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| Situation Report: Confirmed COVID-19 | Location: The Gambia |
| Date of Report: 23th – 27th January 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 419th national situation report since the confirmation of the first case of the coronavirus disease (COVID-19) in The Gambia, on the 16th March 2020

- **Two (2)** new COVID-19-related death registered, bringing the total to **364 (Crude Case-Fatality Ratio, 3.1%)**
- A total of **21** new cases were registered (**Cumulative cases 11,863**)
- The test positivity rate is **1.6% (21/1343)**, **NPHL – 1283 (19 positives)** and **MRCG – 60 (2 Positives)**
 - **Three (3)** case are currently on **oxygen therapy**
 - A total of **208** cases were discharged after at least **10** days from the day they tested positive but evaded institutional isolation and **12** from COVID-19 treatment centres
- As of **25th January 2022**, the following number of people have been vaccinated with:
 - **Johnson & Johnson:**
 - **Only 1 dose: 283,421**
 - **Sinopharm:**
 - **Dose 1: 4,507**
 - **Dose 2: 3,329**
 - **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): **20.2%**
 - Proportion of target population that received at least one Covid-19 vaccine dose (AZ or J&J or Sinopharm): **21.0%**
- **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): **12.9%**
 - 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: **375,847,408**
- Recoveries: **297,218,581**
- Deaths: **5,683,400**

Senegal

- Confirmed Cases: **84,999**
- Recoveries: **80,306**
- Deaths: **1,946**

The Gambia

- Confirmed Cases: **11,863**
- Active Cases: **141**
- Recoveries: **11,358**
- Deaths: **364**

II. EPIDEMIOLOGICAL DESCRIPTION

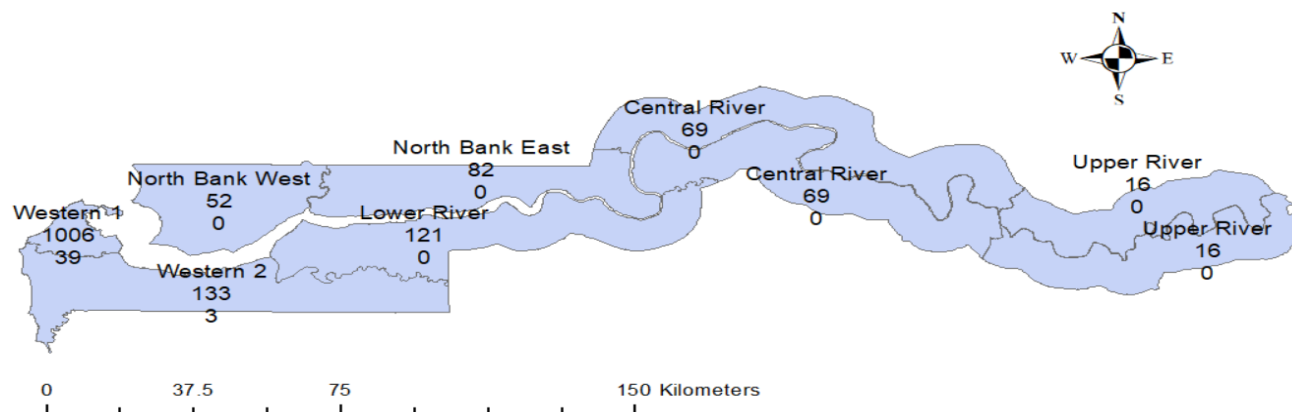


Fig1: Geographic Distribution of COVID-19 Cases per 100,000 Pop. by Region Since the start of the Pandemic to 31st December (Number Above) and December only (Number below) 2021 in The Gambia

- 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**)

