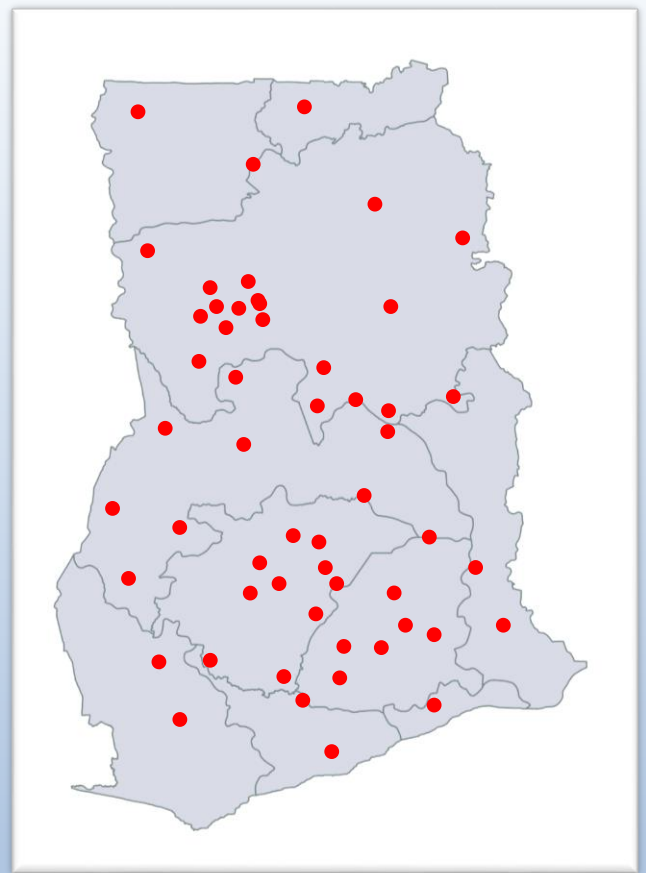
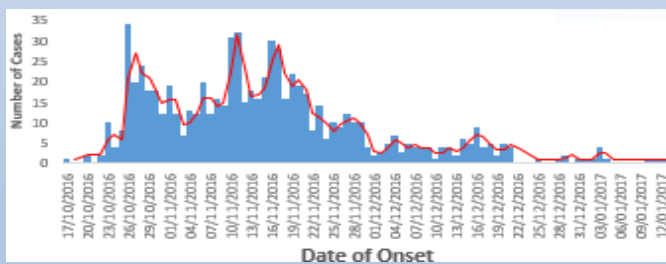


Ghana Weekly Epidemiological Report



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In This issue:

➤ Meningitis

Four districts crossed the alert threshold for Meningitis

➤ Timeliness & Completeness of Reporting

Timeliness and Completeness of reporting were all 100% for all regions

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Summary of Weekly Epidemiological Data for Week 01, 2018

Highlights:

- Four district hit alert threshold for meningitis
- Timeliness and Completeness of reporting were all 100% for all regions

Summary of Total Weekly Cases & Death

The total all-cause weekly notifiable diseases morbidity for the week (as per IDSR Weekly Summary Reporting Form) was 2,346 with 6 deaths (meningitis – 4 and maternal deaths – 2). Acute watery diarrhoea in persons aged >5 years was the highest proportion of cases reported and contributed 55% of the notifiable diseases during Week 1. Influenza-like illness and Diarrhoea with blood were among the top three conditions recorded for the week. (See Annex 1, summary of reported cases/deaths).

Timeliness and Completeness of Reporting

Timeliness and completeness of reporting from the regions for Week 1 were both 100%.

MENINGITIS

In Week 1, out of 31 meningitis cases, 4 deaths were reported [Table 1]. Nandom district in the Upper West Region with an attack rate of 9.5 hit the alert threshold. Nadowli Kaleo with in the same region crossed the alert threshold and recorded an attack rate of 4.2. Bongo and Builsa North districts in the Upper East region crossed the alert threshold and recorded Attack Rates 5.4 and 3.2. All cases were tested and 2 were confirmed. Tain district recorded 1 case of meningitis due to *S. pneumoniae* while West Gonja district recorded 1 case of meningitis due to *N. meningitidis* [Table 2]

