

ReliefWeb

Briefing Kit for **Ghana: Yellow Fever Outbreak - Nov 2011**

Compiled on 16 May 2012

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Cameroon: Fièvre jaune : campagne de vaccination au Cameroun et au Ghana

Original published date: 03 Feb 2012
Country: Cameroon, Ghana
Theme: Health
Content format: News and Press Release
Language: French
Source: UN News Service
Disaster type: Epidemic
Origin notes: <http://www.un.org/apps/newsFr/storyF.asp?NewsID=27515&Cr=Cameroun&Cr1=>

Les Nations Unies apportent leur soutien à une campagne de vaccination contre la fièvre jaune qui se déroule actuellement dans le nord du Cameroun, où la maladie a récemment tué au moins sept personnes.

La campagne de vaccination, qui a commencé le mois dernier dans huit districts, vise, à terme, à protéger plus de 1,2 million de personnes courant un grand risque de contracter la fièvre jaune, qui n'a pas de remède et est propagée par les moustiques.

L'Organisation mondiale de la santé (OMS) a indiqué vendredi que les vaccinations sont destinées à des zones qui n'ont pas été couvertes lors d'une campagne précédente, en 2009, parce qu'elles n'avaient pas d'histoire de flambées de fièvre jaune ou de circulation du virus de la fièvre jaune.

Depuis octobre dernier, au moins 23 cas ont été signalés au Cameroun. Des tests ont confirmé que la maladie était la fièvre jaune et non pas la dengue ou le virus du Nil occidental.

L'OMS a indiqué qu'elle travaillait avec les autorités sanitaires du Cameroun pour évaluer l'ampleur de l'épidémie et confirmer les cas.

Le Fonds central d'intervention d'urgence (CERF), le Groupe international de coordination pour l'approvisionnement contre la fièvre jaune (DE-GIC), qui comprend l'OMS et le Fonds des Nations Unies pour l'enfance (UNICEF), et le partenariat public-privé connu sous le nom de l'Alliance GAVI financent la campagne de vaccination.

Pendant ce temps, au Ghana, deux personnes sont mortes depuis octobre et un autre cas a été confirmé lors d'une flambée de fièvre jaune dans le nord-est et l'ouest du pays.

Le DE-GIC, en collaboration avec l'Office humanitaire de la Commission européenne (ECHO), planifie une campagne de vaccination pour plus de 235.000 personnes à partir de lundi. Les femmes enceintes et les enfants âgés de moins d'un an sont les principales cibles de cette campagne.

Environ 200.000 cas de fièvre jaune sont enregistrés dans le monde entier chaque année, avec 30.000 décès signalés. Le vaccin contre la fièvre jaune est considéré comme fournissant une immunité efficace en une semaine pour environ 95% des personnes.

03 Feb 2012

Ghana: Yellow fever in Ghana

Original published date: 03 Feb 2012
Country: Ghana
Theme: Coordination, Health
Content format: News and Press Release
Language: English
Source: World Health Organization
Disaster type: Epidemic
Origin notes: http://www.who.int/csr/don/2012_02_03b/en/index.html

3 February 2012 - On 20 December 2011, the Ministry of Health of Ghana notified WHO of a yellow fever (YF) outbreak occurring in 3 districts; Builsa and Kassena-Nankana-West in the Upper East Region and Kitampo-South in the Brong Ahafo Region located in the mid-western part of the country.

A total of three laboratory-confirmed cases, including two deaths, have been detected by yellow fever surveillance, with the clinical syndrome of fever and jaundice.

The index case, reported from the Kassena-Nankana-West district, was a 12 year-old male who had been going with his father to his farm in a forest bordering Burkina Faso. Onset of symptoms occurred on 11 October 2011 and progressively got worse until he died in Sandema Hospital on 18 October 2011. District outbreak teams investigated the affected areas but found no additional cases.

A reactive campaign has been planned starting 6 February 2012, supported by the International Coordinating Group on Yellow Fever Vaccine Provision (YF-ICG) and the European Community Humanitarian Office (ECHO). Over 235 000 people in the affected districts have been targeted for vaccination, with the exclusion of pregnant women and children aged under one year.