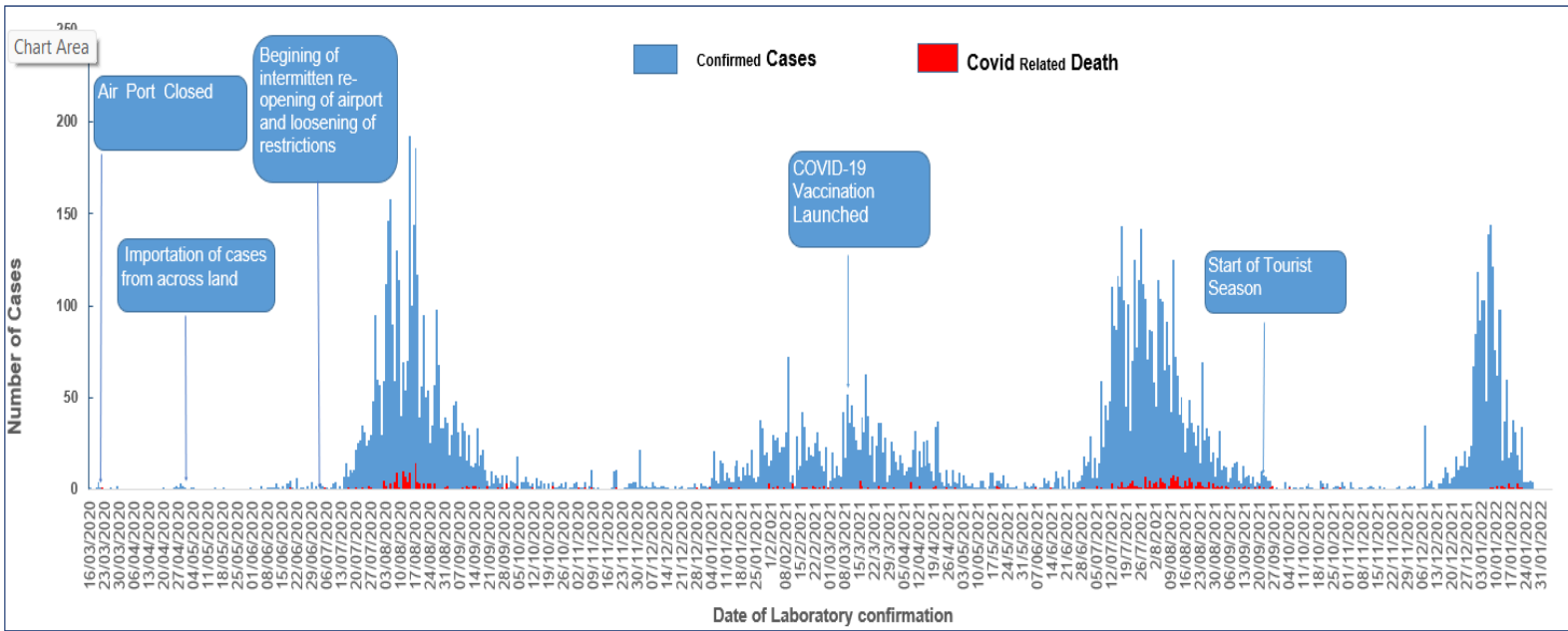


Fig. 3: Epidemic Curve of Laboratory-Confirmed Cases Reported daily, COVID-19 Pandemic, The Gambia, 16th March 2020-27th January 2022*.

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

Fig 4: Line graph of daily test positivity rate for COVID-19, The Gambia, 13th- 27th January 2022

