

REPUBLIC OF KENYA



DEPARTMENT OF AGRICULTURE, LIVESTOCK & FISHERIES

COUNTY GOVERNMENT OF NYERI

DIRECTORATE OF VETERINARY SERVICES



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ORGANIZATION NAME: COUNTY GOVERNMENT OF NYERI

TITLE: STANDARD OPERATING PROCEDURE FOR REPORTING CLINICAL CASES BY ANIMAL HEALTH SERVICE PROVIDERS IN NYERI

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Signature

Date: 23rd November 2021

ISSUED BY: COUNTY DIRECTOR, VETERINARY SERVICES, NYERI

Signature

Date: 23rd November 2021

PURPOSE:

This procedure outlines on real time the steps and activities to be taken by animal health service providers in Nyeri during reporting disease conditions in animals that are encountered in line of their duties to help the county Government monitor and take appropriate action on anti microbial use.

SCOPE

These guidelines shall be applied by all animal health service providers in Nyeri County, who must be registered with the Kenya Veterinary Board.



REFERENCES

OIE Manual, KVB code of ethics, Director, veterinary services Kenya guidelines on Anti microbial use, Veterinary medicines Directorate council guidelines/ regulations

RESPONSIBILITY

It is the responsibility of the County Director, Veterinary Services to ensure that this document is availed to all animal health service providers in Nyeri County for implementation in reporting management of animal diseases and control in Nyeri.

A smart phone will input the data and submitted real time to a data repository centre in the County Director Veterinary Services' office.

Details to be inputted to Nyeri county Animal disease reporting form, surveyheart.com <https://surveyheart.com/form/615c07e63ca8ab2449d30315>

1. Farmers Name
2. Farmers telephone number
3. Sub County
4. Ward
5. GPS coordinates Lat/Long
6. Animal Species
7. Breed
8. Age
9. Sex
10. Number sick
11. Number dead
12. Date of 1st death
13. Symptoms
14. Samples taken
15. Date of sample submission to laboratory
16. Disease confirmed
17. Disease suspected if no sample taken
18. Active or passive
19. Date symptoms first observed
20. Treatment (Drugs used and amount in mg)
21. Advice given

Recipient Name.....date.....KVB No.....

I/D No.....Signature.....



SCVO (Sub county supervisor).....Date.....

KVB No.....Signature.....

