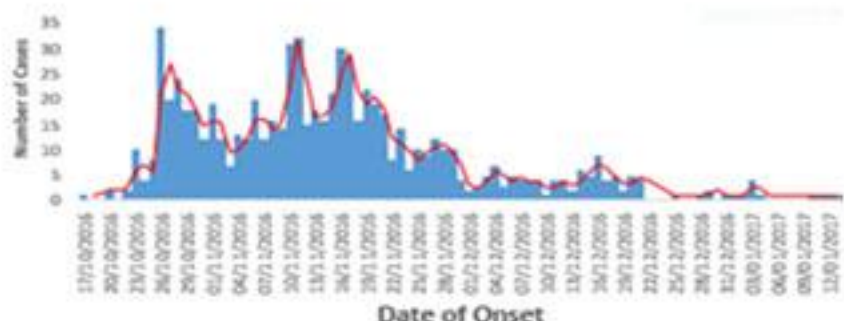




Ghana Weekly Epidemiological Report



IN THIS ISSUE

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- H1N1 and Flu B Yamagata are the pre-dominant influenza viruses from Acute Respiratory Infections
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Summary of Weekly Epidemiological Data for Week 41, 2018

Highlights:

- Brong-Ahafo, Greater Accra and Volta regions are the lead performers on surveillance reporting
- H1N1 and Flu B Yamagata are the pre-dominant influenza viruses from Acute Respiratory Infections
- Ashanti Region below the Annualized Non-Polio AFP Rate

SUMMARY OF PRIORITY DISEASES AND EVENTS

The total all-cause weekly notifiable disease morbidity for Week 41 was 1,249. Acute watery diarrhoea in persons aged 5 years and above accounted for majority (56.2%) of cases reported for the notifiable diseases during the Week (See Figure 1 and Annex 1)

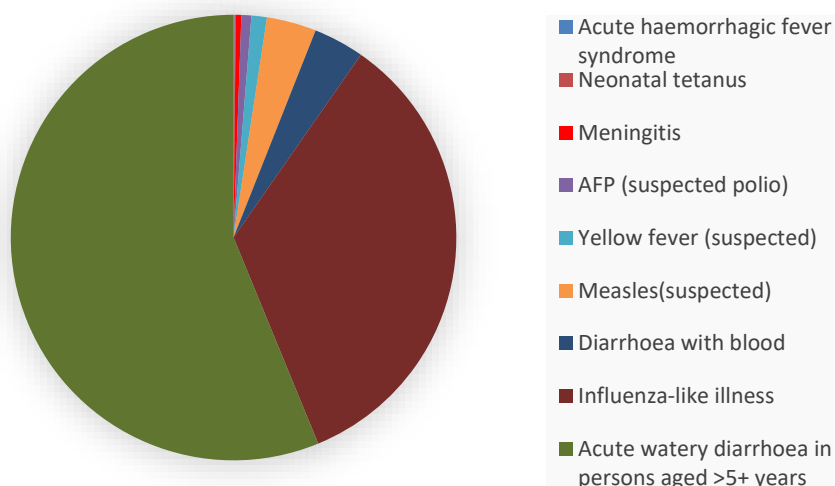


Figure 1: Reported number of cases for notifiable diseases, Ghana, Week 41, 2018

REGIONAL PERFORMANCE BASED ON REPORTING

Three regions namely; Brong-Ahafo, Greater Accra and Volta with a mean score of 100% were the best performing regions whilst the **Central** region had the lowest mean score of 78.0%. All regions achieved the expected target (63.1%) for percentage of districts reporting suspected Measles and Yellow Fever except Central (55.0%) and Upper West (45.5%) regions which failed to achieve the expected surveillance target for Yellow Fever.

[Table 1].

Timeliness and Completeness of reporting for all notifiable conditions for the Week were 95.8% and 96.1% respectively. Six regions namely; Brong-Ahafo, Eastern, Greater Accra, Northern, Upper East and Volta all scored 100% for both indicators.

