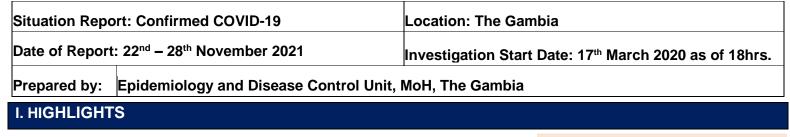


Epidemiology and Disease Control Unit

Report No. 403



This is the 403^{rd} 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

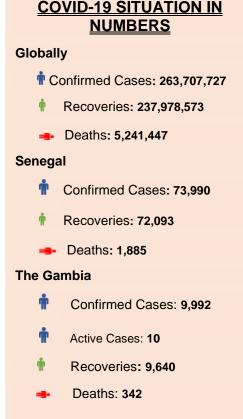
- No new COVID-19-related death registered, bringing the total to 342 (Crude Case-Fatality Ratio, 3.4%)
- Three (3) new cases were registered (Cumulative cases 9,992)

One (1) and two (2) cases were reported on the 24th and 25th of November, 2021 respectively

The test positivity rate is 0.19% (3/1555), NPHL –1457 (3 positive) and MRCG – 98 (0 Positives)

• One (1) case is currently on oxygen therapy

• **Two (2)** cases were discharged after at least **10** days from the day they tested positive but evaded institutional isolation and **zero (0)** from COVID-19 treatment centres



II. EPIDEMIOLOGICAL DESCRIPTION

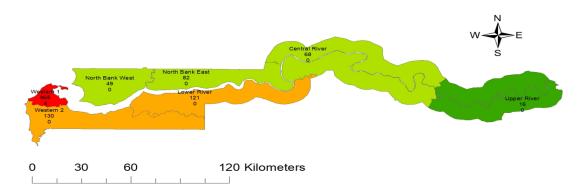


Fig 1: Geographic Distribution of COVID-19 Cases per 100,000 Pop. by Region since the start of the Pandemic to 31st October(Number Above) and October only(Number below) in The Gambia

- 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)

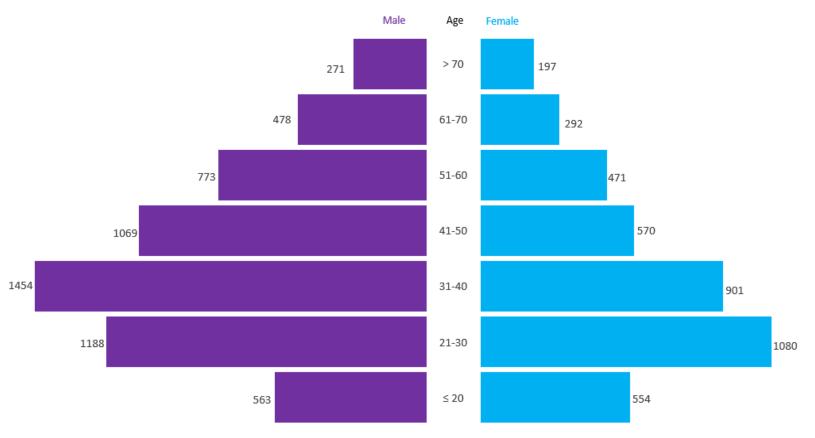


Fig 2: Age-Sex Distribution of Confirmed COVID-19 Cases, The Gambia, 2021

^{*} 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 59% of the confirmed cases are 40 years below (*See Fig. 2*)

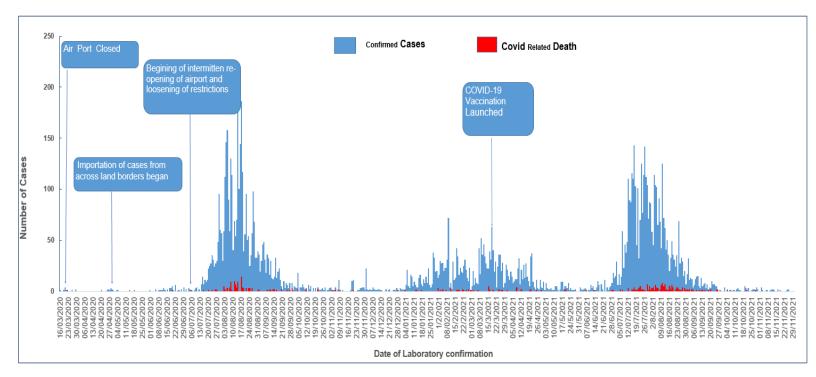


Fig. 3: Epidemic Curve of Laboratory-Confirmed Cases Reported daily, COVID-19 Pandemic, The Gambia, 16th March 2020-28th November 2021^{*}.

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
- •
- intermittent airport re-opening and loosening of restrictions wave (See Fig.

| Status | New | Cumulative |
|---|---------|------------|
| No. of active cases in institutional isolation | | 2 |
| No. of COVID-19 patients on oxygen support | | 1 |
| 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** | 38 | |
| No. of Contacts being monitored | 38 | |
| No. of Contacts who completed 14-day follow-up | 0 | 17,119 |
| No. of Contacts lost to follow-up | 0 | 58 |
| Total Tests conducted (Repeat Tests)*** | 1555(0) | 125,061 |
| Positive test result (Repeat Tests)*** | 3(0) | 9,992 |
| Negative test result (Repeat Tests)*** | 1552(0) | 113,812 |
| Inconclusive test result (Repeat Tests)*** | 0(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 1555 new laboratory test results received 1457 from NPHL and 98 from MRCG Of these, no test result returned inconclusive or indeterminate, 3 new samples tested positive | |
| Case Management / Psychosocial Support & Research / IPC | No new COVID-19 related death recorded No patient was newly discharged from treatment centres No new contacts traced and monitored One (1) COVID-19 patient is 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
- 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

IV.

V.

NEXT STEPS/RECOMMENDATIONS:

- CBS activities need to be synchronized with MRC's ILI surveillance to spur up testing rates in the hinterland.
- 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
- 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
- Intensify activities geared to increase COVID-19 vaccination coverage at all levels

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