The Gambia COVID-19 Outbreak Situational Report [# 431]

Epidemiology and Disease Control Unit

Report No. 431

Situation Report: Confirmed COVID-19	Location: The Gambia
Date of Report: 27 th - 31 st March 2022	Investigation Start Date: 17th March 2020 as of 18hrs.
Prepared by: Epidemiology and Disease Cont	rol Unit, MoH, The Gambia

I. HIGHLIGHTS

This is the 431^{st} national situation reports since the confirmation of the first case of the coronavirus disease (COVID-19) in The Gambia, on the 16^{th} March 2020

- No new COVID-19-related death registered, bringing the total to 365 (Crude Case-Fatality Ratio, 3.0%)
- A total of **01** new case was registered (**Cumulative cases 11,989**)
- The test positivity rate is 0.1% (1/829), NPHL -780 (1 positives) and MRCG 49(0 Positives)
 - No case is currently on oxygen therapy

II. EPIDEMIOLOGICAL DESCRIPTION

 A total of four (4) cases were discharged after at least 10 days monitoring from the day they tested positive but evaded institutional isolation and none from COVID-19 treatment centre



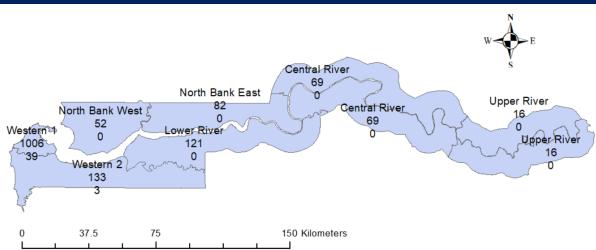


Fig1: Geographic Distribution of COVID-19 Cases per 100,000 Pop. by Region Since the start of the Pandemic to 31st December (Number Above) and December only (Number below) 2021 in The Gambia

- Western 1 Health Region continues to have a disproportionate 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)

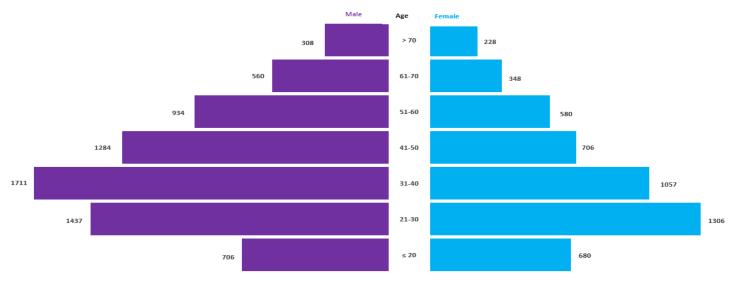
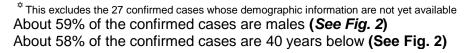


Fig 2: Age-Sex Distribution of Confirmed COVID-19 Cases, The Gambia, 2022



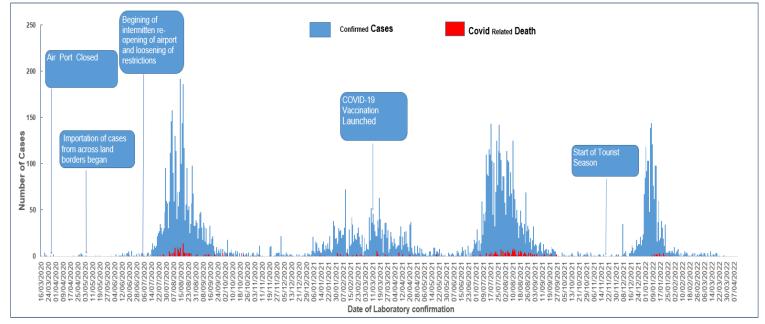


Fig. 3: Epidemic Curve of Laboratory-Confirmed Cases Reported daily, COVID-19 Pandemic, The Gambia, 16th March 2020-22nd March 2022^{*}.

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, 2022

Status	New	Cumulative
No. of active cases in institutional isolation		0
No. of COVID-19 patients on oxygen support		0
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)***	829(0)	159,953
Positive test result (Repeat Tests)***	01(0)	11,989
Negative test result (Repeat Tests)***	828(0)	146,557
Inconclusive test result (Repeat Tests)***	00(0)	
Follow-up completed prior to the 17 th March (when the first confirmed case was reported)		

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** 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	
Component	Interventions
Coordination	Coordination meetings held at both central and regional levels
Surveillance/ Laboratory	 A total of 829 new laboratory test results received 780 from NPHL and 49 from MRCG Of these, no test result returned inconclusive or indeterminate, 1 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 No COVID-19 patient is currently on oxygen therapy

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 #431,1st April 2022

