# The Gambia COVID-19 Outbreak Situational Report # 3

#### Epidemiology and Disease Control Unit

Report No. 360

Organization

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Situation Report: Confirmed COVID-19	Location: The Gambia			
Date of Report: 21 <sup>st</sup> - 23 <sup>rd</sup> August 2021	Investigation Start Date: 17 <sup>th</sup> March 2020 as of 18hrs.			
Prepared by: Epidemiology and Disease Control Unit, MoH, The Gambia				
I. HIGHLIGHTS				
s is the <b>360<sup>th</sup></b> national situation report since the confirmation of the first case of the coronav e Gambia, on the <b>16<sup>th</sup> March 2020</b> Ten ( <b>10</b> ) new COVID-19-related deaths registered, bringing the total to <b>311</b> (Crude case- The decedents' age range from <b>54 - 90 year (6 males</b> and <b>4 females</b> ) • Eight ( <b>8</b> ) had severe COVID-19 pneumonia and admitted in the COVID 19 tr • Four ( <b>4</b> ) of them, had either, diabetes mellitus, hypertension, severe anaemia, Chronic bronchitis as a comorbidity A total of <b>63</b> new cases were registered (cumulative cases, <b>9,533</b> ) The test positivity rate is <b>6.9% (63/907)</b> of which <b>MRCG</b> tested <b>28</b> ( <b>7</b> positive) and <b>NPF</b> • Of the total new cases, <b>33</b> were <b>males</b> and <b>30</b> were <b>females</b> , with a <b>median</b> ag <b>years</b> ) • Twenty-seven ( <b>27</b> ) cases are currently on <b>oxygen therapy</b> • For reasons of testing, <b>21</b> ( <b>33%</b> ) tested for travelling, <b>3 (5%</b> ) for suspicion of know COVID 19 status, <b>2(3%</b> ) contact with a confirmed case, <b>2(3%</b> ) to deter and <b>30(48%</b> ) for unspecified reasons. Five ( <b>5</b> ) cases were newly discharged from treatment centres, while <b>56</b> got discharged at tested positive but evaded institutional isolation Fifteen ( <b>15</b> ) new contacts were traced and monitored As of <b>23rd August 2021</b> , the following number of people have been with: • Janssen & Janssen: • Only 1 dose:135,083 • Sinopharm: • Dose 1: <b>4</b> ,457 • Dose 2: 595 • AstraZeneca: • Dose 1: <b>31</b> ,254 • Dose 2: 131,164 Cumulative number of AEFIs: <b>25</b> ( <b>23</b> non-serious and <b>2</b> serious) Of the total national target population ( <b>≥ 18 years</b> ) been vaccinated: • <b>9.5%</b> are fully vaccinated ( <b>2 doses of AZ/Sinopharm or 1 dose of J&amp;J)</b> • <b>10.9%</b> received at least <b>one</b> COVID-19 vaccine dose ( <b>AZ or J&amp;J or Sinopha</b>	-fatality ratio, 3.3%)   eatment centres   Hepatic encephalopathy or   HL 879 (56 positive)   ge of 34 years (Range: 1 - 80   COVID-19, 5 (8%) wanted to   rmine COVID19 related deaths   least 10 days from the day they   It as 1			

# **II. EPIDEMIOLOGICAL DESCRIPTION**

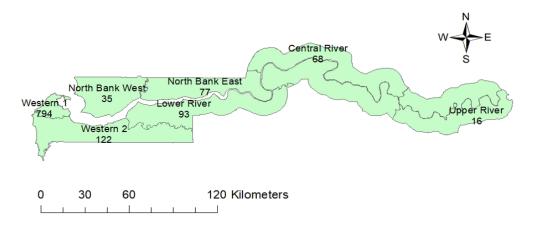
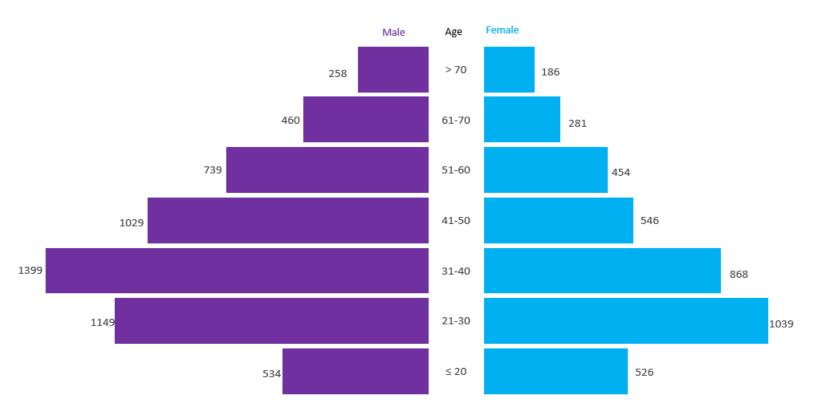


Fig1: Geographic Distribution of COVID-19 Confirmed Cases per 100,000 Pop.by Region in The Gambia since the start of the Pandemic to 31<sup>st</sup> July 2021

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

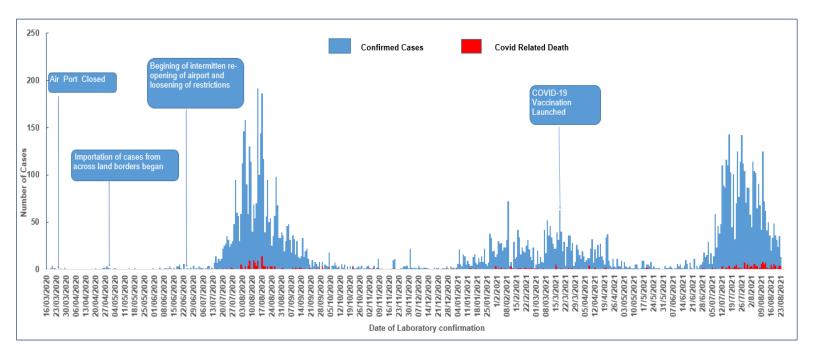


Fig. 3: Epidemic Curve of Laboratory-Confirmed Cases Reported daily, COVID-19 Pandemic, The Gambia, 16<sup>th</sup> March 2020-10<sup>th</sup> August 2021<sup>\*</sup>.

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		38
No. of COVID-19 patients on oxygen support		27
No. of patients recovered and discharged	61	
In Hotel Quarantine	0	19
Completed Hotel Quarantine	0	5,240
Completed follow-up (asymptomatic people with travel history to affected	0	310
countries) *		
No. of Contact(s) Identified**	15	
No. of Contacts being monitored	0	
No. of Contacts who completed 14-day follow-up	4	17,119
No. of Contacts lost to follow-up	0	58
Total Tests conducted (Repeat Test (s))***	907(0)***	99,342
Positive test result (Repeat Test (s))	63(0)	9,533
Negative test result (Repeat Test (s))***	844(0)***	88,567
Inconclusive test result (Repeat Test (s))***	(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	<ul> <li>A total of 907 new laboratory test results received 28 from MRCG and 879 from NPHL)         <ul> <li>Of these, no test results returned inconclusive or indeterminate, 63 new samples tested positive</li> </ul> </li> </ul>
Case Management / Psychosocial Support & Research / IPC	<ul> <li>Ten (10) new COVID-19 related deaths recorded</li> <li>Five (5) patients were newly discharged from treatment centres</li> <li>Fifteen (15) new contacts were traced and monitored</li> <li>Twenty-seven (27) 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 #360, 24th August 2021

