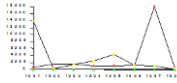


WEB 08



REPUBLIC OF GHANA



WEEKLY EPIDEMIOLOGICAL BULLETIN

Ghana Health Service / Ministry of Health

For Week 09 of 2015 (Week ending 01 March, 2015)



Highlights of the week:

- ➔ Timeliness and completeness of reporting by regions for the week were 100% and 100% respectively.
- ➔ Incidence of reported cases of cholera continue to increase
- ➔ Suspected cases of Ebola Virus Disease (EVD) since April 2014 are 140. Samples from all of them are negative for Ebola Virus Disease and other VHF.

Editorial Board

Dr Badu Sarkodie
Mr Michael Adjabeng
Mr James Addo
Dr Emmanuel Kofi Dzotsi
Dr Kwame Amponsa-Achiano
Dr David Opare

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 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 and support.

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 REPORTING¹

During Week 9, the overall performance of the regions ranged between 44.8% for Northern Region to 77.7% for Brong-Ahafo Region [Table 1]. The expected percentage for districts reporting Measles or Yellow Fever as at Week 9 was 13.8%. Five regions are yet to achieve this indicator for Measles Surveillance, whereas 7 regions are yet to achieve for Yellow Fever surveillance. Ashanti, Central, Eastern, Northern and Volta Regions did not achieve both indicators for Measles and Yellow Fever surveillance.

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 09 of 2015

Region	Timeline ss (%) Week 09 A	Completeness (%) Week 09 B	AFP			Measles	YF	Average Score % (A+B+C+D+E)/ 5	Rank
			Total AFP Cases Week 01--09 C	Annualized Non-Polio AFP Rate	Score (%)	% District reporting D	% District reporting E		
Ashanti	100	100	3	0.75	37.5	6.7	10.0	50.8	7th
Brong-Ahafo	100	100	7	3.15	100.0	44.4	44.4	77.7	1st
Central	100	100	3	1.58	79.0	5.0	0.0	56.8	4th
Eastern	100	100	2	0.92	46.0	11.5	0.0	51.5	5th
Greater Accra	100	100	3	0.59	29.5	18.7	0.0	49.6	9th
Northern	100	100	2	0.48	24.0	0.0	0.0	44.8	10th
Upper East	100	100	2	2.57	100.0	15.4	7.7	64.6	3rd
Upper West	100	100	0	0.0	0.0	18.2	36.4	50.9	6th
Volta	100	100	2	0.58	29.0	12.0	12.0	50.6	8th
Western	100	100	3	1.58	79.0	54.5	41.0	74.9	2nd
Ghana	100	100	27	1.13	56.5	18.5	14.8	58.0	7th

4.0 WEEKLY EPIDEMIOLOGICAL SITUATION; CASES AND DEATHS-WEEK 09

The total all-cause weekly notifiable diseases morbidity for the week (as per Weekly Summary Reporting Form) was 1,603 cases with 5 deaths. This represents an increase of about 5.4% in the number of cases detected compared to the previous week. Acute Watery Diarrhoea above 5 years remained the highest proportion of cases reported and contributed 82.5% of the notifiable diseases during the week under review. (See Annex 1, summary of reported cases/death).