Table 1: Ranking of Regional Performance based on selected Surveillance reporting indicators, Ghana, Week 41, 2018

Region	Timeli- ness (%) Week 41 A	Complete- ness (%) Week 41 B	Cum. AFP Cases Week 41	Annualized Non-Polio AFP Rate	AFP Score (%) C	Measles % District reporting D	YF % District reporting E	Average Score % (A+B+C+ D+E)/5	Position
Brong-Ahafo	100	100	58	6.2	100	100.0	100.0	100.0	1st
Greater Accra	100	100	71	3.9	100	100.0	100.0	100.0	1st
Volta	100	100	49	5.2	100	100.0	100.0	100.0	1st
Eastern	100	100	40	3.5	100	100.0	92.3	98.5	4th
Upper East	100	100	17	3.3	100	92.3	100.0	98.5	4th
Western	94.1	94.2	58	5.7	100	100.0	100.0	97.7	6th
Northern	100	100	53	5.2	100	84.6	96.2	96.2	7th
Ashanti	94	94.2	40	1.9	96	93.3	83.3	92.2	8th
Upper West	99.7	100	29	5.4	100	72.7	45.5	83.6	9th
Central	67.6	70	15	3.1	100	85.0	55.0	75.5	10th
Ghana	95.8	96.1	430	4.0	100	94.0	89.4	95.0	

CHOLERA

In Week 41, no cholera case was reported

MATERNAL DEATHS

No maternal death was reported in Week 41

INFLUENZA-LIKE ILLNESS (IDSR Weekly Report)

A total of 426 cases of Influenza-like Illnesses were recorded with the Greater Accra Region accounting for 66% of these cases [Table 2].

Table 2: Reported Influenza-Like Illness cases by Region and District, Ghana, Week 41, 2018

Region	Districts	Cases	Deaths
Ashanti	Adansi South	12	0
	Asante-Akim South	23	0
	Bekwai	8	0
	Ejisu-Juaben	18	0
	Sunyani	14	0
Brong-Ahafo			
Central	Asikuma-Odoben-Brakwa	2	0
	Cape Coast	50	0
Eastern	Birim North	1	0
Greater-Accra	Accra	49	0
	Adentan	5	0
	Ga Central	5	0
	Ga East	28	0
	Ga West	40	0
	La Dadekotopon	3	0
	La Nkwantanang-Madina	15	0
	Shai Osudoku	51	0
Upper East	Tema	88	0
	Bolgatanga	5	0
Volta	Ketu South	5	0
Western	Sekondi-Takoradi	4	0
Total		426	0

Sentinel Reporting

A total of 99 samples were taken from 16 Sentinel Sites which included 90 samples from Influenza Like –Illnesses (ILI) and 9 from Severe Acute Respiratory Infection (SARI) patients [Table 3]. Twenty-six were confirmed (ILI - 23 and SARI – 3)

Accra recorded seven confirmed cases (A (H3N2) – 3 and Flu B VIC – 4) [Table 4]. The cumulative distribution of Influenza virus subtypes for both ILI and SARI for the year were A (H1N1) – 304 (52.2%) followed by Flu B YAM – 192 (30.0%) and Flu B VIC – 57 (9.8%), A (H3N2) – 10 (1.8%) Flu A (Untyped) – 7 (1.2%) and Flu B (Untyped) – 4 (0.7%) [Figure 2].

Table 3: Reported ILI and SARI cases by Region, Ghana, Week 41, 2018

Region	Number of Sentinel Sites	Number of Samples			
		ILI	Confirmed	SARI	Confirmed
Ashanti	1	5	0	0	0
Brong-Ahafo	2	16	6	1	1
Central	1	5	0	0	0
Eastern	1	5	2	1	1
Greater Accra	4	25	7	0	0
Northern	2	14	3	0	0
Upper East	1	5	2	1	0
Volta	2	7	2	0	0
Western	2	8	1	1	1
Ghana	16	90	23	9	3

