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Subject: PRO/EDR> Cholera, diarrhea & dysentery update (68): Ghana

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CHOLERA, DIARRHEA AND DYSENTERY UPDATE (68): GHANA

A ProMED-mail post

<http://www.promedmail.org>

ProMED-mail is a program of the
International Society for Infectious Diseases

<http://www.isid.org>

In this update:

Africa

[1] Cholera - Ghana (Central Region)

[2] Cholera - Ghana (Central Region) university students

[3] Cholera - Ghana (Brong Ahafo Region)

[1] Cholera - Ghana (Central Region)

Date: Mon 22 Sep 2014

Source: Ghana Web [edited]

<http://www.ghanaweb.com/GhanaHomePage/regional/artikel.php?ID=326921>

A total of 12 persons including a medical doctor and 3 student nurses have died from cholera in Cape Coast, the Central Regional capital. 922 cholera cases have been reported in various health facilities in the metropolis since the disease broke out in the region a few weeks ago. Some reported sick with diarrhea and vomiting after eating "kenkey" [fermented corn dough] and "waakye" [rice and beans] while others got infected by drinking sachet water.

The Cape Coast Metropolitan Director of Health Services, Mr Samuel Sosi cautioned that "nobody is safe and we must work harder to break the transmission as soon as possible." He indicated that the cases were coming in from Kotokuraba, Nkanfoa, London Bridge, and almost all suburbs of Cape Coast and from all social classes.

Some of the cases were also being brought in from neighbouring communities including Jukwa, Frami, and Elmina. He said that it was important for all to observe utmost sanitary and hygienic practices, saying the disease is sparing no one. He said some people begin treating the cases at home and only come to the hospital when the situation becomes critical.

He said the health directorate had already educated all domestic bursars on the disease to enable them educate the cooks on proper sanitary practices.

A total of 117 suspected cases have been reported at the University of Cape Coast hospital alone. The Vice Chancellor of the UCC, Prof DD Kuupole said at this year's [2014] matriculation ceremony that not all cases reported to the university's facilities were students, saying some came from the university's neighboring communities.

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[2] Cholera - Ghana (Central Region) university students

Date: Fri 19 Sep 2014

Source: Citi FM Online [edited]

<http://www.citifmonline.com/2014/09/19/no-cholera-outbreak-at-ucc-health-director/>

The Director of University of Cape Coast (UCC) Health Service, Dr Aziz Kabiru has dismissed media reports that over a 100 students have been infected by cholera. Media reports have suggested that 100 students have been infected by cholera leading to the death of 2.

But in an interview with Citi News, Dr Kabiru clarified that on [Thu 18 Sep 2014], about 177 persons reported to the hospital with diarrhea related cases. Out of the number, about 117 were confirmed cholera cases with only 41 of them being students. The other patients were from surrounding communities.

According to him, "only one death has been recorded and we have taken blood samples to confirm whether it is cholera or food poisoning."

"The UCC health services do not only take care of students, it takes care of staff, staff dependents, and then the general public. We are surrounded by about 12 communities," he added. He added that before the university resumed, a total number of 68 cases of diarrhea related diseases were reported to the hospital and out of the number, 54 were confirmed to be cholera.

[Byline: Efua Idan Osam]

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[3] Cholera - Ghana (Brong Ahafo Region)
Date: Fri 12 Sep 2014
Source: AllAfrica, Government of Ghana report [edited]
<http://allafrica.com/stories/201409121320.html>

Between 27 and 30 Aug 2014, 6 cholera cases were confirmed in Techiman Municipality at the Holy Family Hospital (HFH). The 6 reported cases created anxiety among the people and the general public as a whole. This brought major stakeholders in the Municipality such as the Techiman Municipal Assembly (TMA) and the Ghana Health Service (GHS) to strategize on measures that can prevent the spread of the cholera bacterium.

On 27 Aug 2014 the 1st suspected cholera case was reported at the Holy Family Hospital. The 2nd case was reported on the eve of 27 Aug 2014 from Tuobodom in the Techiman North district. On 28 Aug 2014, 2 cases were reported; 1 of them was a little child of 1 year 4 months from Nkoranza.

The 5th case was from Tainso in the Tain District who paid a visit to the brother in Techiman on 28 Aug 2014. On 29 Aug 2014, he experienced sudden abdominal pain followed by diarrhea and vomiting and was rushed to the hospital same day.

The 6th case lives in Techiman and reported at the Holy Family Hospital with frequent watery stools with vomiting on 30 Aug 2014.

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[The mortality from cholera is related to non-replacement of fluid and electrolytes from the diarrheal illness. It seems quite bizarre that health care deliverers developing cholera would die.