5.0 CHOLERA

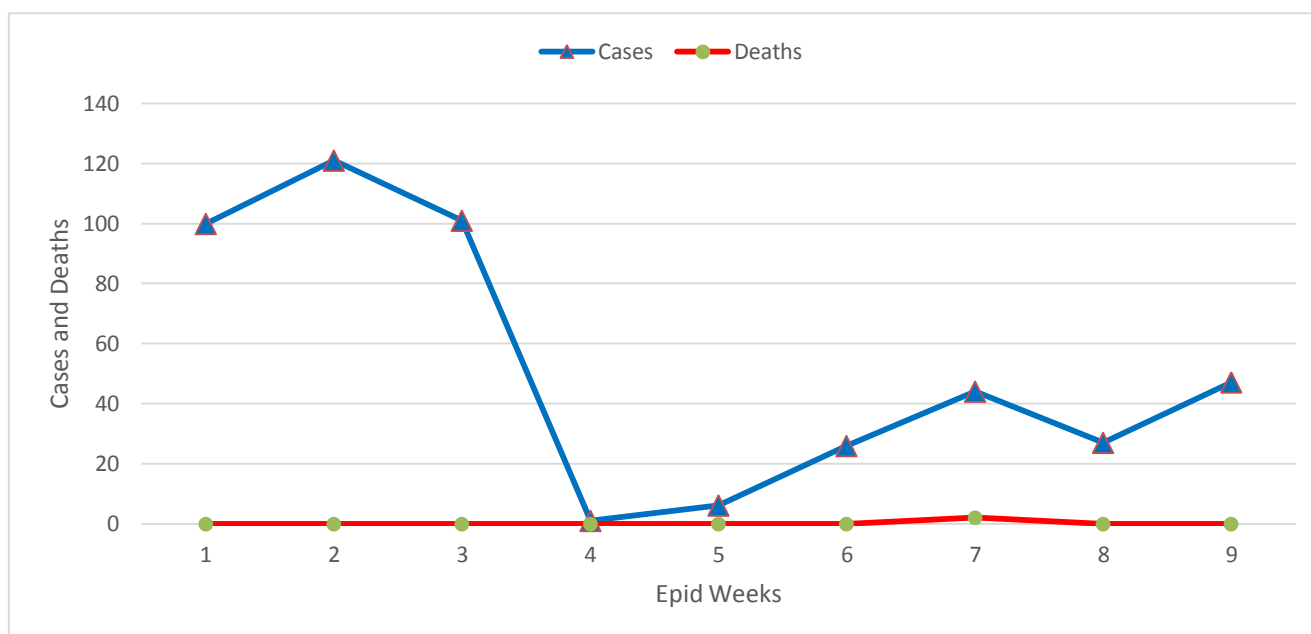
During the week under review, there was an increase (74.0%) in the number of new cases reported as compared to the previous week. Eastern Region reported 83% out of the total 47 cases with no death (Fig 2).

Cumulatively, as of 9th March 2015, **473** cases with **2** deaths (Case fatality rate of 0.4%) have been reported from 15 (7.0%) districts in year 2015.

Table 2: Cholera Cases and Deaths by Region, Ghana, Week 09, 2015

Region	Cases	Deaths	CFR (%)	District
Ashanti	0	0	0	Nil
Brong-Ahafo	0	0	0	Nil
Central	0	0	0	Nil
Eastern	39	0	0	Nsawam-Adoagyiri
Greater Accra	7	0	0	Ashaiman, Ga South, Ledzokuku-Krowor, Tema
Northern	0	0	0	Nil
Upper East	0	0	0	Nil
Upper West	0	0	0	Nil
Volta	0	0	0	Nil
Western	1	0	0	Sekondi-Takoradi
Total (Ghana)	47	0	0	

Fig 2: Weekly Trend in Cholera Cases and Deaths, Ghana, Weeks 1- 9, 2015 (Updated)



6.0 EBOLA VIRUS DISEASE OUTBREAK

A total of 24,143 confirmed, probable, and suspected cases of Ebola Virus Disease (EVD) have been reported in five affected countries (Guinea, Liberia, Mali, Sierra Leone, and the United States of America) and three previously affected countries (Nigeria, Senegal and Spain). There have been 9,834 reported deaths.

Ghana has so far investigated 140 suspected Ebola cases and all tested negative at the NMIMR, Legon-Accra. Public education, surveillance, creation of isolation facilities, procurement of PPEs and community level training are ongoing.

7.0 MENINGITIS

During the week, 16 cases of meningitis with 2 deaths (CFR: 12.5%) were reported from nine (9) districts in three regions. Upper West reported 11 cases with no death. Upper East reported 4 cases with 1 death and Greater Accra - 1 case that died. Lumbar puncture rate was 75%. Pastorex test was positive for W135 and *Strep. pneumoniae* [Table 3]. Lambussie and Nandom Districts in Upper West Region reached Alert threshold.

Table 3: Laboratory Investigations for Meningitis by Pastorex Test, Week 9, 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)				
Nandom	4	4	1	0	0	0	0	0	0	0	1	0	0	0
Sissala East	1	1	0	0	0	0	0	0	0	0	0	0	0	0
Sissala West	1	1	1	0	0	0	0	0	1	0	0	0	0	0
Lambussie	3	3	1	0	0	0	0	0	0	0	1	0	0	0
Nadowli-Kaleo	2	0	0	0	0	0	0	0	0	0	0	0	0	0
Lawra	1	1	1	0	0	0	0	0	1	0	0	0	0	0
Accra	1	1	0	0	0	0	0	0	0	0	0	0	0	0
Bolgatanga	1	1	0	0	0	0	0	0	0	0	0	0	0	0
Bongo	2	2	0	0	0	0	0	0	0	0	0	0	0	0
Kassena-Nankana	1	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL	16	12	4	0	0	0	0	0	2	0	2	0	0	0

8.0 MEASLES

During the week, 18 suspected cases of Measles with no death were reported from 10 districts in five (5) Regions [Table 4]. Laboratory investigations at the National Public Health and Reference Laboratory (NPHRL) were all IgM negative for Measles and Rubella.

