

### Highlights of the week:

- ➔ Timeliness and completeness of reporting by regions for the week were 100% and 100% respectively.
- ➔ Further reduction in cholera cases
- ➔ Jirapa District reached epidemic threshold for Meningitis

### 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 for action.

## 2.0 TIMELINESS AND COMPLETENESS OF REPORTING

Timeliness and completeness rates of reporting for week under review were all 100% respectively. All regions reported timely and completely.

## 3.0 REGIONAL RANKING BASED ON REPORTING<sup>1</sup>

During week 14, overall performance of the regions ranged between 45.5% for Northern region and 85.5% for Western region [Table 1]. The expected percentage for districts reporting Measles or Yellow Fever as at week 12 was 21.5%. Five regions are yet to achieve this indicator for Measles Surveillance whereas six (6) regions are yet to achieve for Yellow Fever surveillance. Ashanti, Central, Eastern, Northern and Volta Regions did not

<sup>1</sup> The criteria for regional ranking are based on average score by regions as per the Percentage Timeliness and Completeness of Reporting per week 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.

achieve indicators for both Measles and Yellow Fever surveillance.

**Table 1: Ranking of Regional Performance, Week 14 of 2015**

Region	Timeline ss (%) Week 13 A	Completeness (%) Week 13 B	AFP			Measles	YF	Average Score % (A+B+C+D+E)/5	Rank
			Total AFP Cases Week 01--14	Annualized Non-Polio AFP Rate	Score (%) C	% District reporting D	% District reporting E		
Ashanti	100	100	5	0.81	41	16.7	6.7	52.9	7th
Brong-Ahafo	100	100	14	3.71	100	55.6	44.4	80.0	2nd
Central	100	100	4	1.01	51	15.0	10.0	55.2	6th
Eastern	100	100	2	0.59	30	19.2	7.7	51.4	8th
Greater Accra	100	100	8	1.14	57	25.0	12.5	58.9	5th
Northern	100	100	2	0.31	16	0.0	11.5	45.5	10th
Upper East	100	100	6	4.95	100	38.5	30.8	73.8	3rd
Upper West	100	100	4	1.24	62	45.5	36.4	68.8	4th
Volta	100	100	3	0.37	19	20.0	12.0	50.2	9th
Western	100	100	12	3.04	100	72.7	54.5	85.5	1st
<b>Ghana</b>	<b>100</b>	<b>100</b>	<b>60</b>	<b>1.42</b>	<b>71</b>	<b>29.2</b>	<b>21.3</b>	<b>64.3</b>	

#### 4.0 WEEKLY EPIDEMIOLOGICAL SITUATION; CASES AND DEATHS-WEEK 14

The total all-cause weekly notifiable diseases morbidity for the week (as per Weekly Summary Reporting Form) was 1,156 cases with one (1) death which was reported as maternal death. This represents a decrease of about 13.1% in the number of cases detected compared to the previous week. Acute watery diarrhoea above 5 years were the highest proportion of cases reported and contributed 78.2% of the notifiable diseases during the week under review (See Annex 1, summary of reported cases/deaths).

