



Situation Report: Confirmed COVID-19		Location: The Gambia	
Date of Report: 7th – 13th February 2022		Investigation Start Date: 17th March 2020 as of 18hrs.	
Prepared by:	Epidemiology and Disease Control Unit, MoH, The Gambia		

I. HIGHLIGHTS

This is the 422nd national situation report 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, 3.1%)
- A total of 13 new cases were registered (Cumulative cases 11,924)
- The test positivity rate is 0.7% (13/1774), NPHL –1694 (13 positives) and MRCG – 80 (0 Positives)
 - One (1) case is currently on oxygen therapy
 - A total of 33 cases were discharged after at least 10 days of monitoring from the day they tested positive but evaded institutional isolation and none from COVID-19 treatment centres
- As of 11th February 2022, the following number of people have been vaccinated with:
 - Johnson & Johnson:
 - Only 1 dose: 284,835
 - Sinopharm:
 - Dose 1: 4,512
 - Dose 2: 3,360
 - AstraZeneca:
 - Dose 1: 40,680
 - Dose 2: 28,692
- TARGET POPULATION (based on microplanning estimates - 1,564,214)
 - Proportion of target population fully vaccinated (2 doses of AZ/Sinopharm or 1 dose of J&J): 20.3%
 - Proportion of target population that received at least one COVID-19 vaccine dose (AZ or J&J or Sinopharm): 21.1%
- TOTAL POPULATION (Based on final MoH population projections for 2021 - 2,438,899)
 - Proportion of total population fully vaccinated (2 doses of AZ/Sinopharm or 1 dose of J&J): 13.0%
 - Proportion of total population that received at least one COVID-19 vaccine dose (AZ or J&J or Sinopharm): 13.5%

COVID-19 SITUATION IN NUMBERS

Globally

Confirmed Cases: 413,613,418

Recoveries: 335,254,911

Deaths: 5,841,785

Senegal

Confirmed Cases: 85,440

Recoveries: 83,199

Deaths: 1,957

The Gambia

Confirmed Cases: 11,924

Active Cases: 05

Recoveries: 11,554

Deaths: 365

II. EPIDEMIOLOGICAL DESCRIPTION

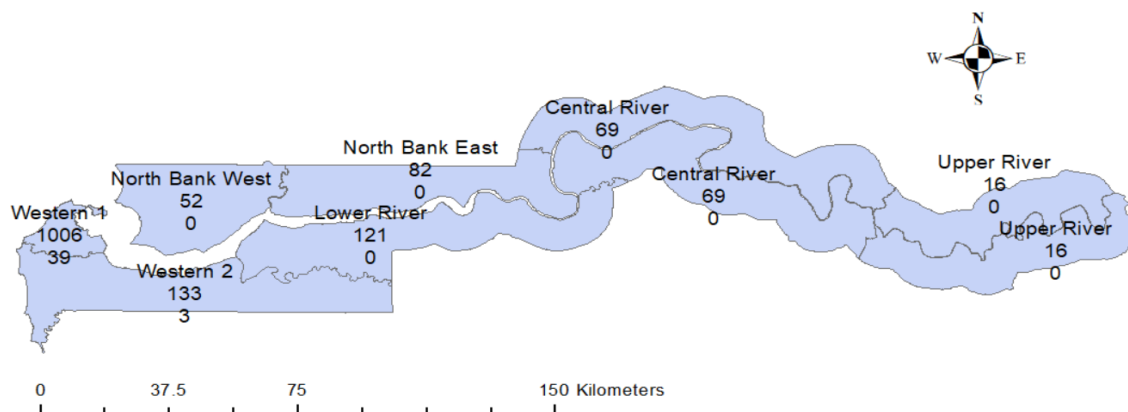


Fig1: Geographic Distribution of COVID-19 Cases per 100,000 Pop. by Region Since the start of the Pandemic to 31st December (Number Above) and December only (Number below) 2021 in The Gambia

- 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**)

