Country Office Ghana

Situation Report on Cholera Outbreak in Ghana
16 November 2016

I. Key Highlights

- Six-teen (16) new cases of cholera were reported from Cape Coast Metropolis on 16 November 2016, reflecting a 48% reduction in the daily caseload compared to 31 new cases registered on 15 November 2016. Meanwhile, the adjoining AAK district reported 2 indigenous cases on 16 November 2016.

- The coordination sub-committee held a meeting on 16 November 2016 to critically appraise the outbreak control strategies and/or their implementation. The committee identified some few loopholes in the implementation of the outbreak control measures, which were addressed. The committee also resolved to expand the scope of social mobilization to include traditional and political leaders including conducting community durbars.

II. Situation update

- The cholera outbreak in Central region is still unrelenting as 16 new cases were reported from Cape Coast Metropolis on 16 November 2016; with AAK reporting 2 new cases. As of 16 November 2016, the cumulative number of cases registered in Central region has reached 423 with no fatality recorded to date. The past week witnessed an escalation in the evolution of the cholera outbreak, with the trend attaining the second peak by 11 November 2016 (see fig. 1 in infographic). This epi-curve that shows multiple progressive peaks denotes a propagated type of outbreak driven by person-to-person transmission of infections, exacerbated up by episodes of common-source infections such as contamination of food and/or water. The risk exposure factors include rampant open defecation, open roadside food and water vending, and poor personal hygiene practices including hand washing. These factors appear to be the major drivers of the cholera outbreak in Cape Coast.

- While the outbreak is still largely localised to Cape Coast Metropolis, AAK district is increasingly reporting indigenous cases. AAK district borders the outskirt of Cape Coast Metropolis where most of the people access social services and work, thus exposing them to the risk of contracting the disease.

III. Ongoing activities

Coordination

- All the sub-committees are functioning optimally well, with daily morning meetings and general emergency management meetings in the evenings.

Case management

- The Central Regional Health Directorate procured and distributed Veronica buckets to all the health facilities (4 each), aimed to promote hand washing and IPC practices in general.

- The case management team visited three cholera treatment centres to conduct supervision and monitoring IPC practices.

Surveillance/ laboratory

- The surveillance team conducted support supervision and monitoring of the contact tracing system at health facility and community levels. The main challenge was found to be multiplicity of roles of the community health nurses who are expected to perform contact tracing in addition to house-to-house home visit and routine work at the health facilities. The system was accordingly streamlined.

- Case detection, recording and reporting are being conducted in the treatment centres; line lists are being completed and analysed on a daily basis to target the WASH and risk communication interventions.

Water, Sanitation and Hygiene (WASH)

- Field teams comprising of environmental health officers, community health nurses/workers, and Red Cross volunteers conducted house-to-house home visits to 321 households, reaching out to 1,933 persons with the WASH package. Rapid risk factor assessment during the house-to-house home visit has revealed that only 66 households [21%] of the 321 had toilets/ latrines. Most the household use public toilets with a significant proportion practicing open defecation (in gutters, drainages, under the bridge, along the coastline including 'flying toilet'.
- Forty (40) food and sachet-water vendors from UCC market were sensitized on food safety practices and personal hygiene including overall cholera prevention and control. This activity was supported by Global Communities.
- Twenty-seven (27) households where cases emanated from were visited and WASH package delivered; 13 of the households including 1 open rubbish pit were disinfected.

Risk Communication/ Social mobilization

- The communication team developed and administered a short questionnaire to conduct a rapid assessment of the effectiveness of the communication messages being disseminated. The team also plan to conduct focus group discussions with special interest groups such as market women, taxi drivers, etc.
- Evening and dawn broadcasting using the mobile van was done in communities in Cape Coast, KEEA and AAK.
- The local FM radio stations and community information centres continue to air cholera prevention and control messages.
- The communication team held planning meetings with the Sub-Metro in-charges and community health nurses in the CHPS zones to organize community durbars.

Logistics

- The current logistics needs are all met except for paediatric antibiotic formulation that is out of stock.

