

For Week 38 of 2015 (Week ending 20 September, 2015)



Highlights of the week:

- ➔ Timeliness and completeness of reporting by regions for the week were both 90% and 88% respectively 100%.
- ➔ Ghana ranks among top 5 well performing countries on completeness of reporting in the WHO-AFRO Region
- ➔ Six regions performed below expectations in Yellow Fever surveillance
- ➔ Cholera outbreak in Brong-Ahafo continues

Editorial Board

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1.0 INTRODUCTION

This bulletin is a summary of reported cases of epidemic prone diseases, and other priority conditions/events of national and international concern within the framework of the Second Edition Integrated Disease Surveillance and Response (IDSR). Case fatality and attack rates of these diseases and events are calculated, and comparative analysis made.

Outbreaks (epidemics) and responses that occurred during the reporting period are also discussed and recommendations made. Regions are compared and ranked on timeliness and completeness rates of reporting and on other indicators. The primary objective is to give regular feedback to regions and districts, and also provide epidemiologic data to other stakeholders for action.

2.0 TIMELINESS AND COMPLETENESS OF REPORTING

Timeliness and completeness rates of reporting for week under review were both 90% and 88% respectively. At the WHO-AFRO level, Ghana had scored 100% completeness as per feedback received. Commendations to all administrative levels.

3.0 REGIONAL RANKING BASED ON REPORTING¹

During week 38, overall performance of the regions ranged between 31.3% (Northern region) and 98.2% (Western region) [Table 1]. The expected percentage for districts reporting Measles or Yellow Fever as of week 38 was 58.5%. Two regions did not achieve this target for Measles Surveillance whereas 6 regions did not achieve for Yellow Fever surveillance. Northern and Upper West Regions did not achieve targets for both

¹ The criteria for regional ranking are based on average score by regions as per the Percentage Timeliness and Completeness of Reporting, Annualized Non-Polio AFP Rate, Percentage Districts reporting at least a case of suspected Measles and suspected Yellow Fever since the beginning of the year.

Table 1: Ranking of Regional Performance, Week 38 of 2015

Region	Timeliness (%) Week 38 A	Completeness (%) Week 38 B	AFP			Measles	YF	Average Score % (A+B+C+D+E)/5	Rank
			Total AFP Cases Week 01--38	Annualized Non-Polio AFP Rate	Score (%) C	% District reporting D	% District reporting E		
Ashanti	100	100	17	0.83	42	60.0	40.0	68.4	8th
Brong-Ahafo	100	100	40	4.35	100	92.6	96.3	97.8	2nd
Central	100	100	21	1.87	94	65.0	40.0	79.8	5th
Eastern	100	100	13	1.42	71	76.9	34.6	76.5	7th
Greater Accra	100	100	27	1.68	84	68.8	31.3	76.8	6th
Northern	0	0	20	1.82	91	30.8	34.6	31.3	10th
Upper East	100	100	17	4.87	100	84.6	76.9	92.3	3rd
Upper West	100	100	4	1.37	69	45.5	27.3	68.3	9th
Volta	100	100	21	1.92	96	76.0	68.0	88.0	4th
Western	100	100	44	4.35	100	100.0	90.9	98.2	1st
Ghana	90	88	224	2.15	100	70.4	55.1	80.7	

4.0 WEEKLY EPIDEMIOLOGICAL SITUATION; CASES AND DEATHS-WEEK 38

The total all-cause weekly notifiable diseases morbidity for the week (as per Weekly Summary Reporting Form) was 1,449 cases and 2 deaths. This represents a decrease of 14.7% in the number of cases detected compared to the previous week. Acute watery diarrhoea above 5 years was the highest proportion of cases reported and contributed 72.6% of the notifiable diseases during the week under review (See Annex 1, summary of reported cases/deaths).

