The Gambia COVID-19 Outbreak Situational Report

Epidemiology and Disease Control Unit

794

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Western 2 122

60

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Report No. 356

16

Organization

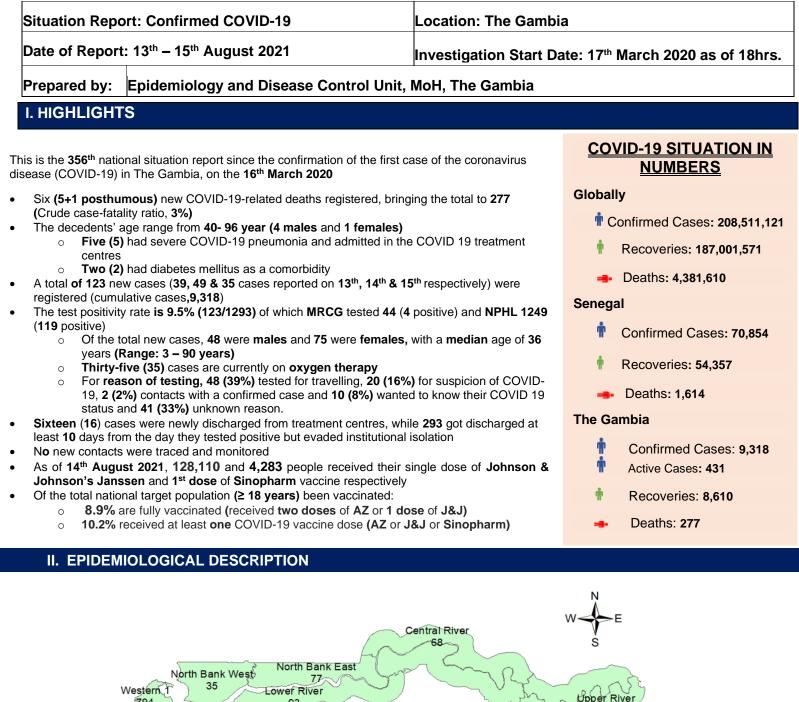


Fig1: Geographic Distribution of COVID-19 Confirmed Cases per 100,000 Pop.by Region in The Gambia since the start of the Pandemic to 31st July 2021

120 Kilometers

93

- Western 1 Health Region has a disproportionately higher number of cases than all the health regions (See Fig. 1)
- Below are the age-sex distribution and the Epi-curve of confirmed cases by reported date, respectively (See Fig. 2 and 3

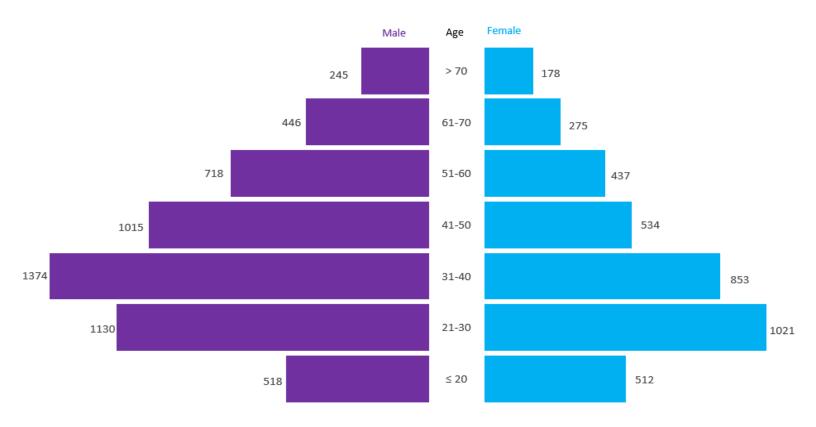


Fig 2: Age-Sex Distribution of Confirmed COVID-19 Cases, The Gambia, 2021

^{*} This excludes the 27 confirmed cases whose demographic information are not yet available About 59% of the confirmed cases are males (*See Fig. 2*) About 58.6% of the confirmed cases are 40 years below (*See Fig. 2*)

