. This policy recognised that the implementation of the policy objectives will comprise of several 'working definitions' mainly focusing on different sub-components of this comprehensive IPC definition. These different working definitions will include;

IPC as an element of quality of care and patient safety in health care service delivery

This focuses on patient safety in health service delivery settings. This focus involves a range of IPC activities and interventions including,

- Prevention of HAIs particularly:
  - Cross infection control in clinical settings
  - Surgical site infections prevention
- Antibiotic stewardship programs
  - Identification of Multi-drug resistant organisms
  - Rational antibiotic use
- Blood safety practices
- Safe injection practices
- Sterilization and disinfection practices for clinical areas and equipment

IPC as an element of health worker occupational health and safety practices in health care settings

This focuses on HCWs health and safety interventions and practices including:

- Programs on HCWs safety at the workplace
- Hand-hygiene practices
- Injection safety interventions
- Prevention and control of healthcare associated infection

IPC as an element of medical waste management within the health care setting

This focuses on medical waste management practices in the health care settings. It includes activities like;

- Medical waste segregation at point of waste generation
- Waste pre-treatment
- Waste treatment
- Medical waste disposal practices

IPC as an element of clinical and public health surveillance and action

IPC is also often seen as a set of surveillance practices. These practices and interventions include:

- Infectious diseases surveillance
  - Accurate diagnosis of infectious diseases through effective clinical and laboratory diagnostic practices
  - Complete and appropriate notifications and reporting of infective conditions/ incidents
  - Prompt action and mitigation measures for all infections
- Anti-microbial resistance surveillance
  - Laboratory surveillance for anti-microbial resistance
  - Rational practices for antibiotic use (prescribing and treatment adherence)
  - Strengthening governance and regulatory mechanisms for antibiotic use

2. Policy Direction

2.1. Policy Mission

The mission of this policy is to promote high standards of IPC in order to reduce the risk of HAIs and improve the safety of patients, clients, HCWs and the general public within health care settings.

2.2. Policy Principles

This policy will be guided by the following key principles;

- ***Prevention:*** Every effort will be made to identify all possibilities for infection and to put interventions in place to prevent them.
- ***Privacy:*** The rights of patients and HCWs to privacy and confidentiality will be upheld, within the confines of safe practice.
- ***Occupational health and safety:*** The health and safety of HCWs will be considered with every plan, action, and intervention.
- ***Integration:*** Healthcare facility-based IPC programmes should be integrated with other relevant programmes, such as those related to HIV/AIDS or STIs, environmental health, occupational safety and health, tuberculosis, National Public Health Laboratories Services, pharmaceutical services, comprehensive care, disease surveillance, and the control of communicable diseases.

2.3. Policy Aims and Objectives

This IPC policy will be anchored on two broad aims that focus on,

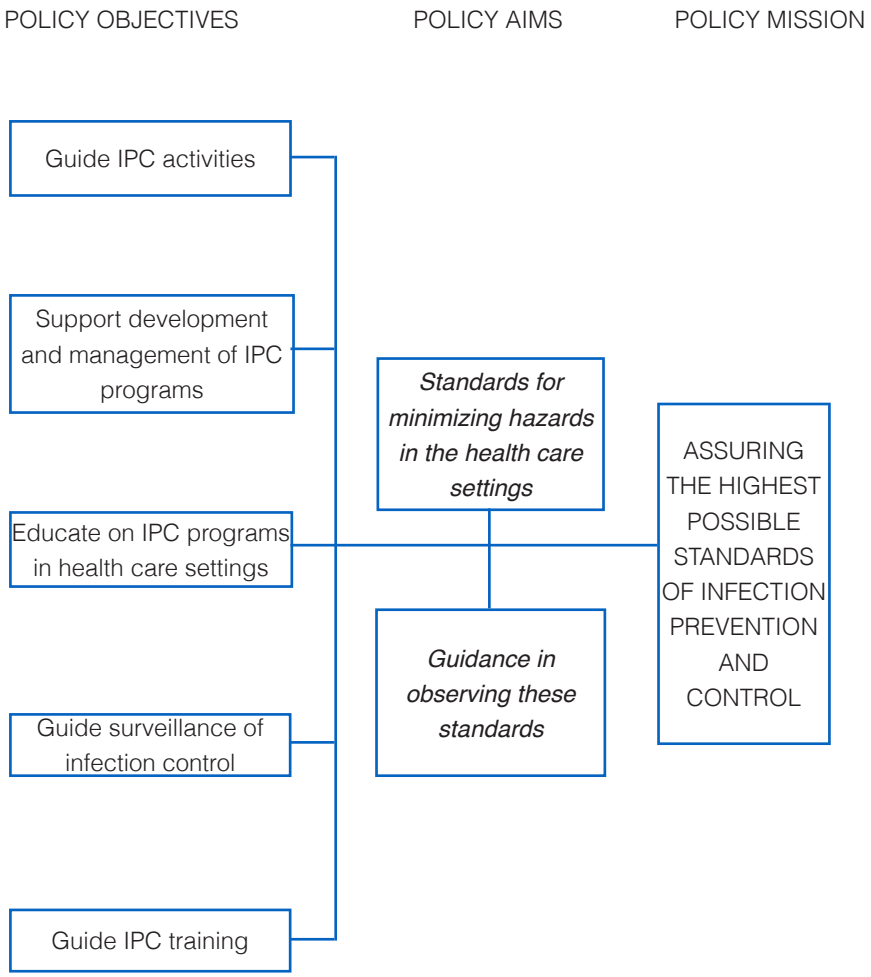
- Setting national standards for reducing healthcare associated infection
- Providing guidance for health administrators, health care workers (HCWs) and all stakeholders in observing these standards