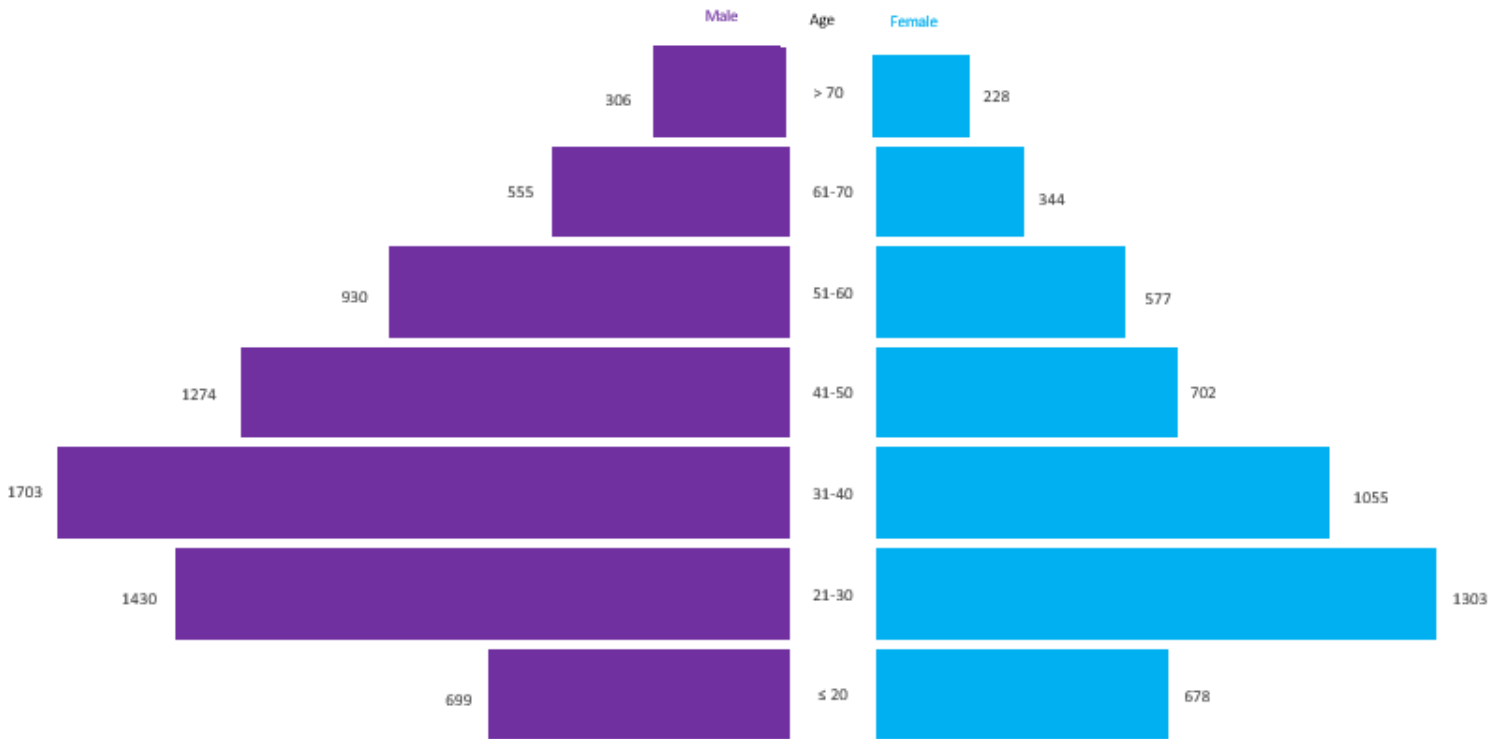


Fig 2: Age-Sex Distribution of Confirmed COVID-19 Cases, The Gambia, 2022

✧ 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**)

