



CEO DR. ASARE BIDS FAREWELL

The former CEO, Dr. Daniel Asare, handed over the management and administration of the Hospital to Dr. Ali Samba as his tenure in office ended on Thursday, September 3, 2020.

At a short ceremony, the CEO thanked all directors and staff for their immense support during his two years service in Korle Bu.

He called on the Central Management Team and the generality of staff to support Dr. Ali to enable him consolidate the achievement made and to push the boundaries of progress further.

Dr. Asare urged Dr. Ali to keep the welfare of staff at heart and make sure that every staff benefits free healthcare by the end of 2020.

The incoming acting CEO, Dr. Ali Samba thanked Dr. Asare for his support and mentorship which had enabled him assume the current role.

He said he was fully committed to perform his role, adding “I therefore call on staff and other stakeholders to support me to advance the goals of the Hospital”.

Meanwhile, the President of the Republic, Nana Addo Dankwa Akufo-Addo, has nominated Head of Plastics & Burns Centre, Dr. Opoku-Ware Ampomah for appointment as the substantive CEO of the Hospital.

Dr. Ampomah is currently going through the processes before he finally takes over.



The former CEO, Dr. Asare handing over to the in-coming acting CEO, Dr. Ali Samba

CARDIO CENTRE LAUNCHES WORLD HEART DAY 2020

The National Cardiothoracic Centre in collaboration with Wilmar Africa Limited has launched this year's World Heart Day 2020 on the theme "USE HEART TO BEAT CARDIOVASCULAR DISEASE".

diseases. The Day provides the perfect platform for the cardiovascular disease community to unite in the fight against cardiovascular diseases and reduce the global disease burden.

Speaking at the launch, the Director of Cardiothoracic Centre, Dr Lawrence Sereboe noted that heart diseases and stroke are the leading causes of death worldwide and in Ghana, these diseases are the main cause of death in adults.

"This is why we need massive awareness campaigns to educate people to maintain their health", he added.



The World Heart Day is celebrated globally on September 29 to raise awareness about cardiovascular



Wilmar Africa, producers of Frytol cooking oil, presented a cheque of GH¢ 100,000 to the Cardio Centre to support the treatment of persons with heart diseases.



PREVENTION IS BETTER BECAUSE THERE IS NO CURE

<p>How to avoid infection or spreading the virus</p>	<p>Wash your hands regularly with soap and water for at least 20 seconds</p>	<p>Avoid touching your eyes, nose or mouth</p>	<p>Cover your mouth or nose when coughing or sneezing</p>
<p>Use only disposable tissues, and dispose of them immediately after use</p>	<p>Avoid close contact with anyone showing respiratory symptoms</p>	<p>Monitor travel advice on Smartraveller smartraveller.gov.au</p>	<p>Stay at home when you are sick</p>

WHEN YOU COUGH OR SNEEZE

CATCH IT
Germs spread easily. Always carry tissues and use them to catch your cough or sneeze.

BIN IT
Germs can live for several hours on tissues. Dispose off your tissue as soon as possible

KILL IT
Hands can transfer germs to every surface you touch. Clean your hands as soon as you can

NB: If tissues are not readily available, cough into a flexed elbow.





SEPTEMBER IS CHILDHOOD CANCER AWARENESS MONTH

I've always wanted to do paediatrics. Well, at least from the moment I first saw the tiny babies at my grandmother's maternity clinic and decided that I wanted to be a doctor.

I had come back to Korle Bu- this was home despite all of its frustrations. I'd been a medical student here, then a house officer. Where else was I going to go to continue my training to becoming a specialist?

I remember my first day as a medical officer and I only remember it so vividly because of Mary...Mary was a 14 year old girl who had just been diagnosed with osteosarcoma (cancer of the bone) involving her left knee.

She understood that if she didn't have chemotherapy and then surgery to treat her cancer, it could spread and she could die. Mary didn't want to die. She was a sweet, soft-spoken girl and she was so smart and compassionate. Mary wanted to become a lawyer. She and her mum were best friends. You could see the bond between them each time you were in the side ward with them. But Mary didn't want to have the surgery to treat her cancer.