Table 4: Confirmed cases of ILI & SARI by Location, Ghana, Week 41, 2018

Region	Town	Number of Cases	RT-PCR* Results
Brong-Ahafo	Sunyani	6	6 - H1N1
Greater Accra	Accra	7	3 - H3N2 & 4 - Flu B Vic
Eastern	Koforidua	1	1 - H3N2
Northern	Tamale	3	1 - H3N2 & 2 - Flu B Vic
Upper East	Bolgatanga	2	2 - Flu B Vic
Volta	Ho	2	2 - H3N2
Western	Sekondi-Takoradi	2	2 - H1N1

*Reverse transcription polymerase chain reaction

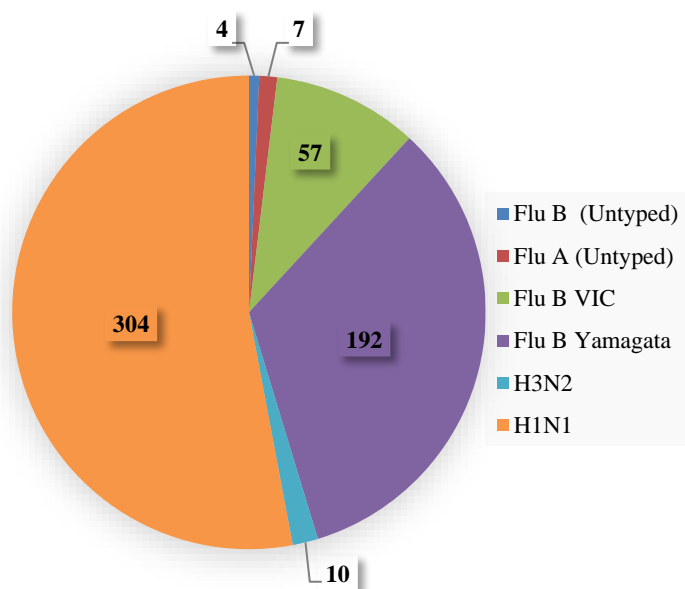


Figure 2: Number of positive Influenza by Subtyping, Ghana, Week 1 – 41, 2018

MEASLES

Forty-five suspected cases of Measles were reported during the week [Table 3]. Samples were taken and sent to the National Public Health Reference Laboratory [NPHRL] for investigations and all tested negative for both Measles and Rubella. As at the end of Week 41, the total confirmed cases of Measles and Rubella were 31 and 19 respectively. Brong-Ahafo region has recorded the highest confirmed numbers for both conditions (Measles - 16 and Rubella – 8). Upper East remains the only region which has not confirmed any of the two conditions [Figure 3].

Table 3: Suspected Measles cases by Region and District, Ghana, Week 41, 2018

Region	Districts	Cases	Deaths
Ashanti	Sekyer-Kumawu	1	0
	Asunafo North	9	0
	Asunafo South	1	0
	Dormaa East	1	0
	Jaman North	2	0
	Nkoranza North	2	0
	Sunyani	4	0
	Sunyani West	2	0
	Tain	1	0
Brong-Ahafo	Tano South	1	0
	Techiman South	2	0
	Asuogyaman	1	0
Eastern	Denkyembour	1	0
	Accra	1	0
	Ga West	2	0
	Ledzokuku-Krowor	1	0
Greater Accra	Shai Osudoku	1	0
	Bolgatanga	1	0
Upper East	Sissala West	1	0
	Sissala East	1	0
Upper West	Wa East	1	0
	Hohoe	1	0
	Kadjebi	1	0
	Ketu North	1	0
Volta	Ellembelle	2	0
	Juabeso	1	0
	Tarkwa-Nsuaem	1	0
	Wassa-Amenfi Central	1	0
Total		45	0

MENINGITIS

Five cases of meningitis were recorded across the country during the week [Table 4]. No district hit either the alert or epidemic threshold.

Table 4: Meningitis Cases and Deaths, Ghana, Week 41, 2018

Region	Districts	Cases	Deaths
Eastern	New Juaben	1	0
Upper West	Nandom	1	1
	Wa	1	0
Volta	Kpando	1	0
Western	Aowin	1	0
Total		5	1

YELLOW FEVER

Fourteen suspected cases of Yellow Fever were reported in Week 41 [Figure 6]. All cases tested negative at the National Public Health Reference Laboratory. [Figure 5].