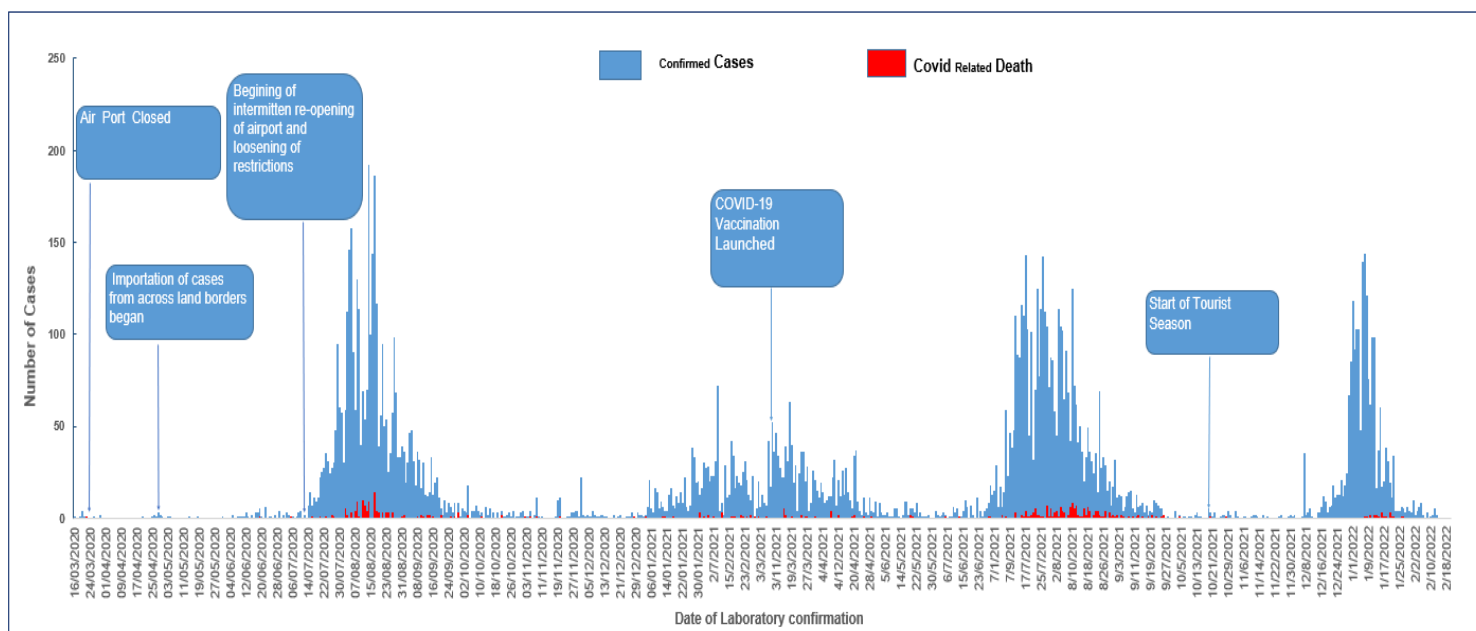


Fig. 3: Epidemic Curve of Laboratory-Confirmed Cases Reported daily, COVID-19 Pandemic, The Gambia, 16th March 2020-6th February 2022*.

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		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)***	1774(0)	148,622
Positive test result (Repeat Tests)***	13(0)	11,924
Negative test result (Repeat Tests)***	1761(0)	135,339
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

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

Region	25/01/2022	02/02/2022	03/02/2022	07/02/2022	08/02/2022	09/02/2022	10/02/2022	11/02/2022	Total
CRR	259	0	0	0	0	0	0	0	259
LRR	8	0	0	0	0	0	0	0	8
NBER	28	0	0	0	0	0	0	0	28
NBWR	15	0	0	0	0	0	0	0	15
URR	116	0	0	172	178	410	117	0	993
WR1	278	49	39	128	0	117	162	57	830
WR2	208	0	0	0	0	0	0	0	208
Total	912	49	39	300	178	527	279	57	2,341

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"> Coordination meetings held at both central and regional levels
Surveillance/ Laboratory	<ul style="list-style-type: none"> A total of 1774 new laboratory test results received 1694 from NPHL and 80 from MRCG <ul style="list-style-type: none"> Of these, no test result returned inconclusive or indeterminate, 13 new samples tested positive
Case Management / Psychosocial Support & Research / IPC	<ul style="list-style-type: none"> No new COVID-19 related death recorded No 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.

For comments or questions, please contact:
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PARTNERS

