



Situation Report: Confirmed COVID-19		Location: The Gambia	
Date of Report: 26th - 31th August 2022		Investigation Start Date: 17th March 2020 as of 18hrs.	
Prepared by:	Epidemiology and Disease Control Unit, MoH, The Gambia		

I. HIGHLIGHTS

This is the **450th** national situation reports since the confirmation of the first case of the coronavirus disease (COVID-19) in The Gambia, on the **16th March 2020**

- **No** new COVID-19-related death registered, bringing the total to **371 (Crude Case-Fatality Ratio, 3.0%)**
- Twenty-five (**25**) new cases were registered (**Cumulative cases 12,395**)
- A total of **4, 6, 2, 5, 5,** and **3** cases were reported form **26th, 27th, 28th, 29th, 30th** and **31th August 2022** respectively
- The test positivity rate is **5.1% (25/490)**, **NPHL – 464 (22 positives)** and **MRCG – 26 (2 Positives)**
 - **No** new case is currently on oxygen therapy
 - **Fifty-two (52)** cases were discharged after at least **10** days monitoring from the day they tested positive but evaded institutional isolation and **none** from COVID-19 treatment centres
- For the COVID-19 vaccination updates, please see the link below:
<https://app.powerbi.com/view?r=eyJrIjoiZjQ2MDJiYTItMDZmZC00MGRhLTkyYzUtYmJlNTA1MWE4YzQyIiwidCI6ImU2OWRiODY4LTAyYTQtNGEzMj04MjAxLWQ3OWY3ZjgwZjIjMyIsImMiOjIj&pageName=ReportSection>

COVID-19 SITUATION IN NUMBERS

Globally

- 👤 Confirmed Cases: **610,137,361**
- 🟢 Recoveries: **586,689,560**
- ➡️ Deaths: **6,503,329**

Senegal

- 👤 Confirmed Cases: **88,102**
- 🟢 Recoveries: **85,985**
- ➡️ Deaths: **1,968**

The Gambia

- 👤 Confirmed Cases: **12,395**
- 👤 Active Cases: **42**
- 🟢 Recoveries: **11,982**
- ➡️ Deaths: **371**

II. EPIDEMIOLOGICAL DESCRIPTION

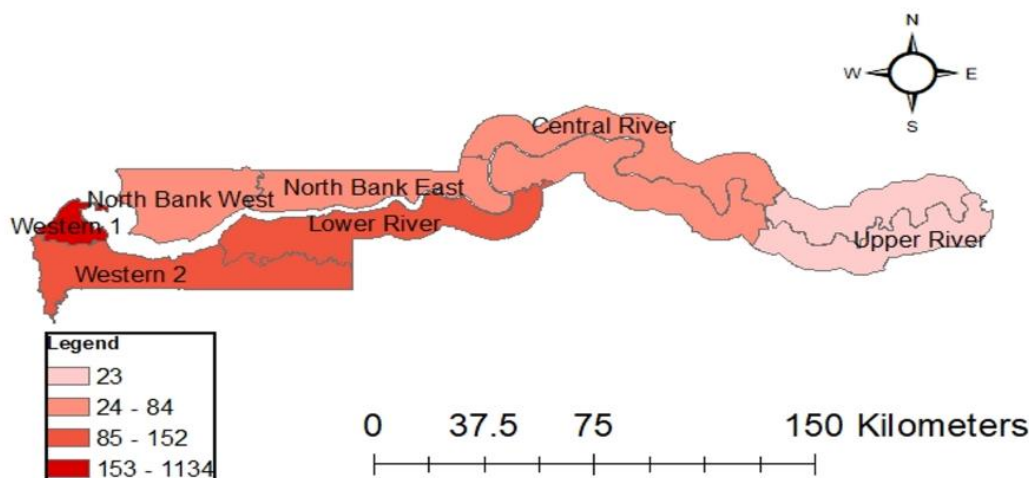


Fig1:Geographic Distribution of Covid-19 per 100,000 Pop.by Region since the start of the Pandemic to 30 June 2022 in The Gambia

- 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**)

