The Gambia COVID-19 Outbreak Situational Report # 421

Epidemiology and Disease Control Unit

Report No. 421

Organization

World

		Location: The Gam	Location: The Gambia		
		Investigation Start Date: 17th March 2020 as of 18hrs.			
Prepared by:	Epidemiology and Disease Control Unit	Jnit, MoH, The Gambia			
I. HIGHLIGHT	S				
is is the 421 st national situation report since the confirmation of the first case of the coronavirus disease (COVID-19) in e Gambia, on the 16th March 2020		<u>COVID-19 SITUATION IN</u> <u>NUMBERS</u>			
A total of 31 new cas The test positivity rat One (1) cas A total institute As of 5th February Johnson	 -19-related death registered, bringing the total to 365 (Crude Cases es were registered (Cumulative cases 11,911) e is 1.9% (31/1652), NPHL -1621 (29 positives) and MRCG - 3 is are currently on oxygen therapy of 59 cases were discharged after at least 10 days from the day onal isolation and 1 from COVID-19 treatment centres v 2022, the following number of people have been vaccinate & Johnson: Only 1 dose: 283,501 t: Dose 1: 4,507 Dose 2: 3,358 	31 (2 Positives) they tested positive but evaded	Globally Confirmed Cases: 399,378,340 Confirmed Cases: 319,192,986 Deaths: 5,772,985 Senegal Confirmed Cases: 85,256		
○ Prop J&J)	Dose 1: 40,680 Dose 2: 28,692 PPULATION (based on microplanning estimates - 1,564,2 portion of target population fully vaccinated (2 doses of AZ/Sinople: 20.2%	harm OR 1 dose of	 Recoveries: 82,463 Deaths: 1,956 The Gambia 		
• TOTAL POP • Prop • Prop	ortion of target population that received at least one Covid-19 vac pharm): 21.0% PULATION (Based on final MoH population projections f ortion of total population fully vaccinated (2 doses of AZ/Sinopha ortion of total population that received at least one Covid-19 vacc pharm): 13.5%	or 2021 - 2,438,899) arm OR 1 dose of J&J): 12.9%	 Confirmed Cases: 11,911 Active Cases: 25 Recoveries: 11,521 Deaths: 365 		

II. EPIDEMIOLOGICAL DESCRIPTION

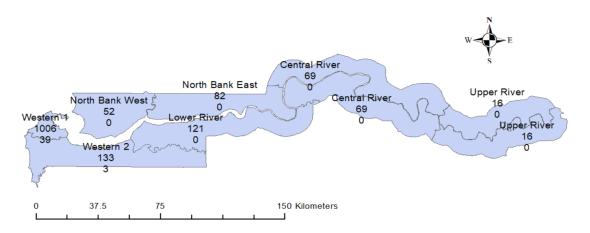


Fig1: Geographic Distribution of COVID-19 Cases per 100,000 Pop. by Region Since the start of the Pandemic to 31st December (Number Above) and December only (Number below) 2021 in The Gambia

- 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)

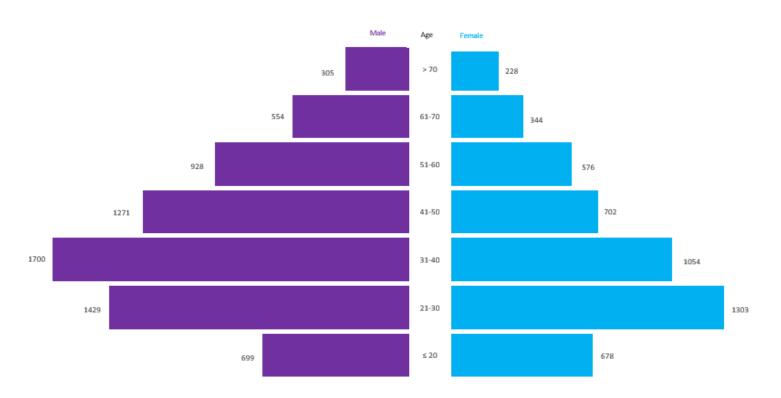


Fig 2: Age-Sex Distribution of Confirmed COVID-19 Cases, The Gambia, 2022

^{*} 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*)

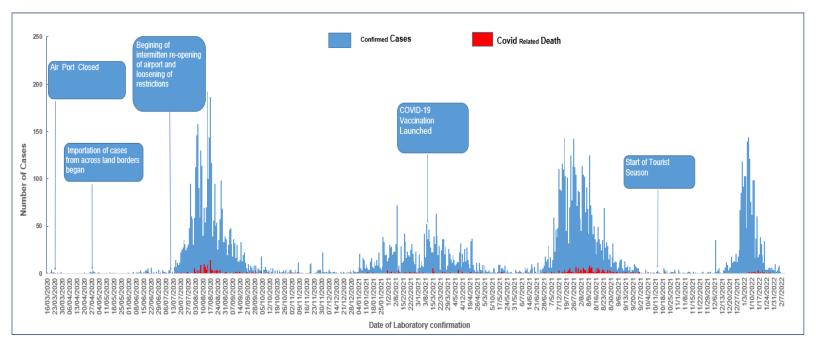


Fig. 3: Epidemic Curve of Laboratory-Confirmed Cases Reported daily, COVID-19 Pandemic, The Gambia, 16th March 2020-6th February 2022⁴.

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

Status	New	Cumulative
No. of active cases in institutional isolation		4
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	17,129
No. of Contacts lost to follow-up	0	58
Total Tests conducted (Repeat Tests)***	1652(0)	146,848
Positive test result (Repeat Tests)***	31(0)	11,911
Negative test result (Repeat Tests)***	1621(0)	133,578
Inconclusive test result (Repeat Tests)***	0(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	25/01/2022	02/02/2022	03/02/2022	Total
CRR	259	0	0	259
LRR	8	0	0	8
NBER	28	0	0	28
NBWR	15	0	0	15
URR	116	0	0	116
WR1	278	49	39	366
WR2	208	0	0	208
Total	912	49	39	1,000

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

Table 3: Major response activities undertaken newly, COVID-19 Outbreak, The Gambia, 2022

III. MAJOR RESPONSE ACTIVITIES				
Component	Interventions			
Coordination	Coordination meetings held at central level			
Surveillance/Laboratory	 A total of 1652 new laboratory test results received 1621 from NPHL and 31 from MRCG Of these, no test result returned inconclusive or indeterminate,31 new samples tested positive 			
Case Management / Psychosocial Support & Research / IPC	 One (1) new COVID-19 related death recorded One (1) 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

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
- 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.

