



Country Office Ghana

Situation Report on Cholera Outbreak in Ghana 3 November 2016

I. Key Highlights

- Three (3) new cases of cholera have been reported from Cape Coast on 3 November 2016, bringing the cumulative number of cases to 175.
- The Central Regional Health Directorate held a press briefing in Cape Coast on 3 November 2016 [as a follow-up to the national one] to update the media fraternity and the general public on the status of cholera outbreak in Cape Coast, the control measures being undertaken, and the preventive measures to be taken by the communities.

II. Situation update

The outbreak of cholera in Cape Coast Metropolitan, Central region is demonstrating a downward trend, with 3 new cases recorded on 3 November 2016. The total caseload stands at 175 with zero death. The outbreak is localised to Cape Coast Metropolitan, with 2 adjoining districts reporting three cholera cases (two from one district and one from the other).

III. Ongoing activities

Coordination

- The Cholera Contingency Plan/Budget has been submitted to Ghana Health Service, to be shared with other government agencies and partners to mobilize the required resources.
- All sub-committees are functioning smoothly.

Case management

- Two hospitals, University of Cape Coast and Cape Coast Teaching hospitals, serve as the major cholera treatment centres. Five other smaller health facilities within the Metropolitan, with handful of beds serve as treatment units. There is need to designate and establish proper cholera treatment centre(s).
- All the cholera patients are being treated free of costs, a government policy for managing outbreaks.
- All health facilities have been supplied with adequate medicines and medical supplies including intravenous fluids, antibiotics, etc.

Surveillance/ laboratory

- Case detection, recording and reporting of cases at the health facility level is being conducted; line lists are being completed.

Water, Sanitation and Hygiene (WASH)

- Ghana Water Company Ltd has started flushing the water distribution pipelines in the Metropolitan i.e. discharging all the waters already in the distribution network to avoid stasis for more than 5 days, which could result in evaporation of residual chlorine at the end-user's points.
- Ghana Water Company Ltd also increased the frequency of sampling water from the communities for routine quality control.
- 275 strips of *Aquatabs* were distributed to 144 households in 11 communities. In addition, interpersonal health education/ hygiene promotion was conducted in the same communities.
- Nine (9) households and one school where cases/contacts emerged from were disinfected and the WASH package delivered.
- 28 sanitary sites within the Metropolis were disinfected.

Risk Communication/ Social mobilization

- The press briefing conducted in Cape Coast started with sensitization of journalists on basic facts about cholera, its prevention and control including hand wash demonstration. The sensitization aimed to equip the journalists with accurate information about the disease to facilitate effective dissemination of information to the public.
- Conducted food safety education to 48 food vendors within the Metropolitan.
- Conducted public health education in 8 taxi stations within the Metropolis and reached out to 231 drivers. The taxi drivers were targeted because they are the most common means of transport used by patients to go to the health facilities.
- Carried out public health education in 7 schools in KEEA district, a district contiguous to the Metropolitan that reported one case of cholera.
- The three local FM radio stations have stepped up the frequency of airing cholera prevention and control messages.
- All secondary schools in Cape Coast Metropolis except two were visited
- The WhatsApp platform continues to disseminate key health education messages.

IV. Major gaps

- The major prevailing challenge is lack of funds for operational activities and allowances for field staff.
- Infrastructural inadequacies at the treatment centres including lack of appropriate cholera beds still persist.

V. Conclusion and Next Steps

Cholera containment interventions being implemented appears to be paying dividend in terms of reducing transmission of infection. There is need to sustained these efforts to ensure the outbreak is contained outright. The field teams need to be provided with operational funds and some field allowances.

VI. Contacts

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