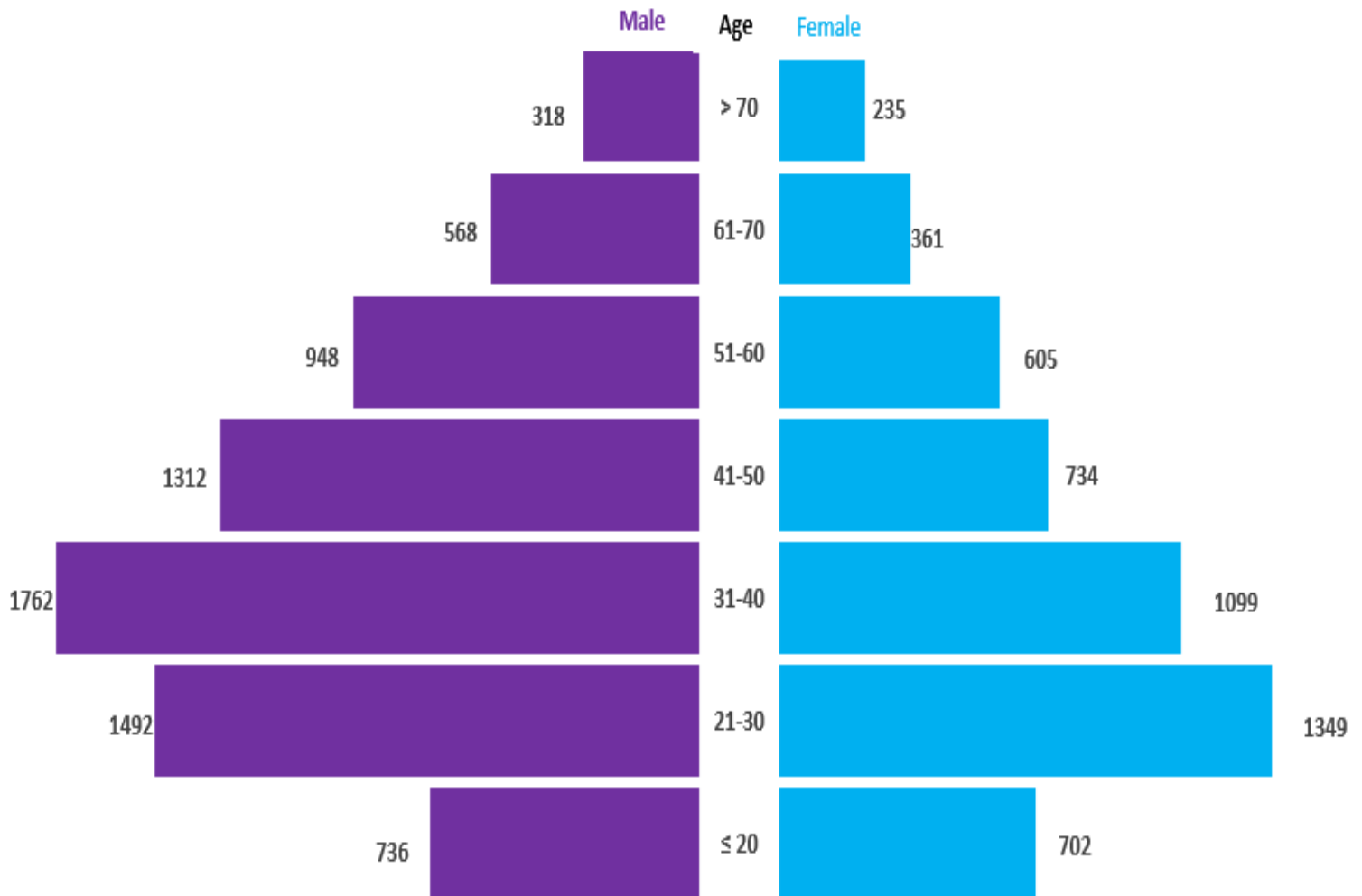


Fig 2: Age-Sex Distribution of Confirmed COVID-19 Cases, The Gambia, 2022

* 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**)