5.0 CHOLERA OUTBREAKS

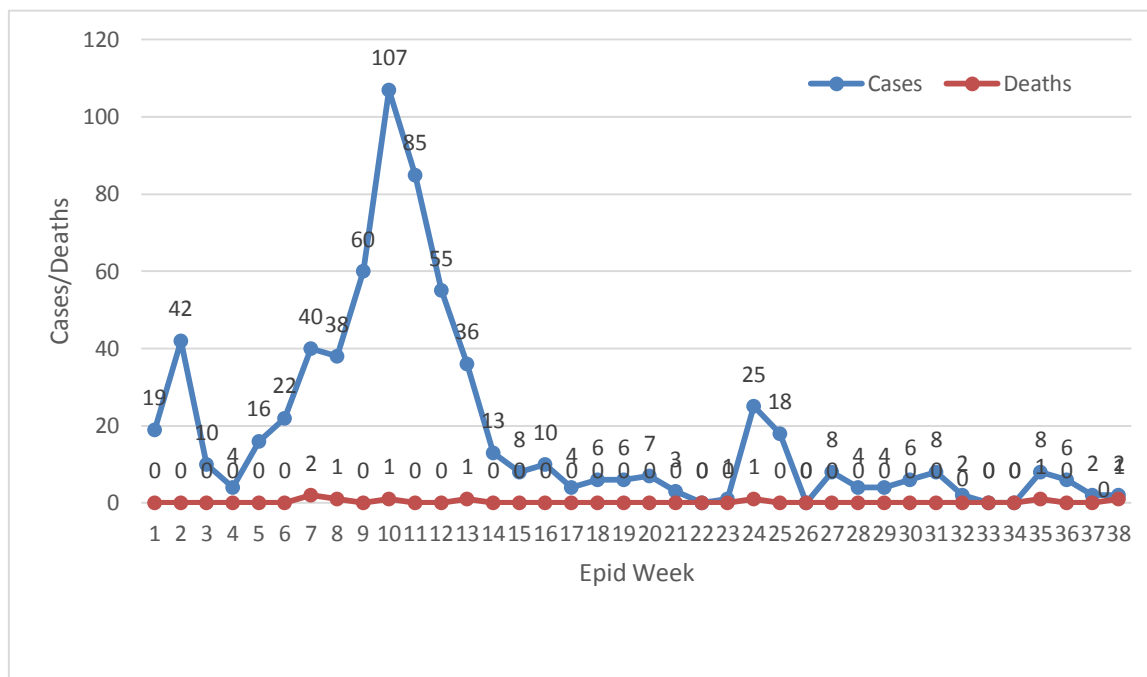
At the end of week 38, there were two (2) cholera cases with one (1) death reported from Sunyani Municipal [Table 2].

From January to date (20 September 2015), a total of 687 cases including 8 deaths (Case fatality rate of 1.16%) have been reported from 33 (15.3%) districts

Table 2: Regions and Districts Reporting Cholera Cases in week 38, 2015 (14th to 20th September 2015)

Region	District	Suspected Cases	Sample taken	Lab Confirmed		Deaths	CFR (%)
				RDT	Culture		
Brong-Ahafo	Sunyani	1	1	1	0	1	100.0
	Sunyani West	1	1	1	0	0	0.0
Total		2	2	2	0	1	50.0

Fig 1: Weekly Trend in Cholera Cases and Deaths, Ghana, Week 1-38, 2015



6.0 EBOLA VIRUS DISEASE OUTBREAK

There were 2 confirmed cases of Ebola virus disease (EVD) reported in the week to 20 September, both of which were in Guinea. Case incidence has remained below 10 cases per week since the end of July this year. Over the same period, transmission of the virus has been geographically confined to several small areas in western Guinea and Sierra Leone, marking a transition to a distinct, third phase of the epidemic. Improvements to rapid and accurate case investigation and contact tracing, rapid isolation and treatment, and effective engagement with affected communities have all played a crucial part in reducing case incidence to its current low level. A refined phase-3 response coordinated by the Interagency Collaboration on Ebola will build on these existing measures to drive case incidence to zero, and ensure a sustained end to EVD transmission. Enhanced surveillance capacity to rapidly identify a reintroduction (either from an area of active transmission or from an animal reservoir), or re-emergence of virus from a survivor, improved testing and counselling capacity as part of a comprehensive package to safeguard the welfare of survivors, and the increased use of innovative technologies—from vaccines to rapid diagnostic tests—are central to the phase-3 response framework. Accordingly, an increased emphasis will be placed on the monitoring and evaluation of these additional phase-3 measures in the coming weeks.

