

SITUATION REPORT ON THE OUTBREAK OF YELLOW FEVER IN THE SAVANNAH REGION

INTRODUCTION:

A little over two weeks ago precisely on 4th Nov., 2021, there was an emergency meeting of the Savannah Regional Public Health Emergency Management Committee to announce a presumptive outbreak of yellow fever. A week later, on the 11th, there was a follow-up to update the Committee on developments regarding the outbreak as at then. The outbreak was initially regarded as a strange disease which had claimed eight (8) lives at the time. Forty-eight (48) suspected cases were recorded and nine confirmed involving six women and three men of the nomadic extract. The remaining were shipped to Dakar-Senegal for further investigations.

UPDATES AS AT FRIDAY 19TH NOV., 2021

According to a presentation during the third update in a meeting of the Savannah Region Public Health Emergency Management Committee since the outbreak of the Yellow Fever, suspected cases had risen to one hundred and sixty- five (165), made up of eighty-seven (87) females and seventy-eight (78) males. According to the release, seventy percent (70%) of the total suspected cases came from nomadic settlers.

Twenty-nine (29) deaths were reported; comprising, thirteen (13) males and sixteen (16) females. Additionally, it was now six (6) out of the total seven (7) MDAs of the Savannah Region which had reported suspected cases from a total fifty (52) communities as at mid-day of Friday, 19th Nov., 2021.

Eighteen (18) people were on admission, made up of four children and four adults. One was critically ill.

With the exception of the East Gonja Municipal Assembly, all other MDAs had reported suspected cases according to the presentation.

Vaccination which is scheduled in phases as phase 1, which involves vaccinating affected communities was actively going on across the Region targeting 6 months to 60-year ages.

CHALLENGES

- Remote communities not known (nomadic settlers).
- Inadequate staff to effectively deal with increasing cases.
- Inadequate means of transportation.
- Funding limitations.
- Inadequate community-based volunteer systems (CBVS) etc.

RECOMMENDATIONS

- Community Based Volunteer Systems be improved and increased to help in reporting suspected cases on time.
- Map-out hard to reach areas for easy access.
- Need for provision of more personal protective equipment (PPEs).
- Recruitment/posting of more staff to the Region to help deal with the every- day increasing cases. etc

WAYFORWARD

- Mobilization of resources from various sources including from SRCC to effectively deal with the alarming situation.
- Effective training packages for staff.
- Mapping out settler communities for easy identification and access. Etc

COLLABORATION

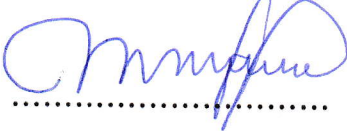
- The Savannah Regional Coordinating Council (SRCC)
- The World Health Organization (WHO)
- The Ghana Health Service

Among other collaborators are on the field ensuring that the disease is effectively brought under control if not completely kicked out of the ring as soon as practicable.

CONCLUSION

Early reporting at health centres has been advertised as the most effective tool for easy treatment as the general public was called upon to ensure this.

Another update was however advertised for any suitable day between Monday 22nd and Friday, 26th November, 2021.



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