



Situation Report: Confirmed COVID-19		Location: The Gambia	
Date of Report: 28 <sup>th</sup> – 31 <sup>st</sup> January 2022		Investigation Start Date: 17 <sup>th</sup> March 2020 as of 18hrs.	
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## I. HIGHLIGHTS

This is the **420<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 **364 (Crude Case-Fatality Ratio, 3.1%)**
- A total of **17** new cases were registered (**Cumulative cases 11,880**)
- The test positivity rate is **1.7% (17/1030)**, **NPHL – 983 (16 positives)** and **MRCG – 47 (1 Positives)**
  - **One (1)** case are currently on **oxygen therapy**
  - A total of **101** cases were discharged after at least **10** days from the day they tested positive but evaded institutional isolation and **2** from COVID-19 treatment centres

### COVID-19 SITUATION IN NUMBERS

#### Globally

Confirmed Cases: 386,716,449

Recoveries: 306,453,518

Deaths: 5,723,094

#### Senegal

Confirmed Cases: 85,117

Recoveries: 81,142

Deaths: 1,950

#### The Gambia

Confirmed Cases: 11,880

Active Cases: 55

Recoveries: 11,461

Deaths: 364

## II. EPIDEMIOLOGICAL DESCRIPTION

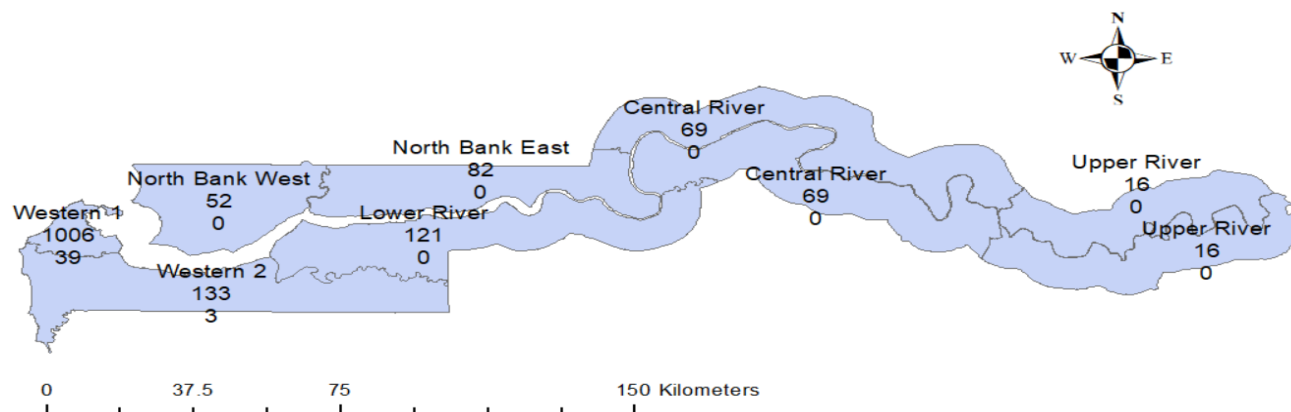


Fig1: Geographic Distribution of COVID-19 Cases per 100,000 Pop. by Region Since the start of the Pandemic to 31<sup>st</sup> December (Number Above) and December only (Number below) 2021 in The Gambia

- 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**)

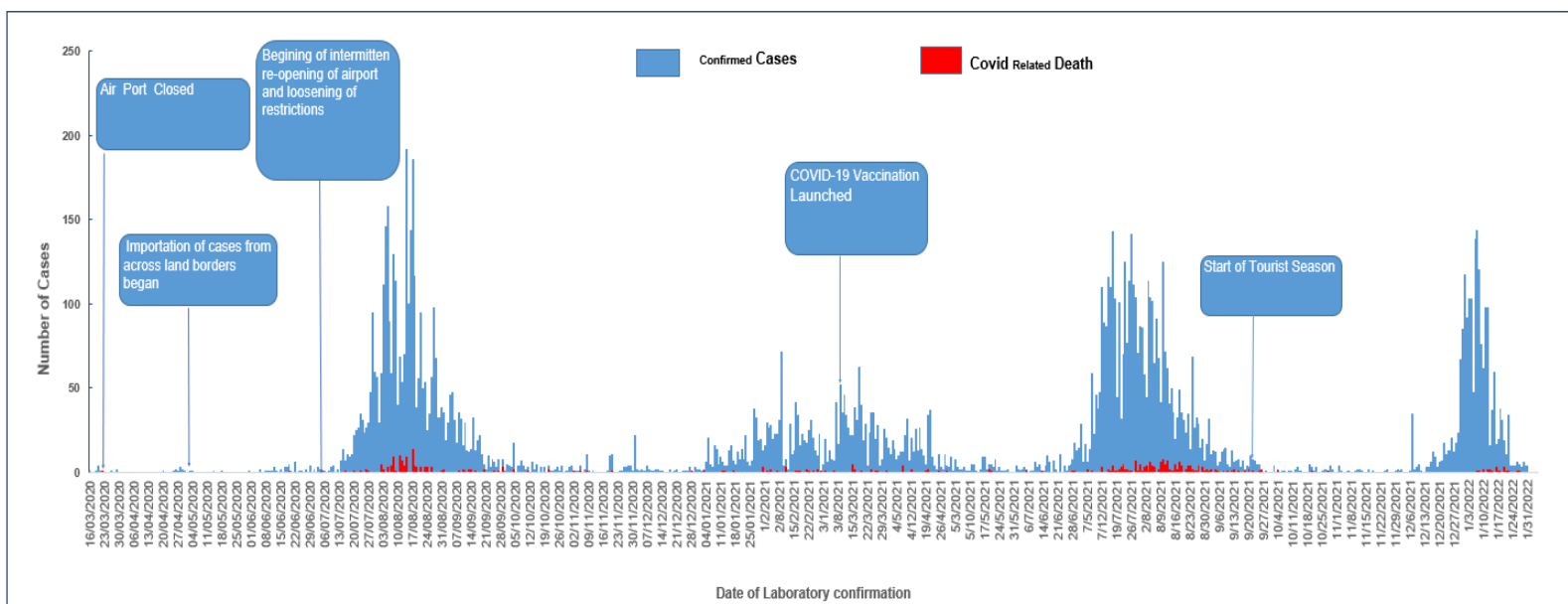


**Fig 2: Age-Sex Distribution of Confirmed COVID-19 Cases, The Gambia, 2022**

✧ 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 2020-27<sup>th</sup> January 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		5
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)***	1070(0)	145,196
Positive test result (Repeat Tests)***	17(0)	11,880
Negative test result (Repeat Tests)***	1010(0)	131,957
Inconclusive test result (Repeat Tests)***	3(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, 2022**

### 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>1343</b> new laboratory test results received <b>1283</b> from <b>NPHL</b> and <b>60</b> from <b>MRCG</b></i></li> <li>• <i>Of these, <b>9</b> test result returned inconclusive or indeterminate, <b>21</b> new samples tested positive</i></li> </ul>
Case Management / Psychosocial Support & Research / IPC	<ul style="list-style-type: none"> <li>• <i><b>Two (2)</b> new COVID-19 related death recorded</i></li> <li>• <i><b>Twelve (12)</b> patients were newly discharged from treatment centres</i></li> <li>• <i><b>No</b> new contacts traced and monitored</i></li> <li>• <i><b>Three (3)</b> COVID-19 patient is currently on oxygen therapy</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
- 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.

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

