



Situation Report: Confirmed COVID-19		Location: The Gambia	
Date of Report: 6 <sup>th</sup> - 7 <sup>th</sup> December 2021		Investigation Start Date: 17 <sup>th</sup> March 2020 as of 18hrs.	
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## I. HIGHLIGHTS

This is the **406<sup>th</sup>** national situation report since the confirmation of the first case of the coronavirus disease (COVID-19) in The Gambia, on the **16<sup>th</sup> March 2020**

- **No** new COVID-19-related death registered, bringing the total to **342 (Crude Case-Fatality Ratio, 3.4%)**
- **36** new cases were registered (**Cumulative cases 10,034**)
- **One (1)** and **35** cases were registered on the **6<sup>th</sup>** and **7<sup>th</sup>**
- The test positivity rate is **6.1% (36/588)**, **NPHL – 551(36 positives)** and **MRCG – 37 (0 Positives)**
  - **Two (2)** case is currently on **oxygen therapy**
- **No** case was discharged after at least **10** days from the day they tested positive but evaded institutional isolation from COVID-19 treatment centres

### COVID-19 SITUATION IN NUMBERS

#### Globally

- Confirmed Cases: **268,622,159**
- Recoveries: **241,671,747**
- Deaths: **5,300,654**

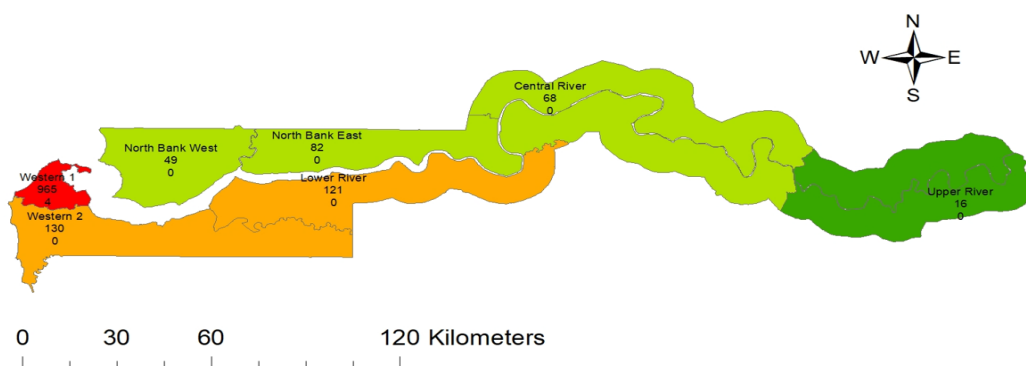
#### Senegal

- Confirmed Cases: **74,054**
- Recoveries: **72,129**
- Deaths: **1,886**

#### The Gambia

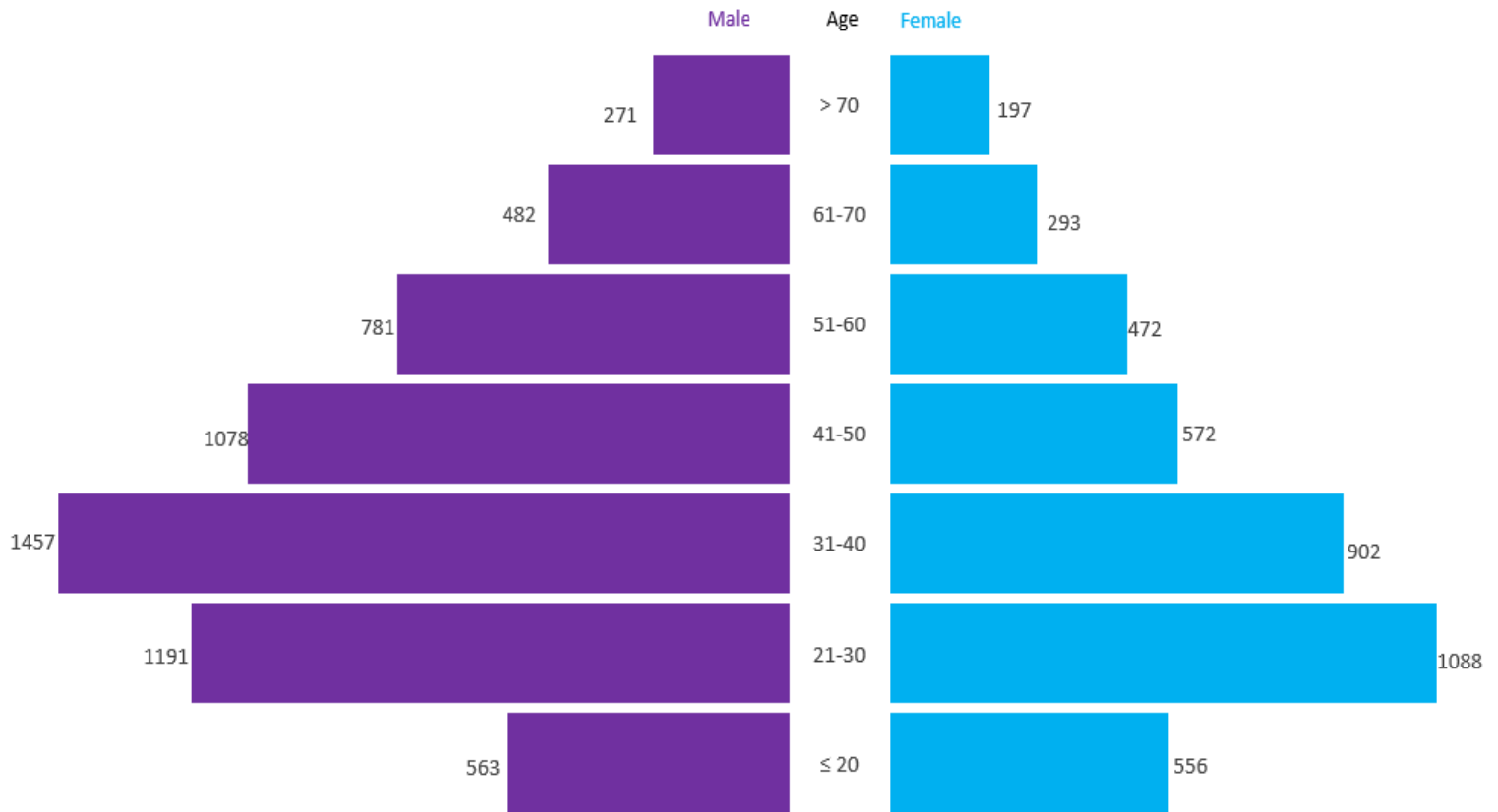
- Confirmed Cases: **10,034**
- Active Cases: **51**
- Recoveries: **9,641**
- Deaths: **342**

