

Fig 2: Test positivity of laboratory Confirmed COVID-19 Cases, 16/7/2022-20/7/2022, The Gambia, 2022

- 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 date of sample collection, respectively (**See Fig. 2 and 3**)

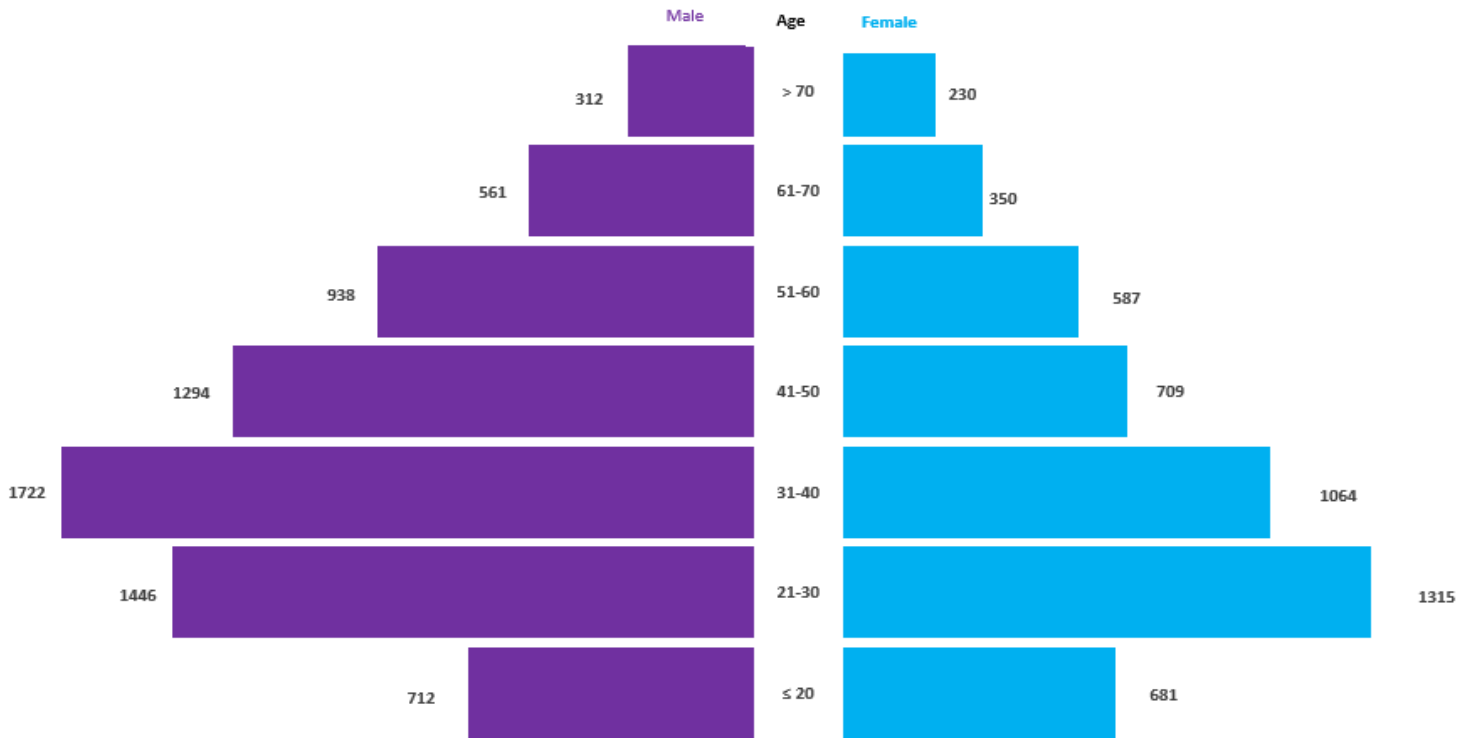


Fig 2: Age-Sex Distribution of Confirmed COVID-19 Cases, The Gambia, 2022

✧ 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% of the confirmed cases are 40 years below (**See Fig. 2**)

