

Morbidity and Mortality Burden of Neonatal Sepsis at Kericho County Referral Hospital, Kenya: A 5-Year Retrospective Analysis

Introduction: Neonatal Sepsis causes substantial morbidity and mortality globally; its burden varying by setting (The Lancet, 2017). In Kenya, Neonatal Mortality Rate is 22/1000 live births (KDHS, 2014). In spite of the morbidity and mortality burden imposed by neonatal diseases, Kericho County has no publicly shared record of neonatal morbidity or mortality indices, a situation that frustrates neonatal care services. The study had two-fold objectives (i) To determine the morbidity burden of Neonatal Sepsis at Kericho County Referral Hospital (ii) To determine the mortality burden of Neonatal Sepsis at Kericho County Referral Hospital.

Methods: A sample neonatal data from 2011-2015 was extracted using a pre-designed capture tool. Neonates were either born at the hospital or admitted after delivery elsewhere. Relevant files were identified; those meeting specific inclusion criteria underwent sampling, stratified according to years, months and stratum size. Within strata, the files were selected using systematic random sampling; the first was picked using simple random sampling. The sample size was 422 files using Cochran (1963) formula.

Results: Period Prevalence: 34.43% (95% CI: 29.1-39.76); Cumulative Incidence: 34.40% (95% CI: 29.03-39.71); Person-Time Incidence: 6.30% (95% CI: 6.18- 6.42); Neonatal Mortality Rate: 44/1000 live births; Proportionate Mortality Rate: 34.14% (95% CI: 28.70-38.66).

Conclusion: Neonatal Sepsis imposes a high burden in Kericho County as reflected by the higher than national average indices.

Key words: Key Words: Neonatal Sepsis, Morbidity Burden, Mortality Burden, Retrospective Analysis, Kericho.

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