Since the beginning of the outbreak there have been a total of 28 295 reported confirmed, probable, and suspected cases of EVD in Guinea, Liberia, and Sierra Leone up to 20 September, with 11 295 reported deaths (this total includes reported deaths among probable and suspected cases, although outcomes for many cases are unknown). Source: WHO EVD Updates.

In Ghana, 155 suspected cases have been reported with all testing negative for EVD and other Viral Haemorrhagic Fevers.

7.0 MENINGITIS

During Week 38 of 2015, no cases of meningitis were reported in the country.

8.0 MEASLES

During the week under review, twenty-three (23) suspected cases of Measles with no death were reported from fifteen (15) districts in seven (7) regions [Table 3]. Samples are pending laboratory investigations due to shortage of reagents.

Table 3: Reported Suspected Measles Cases by Region and Districts, Ghana; Week 38, 2015

Region	District	Case	Death	Region	District	Case	Death
Ashanti	Kumasi	2	0	Upper East	Nabdam	1	0
Brong-Ahafo	Asunafo North	2	0	Volta	Central Tongu	2	0
	Asutifi South	1	0		Krachi East	2	0
	Atebubu-Amanten	2	0		Krachi Nchumuru	2	0
Central	Upper Denkyira East	2	0		Nkwanta North	2	0
Eastern	Yilo-Krobo	1	0		North Tongu	1	0
Greater Accra	Ashaiman	1	0		South Tongu	1	0
	Ga West	1	0		TOTAL		23

9.0 INFLUENZA-LIKE ILLNESS

A total of 280 cases with no death were reported through the IDSR weekly reporting system out of which 84.3% were reported from Greater Accra [Table 4]. Only 5 (9.0%) out of 55 samples investigated were positive, 2- Influenza A (H₃) and 3 – Influenza B.

Table 4: Reported Influenza-Like Illness Cases and Deaths by Region and Districts, Ghana, Week 38, 2015

Region	District	Cases	Deaths
Ashanti	Ahafo-Ano South	38	0
Greater Accra	Accra	10	0
	Ningo-Prampram	44	0
	Shai-Osudoku	135	0
	Tema	47	0
Upper East	Bolgatanga	6	0
Total		280	0

10.0 YELLOW FEVER

During week 38, a total of five (5) suspected cases were reported from four (4) districts in three (3) regions [Table 5]. All blood samples tested negative for Yellow Fever IgM at the NPHRL, Accra. Yellow Fever surveillance performance continues to lag behind, probably due to the non-application of the very sensitive case definition. All regions and districts are encouraged to step up clinician sensitization at the facility level.

Table 5: Laboratory Investigation of Suspected Yellow Fever Cases, Ghana, Week 38, 2015

Region	District	Suspected Cases	Samples Taken	Lab Confirmed		Death
				Presumptive Positive	Negative	
Brong-Ahafo	Asunafo North	1	1	0	1	0
	Atebubu-Amanten	1	1	0	1	0
Eastern	New Juaben	1	1	0	1	0
Volta	Nkwanta North	2	2	0	2	0
Total		5	5	0	5	0

11.0 AFP (SUSPECTED POLIOMYELITIS)

A total of ten (10) cases were reported from seven (7) districts in four (4) regions during the week under review [Table 6]. All the stool specimens taken from the cases and investigated at the National Polio Laboratory tested negative for wild polio virus

Table 6: Suspected Poliomyelitis Cases and Deaths by Region and Districts, Ghana, Week 38, 2015

Region	District	Case	Death
Brong-Ahafo	Dormaa West	1	0
	Pru	1	0
Central	Agona East	1	0
	Mfantseman	1	0
Volta	Krachi East	2	0
	Nkwanta North	2	0
Western	Ahanta West	2	0
Total		10	0

12.0 MATERNAL DEATH

In Week 38, there was no case of maternal death nationwide. Cumulatively, as at 20th September 2015, a total of sixty-six (66) maternal deaths have been recorded nationwide.

