

## Public Health Congress 2018: University student's caffeine consumption and stress: Effects on sleep quality and daytime functioning - Frances O Callaghan, Griffith University

Frances O Callaghan and Kyle Wyatt

Griffith University, Australia

Malaria, a preventable mosquito-borne disease, constitutes a major public health problem globally, particularly in Africa where it kills an estimated 394,680 people annually. In Ghana, Malaria accounts for 38.9% of all outpatient illnesses and 38.8% of admissions. Malaria is a priority disease under surveillance. The objective of the study was to evaluate the effectiveness of the surveillance system and assess the attributes and make appropriate recommendations. We interviewed stakeholders and key informants using semistructured questionnaires to understand the system operations. We reviewed and compared 2012- 2016 malaria registers and reporting forms with existing data in the DHIMS 2. Using SPSS version 21, descriptive data analysis was done. CDC updated guidelines for evaluating public health surveillance system was used in assessing the attributes. Positive malaria cases declined from 50,504 in 2012 to 43,467 in 2013, continual increased to 56540 (47.1%) in 2016. Under 5 positive cases recorded, 2012 recorded 17,852 (35%), 2015 and 2016 recorded 17, 611(32.8%) and 18,475(32%) respectively. Age group, 1-4 have the highest positive malaria cases, with mean 5,919. Of 88,103 malaria cases treated in 2014, 38.1% (n=33532) were not tested, 13% (n=8739) of 67,295 cases treated were not tested in 2016. Reporting rate of malaria datasets was 97.5%, three (3) out of (30) facilities do not report cases. The system is flexible, sensitive and stable. Timeliness (86%), Completeness (20) and predictive positive value 53,567 (49%) were poor in 2015. The surveillance system is meeting its objectives. Improvement on data completeness and timeliness needs to be done. Suspected malaria should be tested before treatment and followed up. Rigorous supervision on proper documentation and timely reporting should be enforced in the Municipality. Malaria, a preventable mosquito-borne sickness, constitutes a major public health hassle globally, specifically in Africa wherein it kills an anticipated 394,680 human beings yearly. In Ghana, Malaria accounts for 38. nine% of all outpatient illnesses and 38.8% of admissions. Malaria is a priority ailment under surveillance. The goal of the observe become to assess the effectiveness of the surveillance gadget and examine the attributes and make suitable suggestions. We interviewed stakeholders and key informants using semi-structured questionnaires to apprehend the gadget operations. We reviewed and in comparison, 2012- 2016 malaria registers and reporting bureaucracy with existing records inside the DHIMS 2. using SPSS model 21, descriptive statistics

evaluation changed into performed. CDC up to date recommendations for evaluating public fitness surveillance device was used in assessing the attributes. Methods This study was conducted using the "CDC's Updated Guidelines for Evaluating Public Health Surveillance System, 2001". Key stakeholders and Malaria Focal Persons were interviewed. Integrated Disease Surveillance and Response case summary data from January to December 2014 was reviewed. Data analysis was done using Microsoft Excel 2016 and Epi-info 7. Results The system provides information on malaria trends, morbidity and mortality. Case definitions are well understood by participants. All Malaria focal persons (MFPs) were willing to continue using the system. Standardized data collection tools are available in 91% of Health Facilities (HF). The system was rated flexible by 91% of MFPs. The system was however not representative because data were essentially from public health facilities only. The system has an average timeliness of 37.7% and completeness of 59.4%, both parameters were below the State's 80% target. About 91% MFPs had refresher training, while 78% MFPs received supportive supervision. Main challenges identified were lack of commodities in all HFs, and inadequate mobile facilities in 70% of HFs. Conclusions The Kaduna state Malaria surveillance system is meeting its objectives. However, challenges are observed in its timeliness, representativeness, and data quality. Efforts should be made to integrate tertiary and private health facilities into the system. MFPs need more training on malaria reporting to improve timeliness and data quality. There is the need to improve on the supply of malaria treatment commodities to all health facilities within Kaduna state. Biography Joseph Effah-Acheampong is a public health researcher at a reputable non-governmental organization in Ghana. He holds a BSc in public health and currently pursuing a Master of Philosophy degree in Applied Epidemiology and Diseases Control at the School of Public Health, University of Ghana. With the rudiments in public health he has acquired, he has been involved in a lot of community health with much emphasis on infectious disease and control. He is currently the head of the public health unit of Anidaso Ghana ev. Mr EffahAcheampong holds a certificate in monitoring and evaluation which gives him the skills to effectively monitor and evaluate interventions which are been implemented at all levels of the disease prevention and control cycle.

**Biography**

Frances O Callaghan is currently doing his research at Griffith University, Australia

[f.ocallaghan@griffith.edu.au](mailto:f.ocallaghan@griffith.edu.au)