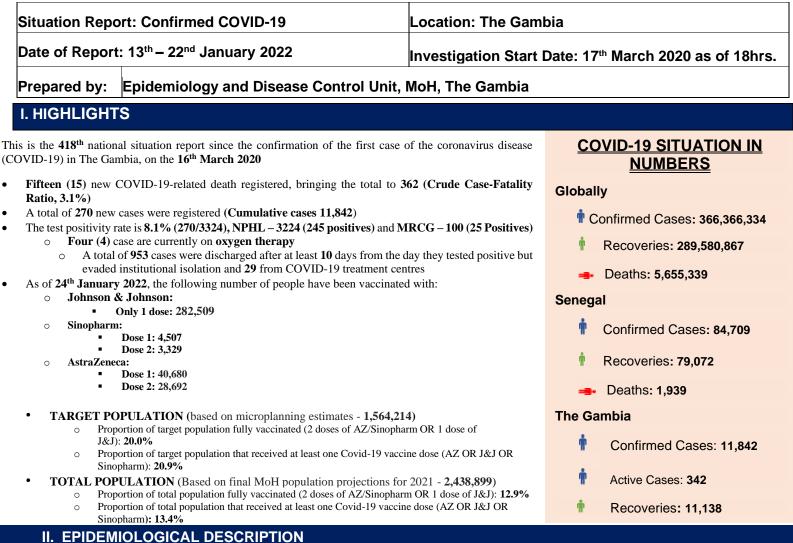
## The Gambia COVID-19 Outbreak Situational Report $_{\# 418}$

Epidemiology and Disease Control Unit

Report No. 418

Organization



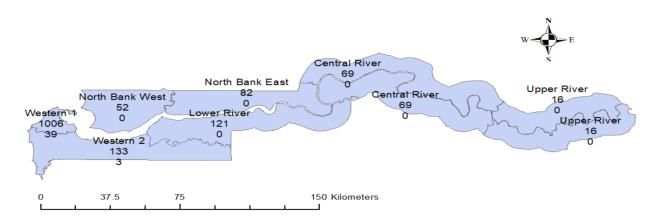
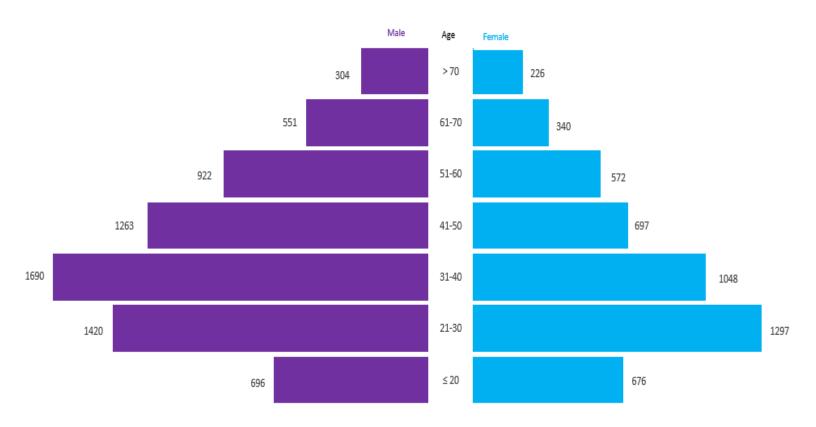


Fig1: Geographic Distribution of COVID-19 Cases per 100,000 Pop. by Region Since the start of the Pandemic to 31<sup>st</sup> December (Number Above) and December only (Number below) 2021 in The Gambia

- 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, 2022

<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 58% of the confirmed cases are 40 years below (*See Fig. 2*)

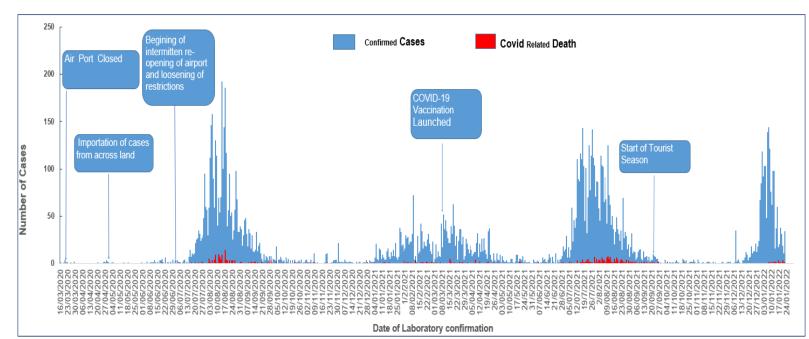


Fig. 3: Epidemic Curve of Laboratory-Confirmed Cases Reported daily, COVID-19 Pandemic, The Gambia, 16<sup>th</sup> March 2020-22<sup>nd</sup> January 2022<sup>\*</sup>.

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



Fig 4.: Line graph of daily test positivity, The Gambia, 13th-22nd January 2022

Table 1: Summary of New and Cumulative Public Health Response Outputs, COVID-19 Pandemic, The Gambia, 2022

Status	New	Cumulative
No. of active cases in institutional isolation		14
No. of COVID-19 patients on oxygen support		4
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	17,129
No. of Contacts lost to follow-up	0	58
Total Tests conducted (Repeat Tests)***	3324(0)	142,783
Positive test result (Repeat Tests)***	270(0)	11,842
Negative test result (Repeat Tests)***	3036(0)	129,634
Inconclusive test result (Repeat Tests)***	18(0)	

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

Region	- 15/01/22	17/01/22	18/01/22	19/01/22	20/01/22	21/01/22	22/01/22	23/01/22	24/01/22	Total
CRR	0	590	682	685	760	443	493	234	726	4,613
LRR	0	244	371	566	364	865	383	191	131	3,115
NBER	0	310	272	258	220	154	149	30	4	1,397
NBWR	0	602	601	512	559	409	548	459	63	3,753
URR	0	982	1479	1001	1008	901	813	653	420	7,257
WR1	50	10	1035	1162	1461	1280	1249	1133	883	8,263
WR2	0	355	594	442	456	733	394	323	260	3,557
Total	50	3093	5034	4626	4828	4785	4029	3023	2487	31,955

Table 2: Covid-19 vaccine Doses administered over the last 10 days by region in The Gambia, 2022

III. MAJOR RESPONSE ACTIVITIES					
Component	Interventions				
Coordination	Coordination meetings held at both central and regional levels				
Surveillance/ Laboratory	<ul> <li>A total of 3324 new laboratory test results received 3224 from NPHL and</li> <li>100 from MRCG         <ul> <li>Of these, 18 test result returned inconclusive or indeterminate,270 new samples tested positive</li> </ul> </li> </ul>				
Case Management / Psychosocial Support & Research / IPC	<ul> <li>Fifteen (15) new COVID-19 related death recorded</li> <li>Twenty-Nine (29) patients were newly discharged from treatment centres</li> <li>No new contacts traced and monitored</li> <li>Four (4) COVID-19 patient is currently on oxygen therapy</li> </ul>				

#### Table 3: Major response activities undertaken newly, COVID-19 Outbreak, The Gambia, 2022 III. MAJOR RESPONSE ACTIVITIES

## 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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IV.

# **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
- Strengthen the capacity of the National Public Health Laboratories to conduct sequencing to identify new variants from positive samples as the COVID-19 virus evolves.

### COVID-19 National Situation Report #418, 22<sup>nd</sup> January 2022

