



Situation Report: Confirmed COVID-19		Location: The Gambia	
Date of Report: 3 rd - 10 th April 2022		Investigation Start Date: 17 th March 2020 as of 18hrs.	
Prepared by:	Epidemiology and Disease Control Unit, MoH, The Gambia		

I. HIGHLIGHTS

This is the **433rd** national situation reports since the confirmation of the first case of the coronavirus disease (COVID-19) in The Gambia, on the **16th March 2020**

- **No** new COVID-19-related death registered, bringing the total to **365 (Crude Case-Fatality Ratio, 3.0%)**
- A total of 4 new cases was registered (**Cumulative cases 11,994**)
- The test positivity rate is **0.37% (4/1070), NPHL –100(3 positives)** and **MRCG – 70 (1 Positives)**
 - No case is currently on oxygen therapy
 - Two (**2**) case was discharged after at least **10** days monitoring from the day they tested positive but evaded institutional isolation and none from COVID-19 treatment centre

COVID-19 SITUATION IN NUMBERS

Globally

- Confirmed Cases: **501,202,465**
- Recoveries: **451,397,663**
- Deaths: **6,209,787**

Senegal

- Confirmed Cases: **85,952**
- Recoveries: **83,967**
- Deaths: **1,965**

The Gambia

- Confirmed Cases: **11,994**
- Active Cases: **06**
- Recoveries: **11,623**
- Deaths: **365**

II. EPIDEMIOLOGICAL DESCRIPTION

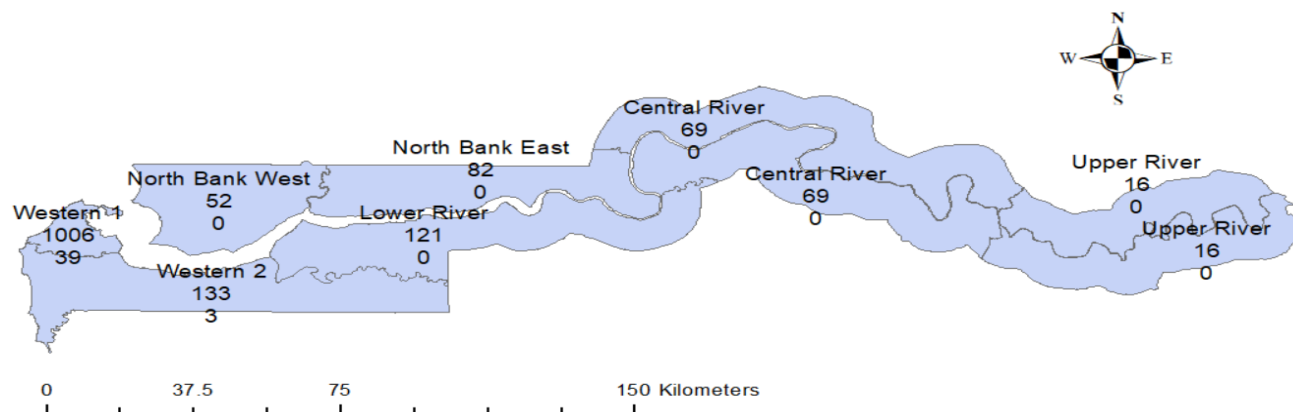


Fig1: Geographic Distribution of COVID-19 Cases per 100,000 Pop. by Region Since the start of the Pandemic to 31st December (Number Above) and December only (Number below) 2021 in The Gambia

- 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**)