You see surgery in this case meant an amputation. Even 70 year olds with diabetes who have lived their lives to the fullest run away from getting their legs amputated, how much more a 14 year old with her whole life ahead of her. We had to have several counselling sessions with Mary and her mum before she finally agreed that this was the best decision for her. We finally started chemotherapy and oh Lord, the side effects-Mary was vomiting, she couldn't eat anything and her hair started falling out.

We kept on having to prick her to set new IV lines and the look on her face any time she had to come on admission was just heartbreaking. After three cycles of chemotherapy, Mary had a below knee amputation and we continued with chemotherapy. After the first cycle post surgery, Mary started coughing. We did a chest CT scan which showed that the cancer had spread to her lungs. I was devastated.

Mary didn't survive. She didn't become a lawyer like she'd wanted. Her mother and older brothers were bereft...their only daughter and sister had left them.

Most of the medication for treatment of childhood cancer is not available on the National Health Insurance Scheme. Mary's mother had paid for most of her treatment out of pocket and had to travel from their home in Tema each time Mary needed to be admitted for chemotherapy.

We need to do more.

We need to create awareness about childhood cancer.

The powers that be need to be pushed to act.
No child should die from childhood cancer.

Ghanaian children should not be disadvantaged because there are only five Paediatric oncologists and two hospitals that can cater to their special health needs and treatment.

Our children should not be disadvantaged because their parents are worried about bringing them to the hospital because they have no money to pay for their transportation, medication, lab investigations and daily meals.

#childhoodcancerawareness

#mightybaldcuties

#putchildhoodcanceronNHIS



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AVOCADO: THE 'PEAR-FECT' FRUIT VEGETABLE

Avocado has gained popularity due to its stellar nutrient profile and diverse culinary applications. In Ghana, it is mostly called 'pear'. Others choose to call it 'avocado pear'. However, the fruit with which 'ampesi' (boiled sliced plantain, yam or cocoyam), 'eto' (mashed boiled yam or slightly ripe plantain) and bread are eaten in some parts of Ghana is correctly called AVOCADO!

Though avocado and pear are both botanically fruits and similarly shaped, they are not the same, at all. Pear is as crunchy as apple and guava; it's so eaten too. Avocado, conversely, though a fruit, is eaten soft and as a vegetable.



This is the fruit called pear. It is as crunchy as apple and guava.



Avocado, as seen here, is pear-shaped but eaten as a vegetable

Avocado is an amazingly healthful food. It is stuffed with good fats, fibre, some vitamins and minerals.

It is one of the few fruits that contain healthy unsaturated fats. In fact, avocados are an excellent source of monounsaturated fat. This fat comes highly recommended because it is heart-healthy. Unlike saturated fats which have been linked to cardiovascular disease and other non-communicable diseases (NCDs), unsaturated fats have been found to improve cholesterol levels and ease inflammation. Mark you, deranged cholesterol levels and inflammation are processes that have been associated with diabetes, cancer, among other NCDs.

The fact that the fruit is fatty but healthy also means you—who seeks to lose weight—could include an appropriate portion to your meals to improve satiety and check overeating.

Avocado is a good source of fibre. This means, including avocado in your diet is a good booster for your daily intake of fibre whose health benefits are innumerable. Particularly, dietary fibre is needed to promote the growth of beneficial microbes to, inter alia, keep away or down pathogens in the intestines. This effect of fibre is critical because around 70-80% of our immune system resides in the gut. A bacterial imbalance in the gut can offset the chemical composition of the immune system, leaving you open to infections and diseases.

Potassium is a nutrient that most people don't get enough of. Interestingly, avocado provides substantial amounts. In fact, avocado has more potassium than banana of the same quantity. Several studies show that adequate potassium intake helps greatly to reduce blood pressure, which is a major risk factor for heart attack, stroke and kidney failure.

The fruit is also a great provider of Vitamin E – an important antioxidant that helps to protect our cells from undue damage. Now, that's the reason Vitamin E-rich supplements are marketed as anti-aging. Eat good portions of avocado today and regularly, for a good skin.

Avocado thrives very well in the middle and southern parts of Ghana so much so that it could be cultivated as part of a hedge or backyard garden. It also has a number of culinary and industrial applications.

Industrially, oil could be extracted from avocado seed for use as other vegetable oils on the market.



Avocado as part of vegetable salads could be good snacks for weight loss or management



While the flesh provides instant food, avocado seed could be processed to obtain vegetable oil.