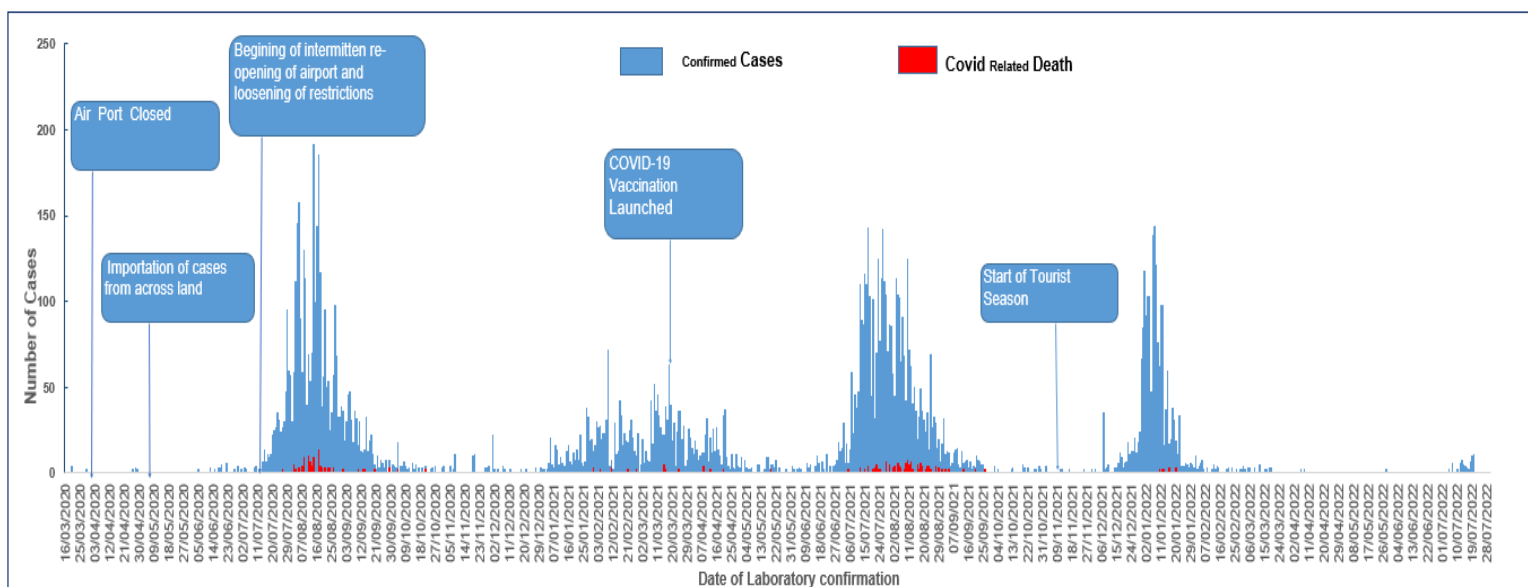


Fig. 3: Epidemic Curve of Laboratory-Confirmed Cases Reported daily, COVID-19 Pandemic, The Gambia, 16th March 2020-20th July 2022*.

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

Table 1: Summary of New and Cumulative hospitalized (including those in Intensive Care Unit- ICU) COVID-19 cases, The Gambia, 2022

Hospitalization (Including those in ICU)	Total Cases
Number of cases currently admitted to intensive care unit (ICU) for Covid-19	1
Number of all Covid-19 cases who are currently hospitalized in healthcare facilities, including those in intensive care unit (ICU)	1
Cumulative number of covid-19 cases admitted to intensive care unit (ICU)	864
Cumulative number of covid-19 cases hospitalized including those admitted to intensive care (ICU)	3558

Table 2: Summary of New and Cumulative Public Health Response Outputs, COVID-19 Pandemic, The Gambia, 2022

Status	New	Cumulative
No. of active cases in institutional isolation		1
No. of COVID-19 patients on oxygen support		0
No. of patients recovered and discharged	0	
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	0	
No. of Contacts who completed 14-day follow-up	0	17,129
No. of Contacts lost to follow-up	0	58
Total Tests conducted (Repeat Tests)***	559(0)	172,176
Positive test result (Repeat Tests)***	33(0)	12,078
Negative test result (Repeat Tests)***	509(0)	158,681
Inconclusive test result (Repeat Tests)***	17(0)	

* 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

Table 3: Major response activities undertaken newly, COVID-19 Outbreak, The Gambia, 2022

III. MAJOR RESPONSE ACTIVITIES	
Component	Interventions
Coordination	<ul style="list-style-type: none"> Coordination meetings held at both central and regional levels
Surveillance/ Laboratory	<ul style="list-style-type: none"> A total of 559 new laboratory test results received 519 from NPHL and 40 from MRCG <ul style="list-style-type: none"> Of these, 17 test result returned inconclusive or indeterminate, 33 new sample tested positive
Case Management / Psychosocial Support & Research / IPC	<ul style="list-style-type: none"> No new COVID-19 related death recorded No patient was newly discharged from treatment centres No new contacts traced and monitored No case on COVID-19 patient is currently on oxygen therapy

IV. GAPS/CHALLENGES:

- CBS activities not replicated in all regions to increase in the number of daily tests being conducted
- Support for innovative countrywide risk communication strategies and activities on COVID-19 is suboptimal
- 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.
- Low COVID-19 vaccination coverage rate

V. NEXT STEPS/RECOMMENDATIONS:

- Strengthen community-based surveillance in all regions to increase awareness and testing rates
- 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
- IPC measures should be strictly adhered to in all public and private health healthcare facilities
- Intensify activities geared to increase COVID-19 vaccination coverage at all levels
- Strengthen the capacity of the National Public Health Laboratories to conduct sequencing to identify new variants from positive samples as the COVID-19 virus evolves.

For comments or questions, please contact:
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