The Gambia COVID-19 Outbreak Situational Report # 30

Epidemiology and Disease Control Unit

Report No. 366

Ministry of Health

World Health Organization

Situation Report: Confirmed COVID-19	Location: The Gambia Investigation Start Date: 17 th March 2020 as of 18hrs.		
Date of Report: 4 th – 7 th September 2021			
Prepared by: Epidemiology and Disease Control Uni	it, MoH, The Gambia		
I. HIGHLIGHTS			
 is is the 366th national situation report since the confirmation of the first case of OVID-19) in The Gambia, on the 16th March 2020 No new COVID-19-related deaths registered, bringing the total to 328 (Cru 3.3%) A total of 31 new cases were registered (cumulative cases 9,820) The test positivity rate is 2.2% (31/1357) all from NPH 1302 (27positive) a Of the total new cases, 18 were males and 13 females, with a me 61 years) Eleven (11) cases are currently on oxygen therapy For reasons of testing, 17 (54.8%) tested for travelling, 4 (12.9%) 1(3.2%) due to contact with a confirmed case, 3(9.7%) to know confor unspecified reasons Nine (9) cases were newly discharged from treatment centres, while 12 got from the day they tested positive but evaded institutional isolation Four (4) new contacts traced and monitored As of 7th September 2021, the following number of people have been vacco Janssen & Janssen: Only 1 dose: 143,860 Sinopharm: Dose 1: 4,457 Dose 2: 2,638 AstraZeneca: Dose 1:31,593 	and MRCG 55(4 Positive) and MRCG 55(4 Positive) bidian age of 32(range of 16-) for suspicion of COVID-19, ovid-19 status and 6 (19.4%) discharged at least 10 days		
 Dose 2:19,287 Of the total national target population (≥ 18 years) been vaccinated: 10.5% are fully vaccinated (2 doses of AZ/Sinopharm or 1 dose 11.6% received at least one COVID-19 vaccine dose (AZ or J&J 	f or Sinopharm)		
Since the start of RDT for COVID-19 at The Banjul International Airport, (RDT) have been conducted with 8 positives who were confirmed and treat			

II. EPIDEMIOLOGICAL DESCRIPTION

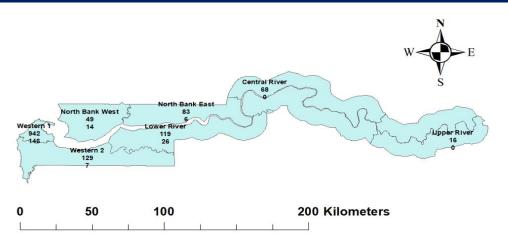


Fig 1:Geographic Distribution of COVID-19 cases per 100,000 Pop. by Region since the start of Pandemic to 31st August 2021(Number Above) and the month of August 2021(Number below) in The Gamiba

- 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

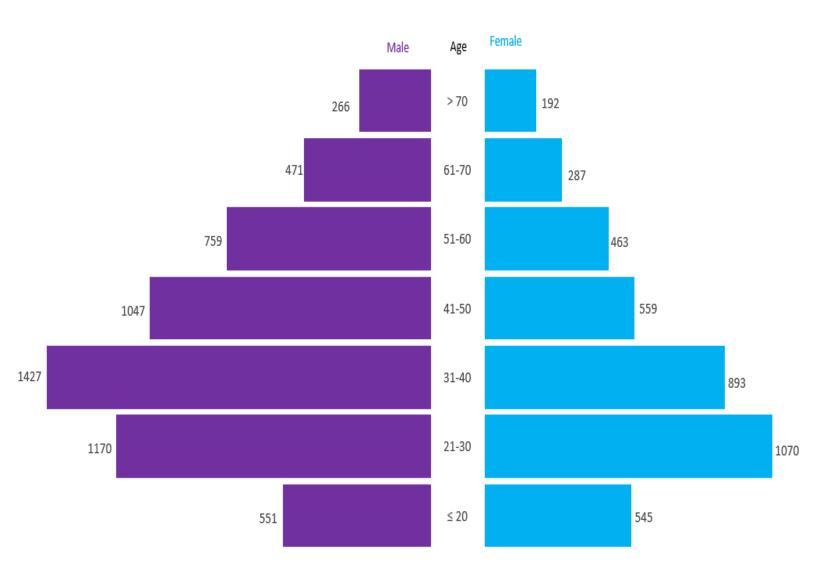


Fig 2: Age-Sex Distribution of Confirmed COVID-19 Cases, The Gambia, 2021

^{*} 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)

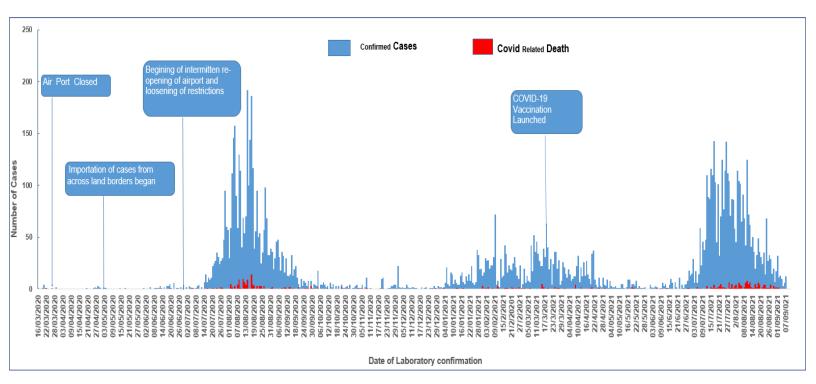


Fig. 3: Epidemic Curve of Laboratory-Confirmed Cases Reported daily, COVID-19 Pandemic, The Gambia, 16th March 2020-10th August 2021^{*}.

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. 3)

Status	New	Cumulative
No. of active cases in institutional isolation		17
No. of COVID-19 patients on oxygen support		11
No. of patients recovered and discharged	21	
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**	4	
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 Test (s))***	599(0)***	104,349
Positive test result (Repeat Test (s))	18(0)	9,820
Negative test result (Repeat Test (s))***	579(0)***	93,281
Inconclusive test result (Repeat Test (s))***	2(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

*as of 8th September 2021 @ 00:11. Data from WHO novel coronavirus dashboard and European CDC situation report

Component		Interventions
Coordination	•	Coordination meetings held at both central and regional levels
Surveillance/Laboratory	•	 A total of 1357 new laboratory test results received 55 from MRCG and 1302 from NPHL) Of these, 2 test result returned inconclusive or indeterminate, 31 new samples tested positive
Case Management / Psychosocial Support & Research / IPC	• • •	 No new COVID-19 related deaths recorded Nine (9) patients were newly discharged from treatment centres Four(4) new contacts were traced and monitored Eleven (11) COVID-19 patients are currently on oxygen therapy

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
- 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.
- 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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