As cited in Lutwick LI, Preis J: Cholera. In: Tropical Pediatrics. Roach RR, Greydanus DE, Patel DR, Homnick DN, Merrick J (eds), 2014, Nova Science Publishers, 2015 (in press), oral rehydration therapy can be life-saving in outbreaks of cholera and other forms of diarrhea:

As reviewed by Richard Guerrant and colleagues (1), it was in 1831 that cholera treatment could be accomplished by intravenous replacement and, although this therapy could produce dramatic improvements, not until 1960 was it first recognized that there was no true destruction of the intestinal mucosa and gastrointestinal rehydration therapy could be effective and the therapy could dramatically reduce the intravenous needs for rehydration. Indeed that this

rehydration could be just as effective given orally than through an orogastric tube (for example, references 2 and 3) made it possible for oral rehydration therapy (ORT) to be used in rural remote areas and truly impact on the morbidity and mortality of cholera. Indeed, Guerrant (1) highlights the use of oral glucose-salt packets in war-torn Bangladeshi refugees which reduced the mortality rate from 30 percent to 3.6 percent (4) and quotes sources referring to ORT as "potentially the most important medical advance" of the 20th century. A variety of formulations of ORT exist, generally glucose or rice powder based, which contain a variety of micronutrients, especially zinc (5).

The assessment of the degree of volume loss in those with diarrhea to approximate volume and fluid losses can be found in reference 6 below. Those with severe hypovolemia should be initially rehydrated intravenously with a fluid bolus of normal saline or Ringer's lactate solution of 20-30 ml/kg followed by 100 ml/kg in the 1st 4 hours and 100 ml/kg over the next 18 hours with regular reassessment. Those with lesser degrees of hypovolemia can be rehydrated orally with a glucose or rice-derived formula with up to 4 liters in the 1st 4 hours, and those with no hypovolemia can be given ORT after each liquid stool with frequent reevaluation.

References

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 2. Gregorio GV, Gonzales MLM, Dans LF, Martinez EG: Polymer-based oral rehydration solution for treating acute watery diarrhoea. Cochrane Database Syst Rev. 2009; (2): CD006519. doi: 10.1002/14651858.CD006519.pub2; abstract available at <http://www.ncbi.nlm.nih.gov/pubmed/19370638>.
 3. Gore SM, Fontaine O, Pierce NF: Impact of rice based oral rehydration solution on stool output and duration of diarrhoea: meta-analysis of 13 clinical trials. BMJ 1992; 304(6822): 287-91; available at <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1881081/>.
 4. Mahalanabis D, Choudhuri AB, Bagchi NG, et al: Oral fluid therapy of cholera among Bangladesh refugees. Johns Hopkins Med 1973; 132(4): 197-205
 5. Atia AN, Buchman AL: Oral rehydration solutions in non-cholera diarrhea: a review. Am J Gastroenterol 2009; 104(10): 2596-604; abstract available at <http://www.ncbi.nlm.nih.gov/pubmed/19550407>.
 6. WHO: The treatment of diarrhoea, a manual for physicians and other senior health workers. 4th ed. 2005; available at <http://whqlibdoc.who.int/publications/2005/9241593180.pdf>.

An illustration (supplied by Mod.JW) of how to make a "home brew" oral rehydration solution can be found at <http://rehydrate.org/images/diy3.gif>.

A HealthMap/ProMED-mail map of Ghana can be seen at <http://healthmap.org/promed/p/53>. The regions of Ghana can be seen on a map at <http://www.ezilon.com/maps/images/africa/political-map-of-Ghana.gif>. Only the 3 most northern regions of the country have been spared so far. - Mod.LL]

See Also

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- Cholera, diarrhea & dysentery update (67): Africa, Asia [20140918.2783653](#)
 - Cholera, diarrhea & dysentery update (65): Americas, Africa, Asia [20140909.2753852](#)
 - Cholera, diarrhea & dysentery update (64): Ghana [20140902.2738541](#)
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 - Cholera, diarrhea & dysentery update (57): Nepal, Ghana [20140726.2634992](#)
 - Cholera, diarrhea & dysentery update (56): Nigeria, Mexico, India [20140724.2627780](#)
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 - Cholera, diarrhea & dysentery update (46): Africa, Asia [20140628.2567262](#)
 - Cholera, diarrhea & dysentery update (45): Americas (Haiti, Mexico) [20140627.2568444](#)
 - Cholera, diarrhea & dysentery update (44): South Sudan (EE) [20140625.2565655](#)

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Cholera, diarrhea & dysentery update (32): South Sudan (EC) [20140530.2508576](#)
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