



Ministry of Health
Ntcheu District Council

Health sector

REPORT ON SUSPECTED FOOD POISONING INVESTIGATION IN NTCHEU DISTRICT



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Preamble.

The brief investigation was carried by the District Rapid Response Team. It was carried out as the result of the three cases of suspected food poisoning who were reported from Ngaiyaye village of TA Njolomole. The first case was a young man aged 20 years who died on the way to Ntcheu District Hospital through Mphepozina health facility. The second case who is a female 4 years old child reported for treatment to Ntcheu District Hospital on the same 6 January 2025 and got admitted. The third case was the female 10 years old child who reported to Ntcheu District Hospital in the morning of 7 January 2025. One thing which is so unique is that all the three cases came from one family. They had similar symptoms which included fever of around 39 degrees Celsius, cough, convulsions, fatigue, vomiting (black substance). The date of onset for the first two cases was on 6 while the third one was on 7 January 2025. The grand mother who had no history of sickness was adversely affected as she collapsed upon hearing that her grand child had died.

Introduction.

The last time Ntcheu district registered suspected cases of food poisoning was in 2022 at Kadzakalowa in TA Njolomole. Now the district has registered these three cases from Ngaiyaye village in TA Ganya. The admissions were done accordingly as per the above information followed by treatment.

Ward level investigation.

The Rapid Response team instituted a Ward level investigation involving Nurses, Clinicians and the guardian to the suspected cases on 7 January 2025 and visited the affected village the same day. According to medical history the case presented with fever of around 39 degrees Celsius, fatigue, cough/breathing issues, convulsions, vomiting (black substance). Clinically the issues such as food poisoning, meningitis and Malaria were queried. As a matter of addressing the uncertainty over the diagnosis blood, vomitus and stool samples were collected from the suspected cases for lab examination while treatment of the cases was in progress. However on a sad note in the morning of 7 January 2025 another life got lost remaining with one child on admission but very ill.

Community investigation.

During the afternoon of 7 January 2025 Ngaiyaye village was visited by Public Health Rapid Response Team. The team comprised a Clinician, a health promotion Officer, a Laboratory Technician, a Nurse, the Disease Control and Response Coordinator, two senior Disease Control and Surveillance Assistants for Mphepozina and a Disease Control and Surveillance Assistant for the affected village. At village level the team joined the community in funeral proceedings of the deceased grand mother while at the same time engaging the leaders and family members in finding out more about

the sad event, identifying possible risk factors, understanding how they perceive the situation, give feedback on what the health system has done/is doing to manage the situation and lastly doing the risk communication and also moving forward managing fear and panic.

Results or results of the investigation.

Ward level.

- Admission protocol followed
- Case notes were filled and kept safe
- Proper history taking done
- Treatment instituted
- Blood, vomitus, stool samples collected
- Laboratory processed samples ready for dispatch to reference laboratory.
- Departments worked as a team; clinical, Environmental, Nursing, Laboratory etc.

Community level.

- Deceased was accorded a dignified burial.
- Leaders, family members offered a good reception to the investigation team.
- There was openness in the dialogue session with the community team.
- Health passports were reviewed, one suspect used medication bought from private pharmacies with no relevant documentation.
- One suspected child was delayed to be taken to hospital. The child had difficulties in breathing a night before taken to hospital.
- Learned that on 5 January six people from the family ate from one pot, Nsima with beans. Flour that was at home was used to prepare Nsima while beans were bought from a communal trader. Out of the six people who ate the food only the grand father and the mother to the two children were not sick.
- Food left overs could not be found during the day of investigation.
- There were indications of food scarcity learning from the number of meals taken in a day. Community members did not disclose their understanding on the cause of death to the suspected disease and related deaths.
- Investigation team made it clear that medical causes of the condition and associated deaths were still unknown until the lab results are out.

Readiness, quality of the preparation, detection, investigation and response.

Case management/IPC.

- Clinicians, Nurses who were responsive enough to treat the cases
- History was taken, relevant protocols were followed.
- Proper documentation was done.
- Infection prevention measures were followed.
- Proper linkages with the laboratory and pharmacy and others

Surveillance.

- Lab staff were ready to collect the samples.
- The collection tools were available.
- The actions were timely.
- The Disease Control and Surveillance Assistants were alerted to identify new cases, doing contact tracing and reporting.

Risk Communication and Community Engagement.

- Leading in risk communication and community engagement.
- Health promotion Officer had ready plans to participate in investigations.
- The department through facility focal persons and Disease Control and Surveillance Assistants keeps on educating people on issues of food poisoning and preventive measures.
- Managing miscommunication and misinformation.
- Plan to develop and administer updates and press releases to inform the masses.

Coordination.

- Facility rapid response team for Mphepozinaï was alerted.
- District Public Health Emergency Rapid Response team was alerted and acted promptly to do the investigation.
- The Public Health Emergency Management Committee is alerted.

Water and sanitation.

- Facilities were encouraged to develop plan of action with WASH as one of the focus areas
- Disease Control and Surveillance Assistants encourage community members participate in sanitation promotion and hygiene including chlorination of drinking water.

Assessment of other aspects.

Risk factors that might have contributed to the severity of the cases.

- Hunger resulting in food recalls.
- Under cooked, raw food.
- Weak immune system particularly due to HIV/AIDS, Cancer and other chronic conditions.
- Older adults due to age related declines.
- Infants and young children due to developing immunity.
- Contaminated water which could have been used for cooking, drinking, bathing.
- Poor food storage at household level.

Current response plan for the district.

- The district has a 2024/2025 District Implementation plan that aims at mobilizing resources for various interventions including disease control.
- PHERRT and PHEMC structures are activated and functional.
- Facility Rapid Response Teams are in place. They are currently on the watch out for the forthcoming eventualities.
- Response pillars such as Surveillance/Laboratory, Case management/IPC, WASH are operational
- RCCE is spearheading community engagement on key issues in villages, schools and other institutions.
- Disease Control and Surveillance Assistants are doing community sensitization, follow up, contact tracing on diseases/conditions in villages.
- Disease Control and Surveillance Assistants are preparing and distributing Chlorine at household level for water treatment.
- Regular updates are shared/shall be shared to key stakeholders by health promotion office at district level.

Interpretations, discussion and conclusions.

Depending on what each and every pillar of the response has managed to contribute the district can confidently say that the level of performance has been above average. The case management pillar has done its part accordingly. However on the lighter note the presentation of the suspected cases might have challenged the medical decisions resulting in the uncertainty of the diagnoses but this happens in practice. Symptoms that were displayed by the suspected cases are typical of food poisoning. This is according to final decision by the Rapid Response Team after gathering all required information. It should be noted however that confirmation can only be done by the laboratory after examining the samples that have been mobilized and sent to reference laboratory.

The various departments of the hospital should be more appreciated for the timely response to the situation and also for coordinating very well. This is the spirit that has to be encouraged, later on preserved for the betterment of the community of Ntcheu. More appreciation should go to PHEMC, District Health Management Team for the support rendered to PHERRT to carry out this investigation.

As the district awaits for the results of the samples that have been sent for examination, it also hopes to monitor the situation and enhance the surveillance operations in order to completely arrest this volatile situation.

Reported on behalf of the DRRT by:

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