

Epidemiology and Disease Control Unit

Report No. 405

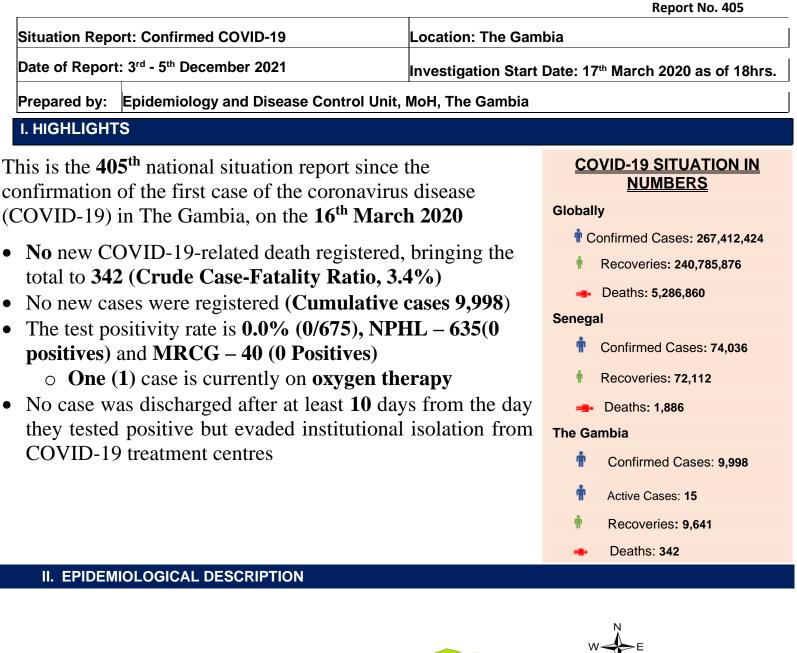
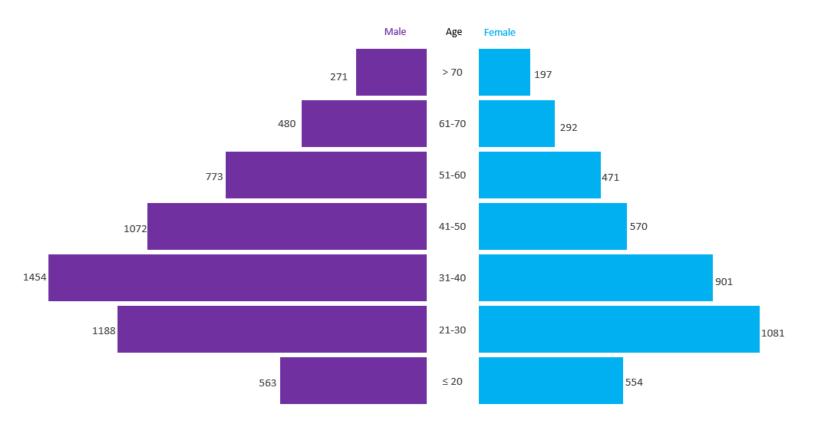




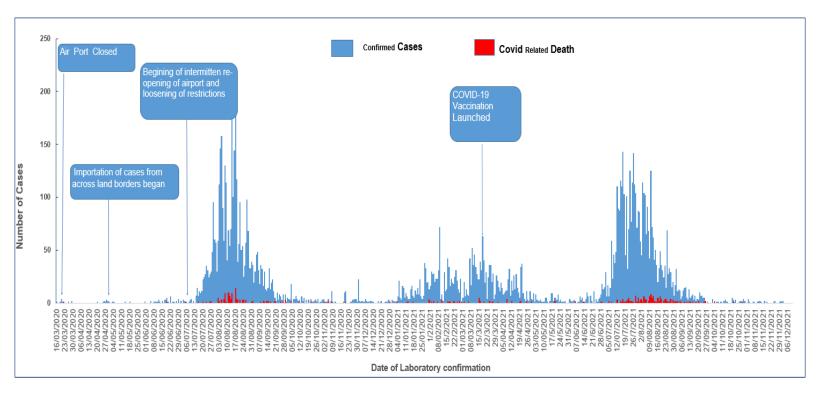
Fig 1: Geographic Distribution of COVID-19 Cases per 100,000 Pop. by Region since the start of the Pandemic to 31<sup>st</sup> October(Number Above) and October only(Number below) in The Gambia

- 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

<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 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, 16<sup>th</sup> March 2020-5<sup>th</sup> December 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

## Table 1: Summary of New and Cumulative Public Health Response Outputs, COVID-19 Pandemic, The Gambia, 2021

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**	0	
No. of Contacts being monitored	0	
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)***	675(0)	126,646
Positive test result (Repeat Tests)***	0(0)	9,998
Negative test result (Repeat Tests)***	675(0)	115,391
Inconclusive test result (Repeat Tests)***	0(0)	

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\* 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, 2021

III. MAJOR RESPONSE ACTIVITIES		
Component	Interventions	
Coordination	Coordination meetings held at both central and regional levels	
Surveillance/ Laboratory	<ul> <li>A total of 675 new laboratory test results received 635 from NPHL and</li> <li>40 from MRCG         <ul> <li>Of these, no test result returned inconclusive or indeterminate, 0 new samples tested positive</li> </ul> </li> </ul>	
Case Management / Psychosocial Support & Research / IPC	<ul> <li>No new COVID-19 related death recorded</li> <li>No patient was newly discharged from treatment centres</li> <li>No new contacts traced and monitored</li> <li>One (1) COVID-19 patient is currently on oxygen therapy</li> </ul>	

## 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

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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.
- 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
- 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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