Epidemiology and Disease Control Unit





Report No. 274, 2021

Situation Report: Confirmed COVID-19		Location: The Gambia	
Date of Report: 3 rd -6 th March, 2021		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 274th national situation report since the confirmation of the first case of the coronavirus disease (COVID-19) in The Gambia, on the 16th March 2020

- 1 new COVID-19-related death registered [on the 3rd March], bringing the total number of deaths since march 2020, to 153
 - Decedent was a 70-year-old woman, who until her demise was admitted at a COVID-19 treatment centre
- 33 (6, 13, 8 & 6 cases on the 3rd, 4th, 5th and 6th March respectively) new cases registered, bringing the total number of COVID-19 cases ever confirmed in the country to 4,792
 - 75% of these tested for reasons of travelling, 19% for unknown reasons and 6% for having contact with a confirmed COVID-19 case
 - The median age of the new cases (15 female and 18 male) is 36 (range: 6 to 73
- A total of 1071 new laboratory test results received (74 from MRCG and 997 from NPHL)
 - Of these, 33 new samples tested positive, representing a 3.1 % test positivity rate
- 25 high-risk contacts [of recently confirmed cases] were identified and their follow-up began in earnest
- 1 COVID-19 patient absconded from one of the treatment centres
- While 5 COVID-19 patients were newly discharged from treatment centres, 60 got discharged at least 10 days from the day they tested positive but evaded institutional isolation

COVID-19 SITUATION IN NUMBERS

Globally

Confirmed Cases: 117,257,524

Recoveries: 92,786,522

Deaths: 2,602,371

Senegal

Confirmed Cases: 35,857

Recoveries: 30,605

Deaths: 919

The Gambia

Confirmed Cases: 4,792

Recoveries: 4,203

Deaths: 153

EPIDEMIOLOGICAL DESCRIPTION

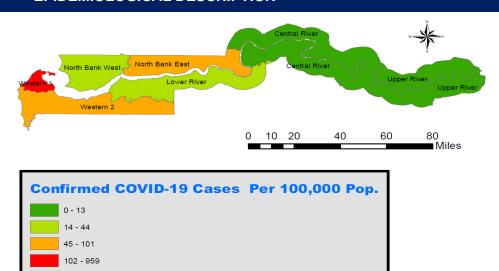


Fig 1: Geographic Distribution of Recent COVID-19 Cases Per 100,000 Pop. by Region, Jan 15 - Feb 14, 2021

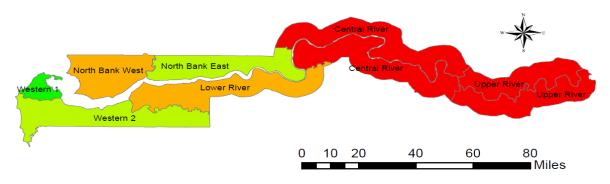




Fig 2: Geographic Distribution of Recent Tests Conducted Per 100,000 Pop. by Region, Jan 15 - Feb 14, 2021

- Western 1 Health Region has a disproportionately higher number of cases than all the health regions (See Fig. 1)
- Despite being far-flung from current testing sites, North Bank East has sent in more samples per 100,000 population than all other regions in the hinterland, over the last 30 days (See Fig. 2)

Figures 3 and 4 are the age-sex distribution and the Epi-curve of confirmed cases by reported date, respectively.

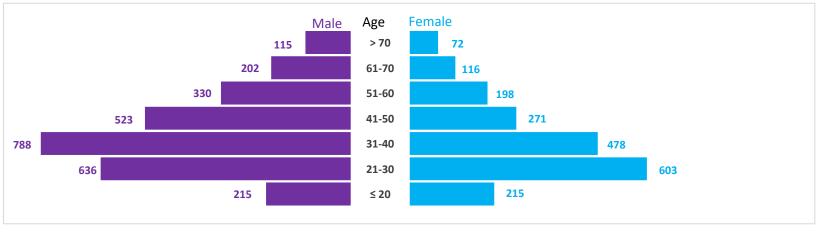


Fig 3: Age-Sex Distribution of Confirmed COVID-19 Cases, The Gambia, 2021

- About 59% of the confirmed cases are males (See Fig. 3)
- About 62% of the confirmed cases are below age 40 (See Fig. 3)

[†] This excludes the 27 confirmed cases whose demographic information are not yet available

