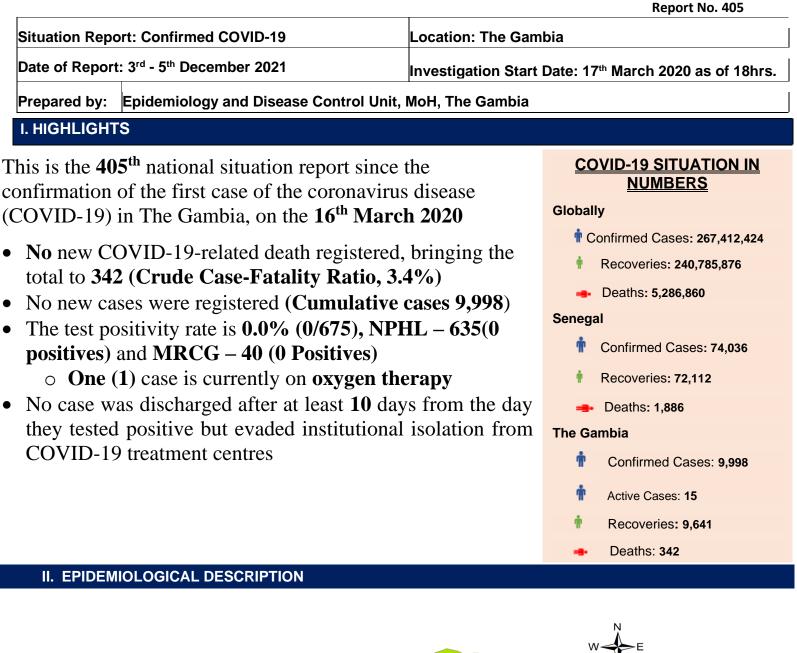


Epidemiology and Disease Control Unit

Report No. 405



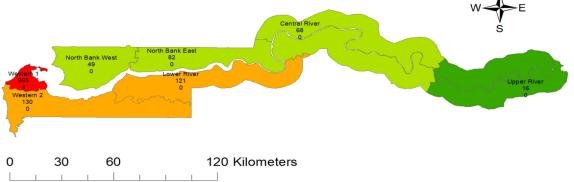


Fig 1: Geographic Distribution of COVID-19 Cases per 100,000 Pop. by Region since the start of the Pandemic to 31st October(Number Above) and October only(Number below) in The Gambia

- 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)

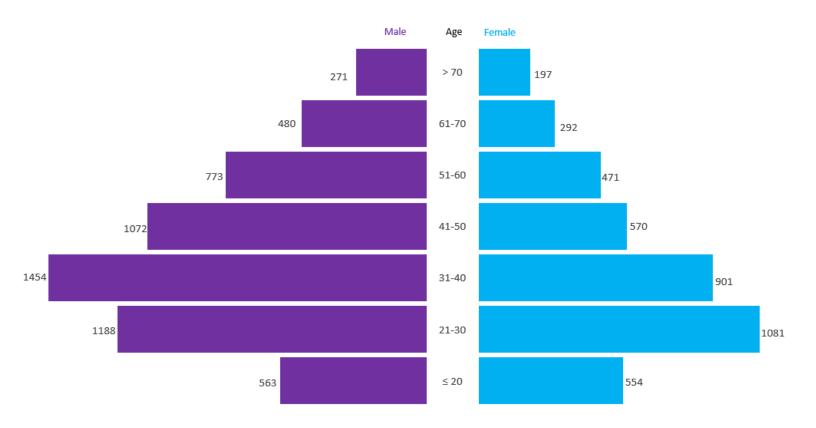


Fig 2: Age-Sex Distribution of Confirmed COVID-19 Cases, The Gambia, 2021

^{*} 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)**

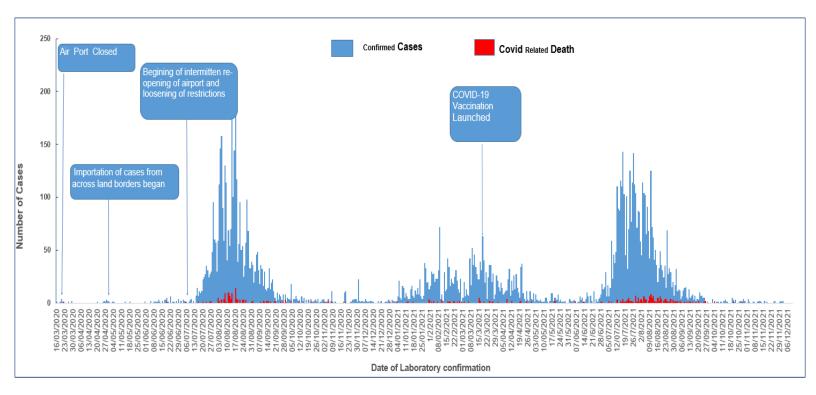


Fig. 3: Epidemic Curve of Laboratory-Confirmed Cases Reported daily, COVID-19 Pandemic, The Gambia, 16th March 2020-5th December 2021^{*}.

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

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 | A total of 675 new laboratory test results received 635 from NPHL and 40 from MRCG Of these, no test result returned inconclusive or indeterminate, 0 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 | |

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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