Table 5: Suspected Yellow Fever cases by Region, Ghana, Week 41, 2018

Region	Districts	Cases	Deaths
Ashanti	Sekyer East	1	0
	Sekyer South	1	0
Brong-Ahafo	Asunafo South	1	0
	Berekum	1	0
	Nkoranza North	1	0
	Tain	1	0
Eastern	West Akim	2	0
Greater-Accra	Tema	1	0
Northern	Tatale-Sanguli	1	0
Upper East	Bawku West	1	0
	Kassena Nankana West	1	0
Western	Prestea-Huni Valley	1	0
	Sefwi-Akotombra	1	0
Total		14	0

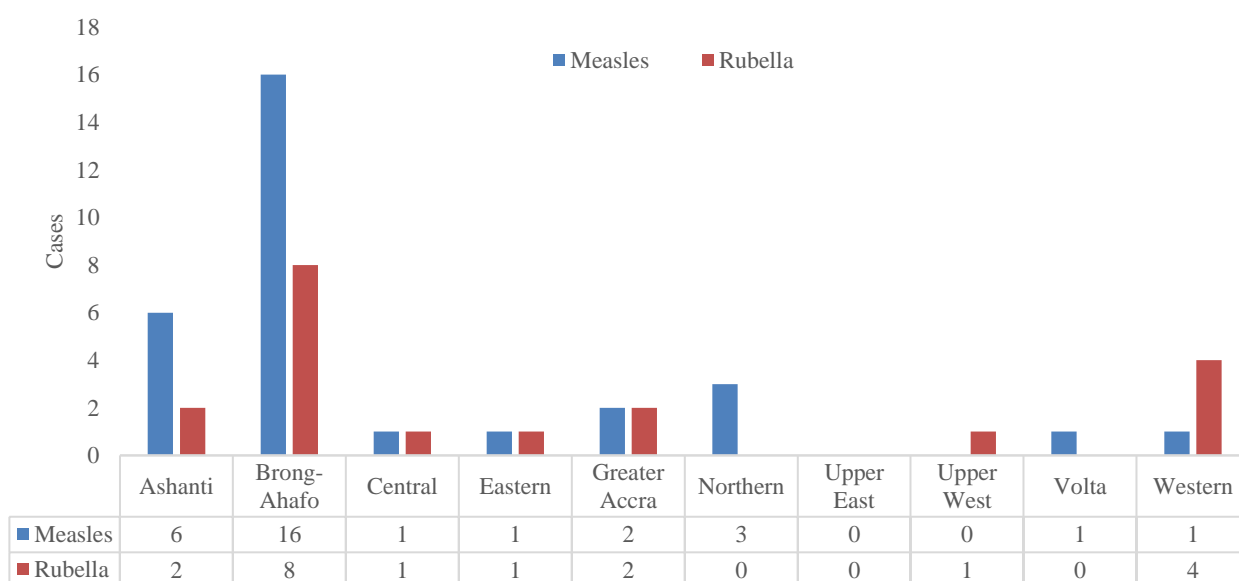


Figure 3: Distribution of cumulative Confirmed Measles and Rubella cases by Region, Ghana, Week 41, 2018

HUMAN RABIES

No case of Human Rabies was reported during the Week.

**ACUTE FLACCID PARALYSIS
(SUSPECTED POLIOMYELITIS)**

Nine cases of suspected Polio were recorded in Week 41 [Table 7]. Stool specimens obtained for respective cases tested negative for wild polio virus at the Noguchi Memorial Institute for Medical Research Polio Laboratory.