Table 1: Meningitis Cases and Deaths by Region, Ghana, Week 1, 2018

Region	Cases	Cerebrospinal Fluid (CSF) Lab Test Positive	Deaths	CFR (%)	District in Alert	District in Epidemic
Ashanti	0	0	0	0	0	0
Brong-Ahafo	2	1	1	50.0	0	0
Central	0	0	0	0	0	0
Eastern	2	0	0	0	0	0
Greater Accra	1	0	0	0	0	0
Northern	2	1	0	0	0	0
†Upper East	8	0	2	25.0	2	0
†Upper West	15	0	1	6.7	2	0
Volta	1	0	0	0	0	0
Western	0	0	0	0	0	0
Total (Ghana)	31	2	4	12.9	4	0

†Bongo; 5 cases [AR= 5.4] Bolgatanga; 1 case [AR=0.7] Builsa North; 2 cases [AR= 3.2] Nadowli Kaleo; 3 cases [AR= 4.2] Nandom; 5 cases [AR= 9.5] Wa East; 2 cases [AR= 1.6] Wa West; 1 case [AR= 1.1] Wa; 1 case [AR= 1.2] Sissala West; 1 case [AR= 1.7], Lambussie; 1 case [AR= 1.7] Daffiama-Bussie-Issa; 1 case [AR= 2.6]

Table 2: Meningitis cases by districts with confirmed Cases and Deaths, Week 1, 2018

Districts	CSF					Causative Organism
	Cases	CSF	positive	Confirmed	Deaths	
Tain	2	2	1	1	1	<i>S. pneumoniae</i>
West Gonja	1	1	1	0	0	<i>N. meningitidis</i>
Bongo	5	5	0	0	2	Nil
Builsa North	2	2	0	0	0	Nil
Nadowli-Kaleo	3	3	0	0	0	Nil
Nandom	5	5	0	0	0	Nil
Wa West	1	0	0	1	1	Nil

INFLUENZA-LIKE ILLNESS

A total of 884 cases with no deaths were reported through the IDSR weekly reporting system. [Table 3]. Samples were taken and sent to Noguchi Memorial Institute for Medical Research (NMIMR) for laboratory investigation. No test was done due to the shortage of reagents.

Table 3: Reported Influenza-Like Illness Cases by Region and District, Ghana, Week 1, 2018

Region	Districts	Cases	Deaths
Ashanti	Adansi South	6	0
	Bekwai	4	0
	Ejisu-Juaben	114	0
	Kumasi	219	0
Brong-Ahafo	Sunyani	4	0
Central	Cape Coast	60	0
Eastern	Kwaebibirem	2	0
	New Juaben	131	0
Greater Accra	Accra	37	0
	Ga Central	1	0
	Ga East	57	0
	Ga West	26	0
	La Dade-Kotopon	5	0
	Ningo-Prampram	11	0
	Shai Osudoku	147	0
	Tema	56	0
Upper East	Bolgatanga	2	0
	Kassena Nankana	1	0
Volta	Ketu South	1	0
Total		884	0

ACUTE FLACCID PARALYSIS (SUSPECTED POLIOMYELITIS)

Five suspected Polio cases (Acute Flaccid Paralysis) were reported from five districts in four regions [Table 4]. All the stool specimens tested at the National Polio Laboratory were negative for wild polio virus.

Table 4: Suspected Poliomyelitis Cases and Deaths by Region and Districts, Ghana, Week 1, 2018

Region	Districts	Cases	Deaths
Ashanti	Kwabre	1	0
Eastern	West Akim	1	0
Upper East	Bongo	1	0
	Shama	1	0
Western	Tarkwa-Nsuem	1	0
Total		5	0

MEASLES

During Week 1, a total of 17 suspected cases of Measles with no deaths were reported from 14 districts in seven regions [Table 5]. All samples were sent to the National Public Health Reference Laboratory (NPHRL) for investigation and none was confirmed as Measles positive.

Table 5: Reported Suspected Measles Cases by Region and Districts, Ghana, Week 1, 2018

Region	Districts	Cases	Deaths
Ashanti	Adansi South	2	0
	Afigya-Kwabre	1	0
	Asante Akim South	1	0
Brong-Ahafo	Tano North	1	0
Central	Awutu Senya East	1	0
	Fanteakwa	1	0
Eastern	Kwahu South	1	0
	Nsawam Adoagyiri	1	0
Greater Accra	Ga West	1	0
	Ga Central	3	0
Upper East	Bongo	1	0
Volta	Central Tongu	1	0
	Ho	1	0
	Ketu South	1	0
Total		17	0

CHOLERA

In week 1, there no suspected case of cholera.

