



Report No. 350

Situation Report: Confirmed COVID-19		Location: The Gambia	
Date of Report: 3 rd August 2021		Investigation Start Date: 17 th March 2020 as of 18hrs.	
Prepared by:	Epidemiology and Disease Control Unit, MoH, The Gambia		

I. HIGHLIGHTS

This is the **350**th national situation report since the confirmation of the first case of the coronavirus disease (COVID-19) in The Gambia, on the **16**th **March 2020**

- Three (2&1 posthumous) new COVID-19-related deaths were registered, bringing the total number of deaths since March 2020 to 238
- The age of the decedents was 57, 60 and 60 years (2 males and 1 female)
 - All had severe COVID-19 pneumonia with either Sepsis/chronic kidney or chronic liver disease
 - Two (2) were admitted in the COVID 19 treatment centres
- 113 new cases were registered taking the total number of COVID-19 cases ever confirmed in the country to 8,505
 - Of the **91** cases with known reasons for testing, **60** (**66%**) tested for travelling, **10** (**11%**) for suspicion of COVID-19 after being sick, **10** (**11%**) contacts with a confirmed case and **12** (**18%**) wanted to know their COVID 19 status
- The cases are composed of 60 males and 52 females with a median age of 35 years (Range: 3 80 years)
- A total of 479 new laboratory test results were received (37 from MRCG and 442 from NPHL)
 - o Of these, 96 tested positive representing a 22.9 % test positivity rate
- Fourteen (14) new COVID-19 patients were newly discharged from treatment centres, while 99 got discharged at least 10 days from the day they tested positive but evaded institutional isolation
- Thirty-two (32) COVID-19 patients are currently on oxygen therapy
- No new contacts were traced and monitored
- Currently, no one is in hotel quarantine, 844 active cases and a crude case-fatality ratio of 2.8%
- So far 15,922 Rapid Diagnostic Tests (RDT) were conducted at the airport for travelers
 - Of these, seven (7) tested for positive for both RDT and PCR. They were all sent to the treatment centers for further management

COVID-19 SITUATION IN NUMBERS

Globally

* Confirmed Cases: 201,064,100

Recoveries: 181,054,497

Deaths: 4,271,371

Senegal

Confirmed Cases: 64,522

* Recoveries: 48,812

→ Deaths: 1,423

The Gambia

Confirmed Cases: 8,505

Recoveries: 7,423

→ Deaths: 238

II. EPIDEMIOLOGICAL DESCRIPTION

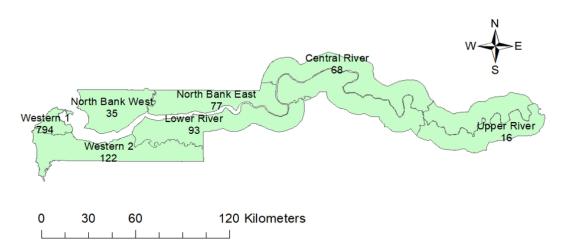


Fig1: Geographic Distribution of COVID-19 Confirmed Cases per 100,000 Pop.by Region in The Gambia since the start of the Pandemic to 31st July 2021

- 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

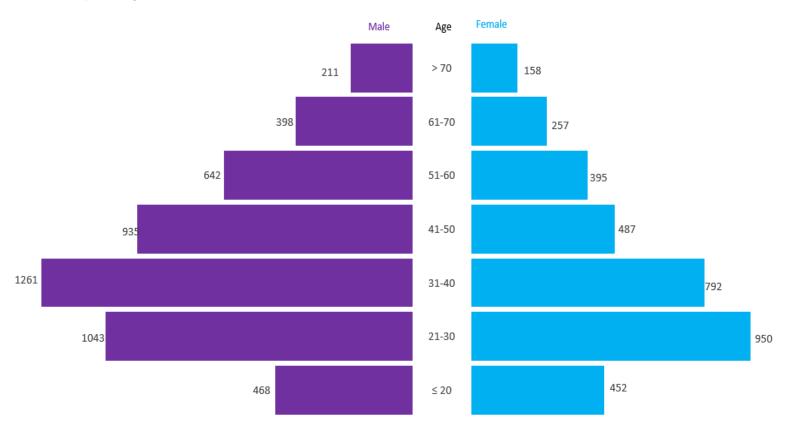


Fig 2: Age-Sex Distribution of Confirmed COVID-19 Cases, The Gambia, 2021

^{*} 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*)

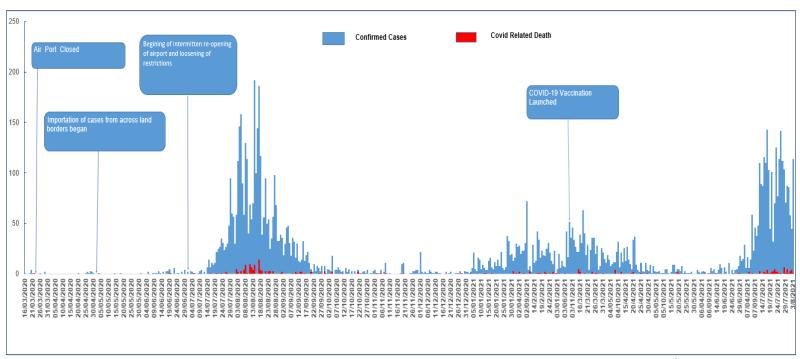


Fig. 3: Epidemic Curve of Laboratory-Confirmed Cases Reported daily, COVID-19 Pandemic, The Gambia, 2021*.

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

• 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		32
No. of patients recovered and discharged		
In Hotel Quarantine	0	19
Completed Hotel Quarantine	0	5,240
Completed follow-up (asymptomatic people with travel history to affected countries) *		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))***	479(0)***	91,122
Positive test result (Repeat Test (s))	113(0)	8,505
Negative test result (Repeat Test (s))***	365(0)***	81,493
Inconclusive test result (Repeat Test (s))***	1(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 both central and regional levels
Surveillance/ Laboratory	 A total of 479 new laboratory test results received 37 from MRCG and 442 from NPHL) Of these, 1 test result returned inconclusive or indeterminate, 113 new samples tested positive
Case Management / Psychosocial Support & Research / IPC	 Three (3) new COVID-19 related deaths recorded Fourteen (14) patients were newly discharged from treatment centres No new contacts were traced and monitored Thirty-two (32) 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.

V. 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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PARTNERS









































