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AVOCADO: The 'Pear-fect' Fruit Vegetable

Avocado can be used as a replacement for butter — either as a spread or in baking. It is a healthier choice than even the lowest-fat margarine or butter.



Avocado as a bread spread is one of the common uses in Ghana.

It may also be included as fat and cream replacement in a home-made salad dressing. Furthermore, their smooth and creamy texture makes them a great choice for puddings or smoothies.



Avocado is a healthier choice for your salad creams and other salad dressings.

Lastly, avocado could be utilized in vegetable salads for kenkey, banku, waakye and other rice meals, beyond the more traditional use in 'eto', 'gari-fɔɔto' and 'ampesi'.



Waakye, like other rice meals, may be served with avocado salad.



Yam and plantain ampesi with kontomire stew and avocado



'Eto' is a dish of cultural relevance and may be served with avocado.



'Gari-fɔɔto' is made from gari and palm oil, and could be enjoyed with avocado.

Avocado is local and readily available. It is a healthier choice in preference to the pre-packaged alternatives you're becoming used to in your diet. **FOOD IS ALWAYS YOUR BEST MEDICINE.**

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KBTH Corporate E-mails

Staff who do not have their KBTH e-mail yet should contact their Departmental IT personnel for activation.

Thank you.

HARNESSING RESILIENCE AMONG HEALTH WORKERS IN THE MIDST OF A PANDEMIC

Do you often find yourself thinking that life must always be structured and that too many challenges make you weak instead of building you? Do you often think that bad things happen to you alone and that you will never have good experiences? Are there things that happened to you years ago that you seem not able to let go? Are you RESILIENT?

Resilience is the ability to withstand adversity and bounce back from difficult life events. It is also one's capacity to respond to the pressures and the demands of daily life positively. This is measured by what we call the '**Resilience Quotient (RQ)**' just as Emotional Quotient (EQ) and Intelligence Quotient (IQ) measure your emotional and intelligence levels.

In the face of the unprecedented challenges which has been created by the corona virus pandemic and the accompanying emotional and psychological stress that confront healthcare workers, it is important to build our own capacity as healthcare workers to be able to lead this battle. This requires *both personal and organizational resilience*.

Resilience at work is now recognized as a defining characteristic of employees who deal well with the stresses and strains of the modern workplace which is built by attitudes, behaviours and social support that can be adopted and cultivated by anyone and applied at the workplace.

It is therefore important for healthcare workers to recognize the need for resilience and be able to manage their own emotional and mental stresses and that of their clients. This comes by first knowing one's self and being able to understand others from their own perspective.

Traditionally, health workers are faced with burnouts, stress, anxiety and depression, moral injury with some also dealing with addiction due to these psychological challenges. The pandemic is however presenting even greater hardship and exacerbating already existing mental health issues among clinicians.

The big issue however is the *false mentality* that exist among health workers and the general population that health workers are able and always have insight into their own mental and emotional processes which makes them resilient and more capable in dealing with the demands of crisis situations and the heavy workloads. However, the speed and scale of the covid-19 pandemic has exposed us.

The more important thing is to position ourselves to be resilient in future, applying lessons from the crisis.

Resilience is not a characteristic gifted to some individuals and not others. It is an active process that requires continuous practice. How we approach work, and everything it throws at us has a massive impact on our experience at the workplace. At work, resilient people are more capable in dealing with the demands of the constant changing priorities of the organisation and their heavy workloads.

TAKE NOTE OF THESE BLOCKERS AS THEY SIGNIFICANTLY AFFECT YOUR RESPONSE TO CRISIS SITUATIONS

1. Physical Blocks

- Poor sleep
- Poor nutrition and eating habits
- Lack of exercise

2. Mental Blocks

- Cognitive distortions
- Catastrophizing
- Personalization
- Defense mechanisms
- Denial
- Displacement
- Rationalization
- Regression

BUILDING OUR RESILIENCE QUOTIENT AS MANAGERS AND INDIVIDUALS

Managers are to demonstrate value of their staff and communicate this clearly. Manage the expectations of the employee and create work schedules that promote resilience with appropriate working hours and breaks. Ensuring adequate resources including PPEs will also improve on their health and safety.