MATERNAL DEATHS

During the week, a total of two maternal deaths were recorded; one death in Kumasi in the Ashanti Region and another in Wa in the Upper West Region [Table 6]

Table 6: Reported Maternal Deaths by Region and Districts, Ghana, Week 1, 2018

Region	Districts	Deaths
Ashanti	Kumasi	1
Upper West	Wa	1
Total		2

YELLOW FEVER

During the week, six suspected cases were reported from six districts in four regions. [Table 7]. None of the specimens taken was tested due to shortage of yellow fever reagents at the National Public Health and Reference Laboratory, Korle-Bu, Accra.

Table 7: Laboratory Investigation of Suspected Yellow Fever Cases, Ghana, Week 1, 2018

Region	District	Suspected	Samples Taken	Lab Confirmed		Deaths
				Presumptive Positive	Negative	
Eastern	Yilo-Krobo	1	1	-	-	0
Upper East	Bongo	1	1	-	-	0
Volta	Hohoe	1	1	-	-	0
	South Tongu	1	1	-	-	0
Western	Bia West	1	1	-	-	0
	Tarkwa-Nsuem	1	1	-	-	0
Total		6	6	-	-	0

ACTION POINTS

- All regions and districts are requested to update their preparedness and response plans for Meningitis and influenza. Regions are as well urged to continue surveillance on meningitis.
- For every case of meningitis, a lumbar puncture should be done and cerebrospinal fluid tested with Gram stain and latex agglutination; samples should be inoculated into Trans-Isolate bottles for confirmation by culture at the respective regional laboratory. It is mandatory that Brong-Ahafo, Northern, Upper East and Upper West regions send samples frozen in cryotubes to Tamale Zonal Public Health Laboratory (PHL) for Polymerase Chain Reaction Test (PCR)
- All regions are to ensure that influenza sentinel sites pick samples from the first five influenza-like illnesses (ILI) each week and send to Noguchi for testing. For all hospitalized ILI (e.g., pneumonia), nasal and oropharyngeal swabs are to be sent to the National Influenza Center. All SARI and ILI patients seen by sentinel and non-sentinel sites should be entered on the weekly summary form in the DHIMS.
- Regions are to adhere to the case definition of all priority diseases/conditions before putting cases on the line list.
- In the absence of immediate laboratory results for suspected Yellow Fever cases, there is need to focus on clustering or epidemiological linkage to identify outbreaks, whilst specimen collection and transport from suspected cases continue.
- Surveillance on viral haemorrhagic fevers should be enhanced in regions, districts, health facilities and the Points of Entry (ground crossing, airport and ports). Blood samples from suspected cases should be taken, placed in viral transport medium and sent to NMIMR for laboratory investigations.
- This report and subsequent ones should be shared with other regional, district and other heads. You are encouraged to disseminate to other agencies as well.

ANNEX 1: SUMMARY OF REPORTED CASES/ EVENTS: WEEK 1 (WEEK ENDING 7 JANUARY, 2018)

Disease/Health Event (suspected/confirmed)	Week 52			Week 1			Cumulative to Week 01		
	Cases (susp)	Deaths	CFR (%)	Cases (susp)	Deaths	CFR (%)	Cases (susp)	Deaths	CFR (%)
AFP (suspected polio)	4	0	0	5	0	0	5	0	0
Acute haemorrhagic fever syndrome	1	0	0	0	0	0	0	0	0
Adverse events following immunization	0	0	0	0	0	0	0	0	0
Anthrax	0	0	0	0	0	0	0	0	0
Acute watery diarrhoea in persons aged >5 years	742	0	0	1,292	0	0	1292	0	0
Cholera	0	0	0	0	0	0	0	0	0
Dengue fever	0	0	0						
Diarrhoea with blood	92	0	0	111	0	0	111	0	0
Dracunculiasis (Guinea worm)	0	0	0	0	0	0	0	0	0
Influenza-like illness	459	0	0	884	0	0	884	0	0
Maternal deaths	-	1	0	-	2	0	-	2	0
Measles	15	0	0	17	0	0	17	0	0
Meningitis	27	9	33.3	31	4	12.9	31	4	12.9
Neonatal tetanus	1	0	0	0	0	0	0	0	0
Plague	0	0	0	0	0	0	0	0	0
Public health event of international concern (PHEIC)	0	0	0	0	0	0	0	0	0
Human rabies	1	1	100.0	0	0	0	1	0	0
SARS	0	0	0	0	0	0	0	0	0
Smallpox	0	0	0	0	0	0	0	0	0
Yellow fever (suspected)	9	0	0	6	0	0	6	0	0
NATIONAL TOTAL	1,351	11	0.7	2,346	6	0.17	2,346	6	0.17

*CFR does not include maternal deaths

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