

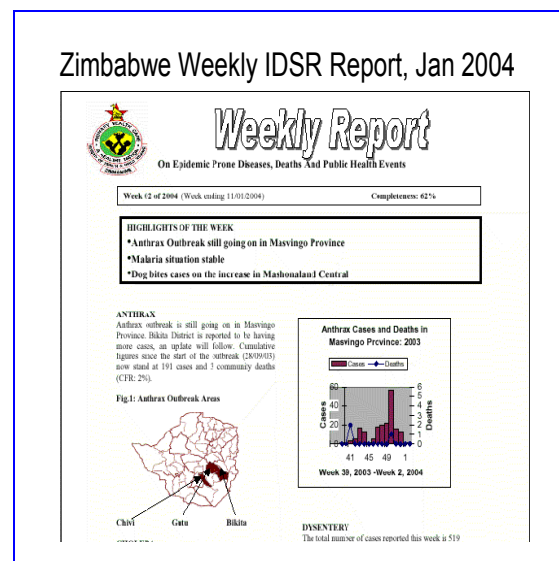
EVIDENCE OF IMPROVED SURVEILLANCE IN THE GSP TARGET COUNTRIES

Since its inception in 2000, the Global Surveillance Project (GSP) has been working to strengthen communicable disease surveillance and response in the African continent focusing on Ghana, Uganda, Tanzania, Zimbabwe, and Ethiopia using the Integrated Disease Surveillance and Response (IDSR) strategy.

Several partners have been involved in IDSR strengthening in the focus countries. At CDC, the Division of Bacterial and Mycotic Diseases' IDSR project has provided strong collaborative support to GSP's work. GSP's strategy has been to focus on strengthening capacity development by training and subsequently using locals to strengthen disease surveillance and response in their respective countries. Over the last three years, several courses on surveillance, outbreak investigation, and Epi Info have been conducted in the focus countries. Additional training in applied epidemiology has been provided to key ministries of health staff by attending specifically designed courses in Atlanta. GSP has partnered with the applied epidemiology training programs in Ghana, Uganda, and Zimbabwe, and the Public Health School in Tanzania as the faculty for the training. GSP funds have been provided to the focus countries to allow trainees to participate in outbreak investigation. GSP has also supported epidemiologists, trainers, information officers, and laboratorians to strengthen the epidemiology and surveillance sections of the

This Issue:

- Implementation of IDSR indicators to be discussed in a March meeting in Atlanta
- TEPHINET regional conference to take place in Uganda in March 2004



ministries of health in the focus countries. Several outputs have occurred as a direct and indirect result of the collaboration between GSP and the countries. One result that summarizes improvements in the core activities of IDSR (case detection, confirmation, reporting, data analysis, public health response, and feedback) and the managerial and support functions of IDSR (i.e., training, supervision, resource-provision, coordination, and communication) is the publication of regular surveillance bulletins. The table on page 3 shows the types of surveillance bulletins the four focus countries have produced with recent examples.

GHANA

SURVEILLANCE, OUTBREAK INVESTIGATION, AND EPI INFO WORKSHOP, JANUARY 2004, PUBLIC HEALTH SCHOOL, UNIVERSITY OF GHANA

In January 2004, a surveillance, outbreak investigation, and Epi Info course was held at the Public Health School at the University of Ghana. The course was offered two times to accommodate the 30-plus students in the MPH program. The National Surveillance Unit, lead by Dr. Lawson Ahadzie taught a large component of the course. Other lectures included Ghana Public Health School staff and the GSP supported laboratorian. GSP was represented by Dr. Peter Nsubuga



UGANDA

Epi Info Training

In November 2003, the GSP team in Uganda organized and facilitated the annual outbreak investigation and Epi Info course and taught it without external help to the first year MPH students at the Uganda Public Health School Without Walls. Disease outbreaks continue to be investigated by students and written up in the quarterly surveillance bulletin.

TEPHINET Conference

The TEPHINET African Region's conference is scheduled to be held in Uganda at the end of March 2004. GSP will support trainees and faculty from Ghana and Zimbabwe. The consultant epidemiologist from the new Field Epidemiology and Laboratory Training Program in Kenya will attend too.

TANZANIA

Epi Info Training

The first annual surveillance, outbreak investigation and Epi Info course at the Muhimbili College of Medical Sciences, School of Public Health was held in October 2003. The course participants were the 20 MPH students at the school. After the course the MPH students

developed a proposal to investigate an outbreak of cholera in Dar es Salaam. The proposal will be funded out of the outbreak investigation funds that GSP has placed at the WHO Country Office in Tanzania.

