The Gambia COVID-19 Outbreak Situational Report # 304

Epidemiology and Disease Control Unit

Organization

Health

World

Ministry of Health

T		Report No. 304,		
Situation Report: Confirmed COVID-19				
Date of Report: 28 th April 2021	Investigation Start Date: 17 th March 2020 as of 18hrs			
Prepared by: Epidemiology and Disease Control Unit, M	NoH, The Gambia			
I. HIGHLIGHTS				
s is the 304th national situation report since the confirmation of the	e first case of the	021		
onavirus disease (COVID-19) in The Gambia, on the 16th March 202		COVID-19 SITUATION IN NUMBERS		
No new COVID-19-related death was registered, bringing the total since March 2020 to 174	Globally			
11 new cases registered taking the total number of COVID-19 cases ever confirmed in the country to 5,898		🕈 Confirmed Cases: 151,179,2		
 90% tested for reasons of travelling The median age of the new cases is (6 female and 5 male) 45. 	(Papao) = (Pab	Recoveries: 129,145,480		
A total of 174 new laboratory tests results received (21 from MRC	 Deaths: 3,180,630 			
 Of these, 11 new samples tested positive, representing a 6.3% test positivity rate 5 COVID-19 patients were newly discharged from treatment centres, while 11 got discharged at least 10 days from the day they tested positive but evaded institutional 		Senegal Confirmed Cases: 40,295		
isolation Only 1 COVID-19 patient is currently on oxygen therapy	Recoveries: 39,021			
The country currently has no one in hotel quarantine, 367 active	cases and a crude case-	Deaths: 1,107		
fatality ratio of 3% 22,833 people have been vaccinated against COVID-19 as of 27th A	April 2021	The Gambia		
So far 1,862 Rapid diagnostic tests were conducted at the Airport for travelers, of which only 2 were positive as of 27th April 2021		Confirmed Cases: 5,898		
		 Recoveries: 5,357 Deaths: 174 		
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II. EPIDEMIOLOGICAL DESCRIPTION				
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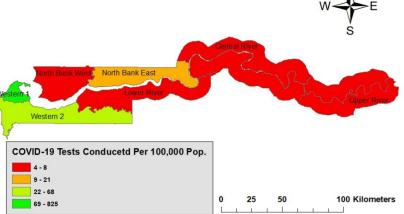


Fig 1:Geographic Distribution of Recent COVID-19 Cases Per 100,000 Pop. by Region, March 16-14 April 2021

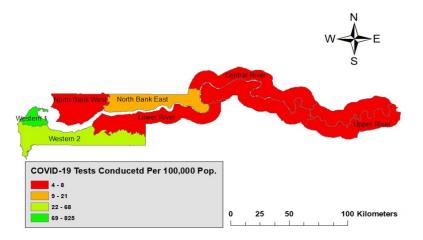


Fig 2:Geographic Distribution of Recent Tests Conducted Per 100,000 Pop. by Region, March 16-14 April 2021

- 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 age-

sex distribution and the Epi-curve of confirmed cases by reported date, respectively.

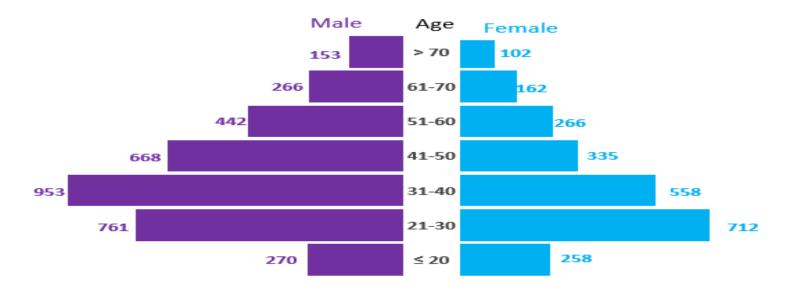


Fig 3: Age-Sex Distribution of Confirmed COVID-19 Cases, The Gambia, 2021

^{*} This excludes the 27 confirmed cases whose demographic information are not yet available About 59% of the confirmed cases are males (*See Fig. 3*) About 62% of the confirmed cases are below age 40(see Fig.3) COVID-19 National Situation Report #304, 28th April 2021

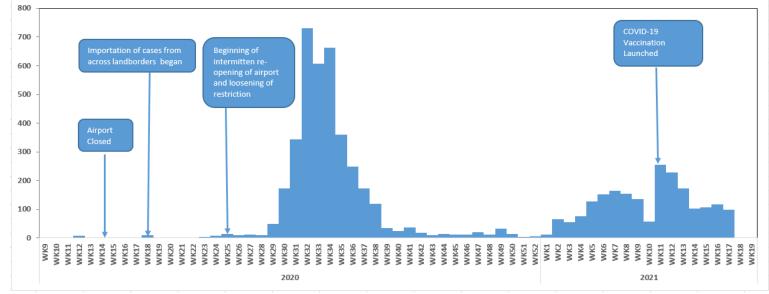


Fig. 4: Epidemic Curve of Laboratory-Confirmed Cases Reported Weekly, COVID-19 Pandemic, The Gambia, 2021^{*}. A considerable amount of time elapsed between date of reporting and the date of laboratory confirmation of some cases