This activity will complement the two-phased YF preventive mass campaign undertaken by the country. The first phase was conducted in November 2011 and targeted a population of 5.8 million people covering 40 districts (8 regions). A YF reactive campaign was carried out in 3 more districts. The second phase, planned for this year, seeks to target 1.7 million people spanning 17 districts.

03 Feb 2012

Ghana: Fièvre jaune au Ghana

Original published date: 03 Feb 2012
Country: Ghana
Content format: News and Press Release
Language: French
Source: World Health Organization
Disaster type: Epidemic
Origin notes: http://www.who.int/csr/don/2012_02_03b/fr/index.html

3 février 2012 - Le 20 décembre 2011, le Ministère de la Santé du Ghana a notifié à l'OMS une flambée de fièvre jaune (FV) survenue dans 3 districts : Builsa et Kassena-Nankana-West dans la Upper East Region et Kitampo-South dans la Brong Ahafo Region situées dans la partie Centre-Ouest du pays.

Trois cas confirmés au laboratoire, dont 2 ayant entraîné le décès, ont été dépistés par la surveillance de la fièvre jaune et présentaient le syndrome clinique de fièvre et d'ictère.

Le cas initial, notifié dans le district de Kassena-Nankana-West, touchait un garçon de 12 ans qui s'était rendu avec son père dans la ferme de ce dernier, située dans une forêt limitrophe du Burkina Faso. Les symptômes sont apparus le 11 octobre 2011 et se sont progressivement aggravés jusqu'à son décès à l'Hôpital de Sandema le 18 octobre 2011. Des équipes de district ont fait des recherches dans les zones touchées mais n'y ont pas trouvé d'autre cas.

Une campagne de riposte a été planifiée à partir du 6 février 2012, avec le soutien du Groupe international de coordination pour l'approvisionnement en vaccin anti-amaril (YF-ICG) et de l'Office humanitaire de la Communauté européenne (ECHO). Plus de 235 000 personnes des districts touchés ont été ciblées pour la vaccination, à l'exclusion des femmes enceintes et des enfants âgés de moins d'un an.

Cette activité viendra compléter les deux phases de la campagne de masse pour la prévention de la fièvre jaune entreprises par ce pays. La première phase a été menée en novembre 2011 et ciblait une population de 5,8 millions de personnes dans 40 districts (8 régions). La campagne de riposte a été menée dans 3 districts de plus. La deuxième phase, prévue pour cette année, vise à cibler 1,7 million de personnes réparties dans 17 districts.

02 Feb 2012

Zimbabwe: Zimbabwe Weekly Epidemiological Bulletin Number 142 Epidemiological week 50 (week ending 18 December 2011)

Original published date: 03 Jan 2012
Country: Zimbabwe, Benin, Burkina Faso, Cameroon, Chad, Congo (the), Democratic Republic of the Congo (the), Ghana, Malawi, Mauritania, Namibia, Niger (the), Nigeria, South Africa
Theme: Health
Content format: Situation Report
Language: English
Source: Government of Zimbabwe, World Health Organization
Disaster type: Epidemic
Origin notes: http://www.who.int/entity/hac/crises/zwe/sitreps/zimbabwe_epi_18december2011.pdf

Highlights: Week 50 (12 - 18 Dec 2011)

-14 Typhoid case reported this week

-Anthrax outbreak in Gokwe North

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 - 2.Standard case definitions
 - 3.Alert/action epidemic thresholds

03 Jan 2012

We met some errors and the attached PDF couldn't be included in this report. Please download at http://reliefweb.int/sites/reliefweb.int/files/resources/Full%20Report_453.pdf.

Ghana: Ghana: Epidemic (as of 6 December 2011)

Original published date: 06 Dec 2011
Country: Ghana
Theme: Health
Content format: Map
Language: English
Source: IFRC
Disaster type: Epidemic

Link: *Yellow Fever Outbreak - DREF operation n° MDRGH005*

07 Dec 2011

We met some errors and the attached PDF couldn't be included in this report. Please download at http://reliefweb.int/sites/reliefweb.int/files/resources/map_1413.pdf.