Again, it is important to provide appropriate measures for personal safety and address the concerns of the healthcare worker including psychological care. The work culture should be that of 'blame-free' to encourage workers openly talk about their vulnerabilities, stress and other health and well-being concerns.

Individual employees are also required to meet their basic needs by ensuring healthy dieting, drinking enough water and ensuring at least 7-8 hours of sleep. Make your sleep times a gadget-free time by putting phones and computers away. This helps in getting quality rest hours. It is also very important to build daily

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KORLE BU SECURITY OUTDOORS NEW UNIFORMS

Korle Bu Teaching Hospital has outdoored a new uniform for its security personnel.

The uniforms, which comes with other items such as boots, torchlights and rain coats, is intended to enhance their efficiency.



The Security Coordinator, Wo1 Dinsin addressing the security personnel

In an interview with the head of the Unit, Wo1 Dinsin Felix said he hoped that the new uniform would boost the morale of the personnel to work harder.

He was however quick to add that they will need metal handheld detectors, access control units, observation poles, vehicle clumps and CCTV cameras at vantage

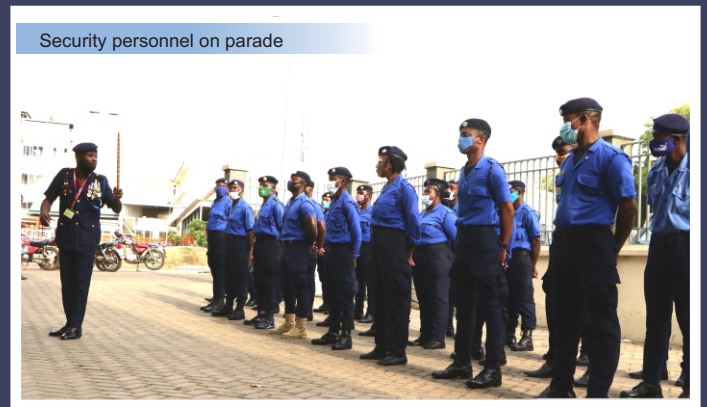
places centralized to a command point to assist in their duties.

Korle Bu has about 230 security personnel with four Administrators headed by the Security Coordinator.

The Security Cordinator, Wo1 Dinsin Felix is a retired military officer and has been in office since 2018.

He hope that this is going to prepare them physically and mentally for constant training and retraining.

Wo1 gave the assurance to all staff that they are going to do their best to protect life's and properties at all times.



Security personnel on parade

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Harnessing resilience among Health Workers in the midst of a Pandemic

mental practice- take time to connect with your values and sense of purpose. Find a friend who you can lean on at the workplace for advice, support and empathy.

Take breaks and connect with your friends and family to avoid isolation, anxiety, fear and for support. Perform self-check-ins by monitoring yourself for any symptoms of stress, depression and anxiety such as prolonged sadness, difficulty sleeping and hopelessness and consult professionals for help and assistance.

Be willing to overcome difficulties rather than avoiding them as avoiding problems does not solve anything at all but rather puts them on hold for another day.

- Master self-control and work on building your self esteem
- Learn from your mistakes
- Have an insight into your own strengths and weaknesses
- Be optimistic in your thinking and set goals with realistic expectations
- Learn to recognize your emotions and those of others
- Master your social skills and be ready to seek assistance from others when the need arises.

*Written by:
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THE WORLD AT WAR - THE VIRUS VERSE HUMANITY

On the restriction of movement, 32 countries had implemented night-time curfews thus a restriction during a period in the affected area or nationally with 10 implementing curfews only and 22 included lock-down additionally to curfews. Nineteen (19) countries instituted a partial lock-down comprising restriction of non-essential movement within an area in the country or region and 18 had initiated national lock-down with restriction of non-essential movement in the country.

Shielding (Physical isolation in a dedicated building) of high-risk individuals can reduce health service demand and even more markedly, mortality if it features high uptake and low contact of shielded and unshielded people, with no increase in contact among shielded people.

The center continues to note that, strategies combining self-isolation, moderate physical distancing and shielding will probably achieve substantial reductions in mortality in African countries. Temporary lock-downs (which delayed epidemics by about 3 months), where socio-economically acceptable, can help gain a crucial time for planning and expanding health service capacity and infrastructure. This approach was taken by most countries and in Africa lasting not more than 30 days in most cases perhaps due to the peculiarity of its member states and their economies.