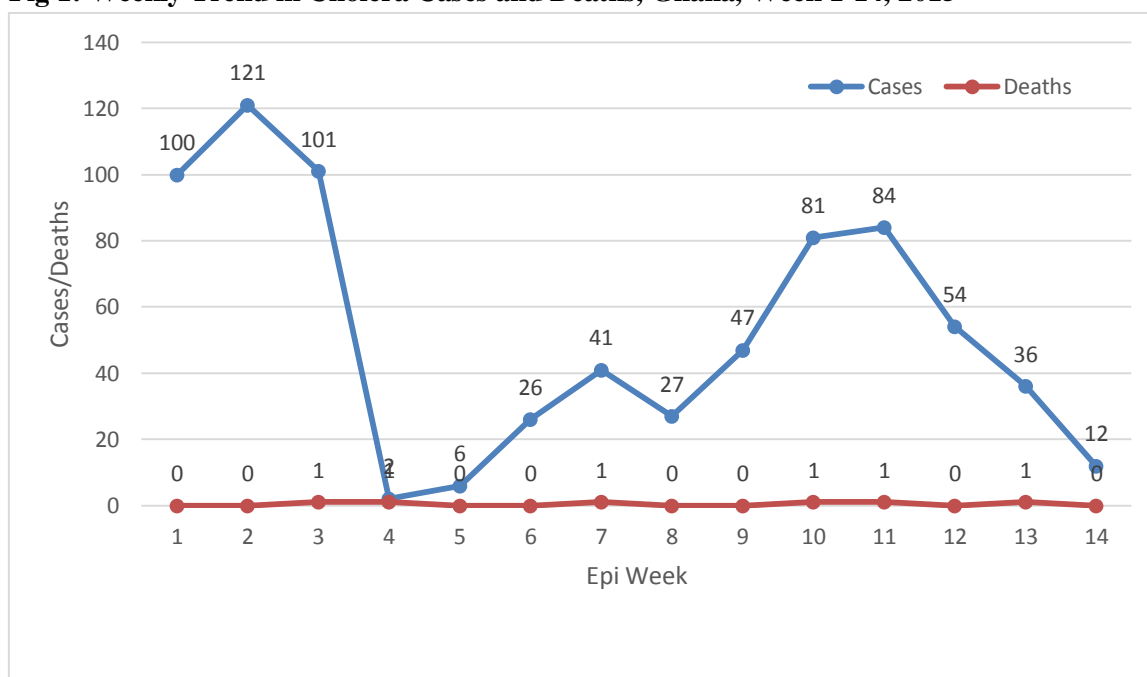
#### 5.0 CHOLERA OUTBREAKS

During Week 14, the number of new cholera cases reduced by 66.7% as compared to the previous week. Greater Accra Region contributed 66.7% of the total 12 cases reported. There was no death [Table 2 and Fig. 1]. Cumulatively as of 5<sup>th</sup> April 2015, a total of 705 cases with 5 deaths (Case fatality rate of 0.7%) have been reported from 17 (7.9%) districts.

**Table 2: Cholera Cases and Deaths by Region, Ghana, Week 14, 2015**

Region	Cases	Deaths	CFR (%)	Reporting Districts
Ashanti	0	0	0	Nil
Brong-Ahafo	0	0	0	Nil
Central	2	0	0	Agona East
Eastern	0	0	0	Nil
Greater Accra	8	0	0	Accra
Northern	0	0	0	Nil
Upper East	0	0	0	Nil
Upper West	0	0	0	Nil
Volta	0	0	0	Nil
Western	2	0	0	Sekondi-Takoradi
<b>Total (Ghana)</b>	<b>12</b>	<b>0</b>	<b>0</b>	

**Fig 1: Weekly Trend in Cholera Cases and Deaths, Ghana, Week 1-14, 2015**



## 6.0 EBOLA VIRUS DISEASE OUTBREAK

There have been a total of 25 515 reported confirmed, probable, and suspected cases of EVD in Guinea, Liberia and Sierra Leone, with over 10 000 reported deaths (outcomes for many cases are unknown). A total of 30 confirmed cases of Ebola virus disease (EVD) were reported in the week to 5 April. This is the lowest weekly total since the third week of May 2014. Case incidence in Guinea decreased to 21, compared with 57 confirmed cases the previous week. Liberia reported no confirmed cases. Sierra Leone reported a fifth consecutive weekly decrease from 25 confirmed cases in the week to 29 March to 9 in the week to 5 April. Ghana has so far investigated 150 suspected Ebola cases and all tested negative at the NMIMR, Legon-Accra.

## 7.0 MENINGITIS

During the week 14 of 2015, 5 cases of meningitis with no death were reported from four (4) districts in two regions. Upper West reported 3 and Upper East region with 2. Jirapa District in Upper West Region reached epidemic threshold for Meningitis. [Table 3]

**Table 3: Laboratory Investigations for Meningitis by Pastorex Test, Week 14, 2015**

Districts	Cases	No. CSF	No. CSF positive	Neisseria Meningitidis							S. Pneum	H. Inf	Hib	Other Pathogens
				A	B	C	X	Y	W 135	Others (GND)				
Jirapa	2	2	0	0	0	0	0	0	0	0	0	0	0	0
Lawra	1	1	0	0	0	0	0	0	0	0	0	0	0	0
East Mamprusi	1	0	0	0	0	0	0	0	0	0	0	0	0	0
Talensi	1	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>TOTAL</b>	<b>5</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

## 8.0 MEASLES

During the week under review, 17 suspected cases of Measles with no death were reported from 13 districts in nine (9) Regions [Table 4]. Laboratory investigations at the National Public Health Reference Laboratory (NPHRL) were all IgM negative for Measles and Rubella.