Ghana: Yellow Fever Outbreak - DREF operation n° MDRGH005

Original published date: 06 Dec 2011
Country: Ghana
Theme: Health, Humanitarian Financing
Content format: Situation Report
Language: English
Source: IFRC
Disaster type: Epidemic
Origin notes: <http://www.ifrc.org/docs/appeals/11/MDRGH005.pdf>

The International Federation of Red Cross and Red Crescent (IFRC) Disaster Relief Emergency Fund (DREF) is a source of un-earmarked money created by the Federation in 1985 to ensure that immediate financial support is available for Red Cross and Red Crescent emergency response. The DREF is a vital part of the International Federation's disaster response system and increases the ability of National Societies to respond to disasters.

CHF 86,464 has been allocated from the IFRC's Disaster Relief Emergency Fund (DREF) to support the National Society in delivering immediate assistance to some 100,000 beneficiaries. Unearmarked funds to repay DREF are encouraged.

Summary:

The cases of Yellow fever being detected in Ghana have been on the rise for the last six weeks according to the WHO reports on Ghana. As of November 18th 2011, three regions (Upper west, Northern and Greater Accra) are affected, with eight cases and one recorded death. The Ghana Health Service is covering the affected regions along with other regions that are considered at higher risk of disease as preventive measures of controlling the spread.

The Ghana Red Cross Society with its immense volunteer base intends to implement activities primarily in the field of Social Mobilisation, to support and complement the efforts of the Ghana Health Services and other partners to help curb the spread of the yellow fever epidemic.

This operation is expected to be implemented over 3 months, and will therefore be completed by 5 March, 2012; a Final Report will be made available three months after the end of the operation (by June, 2012).

06 Dec 2011

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Disaster relief emergency fund (DREF) Ghana: Yellow Fever Outbreak

 International Federation
of Red Cross and Red Crescent Societies

DREF operation n° MDRGH005
GLIDE n° EP-2011-000178-GHA
6 December, 2011

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regions that are considered at higher risk of disease as preventive measures of controlling the spread.



Ghana Red Cross Society volunteers working with communities to raise their awareness on health and hygiene / Ghana Red Cross Society photo

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This operation is expected to be implemented over 3 months, and will therefore be completed by 5 March, 2012; a Final Report will be made available three months after the end of the operation (by June, 2012).

[<click here for the DREF budget; here for contact details; here to view a map of the affected area>](#)

The situation

The cases of Yellow fever in Ghana have been on the rise. The Upper West Region of Ghana recorded the first yellow fever cases in November, 2011, in Wa Municipality, Jirapa and Wa East Districts. Subsequently, cases were recorded in Ledzokuku in the Greater Accra Region and Nadowli in the Upper West Region. As of November 18th 2011, one person has been confirmed dead in the Sawla Kalba district of the Northern Region. As indicated in the table below, three regions are therefore affected with eight cases and one recorded death. The Ghana Health Service is covering the affected regions and other regions that are considered at higher risk of disease as preventive measures of controlling the spread.

Summary of yellow fever cases in high-risk districts

Region	No high-risk Districts	No communities	No of cases	No of deaths
Greater Accra Region	2	10	3	-
Brong Ahafo region	1	5	-	-
Eastern region	1	5	-	-
Asante region	1	5	-	-
Central region,	1	5	-	-
Western region	1	5	-	-
Northern region	2	10	2	1
Upper west region	5	30	3	-
Total	14	75	8	1

The last yellow fever outbreak recorded in Ghana was in 2005 in the Jirapa district in the upper West Region. The outbreak lasted for two months, with one confirmed case and 10 suspected cases. The Ghana Health Service carried out district-wide vaccination during the time of the outbreak.