In response to the SARS-CoV-2 epidemic, The African CDC has established the Africa Task Force for Novel Coronavirus (AFCOR). The Task Force is known to have made up of five working groups which are; disease surveillance, including screening at points of entry; infection prevention and control in healthcare facilities; clinical management of persons with severe 2019-nCoV infection; laboratory diagnosis and subtyping; and risk communication and community engagement.

The group included representatives of Member States, WHO, and other subject matter experts and partners. In Ghana, as measures have been put in place, Government intended to achieve five (5) key objectives and that is;

- I. Limit and stop the importation of the virus;
- II. Contain its spread; provide adequate care for the sick;
- III. Limit the impact of the virus on social and economic life;
- IV. And inspire the expansion of our domestic capability and deepen our self-reliance.

Like most African countries, Ghana also implemented

preventive measures seeking to enforce social distancing but had to lift some of this restriction following a public outcry as a result of the socio-economic effect of the restriction.

At present, Ghana has imposed compulsory use of facemasks within public space and strict observation of social distancing during all forms of public gathering. Schools remain closed except for final year students in Senior High Schools and the Tertiary institutions. Although since independence, Ghana does not have a specialized infectious disease management and treatment center, in the wake of this SARS-CoV-2 pandemic, the testing has been spearheaded by the Noguchi Memorial Institute for Medical Research (NMIMR), a WHO Emerging and Dangerous Pathogens Laboratory Network (EDPLN) member reference laboratory of the University of Ghana.

To inspire the expansion of the domestic capability and deepen self-reliance, the country has engaged in a local production of Personal Protective Equipment (PPE) i.e. face shield and masks, alcohol-based hand sanitizers, gloves, clinical scrubs, boots etc. hitherto these were products largely imported.

Some members of the Ghanaian population seem to have been defying social distancing rules because they do not believe in the existence of the disease while others believe God is in control although there are others whose socio-economic situation makes adherence to such social distancing rules very much impossible, to say the least.

Immunity, treatment and vaccines

No group of people has demonstrated immunity against SARS-Cov-2 even though data available shows high fatalities among victims aged > 60 years and people with serious underlying health conditions with no fatality recorded among children under 10. The increased risks of death among the aged have been attributed to reduced immunity to infectious diseases due to ageing and comorbidities.

Nonetheless, whether people develop immunity to SARS-CoV-2 after being infected remain a challenging question for Global/Public health experts, policymakers and everyone affected by the spread of the Covid-19 pandemic.

A study in macaques provides a hint about such a phenomenon.

According to a Bao et al and published by www.the-scientist.com, three rhesus monkeys did not develop a second infection after recovering from the first

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exposure of SARS-CoV-2 virus and re-exposed to the coronavirus, alluding that primates are capable of developing at least short-term immunity to the virus. On the other hand, the research is not clear how long the protection lasts and whether the antibody surge the researchers observed is part of the initial stage when antibody levels are still dropping off, rather than a true memory response.

Despite this immune outcome, it still raises the question of why some Covid-19 survivors recovering and being discharged upon testing negative for the virus, only to then develop another infection. In perspective, this anomaly could be a result of suspected false-negative Polymerase Chain Reaction (PCR) testing or otherwise, this remains one of the numerous questions that need an answer.

Pregnancy makes the pregnant woman vulnerable to many infections and increases their risk for respiratory infections and pneumonia. Researchers in China found that pregnant women with Covid-19 in their third trimester are more at risk for severe respiratory symptoms requiring ICU care compared with the general population. Researchers have ruled out the possibility of transplacental infection as babies born to infected mothers tested negative for SARS-Cov-2.

The world of science is on the race to discover a remedy for Covid-19, among them is the **artemisia-based treatment against Covid-19 (Covid-Organic)** by the Malagasy Institute of Applied Research. With the very limited clinical trial of efficiency and safety of Covid-Organic, WHO warned the world not to consume any untested remedies for Covid-19 while encouraging more clinical trials into Madagascar's Covid-Organic. The surge of new cases of Covid-19 in Madagascar has resulted in the Malagasy Health Authority to re-institute lockdown measures. This has once again brought the efficiency of Covid-Organic (CVO) to the limelight even though the authorities still believe CVO is the miracle drug but yet to be proven by any scientific body of its efficiency against Covid-19.

