PRESS BRIEFING

UNUSUAL HEALTH EVENTS / OUTBREAK IN KUMASI ACADEMY SENIOR HIGH SCHOOL,

ASOKORE-MAMPONG MUNICIPALITY, ASHANTI REGION; 6TH DECEMBER 2017

Fellow Ghanaians, as we are all aware, the Kumasi Academy was struck with an unusual health event resulting in the death of four (4) of the students. First and foremost, we wish to express our sympathy and condolence to the parents, guardians and families as well as the school authorities who have lost dear ones in this unfortunate event.

BACKGROUND

On the 1st of December, 2017 the Ministry of Health / Ghana Health Service (GHS) received information about the death of two students in Kumasi Academy Senior High School (KUMACA) in Ashanti, which occurred a day before.

The Ministry of Health immediately activated and deployed a multi-disciplinary Rapid Response Team to start response actions to the threat with the following terms of reference;

- 1. Provide Technical and logistics support
- 2. Verify the report and identify the underlying factors
- 3. Prevent further spread and contain the situation

CASE IDENTIFICATION

Based on the symptoms and signs of the first cases, the following were listed in decreasing order as the most likely differential diagnosis:

- 1. Meningitis
- 2. Acute Viral Haemorrhagic Fever (VHF) including Ebola Virus Disease
- 3. Acute Respiratory Infection (ARI)

It is important to note that a similar event that occurred in April 2017 turned out to be established as Meningitis Type C. Coupled with the onset of the meningitis season and some pathological findings observed, initially suspicion focused on Meningitis and Viral Haemorrhagic Fevers for which all turned out not to be a case.



DETAILS ON LABORATORY INVESTIGATIONS

Cerebro-spinal Fluid, Blood and throat swabs were sent to NOGUCHI, Kumasi Center for Collaborative Research, National Public Health Reference Laboratories and Komfo Anokye Teaching Hospital for confirmation of cases and the results as at close of 06/12/2017 were as follows:

NOGUCHI

 26 blood samples sent for PCR and tested for Ebola, Lassa, Marburg -All Negative

KCCR

• 55 samples were sent and 15 throat swabs, 13 blood samples and 10 CSF samples were investigated at KCCR for Meningitis, Encephalitis and VHF and the results were:

CSF-: Cell type/count, Gram stain, Culture

-Negative

PCR

-Negative

Throat Swab: PCR for Meningitis

-Negative

Blood: Culture for Meningococcal or any sepsis

-Negative

Serum: for serological test for Encephalitis and VHF

-Negative

Kumasi PH Lab

• Six (6) CSF sample sent and tested with Meningitis Pastorex and Negative for Neiserria Meningitidis, H. Influenza Type-B, E-Coli, Strept Pneumonia, Group-B Streptococcus, and C/W -All Negative

National Public Health Reference Laboratory, Accra

• Four (4) Blood sample sent and tested with Meningitis Pastorex and Negative for Neiserria Meningitidis, H Influenza, E-Coli, Strept Pneumonia, Group-B Streptococcus, C/W -All Negative

Komfo Anokye Teaching Hospital

Awaiting results of CSF and Blood samples sent

AUTHOPSY ON DECEASED

Postmortem examination has been done on one of them who arrived at the hospital dead. Initial report suggests internal bleeding of the lungs and the gastro-intestinal tract. Arrangements have been made for team of pathologists to conduct authopsy on the rest of cases.

REVIEW OF DIFFERENTIAL DIAGNOSIS

The next line of investigation was to rule out any acute respiratory infections since a few of the students were showing respiratory signs and symptoms. Further review of the cases on 05/12/2017

showed that 27 out of 32 cases on admission had the following symptoms and signs: Fever, Headache, Joint and Bodily pains, Cough, Abnormal chest signs on auscultation. As a result of this observation and the fact that no case had signs of meningism, all lab results for meningitis were negative, no lab test finding suggested bacterial infection or viral haemmorrhagic fever, the differential diagnosis was revised in decreasing order as follows: 1. Acute Respiratory Infection (ARI)

- 2. Atypical bacterial disease
- 3. Unusual Febrile illness

Following the review of the case definition, appropriate samples (throat swabs) were taken and immediately sent to Noguchi Memorial Institute for Medical Research and Kumasi Center for Collaborative Research for laboratory investigations.

Of the nineteen (19) samples sent to NOGUCHI twelve (12) tested Positive for Influenza Type-A. About two (2) hours ago, report on further tests was received confirming Influenza Type A H1N1 2009 pandemicstrain.

We are awaiting the results of samples sent to KCCR.

Based on this laboratory findings on the respiratory samples from NOGUCHI we wish to indicate the following:

• An outbreak of an acute respiratory infection with severe presentations and some resulting in death. Fortunately, the outbreak is so far confined to a small area in Kumasi Academy.

CHALLENGES

- 4. Panic and parents' demands
- 5. Media misinformation
- 6. Politicization of events
- 7. Spiritualization of the outbreak
- 8. Inadequate PPEs

CONCLUSION

An outbreak of Acute Respiratory Illness has been confirmed in Kumasi Academy (Senior High School). The outbreak began on 30 November 2017. As at now (07/12/2017), a total of 44 cases including four (4) deaths have been reported resulting in attack rate of 14/1,000 population. The Case Fatality rate of 9.1%.

WAY FORWARD

- •The Ministries of Health and Education and the Ghana Health Service and the Ghana Education Service do recommend that students should remain on campus to enable final conclusions on response actions
- •Strengthen surveillance on the condition
- •Take immediate steps to access vaccines as part of response measures
- •Steps should be taken to enhance school health at Kumasi Academy and nation-wide
- •Procure antiviral agents (TAMIFLU) for case management
- •Strengthen case management including strict adherence to infection prevention and control measures
- •Complete all outstanding laboratory investigations and autopsy
- Intensify Public Education
- Sensitization on outbreak response at next PTA meeting
- Need to preposition resources and logistics including PPEs

ACKNOWLEDGEMENT

We appreciate the support and collaboration from the following;

World Health Organization

Centers of Disease Control and Prevention

Noguchi Memorial Institute for Medical Reseach

Kumasi Center for Collaborative Research

Staff of the Ministry of Health

Staff of the Ministry of Education

Staff of Ghana Health Service

Staff of Ghana Education Service

Staff of Regional Coordinating Council – Ashanti Region

Staff and students of Kumasi Academy

The Media

Thank you.