To check the spread during the current outbreak, the Ghana Health Service / Ministry of Health is embarking on both reactive and preventive mass campaigns to check the spread of the deadly disease and to safeguard the health of all by planning Sub-National Days against yellow fever in two phases involving fifty-six districts: The first phase will target 42 districts and the second, 14 high risk districts in the high risk regions in the country.

Participating regions for the first phase (22nd of November to 28th November) include the Ashanti, Brong Ahafo, Central, Eastern, Greater Accra, Northern, Upper West and Western regions. Ghana Red Cross Society took part, accompanying Ghana Health Service volunteers to facilitate social mobilisation.

The second phase will continue in December 2011 and end in February 2012, focussing on awareness creation in 75 vulnerable communities in 14 districts and targeting women and children in particular.

The Ghana Red Cross Society intends to achieve its objectives by embarking on educating the communities on health, sanitation and promotion of LLIN use through its network of Chapters, Mothers' Clubs and Youth Links. The DREF will support the Ghana Red Cross Society to train 260 Volunteers to mobilise communities for the second phase vaccination.

Coordination and partnerships

The Ghana Red Cross Society is a member of the Emergency Health Committee and also the Epidemic Management Committee set up by the Health Sector Emergency preparedness and response Advisory Committee of the Ministry of Health, and has been assigned the lead role in social mobilization during emergencies. The GRCS will also be collaborating with the Ghana Health Services, WHO, UNICEF, UNFPA who are also members of the Epidemic Management Committee.

Red Cross and Red Crescent action

The Ghana Red Cross Society, as the lead agency in social mobilization in emergencies, has mobilized 5,000 volunteers in the affected districts to assist the GHS staff to conduct house-to-house health education, case tracing and clean up campaigns. The national society hopes to intensify its humanitarian activities by mobilizing and training her volunteers in the most vulnerable communities. The volunteers will be equipped and deployed to carry out house-to-house sensitization activities on good hygiene and sanitation practices,

risk factors prevention and control, uptake of yellow fever vaccination, symptoms identification and steps to take if a case is detected as well as early referral to health facilities.

The International Federation, through its delegation in Abuja, Nigeria, continues to work closely with the National Society by supporting its staff and volunteers in all activities of the Red Cross and ensuring that management as well as operational issues are directed and implemented within the principles and core values of the Red Cross Movement to reach the needs of the most vulnerable.

The needs

Selection of people to be reached:

The beneficiaries of this operation are 20,000 families from 75 most vulnerable communities in 14 districts.

Summary table for second phase

Region	No. target Districts	No communities	Expected volunteers to be trained for the 2 nd phase
Greater Accra Region	3	15	60
Brong Ahafo region	1	5	20
Eastern region	1	5	20
Asante region	1	5	20
Central region,	1	5	20
Western region	1	5	20
Northern region	2	10	20
Upper west region	3	20	60
Total	14	75	260

These regions were chosen because they are the participating regions for the first phase of the Sub-National immunization days against yellow fever, and include regions where the cases of yellow fever have been seen. The Red Cross volunteers are basically engaged in social mobilization and community sensitization for the first phase immunization. In the phase, 260 volunteers will be trained to support the Ghana Health Service for immunization, hygiene promotion and health education. The communities at large as well as Red Cross volunteers and staff shall benefit from the operation through health education and training in the prevention and response to epidemics. Red Cross volunteers from local branches who are community based are being used for the operation because of their knowledge of the culture and traditions of the community. This will enable them to effectively penetrate the community during the exercise. Priority needs being addressed are for health and hygiene education.

The proposed operation

Emergency health

Outcome: 75 most vulnerable communities have increased their resilience to yellow fever outbreaks.