Despite the high death rate (2.5%) by Covid-19, lesser than that of Ebola fatality rate at 60%, MERS and the 2003 SARS outbreak, it appears that efforts to find a definite cure for the deadly virus remain a challenge after several trials involving drugs already in use for the treatment of some medical conditions notably ACE -2 inhibitors, antivirals, antibiotics, antiparasitics and for steroids.

At present hydroxychloroquine appears to be most promising, as published by the international journal of antimicrobial activity, and as such is being used in many countries across the globe. However, the drug has been

reported to have been associated with cardiovascular disease conditions, as well as brain damage, hence needs review.

With the increasing spread of SAR-CoV-2 infection across the globe, there has been an increased interest in developing an effective SAR-CoV-2 vaccine that can protect the population. With the publication of the sequenced SAR-CoV-2 genome, research groups have been able to start SAR-CoV-2 vaccine adopting lessons from SARS and MERS vaccines development.

As of now, several vaccine candidates are in various phases of clinical trials among them are the U.S government collaborative effort with Johnson & Johnson in developing Ad26 SARS-CoV2.S and the Moderna SARS-CoV-2 MRNA-1273 which has passed through phase 2 trials and currently undergoing phase 3 clinical vaccine trials.

Although some vaccines have reached Phase 3, clinical trials and others were given orphan status. There is currently no vaccine against SARS-Cov-2.

The Socioeconomic implication of the Covid-19 pandemic

With the virus rapidly spreading and crossing borders, the most important strategy has been isolation and social distancing, as a result of which schools and business were closed. For many countries, movements were restricted and borders closed. The global economy has been heavily impacted through many interwoven factors including disruptions in global supply chains, supply shortages, increased prices of essential products, the collapse of stock markets, massive laying-off of workers, unanticipated increase in health expenditure and decline in tourism including non-operation of airlines.

There has been massive economic distress even in the most advanced countries. For example, a record of more than 3 million Americans have already filed for unemployment benefit claims and \$2 trillion fiscal expansion package has been approved by congress to cushion the economy.

The economic impact of Covid-19 will yet hard-hit African countries with already low industrial capacities. The United Nations Economic Commission for Africa (UNECA) has predicted a drop in Africa 2020 projected GDP growth from 3.2% to 1.8 % due to Covid-19. The World Bank also estimated that a 1% decline in developing country growth rates will push as many as 20million people into poverty.

With the closure of hospitality industries, borders,

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schools and other requirements for maintaining social distancing at work, over a thousand jobs have been lost in Ghana. Most businesses have been heavily distressed requiring the government to intervene. This, coupled with the unexpected increase in health expenditure, has necessitated the acquisition of additional loan facilities by the Government.

With much pressure on existing health infrastructure and health workforce, many Africans will suffer the diversion of attention from chronic non-communicable and endemic infectious diseases such as malaria, HIV, Hypertension, Diabetes, Tuberculosis etc.

It is clear that Covid-19 pandemic has shaken the entire world affecting both lives and the economy but as the President of the Republic of Ghana said “*We can bring the economy back to life but we can't bring the dead back to life*”, we can only hope to recover stronger to rebuild our economy and health care infrastructure.

The impact of Covid-19 pandemic is enormous but we cannot pretend not to see how it wholly exposed the poor health infrastructure in Ghana and the absence of an emergency preparedness plan.

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THE BEAUTIFUL ONES ARE NOT YET BORN: NEED FOR A SECOND VERSION

This book was published by a prominent Ghanaian writer and when it hit the African Writers Series Bookshops in 1968, many, including my elder brother were worried as to when the “beautiful ones” shall be born.

The adjective “beautiful” was very catchy in a sentence regardless of how it is spelt. Nobody had seen a copy of the book in the village but it caused a lot of excitement and concern as to how long we were to wait before the “beautiful” one or ones shall be born and by who.

It was long after I had read the book that I realized the word “beautiful” could have different spelling and meaning based on one's angle of perception. That teenage perception of the word however kept lingering in my mind even after my brother had explained his experience on how he was received by the Assistant Headmaster of Prempeh College that your sibling only had to do well in the G.C.E 'O' Level and he will be picked by the school unconditionally.

How could he believe such a teasing statement but that was the reality? The Assistant Headmaster did not bother to seek a favour.