ZIMBABWE

A surveillance officer supported by GSP, who is a graduate of the Zimbabwe Public Health School Without Walls is working to support the epidemiology section of the Ministry of Health and

Child Welfare. Additionally, the MPH students continue to be involved in outbreak investigation activities that are supported by the GSP grant to the Public Health School

EVIDENCE OF IMPROVED SURVEILLANCE

from page 1

COUNTRY	TYPE OF FEEDBACK			
	Weekly Data to Stakeholders	Weekly Newsletter	Quarterly Bulletin	Annual Bulletin
Ghana	X	X	X	
Uganda	X	X	X	X
Tanzania	X			
Zimbabwe	X	X		

Tanzania Weekly IDSR Report, Feb 2004

INFECTIOUS DISEASE WEEK ENDING (IDWE) BY DISTRICTS IN TANZANIA.
From Date ...02/31/2004...to...09/31/2004.....

Region	District	Cholera		AFP		Measles		CSM	
		C	D	C	D	C	D	C	D
Arusha	1 Arumeru	0	0	0	0	0	0	0	0
	2 Arusha municipal	0	0	0	0	0	0	0	0
	3 Karatu	0	0	0	0	0	0	0	0
	4 Monduli			NR					
	5 Ng'ong'ong			NR					
D'salaam	6 Kinondoni	20	0	0	0	0	0	0	0
	7 Ilala	69	0	0	0	0	0	0	0
	8 Tembeje	14	0	0	0	0	0	0	0
	9 Kondoa	0	0	0	0	0	0	0	0
Dodoma	10 Kongwa	1	0	0	0	0	0	0	0
	11 Dodoma(U)	14	0	0	0	0	0	0	0
	12 Dodoma(R)	0	0	0	0	0	0	0	0
	13 Mpwapwa	0	0	0	0	0	0	0	0
Iringa	14 Iringa Urban	0	0	0	0	0	0	0	0
	15 Iringa Rural	0	0	0	0	0	0	0	0
	16 Mufindi	0	0	0	0	0	0	0	0
	17 Njombe	0	0	0	0	0	0	0	0
	18 Ludewa			NR					
Kagera	19 Makete	0	0	0	0	0	0	0	0
	20 Bukota Urban	0	0	0	0	0	0	0	0
	21 Bukota Rural	0	0	0	0	0	0	0	0
	22 Muleba	0	0	0	0	0	0	2	0
	23 Biharamulo	0	0	0	0	0	0	1	1
	24 Ngara	0	0	0	0	0	0	0	0
	25 Karagwe	0	0	1	0	0	0	0	0
26 Kinna Urban	15	0	0	0	0	0	0	0	

Uganda Weekly IDSR Newsletter, Jan 2004



Ministry of Health Weekly Epidemiological Newsletter

1st Week of 2004 (Week ending 4th January 2004)

Highlights of the week

- ❖ 98% reporting by district
- ❖ Cholera in Kasese, and Kabarole
- ❖ Dysentery cases on the increase

Districts with leading numbers of Typhoid fever cases in the week.

Summary

This is the summary of the epidemiological situation in the country as reported by 98% (50/51) of the districts. Sembabule and Yumbe had 100% health unit reporting. The lowest health unit reporting within districts was recorded in Kamadi (24%), Kitgum and Pader (26%) each. Lira district again did not send us report.

Kabonja and Kasese districts have continued reporting cholera this week, with 4 and 23 cases respectively. District Rapid Response Teams are urged to investigate the epidemics with laboratory results, as well as instituting control and preventive measures.

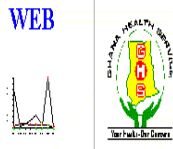
Spurious cases of suspected Meningococcal meningitis were reported in 11 districts with a total of 23 cases and 3 deaths. Kasese and Orua reported relatively high numbers of Meningococcal meningitis, 5 and 6 cases respectively. Luwero and Orua districts are urged to continue meningococcal meningitis and at the same time intensify surveillance.

Dysentery was recorded in all the 55 reporting districts, with those from the northern region still leading in number of cases. The leading 5 districts in dysentery case reporting were: Gulu (89), Arua (70), Pallisa (49), Adumuani (42) and Mbarara (38). The District Health Teams are urged to work with the district political leaders in the improvement of sanitation practices.

