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An evaluation of cholera surveillance system in the GHA-NA east municipality accra

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Abstract:

Cholera is a major health problem facing most developing countries. Globally, 132, 121 cholera cases were reported in 2016. About 54% of these cases were recorded in Africa. Between June 2014 and January 2015, a total of 28,922 cholera cases including 243 deaths were reported in Ghana. WHO estimates that the true incidence of Cholera far exceeds the reported cases. We evaluated the cholera surveillance system to determine whether the system was meeting its ob-jectives, and to assess its attributes. We evaluated the cholera surveillance system in the Ga East municipality. We interviewed staff of the GEMA on the operation of the system. We used semi structured questionnaire to assess the attributes of the system. We reviewed data from the week-ly and monthly IDSR and also from the district Health information management system from 2012-2016. We also reviewed annual reports and scientific papers. We applied the Centers for Disease Control and Prevention (CDC) updated Guidelines for Evaluating Public Health Sur-veillance Systems.



Importance of Research:

Cholera surveillance System as the "continuous, systematic col-lection, analysis and interpretation of health-related data need-ed for the planning, implementation, and evaluation of public health practice.The aggregation of quality health-related data is essential to the success of all public health initiatives. Without correct and current data, diseases are misunderstood, health programs do not accomplish their goals, and resources are in-correctly allocated. Functioning surveillance systems are neces-sary for the success of global health initiatives. In developing countries, however, surveillance systems that collect useful and representative data are often non-existent and hard to create. The failure of surveillance systems in developing countries is often due to limited available resources, lack of knowledgeable staff, disorganization, and poor infrastructure for finding and reporting cases.





Biography:

Daniel Amobtiwon Amoatika is a nurse by profession and works with one of the private hospi-tals in Ghana. He holds a BSc in Nursing and currently pursuing a Master of Philosophy degree in Applied Epidemiology and Diseases Control at the School of Public Health, University of Ghana. Daniel has 2 years of public practice and 3 years of private practices as a nurse. He has also been involved in outbreak investigations of infectious diseases in Ghana. He has presented an abstract on money handling practices among food vendors in the University of Ghana at the 1th TEPHINET conference in Thailand. Daniel Amobtiwon Amoatika is a nurse by profession and works with one of the private hospi-tals in Ghana. He holds a BSc in Nursing and currently pursuing a Master of Phi-losophy degree in Applied Epidemiology and Diseases Control at the School of Public Health, University of Ghana. Daniel has 2 years of public practice and 3 years of private practices as a nurse. He has also been involved in outbreak investigations of infectious diseases in Ghana. He has presented an abstract on money handling practices among food vendors in the University of Ghana at the 1th TEPHINET conference in Thailand.

About University:

The University of KwaZulu-Natal was formed on 1 January 2004 as a result of the merger be-tween the Univer-sity of Durban-Westville and the University of Natal. The new university brings together the rich histories of both the former Universities.The University of Durban-Westville was established in the 1960s as the University College for Indians on Salisbury Island in Durban Bay. Student numbers throughout the 1960s were low as a result of the Congress Alliances' policy of shunning apart- heid structures. This policy gave way in the 1980s to a strat-egy of "education under protest" which sought to transform apartheid institutions into sites of struggle. Student numbers grew rapidly and in 1971, the College was granted University status.



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