• 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)

Status	New	Cumulative
No. of active cases in institutional isolation		19
No. of COVID-19 patients on oxygen support		1
No. of patients recovered and discharged	16	
In Hotel Quarantine	0	0
Completed Hotel Quarantine	0	5,231
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	16,787
No. of Contacts lost to follow-up	0	51
Total Tests conducted (Repeat Test (s))***	174(0)***	64,202
Positive test result (Repeat Test (s))	11(0)	5,898
Negative test result (Repeat Test (s))***	162(0)***	56,785
Inconclusive test result (Repeat Test (s))***	1(0)***	

Table 2: Summary of New and Cumulative Public Health Response Outputs, COVID-19 Pandemic, The Gambia, 2021

* 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

COVID-19 RISK COMMUNICATION AND COMMUNITY ENGAGEMENT DAILY REPORT- 27/4/21

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	their concerns and asking questions/clarifications	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
54	678	54	63	21	1347

Table 3: Major response activities undertaken newly, COVID-19 Outbreak, The Gambia, 2021

Component	Interventions			
Coordination	 Coordination meetings held at both central and regional levels Gambian philanthropist and businessman have helped in improving the internet problem at National Public Health Laboratories (NPHL) 			
Surveillance/ Laboratory	 A total of 174 new laboratory test results received 21 from MRCG and 153 from NPHL) Of these, 1 test results returned inconclusive or indeterminate, 11 new samples tested positive 			
Case Management / Psychosocial Support & Research / IPC	 No new COVID-19 related death recorded 5 patients were newly discharged from treatment centres 1 COVID-19 patient is currently on oxygen therapy 			

Table 3: Major response activities undertaken newly, COVID-19 Outbreak, The Gambia, 2021

THE GAMBIA COVID19 VACCINATION DAILY REPORTING							
Dose 1							
Fixed		Outreach/Mobile		Tatal	AEFI		
Male	Female	Male	Female	Total	MILD	SEVERE	
2970	2458	202	188	5818	0	3	
1261	1492	359	437	3549	1	0	
3683	2450	890	639	7662	1	o	
1382	1354	609	498	3843	0	0	
140	114	296	85	635	0	0	
379	185	15	5	584	0	0	
427	119	178	18	742	0	0	
10242	8172	2549	1870	22833	2	3	
	Da Fix Male 2970 1261 3683 1382 140 379 427	Description Dale Female 2970 2458 1261 1492 3683 2450 1382 1354 140 114 379 185 427 119	Descent free Outreach Male Female Male 2970 2458 202 1261 1492 359 3683 2450 890 1382 1354 609 140 114 296 379 185 15 427 119 178	Doutreac/Mobile Fixed Outreac/Mobile Male Female Male Female 2970 2458 202 188 1261 1492 359 437 3683 2450 890 639 1382 1354 609 498 140 114 296 85 379 185 115 5 427 119 178 18	$\begin{array}{c c c c c c } \hline \textbf{Dote solution} \\ \hline \textbf{Fixed} & \textbf{Outreac/Mobile} \\ \hline \textbf{Male} & \textbf{Female} & \textbf{Male} & \textbf{Female} \\ \hline \textbf{Male} & \textbf{Female} & \textbf{Male} & \textbf{Female} \\ \hline \textbf{Male} & \textbf{Female} & \textbf{Male} & \textbf{Female} \\ \hline \textbf{2970} & 2458 & 202 & 188 & 5818 \\ \hline \textbf{2970} & 2458 & 202 & 188 & 5818 \\ \hline \textbf{1261} & 1492 & 359 & 437 & 3549 \\ \hline \textbf{3683} & 2450 & \textbf{890} & 639 & 7662 \\ \hline \textbf{3683} & 2450 & \textbf{890} & 639 & 7662 \\ \hline \textbf{3683} & 2450 & \textbf{890} & 639 & 3843 \\ \hline \textbf{3683} & 1354 & 609 & 498 & 3843 \\ \hline \textbf{3184} & 114 & 296 & \textbf{855} & 635 \\ \hline \textbf{379} & 185 & 115 & 5584 \\ \hline \textbf{427} & 119 & 178 & 118 & 742 \\ \hline \end{array}$	$\begin{array}{c c c c c c c c } \hline U & U & U & U & U & U & U & U & U & U$	

Table 4: Total National vaccinated with COVISHIELD (AstraZeneca Vaccine) by priority group as of 27th April 2021

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.
- Weak and unreliable internet connection at the NPHL is hampering the implementation of e-surveillance at the laboratory.
- Inadequate electronic devices and internet bundles for capturing vaccination data at vaccination sites
- Difficulty in accessing data on time resulting to a delay in the production of the SITREP

V.

IV.

NEXT STEPS/RECOMMENDATIONS:

- 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
- 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
- Stakeholders/partners to support in filling the gaps identified in the vaccination campaign process
- Response committee leads should endeavor to provide data to the SITREP team on time