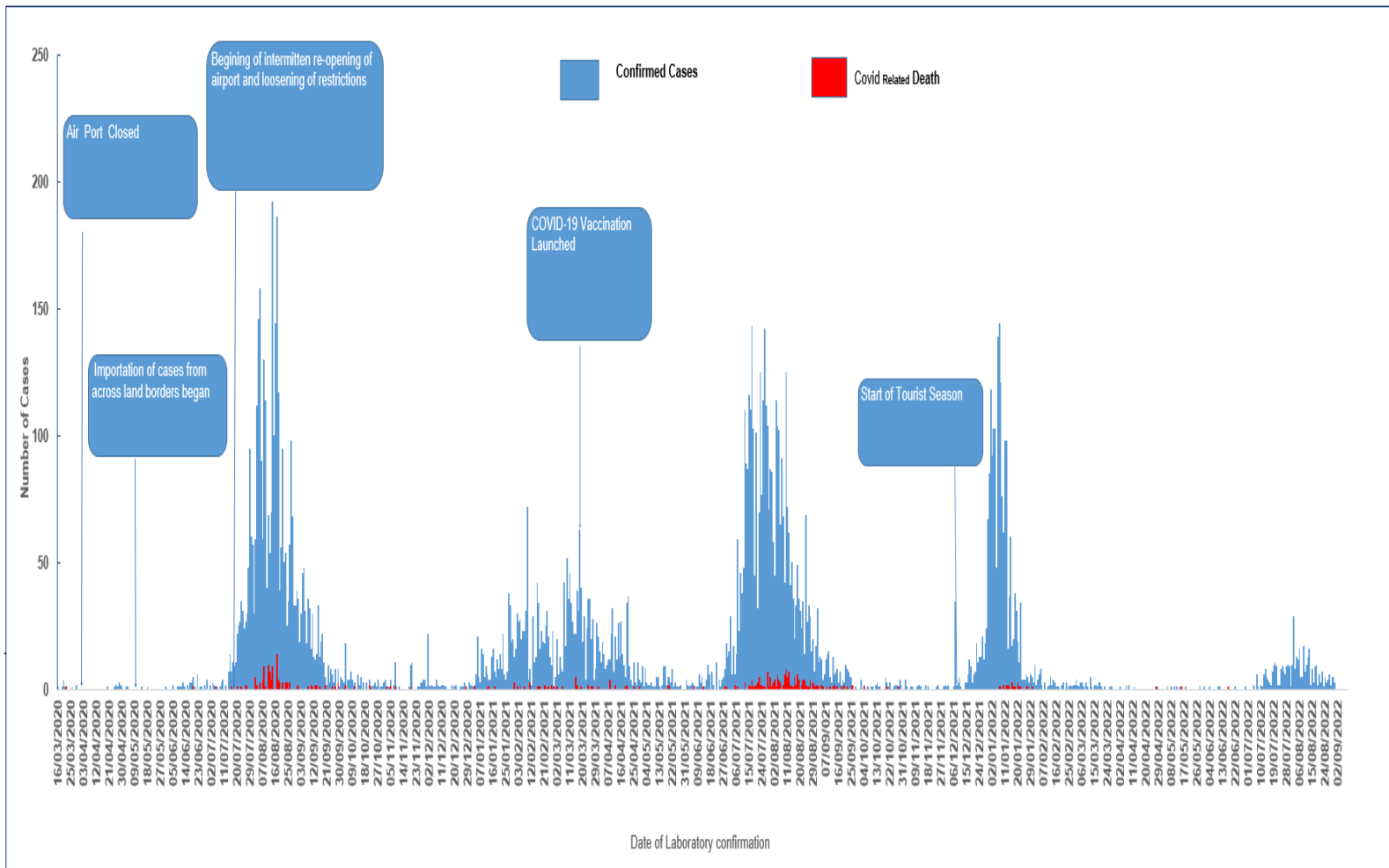


Fig. 3: Epidemic Curve of Laboratory-Confirmed Cases Reported daily, COVID-19 Pandemic, The Gambia, 16th March 2020-31st August 2022*.

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	0
Number of all Covid-19 cases who are currently hospitalized in healthcare facilities, including those in intensive care unit (ICU)	0
Cumulative number of covid-19 cases admitted to intensive care unit (ICU)	868
Cumulative number of covid-19 cases hospitalized including those admitted to intensive care (ICU)	3583

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		0
No. of COVID-19 patients on oxygen support		0
No. of patients recovered and discharged	0	
In Hotel Quarantine	0	0
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)***	490(0)	175,972
Positive test result (Repeat Tests)***	25(0)	12,395
Negative test result (Repeat Tests)***	462(0)	162,137
Inconclusive test result (Repeat Tests)***	3(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"> • <i>Coordination meetings held at both central and regional levels</i>
Surveillance/ Laboratory	<ul style="list-style-type: none"> • <i>A total of 490 new laboratory test results received 464 from NPHL and 26 from MRCC</i> <ul style="list-style-type: none"> ◦ <i>Of these, one (1) test result returned inconclusive or indeterminate, 25 new samples tested positive</i>
Case Management / Psychosocial Support & Research / IPC	<ul style="list-style-type: none"> • <i>No new COVID-19 related death recorded</i> • <i>No new patients were newly discharged from treatment centres</i> • <i>No new contacts traced and monitored</i> • <i>No case of COVID-19 patient is currently on oxygen therapy</i>

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:
AMADOU WOURY JALLOW
Public Health Emergency Operations Center
Epidemiology and Disease Control Unit, The Gambia
Email: amadou.jallow@gmail.com Phone: +220 3921415/2639690/9921415

PARTNERS

