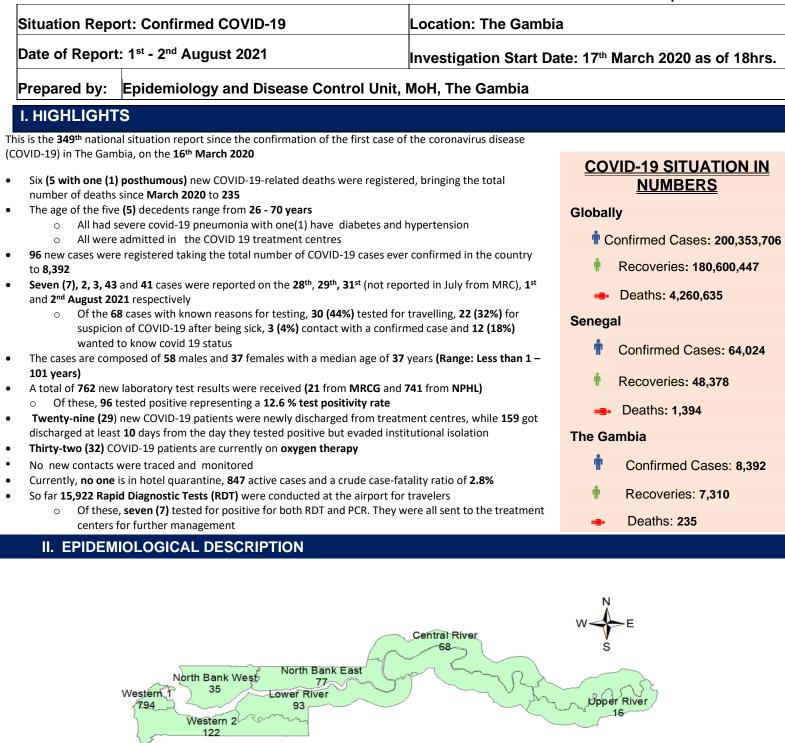
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## Epidemiology and Disease Control Unit

Report No. 349

Organ



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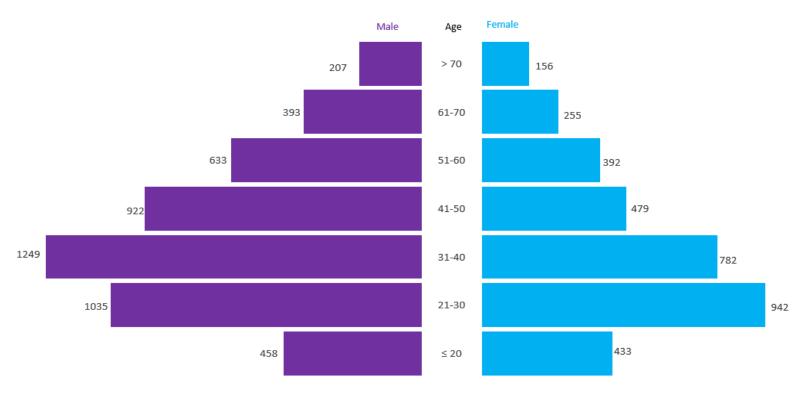
Fig1: Geographic Distribution of COVID-19 Confirmed Cases per 100,000 Pop.by Region in The Gambia since the start of the Pandemic to 31<sup>st</sup> July 2021

Western 1 Health Region has a disproportionately higher number of cases than all the health regions (See Fig. 1)

Date	Negative	Positive	Inconclusive	Total	Test Positivity
1/8/2021	334	43	0	377	11.4
2/8/2021	325	41	2	327	12.5
Total	659	84	2	704	11.9

Table 1: Shows the test positivity rate from 1<sup>st</sup> - 2<sup>nd</sup> August 2021, The Gambia

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*)

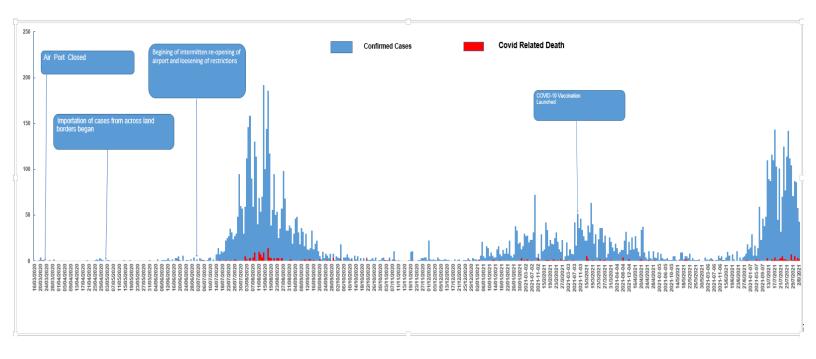


Fig. 3: Epidemic Curve of Laboratory-Confirmed Cases Reported daily, COVID-19 Pandemic, The Gambia, 2021\*.

	A considerable amount of time elapsed between date of reporting and the date of laboratory confirmation of some cases
٠	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		76
No. of COVID-19 patients on oxygen support		32
No. of patients recovered and discharged	188	
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	13	
No. of Contacts who completed 14-day follow-up	0	17,106
No. of Contacts lost to follow-up	0	58
Total Tests conducted (Repeat Test (s))***	762(0)***	90,643
Positive test result (Repeat Test (s))	96(0)	8,392
Negative test result (Repeat Test (s))***	664(0)***	81,128
Inconclusive test result (Repeat Test (s))***	9(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 ACTIVITIES**

Component	Interventions		
Coordination	Coordination meetings held at central and level		
Surveillance/ Laboratory	<ul> <li>A total of 762 new laboratory test results received 21 from MRCG and 741 from NPHL)</li> </ul>		
	<ul> <li>Of these, 2 test results returned inconclusive or indeterminate, 253 new samples tested positive</li> </ul>		
	• So far <b>15,922 Rapid Diagnostic Tests (RDT)</b> were conducted at the airport for travelers		
	<ul> <li>Of these, seven (7) tested for positive for both RDT and PCR</li> </ul>		
Case Management / Psychosocial Support & Research / IPC	Six (6) new COVID-19 related deaths recorded		
	• Twenty-nine (29) patients were newly discharged from treatment centres		
	<ul> <li>No new contacts were traced and monitored</li> </ul>		
	• Thirty-two (32) COVID-19 patients are currently on oxygen therapy		

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

- 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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IV.

# **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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