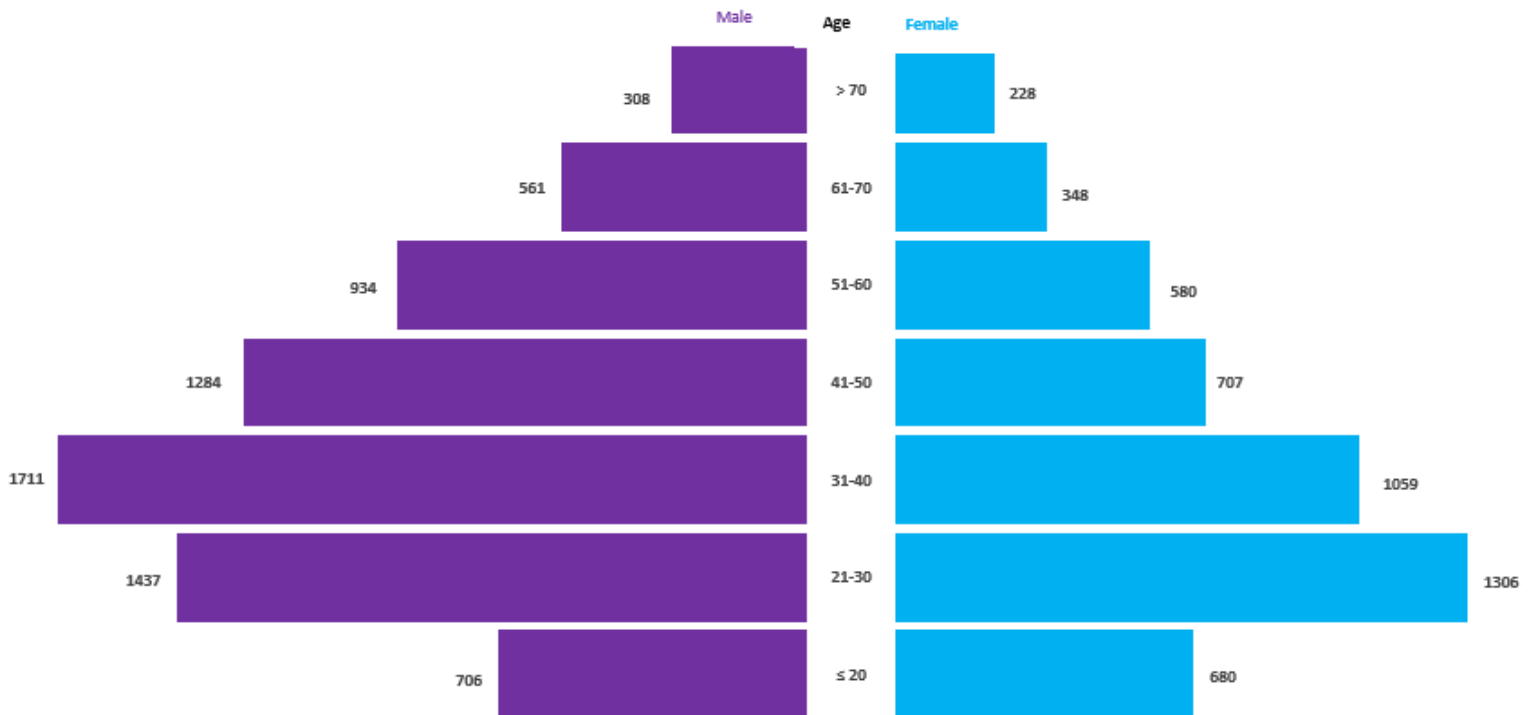


Fig 2: Age-Sex Distribution of Confirmed COVID-19 Cases, The Gambia, 2022

✧ 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**)

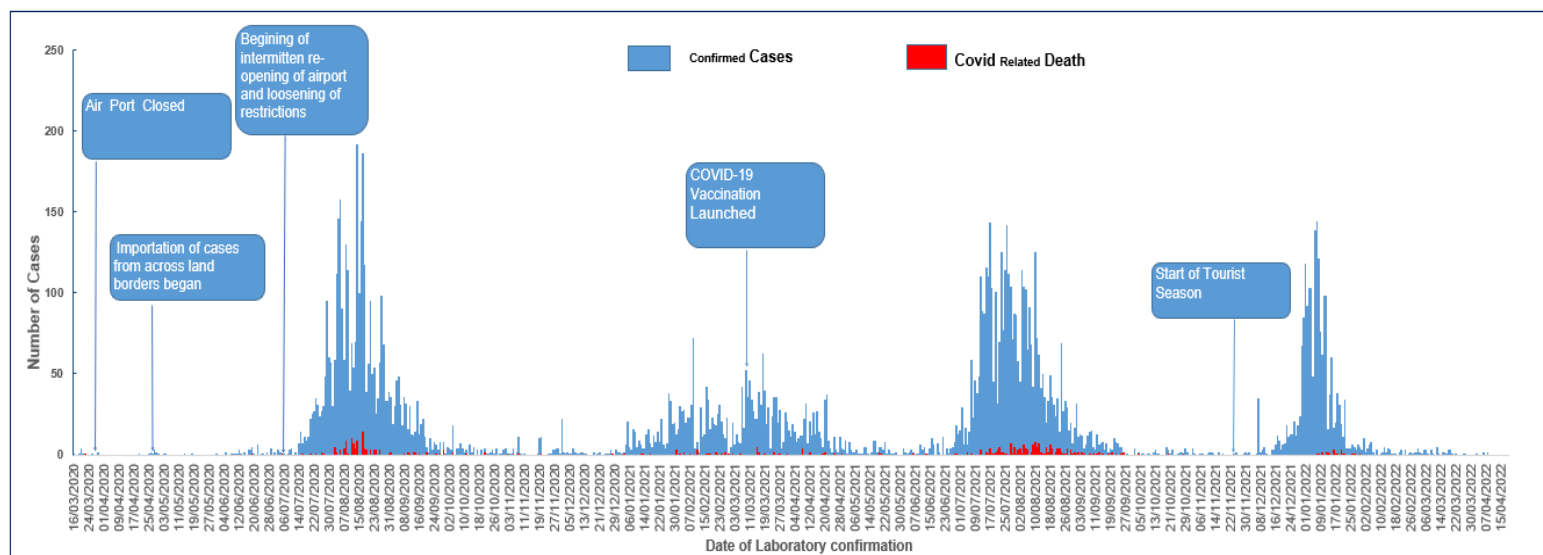


Fig. 3: Epidemic Curve of Laboratory-Confirmed Cases Reported daily, COVID-19 Pandemic, The Gambia, 16th March 2020-10th April 2022*.

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)***	1070(0)	161,510
Positive test result (Repeat Tests)***	04(0)	11,994
Negative test result (Repeat Tests)***	1066(0)	148109
Inconclusive test result (Repeat Tests)***	00(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

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"> • <i>Coordination meetings held at both central and regional levels</i>
Surveillance/ Laboratory	<ul style="list-style-type: none"> • <i>A total of 1070 new laboratory test results received 1000 from NPHL and 70 from MRCG</i> <ul style="list-style-type: none"> ○ <i>Of these, no test result returned inconclusive or indeterminate, no new sample tested positive</i>
Case Management / Psychosocial Support & Research / IPC	<ul style="list-style-type: none"> • <i>No new COVID-19 related death recorded</i> • <i>No patient was newly discharged from treatment centres</i> • <i>No new contacts traced and monitored</i> • <i>No COVID-19 patient is currently on oxygen therapy</i>

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