Specifically this policy shall be guided by the following objectives;

1. To provide guidance on IPC roles, responsibilities, and activities at all levels of the health care system
2. To outline specific areas in which to promote the development and management of appropriate IPC interventions
3. To educate decision makers, providers, and management teams on IPC programs and the resources that are required to implement and maintain the programs in health care settings
4. To provide guidance for improving the surveillance of HAIs
5. To provide guidance to HCW training institutions, professional health boards,

councils, and associations in developing frameworks and standards for IPC training

Figure 1: IPC Policy Directions



3. Policy Implementation

The implementation of this policy shall be guided by key institutional coordination and legal frame works operating at different levels of the healthcare system in the country.

3.1. Institutional Coordination Structures for Policy Implementation

To effectively fulfill the aspirations of this strategic policy, the health sector will set up several key institutions to facilitate in its implementation. Some of the proposed key institutions shall include:

- **The National IPC Advisory Committee (NIPCAC):** This shall be chaired by the DMS and will bring together heads of departments in the MoH, heads of units/programs with activities on IPC in the MoH, several non- state actors providing technical support for IPC issues and experts in the field of IPC. The Head of the IPC program will be the secretary of the committee. It will be charged with the responsibility of overall policy, strategy and guideline development for IPC services in health care settings in the country.
- **The National IPC Technical Working Group:** This will be comprised of selected technical players in academia, research, implementation and industry and will be charged with the responsibility of evidence gathering and synthesis to inform national IPC policy and strategy. It will also plan, monitor and evaluate the national IPC program. The IPC program shall provide/undertake a secretariat coordinating role for this TWG.
- **The MoH IPC Programme:** The IPC program will be charged with the responsibility of coordinating policy, guidelines, training materials and SOPs development/review for IPC services in Kenya. It will also provide technical support to the counties on IPC.
- **County Level IPC Advisor Committee:** This will be charged with the overall coordination of all forms of IPC initiatives within the county. The County Department of Health will appoint an IPC focal person who will act as the coordinator and secretary of this committee.
- **Sub-County Infection Prevention and Control Committee (SCIPCC);** The SCIPCC will ensure implementation of the National IPC Guidelines in health facilities within its jurisdiction. The SCIPCC should also ensure that health care providers obtain the appropriate IPC training and supervise IPC practices in

health care facilities. The Sub-County Department of Health will appoint an IPC focal person who will act as coordinator and secretary of this committee

- **Hospital Level IPC Committee:** Will be charged with the responsibility of planning, budgeting, implementation and monitoring of all IPC interventions at the facility level. The Facility IPC Coordinator will be the secretary of the committee
- **Facility Level IPC Focal Person:** Appointed for every health care facility to coordinate and support implementation of IPC activities at the facility.

3.2. Policy Legal and Regulatory Framework

The implementation of this policy shall be guided by the following relevant Acts and Regulations, and all other health sector relevant legislations referenced within that act.