Table 4: Reported Suspected Measles Cases by Region and Districts, Ghana; Week 9, 2015

Region	District	Cases	Deaths
Brong-Ahafo	Berekum	1	0
	Sunyani	5	0
	Nkoranza North	2	0
	Tain	1	0
Eastern	New Juaben	1	0
Greater Accra	Accra	1	0
	La Dade-Kotopon	2	0
Upper West	Kassena-Nankana West	1	0
Western	Tarkwa-Nsuaem	1	0
	Sekondi-Takoradi	3	0
Total		18	0

9.0 INFLUENZA-LIKE ILLNESS

A total of 59 cases with no death was reported during the week as compared with 135 cases during the previous week. Fifteen (15) cases were reported from the Greater Accra Region. Laboratory results on aggregated data indicated 4 positives (1- H1N1 and 3- Flu B).

10.0 YELLOW FEVER

During week 9, two suspected cases each were reported from Dormaa West, and Nkoranza North in Brong-Ahafo and Nkwanta North in Volta Region. Seven different districts including Bodi in Western Region reported one suspected case each.

Table 5: Suspected Yellow fever Cases and Deaths by Region and Districts, Ghana, Week 9, 2015

Region	District	Cases	Deaths
Brong-Ahafo	Asutifi North	1	0
	Asunafo South	1	0
	Dormaa West	2	0
	Nkoranza North	2	0
	Tain	1	0
	Tano North	1	0
	Wenchi	1	0
Volta	Akatsi South	1	0
	Nkwanta North	2	0
Western	Bodi	1	0
Total		13	0

11.0 AFP (SUSPECTED POLIOMYELITIS)

Two (2) AFP cases were reported from Banda and Bia West districts in the Brong-Ahafo and Western Region respectively during the week under review. Cumulatively, 22 AFP cases have been reported in the country as of week ending 01 March 2015. All the stool specimens taken from the cases and investigated at the National Polio Laboratory (NMIMR) tested negative for wild polio virus.

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.

ANNEX 1: Summary of Reported Cases/ Events: Week 09 (Week ending 01 March 2015)

Disease/ Health Event (suspected/confirmed)	Week 08			Week 09			Cum Week 01—09		
	Cases (Susp.)	Deaths	CFR (%)	Cases (Susp.)	Deaths	CFR (%)	Cases (Susp.)	Deaths	CFR (%)
1 AFP (Suspected Polio)	24	0	0	27	0	0			
2 Acute Haemorrhagic Fever Syndrome	0	0	0.0	0	0	0	0	0	0
3 Adverse Events following Immunization	0	0	0.0	0	0	0	1	0	0
4 Anthrax	0	0	0.0	0	0	0	0	0	0
5 Acute watery diarrhoea in > 5 years	1,245	0	0.0	1,322	0	0	5,820	0	0
6 Cholera	27	0	5.6	47	0	0	507	2	0.4
7 Dengue fever	0	0	0.0	0	0	0	0	0	0
8 Diarrhoea with blood	77	0	0.0	141	0	0	702	0	0
09 Dracunculiasis (Guinea Worm)	0	0	0.0	0	0	0.0	0	0	0
10 Influenza-Like Illness	135	0	0.0	15	0	0	1,065	0	0
11 Maternal Deaths		4			1			10	
12 Measles	9	0	0.0	18	0	0	92	0	0
13 Meningitis	20	1	30.8	16	2	12.5	97	15	15.5
14 Neonatal Tetanus	0	0	0.0	0	0	0	2	0	0
15 Plague	0	0	0.0	0	0	0	0	0	0
16 Public Health Event of International Concern (PHEIC)	0	0	0.0	1	1	100	1	1	0
17 Human Rabies	0	0	0.0	3	1	33.3	5	3	60
18 SARS	0	0	0.0	0	0	0	0	0	0
19 Small Pox	0	0	0.0	0	0	0	0	0	0
20 Yellow fever (Suspected)	5	0	0.0	13	0	0	51	0	0
NATIONAL TOTAL	1,521	5	0.3*	1,603	5	0	6,790	26	

*CFR does not include Maternal Deaths