

# **DISEASES OF PUBLIC HEALTH IMPORTANCE IN THE AGONA DISTRICT**

## **1.0 INTRODUCTION**

The broad objective of IDSR (Integrated Disease Surveillance Response) strategy is to provide a rational basis for decision making and implementing public health interventions that efficaciously respond to priority communicable diseases. More immediately, IDSR is an effort to protect the public health by taking measures to prevent communicable disease outbreaks that do happen. It is based on the collection and analysis of data that is used to identify and respond effectively to outbreaks, and it is integrated because activities like communities and all programmes and levels of the health system, from individual health facilities, to the district, regional and national levels.

It emphasizes standardized, nationwide preparation rather than ad hoc reaction to outbreaks; that is, it secures human and financial resources needed to operate on ongoing effective system; monitors disease outbreaks, particularly at the local and district levels; confirms diagnoses if necessary through laboratory tests; report outbreaks is a timely way; responds with the most effective public health intervention based on hard evidence; takes action to prevent future outbreaks; and evaluates the performance of both the intervention and the surveillance system itself. Successful programmes have demonstrated that disease control and prevention are achieved when resources are dedicated to improving the ability of health officials to dated the together diseases obtain laboratory confirmation of outbreaks and use epidemic thresholds at the district level to trigger the needed intervention.

## **2.0 MAIN WORK**

At the district level, the following actions go on to ensure that IDSR achieves its objectives. The actions are grouped under the following headings;

**(a) Identity**

- Maintain activities for collecting routine surveillance data in a timely way
- Review records of suspected outbreaks
- Collect and transport clinical specimens for laboratory evaluation

**(b) Report**

- Support health facilities in knowledge and use of standard case definitions for Reporting priority diseases and conditions.
- Make sure health facility staff know when and how to report priority diseases and conditions.
- Promptly report immediately notifiable diseases to the Regional level
- Report laboratory result to regional, national and local officials.

**(c) Analyse and interpret**

- Define denominations and obtain data for ensuring accurate denominators
- Aggregate data from health locality reports
- Analyse case-based data by person, place and time
- Calculate rates and thresholds
- Compare current data with previous periods
- Prepare and periodically update graphs. Tables and charts to describe time person and place for reports diseases and conditions.
- Make conclusions about trends, thresholds and analysis of results
- Describe risk factors for priority disease or conditions.

**(d) Investigate**

- Arrange and lead investigation of reported cases or outbreaks
- Assist health locality in safe collection, packaging, storage and transport of laboratory specimens for confirmatory testing
- Receive and interpret laboratory result
- Decide if the report outbreak is confirmed
- Report the confirmed outbreaks to the regional level

- Distribute additional specimen collection kits for special surveillance activities

**(e) Respond**

- Select and implement appropriate public health response
- Alert nearby areas and district about the confirmed outbreaks

**(f) Provide feedback**

- Alert nearby area and district about outbreaks
- Give health facilities regular, periodic feedback about routine control and prevention activities

**(g) Evaluate and improve the system**

- Monitor and evaluate program targets and indicators for measuring quality of the surveillance system
- Monitor and evaluate timeliness and completeness of reporting from health facilities in the district
- Monitor and evaluate timeliness of response to outbreaks
- Monitor routine prevention activities and modify them as needed.

Priority diseases vary from country to country depending on the local epidemiological situation. Ghana's MOH (Ministry of Health) supports 23 communicable diseases and conditions targeted for integrated disease surveillance in the country. These diseases were selected because they fall into one or more of the following categories;

- They are top causes of high morbidity and mortality in Ghana
- They have epidemic potentials
- Surveillance is required internationally
- They have available effective control and prevention interventions for addressing the public health problem they pose
- They can easily be identified using simple case definitions
- They have national intervention programmes for prevention and control, eradication or elimination

The 23 diseases are categorized below;

**\*Epidemic –prone diseases**

- Cholera
- Diarrhea with blood (shigella)
- Measles
- Meningococcal meningitis
- Viral hemorrhagic fevers
- Yellow fever
- Poliomyelitis
- Dracunculiasis
- Leprosy
- Neonatal Tetanus

**\* Diseases of special public health focus**

- HIV/AIDS
- Malaria
- Tuberculosis

**\* Other diseases of public health importance**

- Buruli Ulcer
- Diarrhea In Children Less Than 5 Years Of Age
- Lymphatic Filariasis
- Viral Hepatitis
- Pneumonia Is Children Less Than 5 Year Of Age
- Onchocerciasis
- STIs
- Schistosomiasis
- Trachoma
- Yaws

As explained earlier, priority diseases differ from country to country. Based on this assumption, it was realised that the Agona district has its own priority diseases based on the thresholds. The diseases were categorized under the following headings at the district.

**(1) Epidemic prone diseases**

- Cholera
- Hemorrhagic fever
- Yellow fever
- Measles
- Meningitis
- Dysentery

By half year 2005, suspected measles cases were reported. 2 specimens were sent to Accra for laboratory investigation. They result proved negation. The third specimen was not sent for laboratory investigation due to the poor handling of the specimen.

One suspected yellow fever specimen was sent for confirmation and the unit was still waiting for the result. There is serious alert on all the other disease in the category.

**(2) Diseases earmarked for eradication**

- Poliomyelitis
- Guinea worm

For the half year there have been no suspected and reported cases

**(3) Diseases earmarked for elimination**

- Neonatal tetanus
- Leprosy

There were 4 recorded cases with 4 deaths. One significant notification was that all the cases were not from the district. 3 were from Gomoa and 1 from Akyem.

**(4) Diseases of other public health importance or focus**

- Tuberculosis – there have been 76 recorded cases by half year 2005
- HIV/AIDS -28 positives confirmed after screening 92 suspected case by half year
- Malaria – 9,647 cases by half year
- Buruli ulcer – no cases so far but there were 3 cases in 2004
- Yaws -50 cases
- Schistosomiasis – 18 cases
- Filariasis – no case due to mass treatment in the district since last four years. By half year 2005, 121,868 out of the target population of 154,922 treated.

**(5) Other diseases**

- Pertusis – 4 cases
  - Rabies - 1 case 1 death
  - Hepatitis B
  - Haemoflux influenza type B
- } immunization has reduced to a zero.

**3.0 CONCLUSION**

Information gathered at the District control Office revealed that, the district threshold for most diseases was zero and therefore those with reported and confirmed cases were of public health importance.

These are;

1. Neonatal tetanus
2. Tuberculosis
3. HIV/AIDS
4. Malaria
5. Yaws
6. Schistosomiasis
7. Pertusis and
8. Rabies

**REFERENCES:**

Disease Control Officer (2005) Agona District Health Administration

GOG/MOH/NSU (2002), Technical Guidelines for Integrated Disease Surveillance and Response in Ghana.