### The Gambia COVID-19 Outbreak Situational Report

**Epidemiology and Disease Control Unit** 

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Report No. 356

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Organization

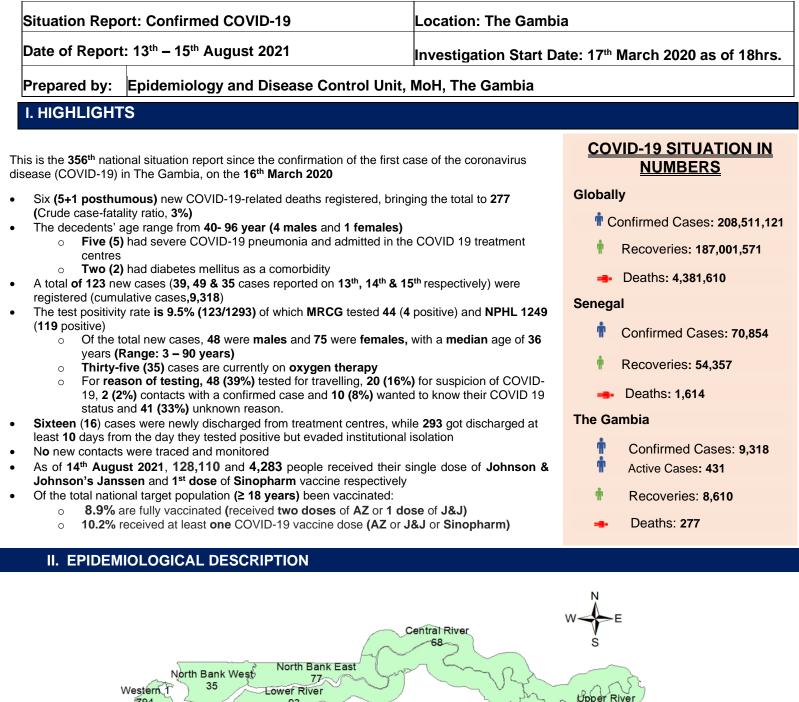
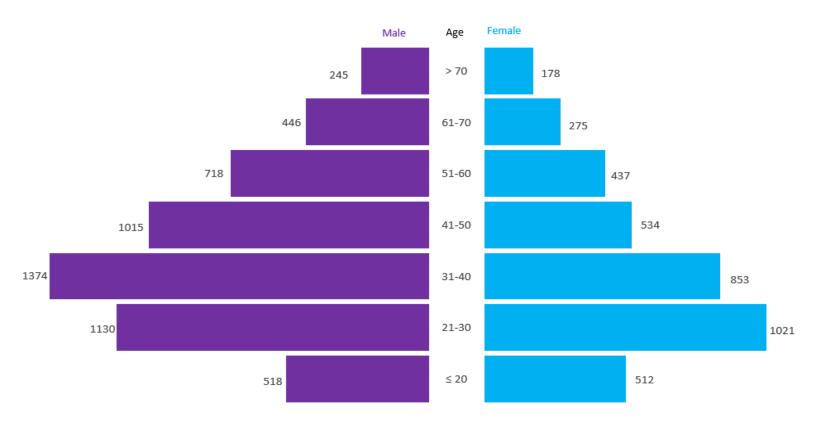


Fig1: Geographic Distribution of COVID-19 Confirmed Cases per 100,000 Pop.by Region in The Gambia since the start of the Pandemic to 31<sup>st</sup> July 2021

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

<sup>\*</sup> 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*)

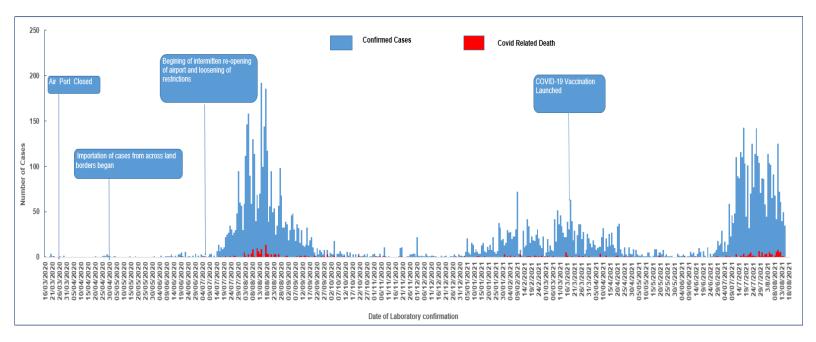


Fig. 3: Epidemic Curve of Laboratory-Confirmed Cases Reported daily, COVID-19 Pandemic, The Gambia, 16<sup>th</sup> March 2020-10<sup>th</sup> August 2021\*.

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	<ul> <li>A total of <b>1293</b> new laboratory test results received <b>44</b> from <b>MRCG</b> and <b>1249</b> from <b>NPHL</b>)         <ul> <li>Of these, <b>4</b> test results returned inconclusive or indeterminate, <b>123</b> new samples tested positive</li> </ul> </li> </ul>
Case Management / Psychosocial Support & Research / IPC	<ul> <li>Eight (5+1 posthumous) new COVID-19 related deaths recorded</li> <li>Sixteen (16) patients were newly discharged from treatment centres</li> <li>No new contacts were traced and monitored</li> <li>Thirty-five (35) COVID-19 patients are currently on oxygen therapy</li> </ul>

## 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

#### COVID-19 National Situation Report #356,16th August 2021