1. The Public Health Act Cap 242
2. The Occupational Safety&Health Act 2007
3. The Environmental management and coordination Act, 1999
4. The food, drugs and chemical Act 254
5. The Nurses Act Cap 257
6. The Medical Practitioners and Dentists Act, Cap 253.
7. The Clinical officers Act Cap 244.
8. The Kenya Laboratory Technician and Technologist Act Cap 201
9. Pharmacist and Poisons Act Cap 244
10. Relevant Acts and International instruments, which govern the rights of the community patients, HCWs to ensure a safe and sustainable environment.

Failure to comply with the IPC policies and guidelines could result in the following:

- Successful litigation against the state for damages suffered by patients or their families as a result of illness or death arising from inadequate IPC procedures in public healthcare facilities
- Disciplinary action by professional health boards and councils against individuals whose proven negligence resulted in harm to patients
- Criminal, civil, or both, prosecution of institutions and individual employees whose negligent actions resulted in the infection and/or subsequent death of a patient
- Loss of public confidence in the non compliant health establishment

3.3. Resourcing and Resource Mobilization for Policy Implementation

To implement this policy, the MoH together with is partners will have to re-strategize so as to achieve an increased funding allocation internally from government resources and externally from other innovative initiatives. Some of the proposed resource mobilization strategies will include but be not limited to;

- MoH budgetary allocation for the IPC unit at national level
- Engage with private sector and industry stakeholders to develop co-financing strategies for some IPC activities through Public Private Partnership (PPP) e.g. the manufacture and production of IPC consumables; advocacy initiatives, and HCWs capacity building initiatives
- Sensitize county level and facility level health managers to include IPC budget line items during their regular planning and budgeting processes
- Strengthen coordination of partner and donor supported IPC initiatives to enhance resource optimization.

3.4. Standards and Guidelines

To enable the implementation of this policy, the MoH will develop and continually update evidence-based IPC standards and IPC guidelines for all levels of care. Feedback on good IPC practices shall be shared nationally through the following:

- Annual Reports of facility IPC audits
- National IPC Web page on the MoH website
- Annual IPC conferences

Research on IPC shall be encouraged and supported. Evidence from such research shall be translated into practice.

3.5. Education and Training

Education and training are key ingredients for improving and assuring quality as it relates to IPC. The pre-service education and training of all HCWs shall include the principles and practices of IPC, with an emphasis on adherence. The MoH, in consultation with HCWs training institutions and other stakeholders shall work to incorporate IPC training into pre-service curricula. The IPC coordinators, IPCCs, and IPC focal persons will provide in-service training, such as on-the-job training and continuous medical and professional development. Other innovative methods of training, such as e-learning shall be identified and incorporated into training initiatives.

Both pre-service and in-service training shall be based on the following guidelines:

- The employer should provide information, training, and supervision to ensure

the safety of HCWs (and in this case, that of the health care service user as well) in compliance with the terms of the Occupational Safety and Health Act, 2007, as far as is reasonably practicable.

- The NIPCAC shall integrate the existing IPC training modules into one comprehensive in-service IPC training curriculum for all HCWs.
- The relevant departments and Units in the MoH shall, in consultation with the relevant professional health boards and councils, determine training standards for IPC practitioners (the HCWs who advise and oversee IPC activities on a full-time basis).
- The County IPCAC should ensure that training is carried out to provide an adequate supply of trained IPC officers within all counties.

3.6. Supervision and Accreditation

Regular facilitative supervision by relevant teams using standardised evaluation tools shall be important to identify adherence to and compliance with IPC practices according to national IPC guidelines, to determine the availability of IPC supplies and equipment, and to address other issues that need attention or improvement.

The relevant departments in the MoH will prescribe national accreditation standards and guidelines for IPC. These will form part of a national accreditation programme.

3.7. Surveillance

The MoH, in collaboration with the counties, shall develop a national surveillance system for monitoring and reporting HAIs including AMR in a standardized reporting system to report outbreaks of infection in health care facilities.

This reporting system shall be integrated into the MoH health management information system (HMIS) to enable the health facilities, county level and national level IPC coordination structures to extract instant epidemiological data on HAIs and antibiotic resistance. This monitoring system is aimed at generating quality data on HAIs and the antibiotic-resistance patterns of microorganisms on a regular basis. Such data shall be used to investigate outbreaks and implement effective prevention and control measures.