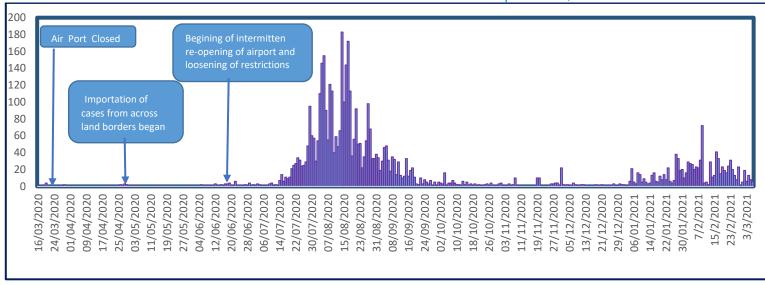


Fig. 4: Epidemic Curve of Laboratory-Confirmed Cases by Date Reported, COVID-19 Pandemic, The Gambia, 2021*. A considerable amount of time elapsed between date of reporting and the date of laboratory confirmation of some cases

• 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 (See Fig. 4)

Table 1: Summary of New and Cumulative Public Health Response Outputs, COVID-19 Pandemic, The Gambia, 2021

Status	New	Cumulative
No. of active cases in institutional isolation		35
No. of COVID-19 patients on oxygen support		5
No. of patients recovered and discharged	65	
In Hotel Quarantine	54	54
Completed Hotel Quarantine	63	4,186
Completed follow-up (asymptomatic people with	0	310
travel history to affected countries) *		
No. of Contact(s) Identified**	25	
No. of Contacts being monitored	38	
No. of Contacts who completed 14-day follow-up	40	16,280
No. of Contacts lost to follow-up	0	51
Total Tests conducted (Repeat Test (s))***	1071(0)***	49,727
Positive test result (Repeat Test (s))	33 (0)	4,792
Negative test result (Repeat Test (s))***	1036 (0)***	43,807
Inconclusive test result (Repeat Test (s))***	2 (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

III. Major Response Activities

Table 2: Major response activities undertaken newly, COVID-19 Outbreak, The Gambia, 2021

COVID-19 RISK COMMUNICATION AND COMMUNITY ENGAGEMENT DAILY REPORT- 6/3/21

Total No. of Calls received on toll free helpline	No. of communities reached on COVID-19 through messaging on prevention and access to services	Toll Free Helpline: No. of people shared their concerns and asking questions/clarifications for available support services to address their needs	Radio phoning programme: No. of people shared their concerns and asking questions/clarifications for available support services to address their needs	TV phoning programme: No. of people shared their concerns and asking questions/clarifications for available support services to address their needs	Social Media pages: No. of people react to post and or shared their concerns and asking questions/clarifications for available support services to address their needs
36	61	36	10	0	292

Component	Interventions
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Coordination
 Coordination meetings held at both central and regional levels

• A total of 1071 new laboratory test results received (74 from MRCG and 997 from NPHL)

 Of these, one test result returned inconclusive or indeterminate, 24 new samples tested positive

Case Management / Psychosocial Support & Research / IPC

- 1 new COVID-19 related death recorded
- 5 patients were newly discharged from treatment centres
- 5 COVID-19 patients currently on oxygen therapy

IV. GAPS/CHALLENGES:

- High site-specific test positivity rate registered at the Basse COVID-19 testing site
- CBS activities not translating to increase in the number of daily tests being conducted
- Support for innovative countrywide risk communication strategies and activities on COVID-19 is suboptimal
- Security lapses at some of the treatment centers resulting in the abscondence of patients
- 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
- The lack of a strong and reliable Internet connection at the NPHL is hampering the implementation of e-surveillance at the laboratory

NEXT STEPS/RECOMMENDATIONS:

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- More tests required in the catchment area of the MRC Basse testing site to ascertain the extent of spread of COVID-19
- CBS activities need to be synchronized with MRC's ILI surveillance to spur up testing rates in the hinterland
- Expedite the process of having testing sites in CRR and NBW
- 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
- More tests required in the catchment area of the MRC Keneba testing site to ascertain the extent of spread of COVID-19
- Security needs to be beefed up at all COVID-19 treatment/isolation centers to prevent the abscondence of patients
- Strengthen community-based surveillance in order to increase awareness and testing rates
- Thorough enforcement of the mandatory mask-wearing regulation
- Ensure there is reliable internet access at the NPHL to support the effective implementation of e-surveillance
- 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 including the donning of appropriate PPEs at all times

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PARTNERS









































































