

# The Threat of Ebola Virus Disease: a Call to Integrate all Sectors in Surveillance Activities in Ghana

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## Objective

To describe Ghana's disease surveillance system operation and the potential challenges in the light of the Ebola outbreak in West Africa

## Introduction

Disease surveillance particularly surveillance for communicable diseases is essential in identifying cases and preventing the occurrence of an outbreak. Surveillance can also contribute to reducing the size of an outbreak. In order to achieve these, surveillance activities must include all possible sites for case detection. The lack of established mechanisms to provide feedback to the surveillance system at all such points can cause a failure of the surveillance system. These are extremely relevant particularly in the current outbreak of Ebola in some parts of the West African Sub Region. Ghana, like many countries has established surveillance systems for specific diseases. Currently, 44 diseases/public health events including Ebola are under surveillance as part of an Integrated Disease Surveillance and Response (IDSR) system. Although the Ministry of Health (MOH) exercises authority over issues of health, the operation of policies and practices on disease surveillance is by the Ghana Health Service (GHS), an agency of the MOH despite the existence of other agencies such as the teaching hospitals.

## Methods

We examine Ghana's health system in relation to communicable disease surveillance and identify possible challenges to the current system and suggest some ways to improve disease surveillance in Ghana in light of the current threat of Ebola and other emerging infectious diseases.

## Results

Disease surveillance in Ghana is carried out by the Disease Surveillance Department of the GHS. Information on diseases is obtained mostly from health facilities under the GHS. Information on suspected or confirmed cases of diseases under surveillance are transmitted to the national headquarters of the GHS through the district and regional health directorates. Where required, specimens in addition to the appropriate notification forms are sent to designated Public Health Reference Laboratory for confirmation. Test results are transmitted via the same channels to the health facility involved. Although the system includes all facilities under the GHS, it does not explicitly involve non-GHS facilities. Surveillance practices including training of officers have also focussed on only GHS facilities.

## Conclusions

Operating a surveillance system through a single agency, the GHS and its facilities with no clear guidelines for the integration of other parallel health service providers including private and other non-GHS health facilities in the routine disease surveillance structure of Ghana is a source of concern. This is despite the IDSR guidelines identifying private hospitals and others such as veterinary services as sources of surveillance information. While active disease surveillance

in non-GHS facilities has usually taken place during outbreaks when active case finding is undertaken, there is the need to ensure that these occur on a permanent basis to ensure that cases are not missed at the onset of an outbreak should the first cases of communicable disease outbreak report to a non-GHS facility. This is critical as a significant proportion of patients access health care in these non-GHS facilities following the introduction of the National Health Insurance Scheme (NHIS).

Ghana's current practice of disease surveillance may potentially miss cases of public health importance. The surveillance system must move beyond the administrative structure of the Ghana Health Service and extend to include all potential sources of surveillance information. This will ensure that cases are detected and interventions promptly instituted to prevent or reduce the extent of outbreaks

## Keywords

surveillance; health system; outbreak; Ghana

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