## II. EPIDEMIOLOGICAL DESCRIPTION



**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**)

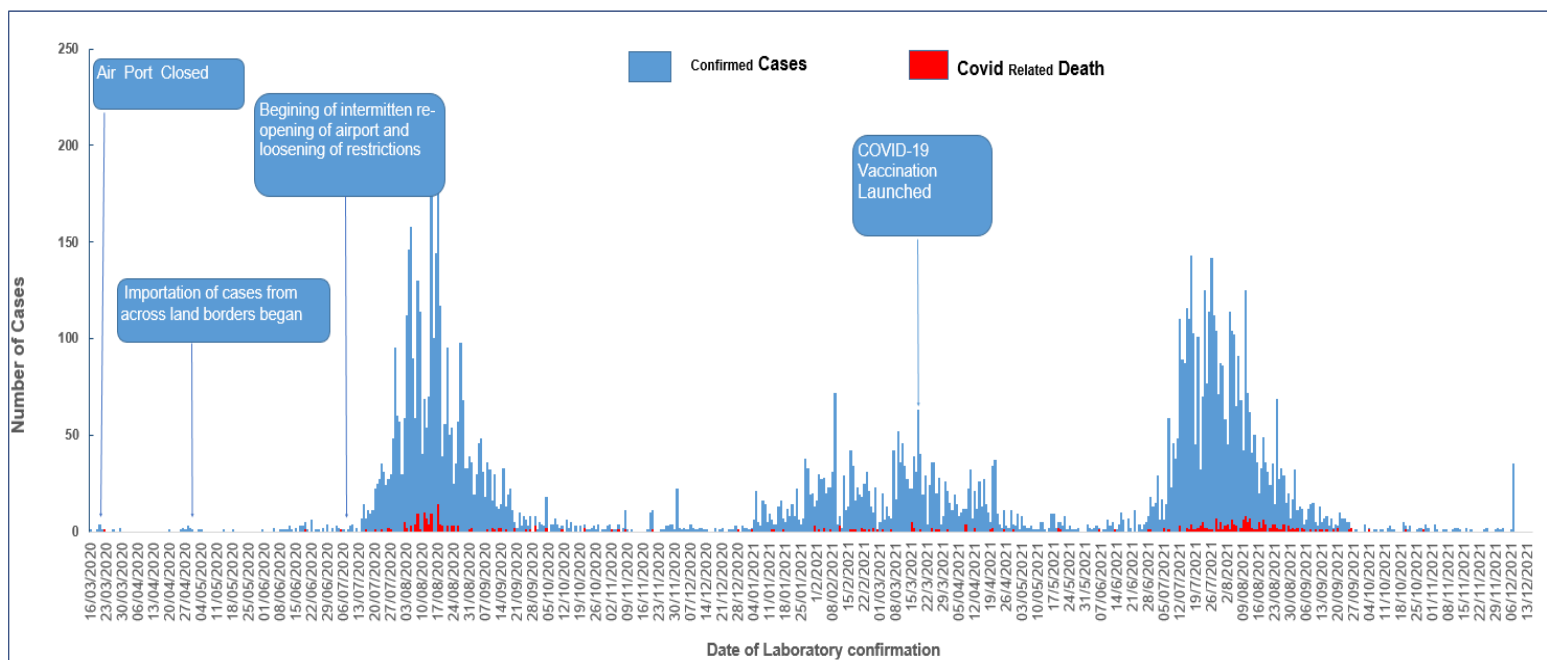


**Fig 2: Age-Sex Distribution of Confirmed COVID-19 Cases, The Gambia, 2021**

\* 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 2020-8<sup>th</sup> 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		3
No. of COVID-19 patients on oxygen support		2
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)***	588(0)	127,234
Positive test result (Repeat Tests)***	36(0)	10,034
Negative test result (Repeat Tests)***	552(0)	115,943
Inconclusive test result (Repeat Tests)***	0(0)	

\* Follow-up completed prior to the 17<sup>th</sup> 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	<ul style="list-style-type: none"> <li>• <i>Coordination meetings held at both central and regional levels</i></li> </ul>
Surveillance/ Laboratory	<ul style="list-style-type: none"> <li>• <i>A total of <b>588</b> new laboratory test results received <b>551</b> from <b>NPHL</b> and <b>37</b> from <b>MRCG</b></i></li> <li>• <i>Of these, <b>no</b> test result returned inconclusive or indeterminate, <b>36</b> new samples tested positive</i></li> </ul>
Case Management / Psychosocial Support & Research / IPC	<ul style="list-style-type: none"> <li>• <i><b>No</b> new COVID-19 related death recorded</i></li> <li>• <i><b>No</b> patient was newly discharged from treatment centres</i></li> <li>• <i><b>No</b> new contact traced and monitored</i></li> <li>• <i><b>Two (2)</b> COVID-19 patients are currently on <b>oxygen therapy</b></i></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

### V. 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

**For comments or questions, please contact:**  
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**PARTNERS**