Table 6: AFP cases and deaths by Region and District, Ghana, Week 41, 2018

Region	Districts	Cases	Deaths
Ashanti	Amansie West	1	0
	Asante-Akim South	1	0
Brong-Ahafo	Denkyembour	1	0
	Nkoranza South	1	0
Eastern Greater-Accra	Asuogyaman	1	0
	Accra	1	0
	Ga West	1	0
	Shai Osudoku	1	0
Western	Sefwi-Akotombra	1	0
Total		9	0

Summary on Acute Flaccid Paralysis (AFP) Indicators, Week 1 – 41

All regions achieved the annualised Non-Polio AFP rate of 2.0 per 100,000 population less than 15 years except Ashanti region which is still below the Non Polio-AFP rate of 2.0 as at the end of Week 41. A total of 429 cases have been recorded and 401 discarded.

There has been a general improvement in the timeliness (90.7%) and adequacy of stool (86%) received by the laboratory with Upper West achieving 100% for both indicators [Table 7].

Table 7: Summary on Acute Flaccid Paralysis Surveillance, Ghana, Week 1 - 41, 2018

Region	Population Under 15 years	Expected Non-Polio AFP for the year	Reported AFP	Compatible	Discarded	Annualized Non-Polio AFP Rate	% Timely Stools	% Adequate Stools
Ashanti	2,484,707	50	40	0	38	1.9	95.0	85.0
Brong-Ahafo	1,164,263	23	58	1	56	6.2	91.4	86.2
Central	1,180,617	24	29	0	29	3.1	89.7	89.7
Eastern	1,305,965	26	40	0	36	3.5	90.0	90.0
Greater Accra	2,085,500	42	71	3	64	3.9	84.5	83.1
Northern	1,308,970	26	53	0	53	5.2	98.1	94.3
Upper East	483,561	10	17	0	13	3.3	82.4	76.5
Upper West	342,806	7	15	0	15	5.4	100.0	100.0
Volta	1,083,971	22	48	1	45	5.2	87.5	87.5
Western	1,169,233	23	58	3	52	5.7	91.4	75.9
Ghana	12,609,592	252	429	8	401	4.0	90.7	86.0

ANNEX 1: SUMMARY OF REPORTED CASES/ EVENTS: WEEK 41 (WEEK ENDING 14 OCTOBER, 2018)

Disease/Health Event (suspected/confirmed)	Week 40			Week 41			Cumulative to Week 41		
	Cases (susp)	Deaths	CFR (%)	Cases (susp)	Deaths	CFR (%)	Cases (susp)	Deaths	CFR (%)
AFP (suspected polio)	9	0	0.0	9	0	0.0	446	0	0.0
Acute haemorrhagic fever syndrome	0	0	-	1	0	0.0	40	0	0.0
Adverse events following immunization	0	0	-	0	0	-	1	0	-
Anthrax	0	0	-	0	0	-	2	0	-
Acute watery diarrhoea in persons aged >5+ years	921	0	0.0	702	0	0.0	44,088	0	0.0
Cholera	0	0	-	0	0	-	0	0	-
Dengue fever	0	0	-	0	0	-	0	0	-
Diarrhoea with blood	75	0	0.0	46	0	0.0	3,208	0	0.0
Dracunculiasis (Guinea worm)	0	0	-	0	0	-	0	0	0.0
Influenza-like illness	572	0	0.0	426	0	0.0	23,532	0	0.0
Maternal deaths	-	0	-	-	2	-	-	75	-
Measles(suspected)	26	0	0.0	45	0	0.0	1,699	0	0.0
Meningitis	8	0	0.0	5	1	20.0	902	62	6.9
Neonatal tetanus	0	0	-	1	0	0.0	12	2	16.7
Plague	0	0	-	0	0	-	0	0	-
Public health event of international concern (PHEIC)	0	0	-	0	0	-	0	0	-
Human rabies	0	0	-	0	0	-	23	23	100.0
SARS	0	0	-	0	0	-	0	0	-
Smallpox	0	0	-	0	0	-	0	0	-
Yellow fever (suspected)	16	0	0.0	14	0	0.0	729	0	0.0
NATIONAL TOTAL	1,627	0	0.0	1,249	3	0.1	74,682	162	0.1

*CFR does not include maternal deaths

*This report and subsequent ones should be shared with regional and district heads as well as heads of other agencies.
A feedback addressed to the Editor-In-Chief is welcome*

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