Perhaps I needed to settle in the Public Service and see for myself the way the structures operate before I could appreciate the reality and know how long to wait for the 'beautiful' one to be born. This really happened when I was personally involved both as a staff and as a patient.

One day after lunch I decided to take a stroll on the corridors of the old Administration Block. Just then I heard a call by the then Dean of the Medical School, Prof Clifford N B Tagoe. “Youngman lead me to Ward D, I need to see a relation on admission there before I travel tonight”. I immediately took the lead and led Prof to the Ward.

On duty was a “heavyweight looking” nurse with an element of a welcome smile as required by the profession. We greeted her and told her our mission. She said “I am afraid it is not visiting hours so you can't be allowed in.

I told her we are not visitors but staff. She retorted “If you are staff you should know better” and pointed at an earlier Board directive on the notice board that reminded all of the need to ensure compliance to the Visitor Rule that even appealed to staff to assist to ensure there was sanity in the Wards.

We appealed to the lady and she queried our lack of

identity and thus asked for prove. I picked my Identity Card from the wallet and showed her. She reluctantly admitted us and said she was allowing us for only 3 minutes. Prof Tagoe then mentioned the name of the patient and she led us to the bed. After 3 minutes the nurse called from her seat “gentlemen your time is up and you have to leave to enable me do my work”. We immediately left like a defeated bulldog with the tail between the legs.

After leaving the Ward, Prof Tagoe said these are the kind of nurses we need in the Hospital. I proposed to Prof of the need to shortlist her for the prize-award of the most disciplined staff of the year and Prof immediately accepted the matter was tabled and discussed at the next Board meeting and accepted. The natural beauty of the nurse did not matter but her display of professional charisma without any fear of unforeseen administrative consequences was enough to compensate for any of nature's creative lapses.

On another occasion I fell into a blackout in the office and was rushed to the Accident & Emergency Centre for immediate attention. The needed medical attention was given and I fell asleep. I woke up after some time and my wife was standing by me. After the normal pleasantries, she stopped a busy looking nurse to listen to me and advice.

The nurse told her she was busy and had more serious cases to attend to. She assured my wife that another nurse or doctor will be attending to me later. My wife was surprised at the attitude of the nurse towards a senior staff of the Hospital. I told her the nurse was just doing her work and she reluctantly accepted the explanation.

The fact is that every patient rushed to the Accident & Emergency Centre needs immediate attention because his or her life is in danger as some are panting for breath. All lives are important regardless of your position or status. The needed hand eventually came and the necessary attention given. Nobody is given a VIP treatment at the emergency centres.

The “beautiful” ones might not have been born in some sectors of the society but as far as nursing as a profession is concerned, you can find “beautiful” ones in the Wards. Perhaps A. K. Armah's book or the title may have to be reviewed and Dr. Fred Kwarteng will be a very good editor if the designation “beautiful” really refers to persons of dedication to public service regardless of the consequences.

PIX IN BITS



Chief Nursing Officers and the Director of Nursing Services, Mrs. Rita Aryee presented a citation to the former CEO, Dr. Daniel Asare to bid him farewell



Unilever Ghana donated three handheld ventilators to support the Hospital in its efforts to contain the coronavirus pandemic.



Asaase Radio donated PPEs to the Polyclinic/Family Medicine Sub-BMC. The items donated include sanitisers, tissue papers, facemasks and gloves.



Agyemang Prempeh Foundation together with SELAID Ghana donated items to the Child Health Department. They also gave monies for mothers who needed medication for their wards. The Foundation has been donating to the Department every year for the past decade.



AAN Humanitarian Foundation International donated various items to the Child Health Department. The donation was as part of the official launch of the Foundation.



Pfizer Specialties Limited, Nigeria, presented 100 boxes of surgical face masks and 100 pieces of face-goggles to the Hospital to aid our fight against the spread of COVID- 19



Cancer Support Network of Ghana presented Gh¢8000 to offset medical bills of four patients the Genito-Urinary Unit



ExxonMobil Exploration and Production Ghana (Deepwater) Limited (ExxonMobil), and co-venturers, Ghana National Petroleum Corporation (GNPC) and GOIL Offshore Ghana Limited, donated equipment to the Medical Intensive Care Unit of the Hospital.