At the health facility level, regular reports of comparative data on the levels of HAIs and antibiotic-resistance patterns within the facility should be made available to all clinical teams and HCWs. Awareness of local resistance profiles shall enable better

evidence based treatment choices and to the assessment implications of their treatment choices and infection control practices. To maximize the effectiveness of this data:

- Healthcare facilities should strengthen links between laboratory, pharmacy, and clinical services to ensure the optimal use of laboratory data for the diagnosis of HAIs.
- Trained staff should manage IPC data. Reports should be prepared and regularly discussed with the relevant IPC officers, committees, and health departments.

3.8. Advocacy and Partnerships

Strong partnerships shall be established so as to facilitate the implementation of this policy. Partnerships with training institutions will be explored in order to find opportunities for training HCWs on IPC. This will be done through;

- Integrating and maintaining IPC in the pre-service training in health-related courses in various universities and medical training colleges.
- Encouraging training institutions to establish advanced courses in IPC at post-basic or postgraduate levels.
- Encouraging and supporting the establishment of full-fledged departments that train IPC courses within training institutions.

Public Private Partnerships

Strong PPP links shall be established with private sector actors who can facilitate the attainment of the policy aims.

Other Government Ministries and Departments

MoH shall strive to strengthen links with other government ministries, departments and institutions that have a role in the successful implementation of this policy.

3.9. Research and Development

Research on different aspects of IPC shall be encouraged.

3.10. Monitoring and Evaluation

In undertaking its coordination role the MoH IPC programme at national level shall have the overall responsibility for developing continuously monitoring and periodically reviewing the implementation status of this policy. This policy shall be implemented through medium term strategic plans. Key IPC indicators across different levels of the health care system in the country shall be developed and monitored.

4. Glossary

Disinfection: A process of reducing microbial load without complete sterilization. Disinfection refers to the use of a physical process or chemical agent to destroy vegetative pathogens, but not bacterial spores.

Health care-associated infection (HAI): An infection that was acquired in a health care facility by a health care user, HCW, or a visitor that was neither present nor incubating at the time the person made initial contact with the facility. HAIs also include some infections acquired in hospital, but symptoms appearing after discharge, such as surgical site infections. Occupational infections among staff of the health facility are also considered HAIs.

Health care worker (HCW): Any person whose main activities are intended to enhance the health of patients. HCWs include the people who provide health services (doctors, nurses, pharmacists, laboratory technicians, etc.) and workers in management and support services (financial officers, cooks, drivers, cleaners, etc.)

Infection prevention and control committee (IPCC): A multidisciplinary committee that deals with IPC issues. Each member of the committee contributes according to his or her discipline and fosters cooperation among all disciplines. The IPCC is made up of medical microbiologists, clinicians, nurses, pharmacists, public-health officers, representatives from hospital administration, and other HCWs who represent sterilizing services, housekeeping, laundry, and training services.

Infection prevention and control programme: A comprehensive programme that encompasses all aspects of IPC—education and training; surveillance; environmental management; healthcare waste management; investigating outbreaks; developing and updating IPC policies, guidelines, and protocols; cleaning, disinfection, and sterilization; antimicrobial resistance; employee health; and quality management in infection control

Infection prevention and control team: The team of HCWs who are involved in the day-to-day IPC programme activities.

Medical devices: All equipment, instruments, and tools that are used in health care settings for diagnosis, prevention, monitoring, treatment, or rehabilitation. These devices include products such as contact lenses, heart valves, hospital beds, resuscitators, radiotherapy machines, surgical instruments and syringes, wheelchairs, etc.

Personal protective equipment (PPE): Specialized clothing and equipment, such as gloves, facemasks, protective eyewear, gowns, caps, and plastic aprons that HCWs wear to protect themselves from exposure to body substances such as blood or body fluids, airborne droplet organisms, or other hazards.

Risk management: All of the processes that are involved in identifying, assessing, and judging risks; assigning ownership; taking actions to mitigate or anticipate them; and monitoring and reviewing progress.

Sterilization: A process that destroys or removes all microorganisms (bacteria, viruses, fungi, and parasites, including bacterial endospores) from inanimate objects by high-pressure steam (autoclave), dry heat (oven), chemical sterilants, or radiation.

Waste management: All activities—administrative, operational, and transportation—involved in handling, treating, conditioning, storing, and disposing of waste

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