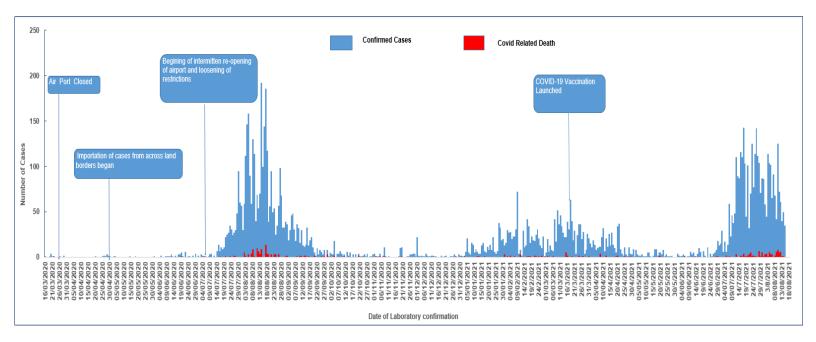


Fig. 3: Epidemic Curve of Laboratory-Confirmed Cases Reported daily, COVID-19 Pandemic, The Gambia, 16th March 2020-10th August 2021*.

A considerable amount of time elapsed between date of reporting and the date of laboratory confirmation of some cases

Three main waves of infection occurred – the pre airport closure wave, the importation from Senegal wave and the
intermittent airport re-opening and loosening of restrictions wave (See Fig. 3)

Status	New	Cumulative
No. of active cases in institutional isolation		72
No. of COVID-19 patients on oxygen support		35
No. of patients recovered and discharged	309	
In Hotel Quarantine	0	19
Completed Hotel Quarantine	0	5,240
Completed follow-up (asymptomatic people with travel history to affected countries) *	0	310
No. of Contact(s) Identified**	0	
No. of Contacts being monitored	4	
No. of Contacts who completed 14-day follow-up	9	17,115
No. of Contacts lost to follow-up	0	58
Total Tests conducted (Repeat Test (s))***	1293(0)***	96,764
Positive test result (Repeat Test (s))	123(0)	9,318
Negative test result (Repeat Test (s))***	1166(0)***	86,207
Inconclusive test result (Repeat Test (s))***	4(0)***	

Table 2: Summary of New and Cumulative Public Health Response Outputs, COVID-19 Pandemic, The Gambia, 2021

* Follow-up completed prior to the 17th March (when the first confirmed case was reported)

** Includes both low-risk and high-risk contacts and not mutually exclusive with number quarantined (as some have been quarantined) *** Includes

repeat tests in bracket

III. MAJOR RESPONSE AC	CTIVITIES
Component	Interventions
Coordination	Coordination meetings held at both central and regional levels
Surveillance/ Laboratory	 A total of 1293 new laboratory test results received 44 from MRCG and 1249 from NPHL) Of these, 4 test results returned inconclusive or indeterminate, 123 new samples tested positive
Case Management / Psychosocial Support & Research / IPC	 Eight (5+1 posthumous) new COVID-19 related deaths recorded Sixteen (16) patients were newly discharged from treatment centres No new contacts were traced and monitored Thirty-five (35) COVID-19 patients are currently on oxygen therapy

Table 3: Major response activities undertaken newly, COVID-19 Outbreak, The Gambia, 2021

IV.

GAPS/CHALLENGES:

- CBS activities not translating to increase in the number of daily tests being conducted
- Support for innovative countrywide risk communication strategies and activities on COVID-19 is suboptimal
- Security lapses at some of the treatment centers resulting in the abscondence of patients
- Dwindling compliance with mask-wearing requirements
- Low turn-out at COVID-19 sample collection sites resulting in fewer number of daily tests
- Denial, misinformation, stigma and discrimination against COVID-19 affected families.
- Weak and unreliable internet connection at the NPHL is hampering the implementation of e-surveillance at the laboratory.

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NEXT STEPS/RECOMMENDATIONS:

- CBS activities need to be synchronized with MRC's ILI surveillance to spur up testing rates in the hinterland.
- Speed up having testing sites in CRR and NBW
- Intensify risk communication and community engagement activities, on COVID-19 at community level, including at LUMOS, in a bid to curtail community transmission and dispel misinformation and denial and vaccine hesitancy
- More tests required in the catchment area of the MRC Keneba testing site to ascertain the extent of spread of COVID-19
- Security needs to be beefed up at all COVID-19 treatment/isolation centers to prevent the abscondence of patients
- Strengthen community-based surveillance to increase awareness and testing rates
- Thorough enforcement of the mandatory mask-wearing regulation
- IPC measures should be strictly adhered to in all public and private health healthcare facilities
- Provision of adequate stocks of PPEs to all health facilities
- · Health workers to observe all COVID-19 preventive measures always including the donning of appropriate PPEs

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