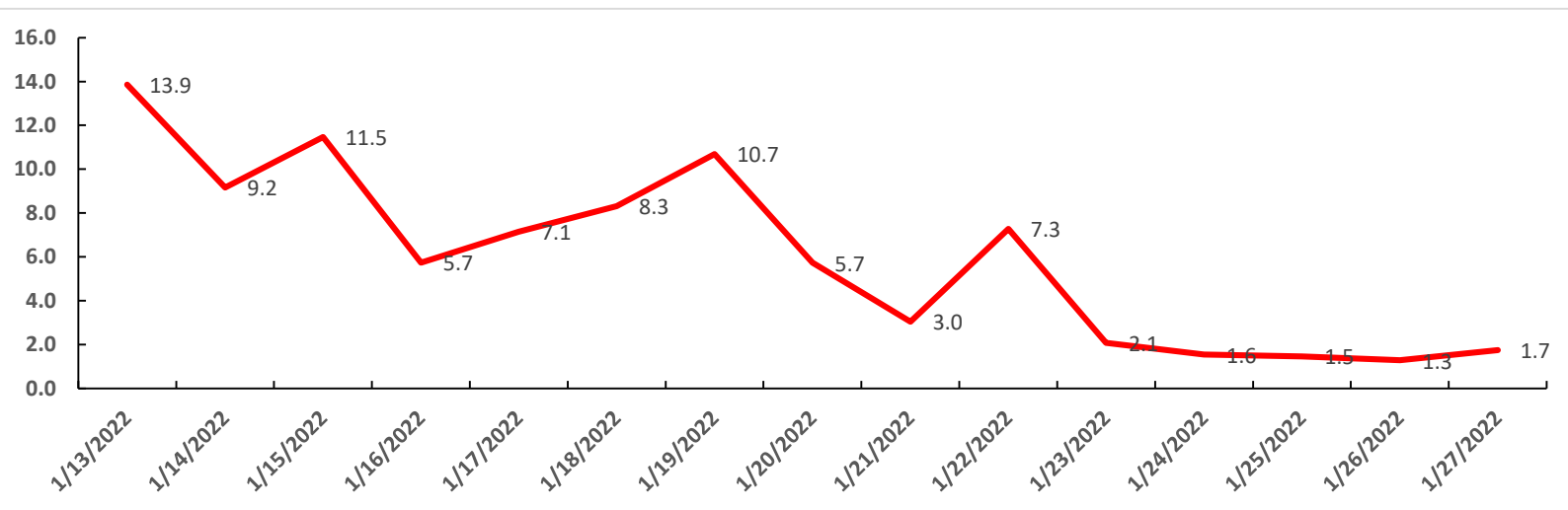


Table 1: Summary of New and Cumulative Public Health Response Outputs, COVID-19 Pandemic, The Gambia, 2022

| Status | New | Cumulative |
|---|---------|------------|
| No. of active cases in institutional isolation | | 7 |
| No. of COVID-19 patients on oxygen support | | 4 |
| 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)*** | 1343(0) | 144,126 |
| Positive test result (Repeat Tests)*** | 21(0) | 11,863 |
| Negative test result (Repeat Tests)*** | 1313(0) | 130,947 |
| Inconclusive test result (Repeat Tests)*** | 9(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 | 17/01/22 | 18/01/22 | 19/01/22 | 20/01/22 | 21/01/22 | 22/01/22 | 23/01/22 | 24/01/22 | 25/01/22 | Total |
|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|------------|---------------|
| CRR | 590 | 682 | 685 | 760 | 443 | 493 | 234 | 726 | 259 | 4,872 |
| LRR | 244 | 371 | 566 | 364 | 865 | 383 | 191 | 131 | 8 | 3,123 |
| NBER | 310 | 272 | 258 | 220 | 154 | 149 | 30 | 4 | 28 | 1,425 |
| NBWR | 602 | 601 | 512 | 559 | 409 | 548 | 459 | 63 | 15 | 3,768 |
| URR | 982 | 1,479 | 1,001 | 1,008 | 901 | 813 | 653 | 420 | 116 | 7,373 |
| WR1 | 10 | 1,035 | 1,162 | 1,461 | 1,280 | 1,249 | 1,133 | 883 | 278 | 8,491 |
| WR2 | 355 | 594 | 442 | 456 | 733 | 394 | 323 | 260 | 208 | 3,765 |
| Total | 3,093 | 5,034 | 4,626 | 4,828 | 4,785 | 4,029 | 3,023 | 2,487 | 912 | 32,817 |

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 1343 new laboratory test results received 1283 from NPHL and 60 from MRCG</i> • <i>Of these, 9 test result returned inconclusive or indeterminate, 21 new samples tested positive</i> |
| Case Management / Psychosocial Support & Research / IPC | <ul style="list-style-type: none"> • <i>Two (2) new COVID-19 related death recorded</i> • <i>Twelve (12) patients were newly discharged from treatment centres</i> • <i>No new contacts traced and monitored</i> • <i>Three (3) 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:
Amadou Woury Jallow
Public Health Emergency Operations Center
Epidemiology and Disease Control Unit, The Gambia
Email: amadou.jallow@gmail.com **Phone:** +220 3921415/2639690/9921415

PARTNERS