13.0 RECOMMENDATIONS

- To ensure data consistency between case-based and aggregate reports, regions and districts should ensure that total cholera data on line list and all suspected Ebola cases should reflect on the IDSR weekly summaries. You also being urged to make same entries on the DHIMS platform for monitoring purposes but not as a reporting tool. AFP reporting readily comes to the fore.
- All regions, districts, health facilities and the points of entry (ground crossing, airport and seaport) should strengthen/enhance surveillance on Viral Haemorrhagic Fevers. Blood specimens from suspected cases should be taken, placed in viral transport medium (VTM) and sent to NMIMR for laboratory investigations. All Points of Entries should intensify screening of arriving travellers. Regions with landing beaches are to work with community leaders and pay critical attention to people landing at their beaches for screening and necessary follow-ups to be made.

All regions and districts are requested to have updated preparedness and response plans for Cholera; enhance surveillance on acute watery diarrhoea by collecting stool specimens or rectal swabs for laboratory investigations; Conduct

public education on preventive measures; undertake advocacy role with the relevant stakeholders to prevent cholera.

- Regions are urged to continue surveillance on meningitis and update preparedness and response plans for meningitis;
 - For every case of meningitis, LP should be done and CSF used for Latex Agglutination and Gram stain; samples should be inoculated into TI bottles for culture at the respective regional laboratories for confirmation.
 - It is mandatory that Northern, Upper East and Upper West regions send samples frozen in cryo-tubes to Tamale Zonal PHL for PCR (following the MenAfriVac campaign)
- Regions are to activate influenza sentinel sites with samples taken from first 5 Influenza-Like Illnesses (ILI) within the week and sent to Noguchi. For ILI cases that are hospitalized (e.g. pneumonia), samples are to be taken for each case and sent to the National Influenza Center. The samples to collect are oropharyngeal and nasal swabs.
- We request regions to share this bulletin and subsequent ones with other regional and district staff.

14.0 ANNEXES

Annex 1: Summary of Reported Cases/ Events: Week 38 (Week ending 20 September 2015)

Disease/ Health Event (suspected/confirmed)	Week 37			Week 38			Cum Week 01—38		
	Cases (Susp.)	Deaths	CFR (%)	Cases (Susp.)	Deaths	CFR (%)	Cases (Susp.)	Deaths	CFR (%)
1 AFP (Suspected Polio)	15	0	0	10	0	0	224	0	0
2 Acute Haemorrhagic Fever Syndrome	0	0	0	0	0	0	0	0	0
3 Adverse Events following Immunization	0	0	0	3	0	0	10	0	0
4 Anthrax	0	0	0	0	0	0	1	0	0
5 Acute watery diarrhoea in > 5 years	1,377	0	0	1,052	0	0	39,774	0	0
6 Cholera	2	0	0	2	1	50	687	8	1.16
7 Dengue fever	0	0	0	0	0	0	0	0	0
8 Diarrhoea with blood	92	0	0	73	0	0	2,976	0	0
09 Dracunculiasis (Guinea Worm)	0	0	0	0	0	0	0	0	0
10 Influenza-Like Illness	184	0	0	280	0	0	4,870	0	0
11 Maternal Deaths		3			0			66	
12 Measles	20	0	0	23	0	0	528	0	0
13 Meningitis	6	0	0	0	0	0	313	33	10.54
14 Neonatal Tetanus	0	0	0	0	0	0	4	0	0
15 Plague	0	0	0	0	0	0	0	0	0
16 Public Health Event of International Concern (PHEIC)	0	0	0	0	0	0	101	1	0
17 Human Rabies	1	0	0	1	1	100	15	11	73.33
18 SARS	0	0	0	0	0	0	0	0	0
19 Small Pox	0	0	0	0	0	0	0	0	0
20 Yellow fever (Suspected)	8	0	0	5	0	0	260	0	0
NATIONAL TOTAL	1,699	3	0	1,449	2	0.14	49,579	119	0.11*

*CFR does not include Maternal Deaths