**Table 4: Reported Suspected Measles Cases by Region and Districts, Ghana; Week 14, 2015**

Regions	Reporting Districts	Cases	Deaths
Ashanti	Asante-Mampong	1	0
	Asante-Akim North	2	0
Brong-Ahafo	Berekum	1	0
	Tain	1	0
	Sene East	1	0
Central	Agona West	1	0
Eastern	Yilo Krobo	3	0
Greater Accra	Accra	2	0
Upper East	Garu-Tempene	1	0
	Kassena-Nankana	1	0
Upper West	Nandom	1	0
Volta	Ho	1	0
Western	Suaman	1	0
<b>Total</b>		<b>17</b>	<b>0</b>

## 9.0 INFLUENZA-LIKE ILLNESS

A total of 173 cases with no death were reported during the reporting week through the IDSR weekly reporting system. This is more than three times the cases reported in the previous week with 56 cases. Ashanti reported 78 % of the total cases [Table 5]. Sixty-six (66) samples were received in the laboratory for processing and 18 samples tested positive. Four (4) were positive for H1N1 (pandemic strain), 9 – H5 and 5 - Flu B.

**Table 5: Reported Influenza-Like Illness Cases and Deaths by Region and Districts, Ghana, Week 14, 2015**

Region	District	Cases	Deaths
Ashanti	Ahafo-Ano North	24	0
	Asokore-Mampong	5	0
	Bekwai	106	0
Greater Accra	Accra	38	0
<b>Total</b>		<b>173</b>	<b>0</b>

## 10.0 YELLOW FEVER

During week 14, a total of 7 suspected cases were reported from six (6) districts in four (4) regions [Table 6]. All blood samples tested negative for Yellow Fever IgM at the NPHRL, Accra

**Table 6: Suspected Yellow Fever Cases and Deaths by Region and Districts, Ghana, Week 14, 2015**

Region	District	Cases	Deaths
Brong-Ahafo	Dormaa West	1	0
	Tain	1	0
	Techiman North	1	0
Central	Cape Coast	1	0
Upper East	Binduri	1	0
Western	Tarkwa-Nsuaem	2	0
<b>Total</b>		<b>7</b>	<b>0</b>

## 11.0 AFP (SUSPECTED POLIOMYELITIS)

In all there were eight (8) reported cases from 6 regions during the week under review [Table 7]. Cumulatively, 60 AFP cases have been reported in the country as of week ending 5<sup>th</sup> April 2015. All the stool specimens taken from the cases and investigated at the National Polio Laboratory (NMIMR) tested negative for wild polio virus.

**Table 7: Suspected Poliomyelitis Cases and Deaths by Region and Districts, Ghana, Week 14, 2015**

Region	District	Cases	Deaths
Ashanti	Offinso North	1	0
Brong-Ahafo	Atebubu-Amanten	1	0
Central	Awutu-Senya West	1	0
Greater Accra	Ga South	1	0
Upper West	Daffiama-Bussie-Issa	1	0
	Sissala East	1	0
Western	Aowin	1	0
	Sekondi-Takoradi	1	0
<b>Total</b>		<b>8</b>	<b>0</b>

## 12.0 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 encouraged to make same entries on the DHIMS platform for monitoring purposes but not as a reporting tool.
- 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 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)
- We request regions to share this bulletin and subsequent ones with other regional and district staff.

## 13.0 ANNEXES

### Annex 1: Summary of Reported Cases/ Events: Week 14 (Week ending 05 April 2015)

Disease/ Health Event (suspected/confirmed)	Week 13			Week 14			Cum Week 01—14		
	Cases (Susp.)	Deaths	CFR (%)	Cases (Susp.)	Deaths	CFR (%)	Cases (Susp.)	Deaths	CFR (%)
1 AFP (Suspected Polio)	2	0	0	8	0	0	53	0	0
2 Acute Haemorrhagic Fever Syndrome	0	0	0	0	0	0	0	0	0
3 Adverse Events following Immunization	0	0	0	0	0	0	1	0	0
4 Anthrax	0	0	0	0	0	0	0	0	0
5 Acute watery diarrhoea in > 5 years	1,094	0	0	904	0	0	11,441	0	0
6 Cholera	36	1	2.8	12	0	0	705	5	0.7
7 Dengue fever	0	0	0	0	0	0	0	0	0
8 Diarrhoea with blood	87	0	0	41	0	0	1,033	0	0
09 Dracunculiasis (Guinea Worm)	0	0	0	0	0	0	0	0	0
10 Influenza-Like Illness	56	0	0	173	0	0	1,489	0	0
11 Maternal Deaths		0			1			18	
12 Measles	20	0	0	17	0	0	178	0	0
13 Meningitis	30	2	6.7	5	0	0	210	23	10.9
14 Neonatal Tetanus	0	0	0	0	0	0	2	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	1	100	0	0	0	8	6	75
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)	5	0	0	7	0	0	85	0	0
<b>NATIONAL TOTAL</b>	<b>1,331</b>	<b>4</b>	<b>0.3*</b>	<b>1,161</b>	<b>1</b>	<b>0</b>	<b>15,300</b>	<b>50</b>	<b>0.3*</b>

\*CFR does not include Maternal Deaths