Outputs (expected results)

- 80% of the districts visited by the Red Cross have contained the spread of Yellow Fever and the population are aware of the epidemics.
- All Red Cross activities are implemented in a coordinated way thus avoiding duplication of services with other actors. Red Cross experience is also shared with others at coordination meetings and during surveillance, reporting, response and advocacy activities at the national and district levels;

Activities planned:

- Participate actively at coordination meetings at the national and local levels in order to obtain the relevant statistics;
- Collaboration with the MoH and GHS, WHO, UNICEF, and other members of the EMC in efforts to engage in community yellow fever prevention activities such as surveillance, referrals, sensitization, education and immunization (vaccination).
- Train 10 regional managers on epidemic control for volunteers (ECV) tool kit including case

	<p>surveillance and case referral</p> <ul style="list-style-type: none"> • Train 260 Red Cross volunteers from 14 districts on hygiene and sanitation, contact tracing and case referral. • Distribute IEC materials to volunteers (100 posters per community and 100 leaflets per community); • Collaboration with the MoH and GHS, WHO, UNICEF, and other members of the EMC in efforts to engage in community yellow fever prevention activities such as surveillance, referrals, sensitization, education • Promote and respect the fundamental principles of the Red Cross/Red Crescent Movement. • Mobilize target population for uptake of the vaccination in the second phase. • Deployment of an RDRT Health Specialist to support the operation for two months.
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Contact information

For further information specifically related to this operation please contact:

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Click here

1. DREF budget **below**
2. Click **here** to return to the title page

How we work

All IFRC assistance seeks to adhere to the Code of Conduct for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGO's) in Disaster Relief and the Humanitarian Charter and Minimum Standards in Disaster Response (Sphere) in delivering assistance to the most vulnerable.

The IFRC's vision is to inspire, encourage, facilitate and promote at all times all forms of humanitarian activities by National Societies, with a view to preventing and alleviating human suffering, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.

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The IFRC's work is guided by Strategy 2020 which puts forward three strategic aims:

1. Save lives, protect livelihoods, and strengthen recovery from disaster and crises.
2. Enable healthy and safe living.
3. Promote social inclusion and a culture of non-violence and peace.