Malaria cases were reported in all the 55 districts reporting this week, although there has been an observed reduction in malaria cases recorded over the last few months. The

UPCOMING EVENTS

Ghana Weekly IDSR Bulletin, Feb 2004

 <p style="text-align: center;">WEEKLY EPIDEMIOLOGICAL BULLETIN</p> <p style="text-align: center;">National Surveillance Unit Ghana Health Service</p> <p style="text-align: center;"><i>For the week ending 07 February, 2004 (Week 5 of 2004)</i></p>	<p>Editorial Board</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Dr. Lawrence Aludzie</td> <td style="width: 50%;">Editor-in-Chief</td> </tr> <tr> <td>Mr. James Adlo</td> <td>Member</td> </tr> <tr> <td>Mr. Sison Q. Yee Korolija</td> <td>Editor</td> </tr> </table> <p>CHOLERA</p> <p>There were 36 reported cases with 1 death. Keta in Volta region reported 22 (61%) cases with 1 death whilst Keta district also in Volta region reported 14 (39%) cases. There was zero reporting from Greater Accra, Upper East, Upper West and Western regions. No reports were received from Ashanti, Brong Ahafo, Central, Eastern and Northern regions.</p> <p>The cumulative total of reported cases as at week 5 of year 2004 comes to 89 with 2 deaths (CFR=2.2%).</p> <p>The cholera epidemic in the Keta and Eetu districts may be linked to the epidemic in neighboring Togo. Laboratory results of 2 specimens show that they are of the ogawa strain.</p> <p>MEASLES</p> <p>No measles cases were reported in week 5. There was zero reporting from Greater Accra, Upper East, Upper West, Volta and Western regions. No reports were received from Ashanti, Brong Ahafo, Central, Eastern and Northern regions. The cumulative total of suspected cases as at week 5 of 2004 remains at 34 with no deaths.</p> <p>MENINGITIS</p> <p>There were 31 reported cases with 2 deaths from 5 districts in 2 regions. Upper East region reported 24 cases with 1 death from 3 districts. Even though Kassaa-Nankana district is still in the epidemic period with 17 cases, this marks a decrease of 19% from the previous week when 21 cases were reported. Other reporting districts in Upper East region were Bolgatanga with 5 cases and Bawku East with 2 cases (See Table 1 Below). Lawra in Upper West region reported 6 cases with Jirapa-Lambussie in the same region reported 1 case. There was zero reporting from Greater Accra and Western regions whilst no reports were received from Ashanti, Brong Ahafo, Central, Eastern and Northern regions. The cumulative total of reported cases as at week 5 of year 2004 comes up to 211 with 24 deaths (CFR=11.4%).</p> <p>Laboratory results have confirmed the isolation of 2 cases of the W135 strain in the Lawra District</p>	Dr. Lawrence Aludzie	Editor-in-Chief	Mr. James Adlo	Member	Mr. Sison Q. Yee Korolija	Editor
Dr. Lawrence Aludzie	Editor-in-Chief						
Mr. James Adlo	Member						
Mr. Sison Q. Yee Korolija	Editor						

- GSP with the IDSR project at the National Center for Infectious Diseases are jointly hosting a meeting to present and discuss the experience of the eight African countries that are using the IDSR indicators. The meeting is scheduled for March, 2004.
- TEPHINET regional conference will be held in Uganda in March 2004. Dr. Peter Nsubuga will represent GSP at this conference and then travel to Tanzania and Zimbabwe to review progress of the project in these countries.
- Renewal of Cooperative Agreement proposals from Ghana, Tanzania, Uganda, and Zimbabwe due to CDC in June.
- GSP supported attendance by Public Health Schools Without Walls trainees and faculty in Uganda in March

The Global Surveillance Project Team

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Medical Epidemiologist:

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Epidemiologist:

Dr. Edmond Maes

Public Health Advisor:

Mr. B. J. Jarrar

Program Analyst:

Ms. Brenda Thomas

Training Specialist:

Ms. Nadine Sunderland

Uganda:

Epidemiologist/ Trainer:

Mr. Luswa Lukwago

Laboratorian:

Mr. Simon Lali

Senior Resident Mentor (PHSWOW)

Mr. David Mukanga

Medical Epidemiologist:

Dr. John Ndyahikayo

Field Coordinator:

Dr. Robina Najjemba

Ghana:

Information Officer:

Mr. Simon Yaw Kwadje

Medical Epidemiologist:

Dr. Jack Galley

Laboratorian:

Mr. Kwesi Dramani