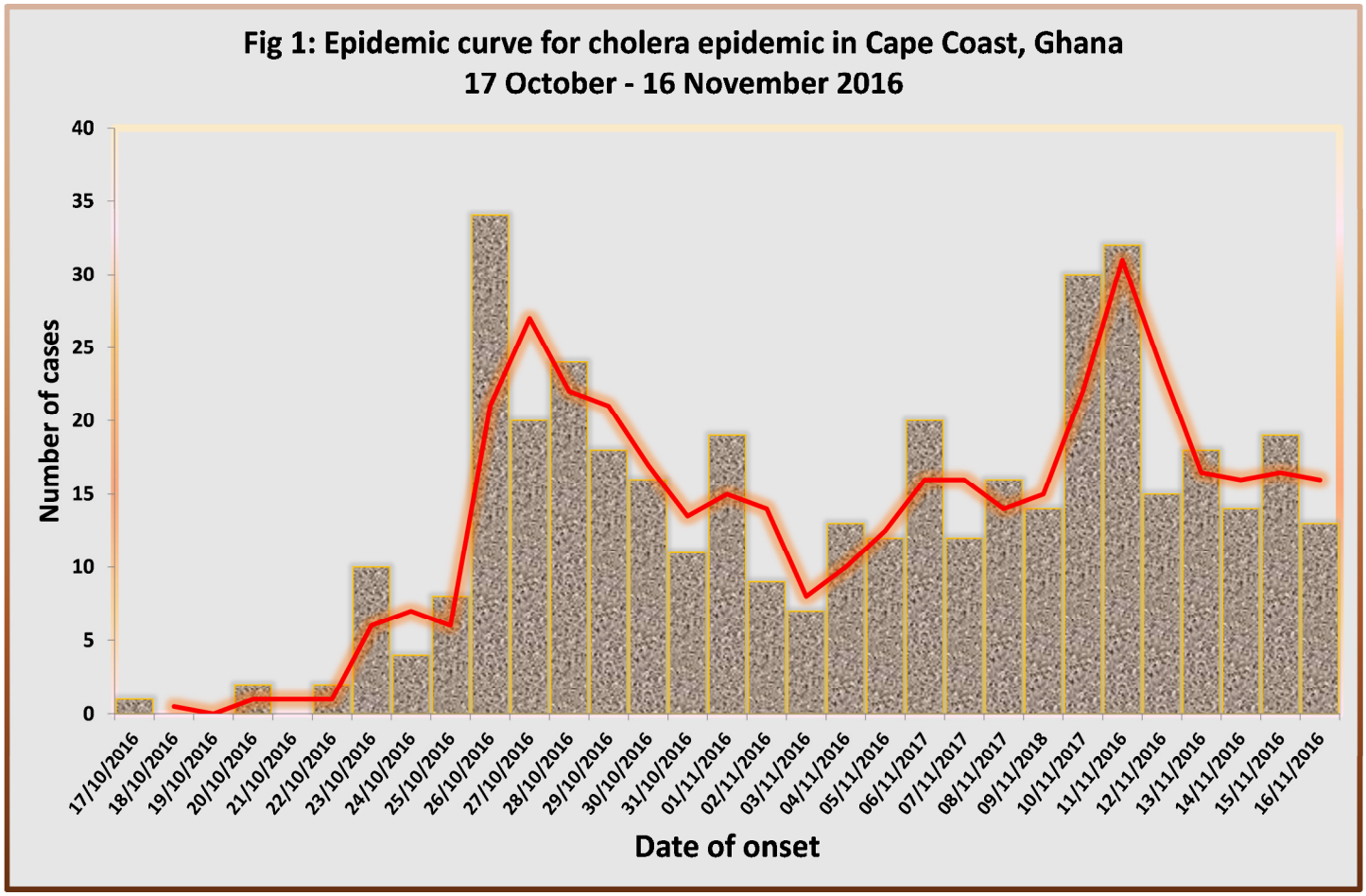
IV. Major gaps

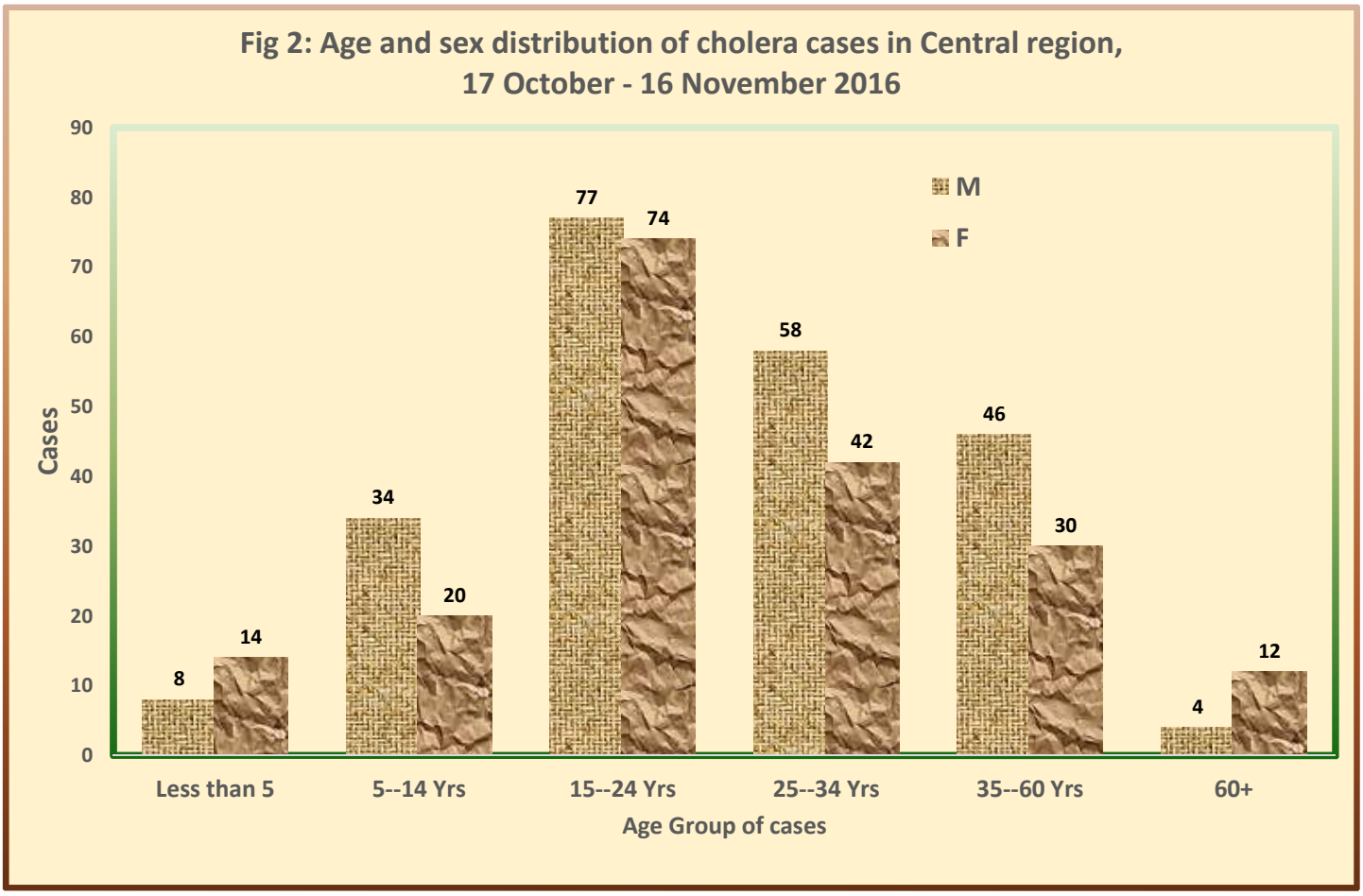
- The response teams are becoming fatigued and have started raising complaints.
- The outbreak response operations are fairly functioning optimally.

V. Conclusion and Next Steps

The cholera outbreak in Cape Coast Metropolis is unrelenting with community transmission taking place. Implementation of outbreak containment measures has been enhanced following training and re-organization of the field teams.

VI. Infographics





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