DREF OPERATION

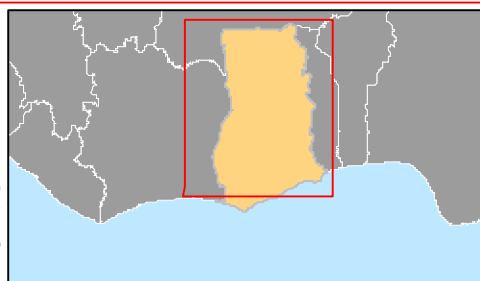
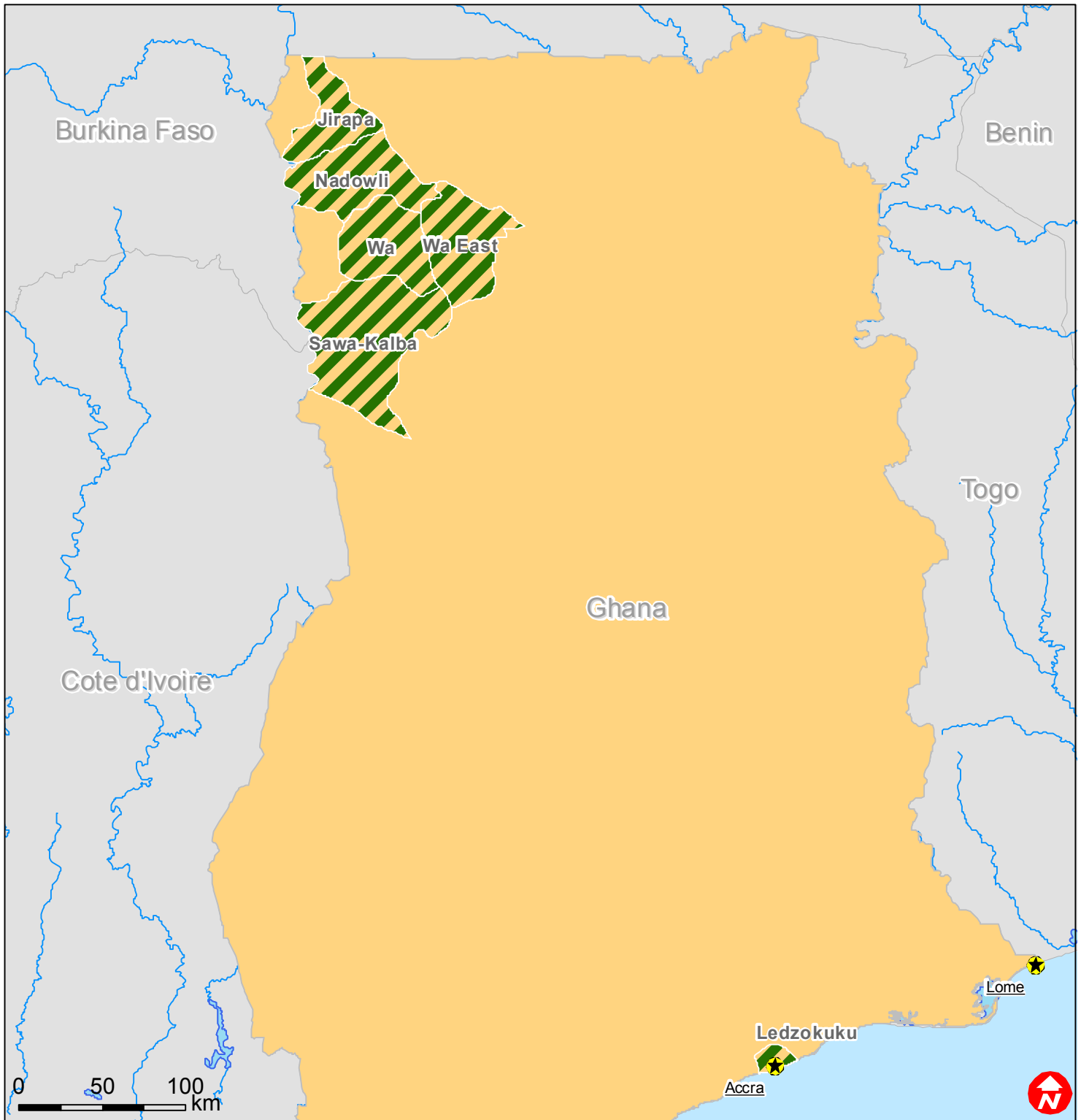
06-12-11


Ghana: Yellow Fever Outbreak (MDRGH005)

Budget Group	DREF Grant Budget CHF
Shelter - Relief	0
Shelter - Transitional	0
Construction - Housing	0
Construction - Facilities	0
Construction - Materials	0
Clothing & Textiles	0
Food	0
Seeds & Plants	0
Water, Sanitation & Hygiene	0
Medical & First Aid	0
Teaching Materials	0
Ustensils & Tools	0
Other Supplies & Services	0
Emergency Response Units	0
Cash Disbursements	0
Total RELIEF ITEMS, CONSTRUCTION AND SUPPLIES	0
Land & Buildings	0
Vehicles Purchase	0
Computer & Telecom Equipment	0
Office/Household Furniture & Equipment	0
Medical Equipment	0
Other Machiney & Equipment	0
Total LAND, VEHICLES AND EQUIPMENT	0
Storage, Warehousing	0
Dsitribution & Monitoring	0
Transport & Vehicle Costs	3,775
Logistics Services	0
Total LOGISTICS, TRANSPORT AND STORAGE	3,775
International Staff	12,300
National Staff	0
National Society Staff	0
Volunteers	4,420
Total PERSONNEL	16,720
Consultants	0
Professional Fees	0
Total CONSULTANTS & PROFESSIONAL FEES	0
Workshops & Training	12,700
Total WORKSHOP & TRAINING	12,700
Travel	13,760
Information & Public Relations	33,279
Office Costs	0
Communications	294
Financial Charges	59
Other General Expenses	600
Shared Support Services	0
Total GENERAL EXPENDITURES	47,992
Programme and Supplementary Services Recovery	5,277
Total INDIRECT COSTS	5,277
TOTAL BUDGET	86,464



Ghana: Epidemic



 Affected districts