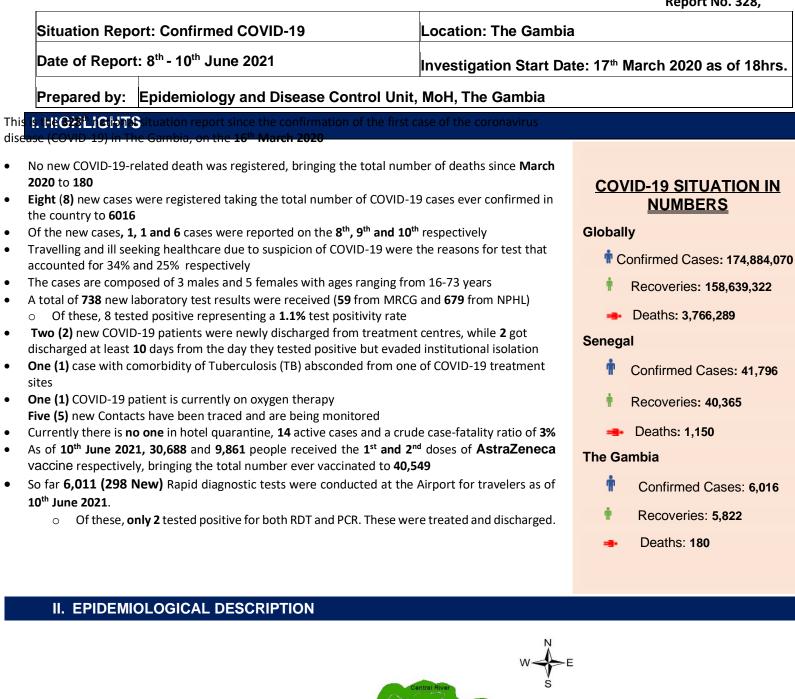
The Gambia COVID-19 Outbreak Situational Report

Epidemiology and Disease Control Unit

Report No. 328,



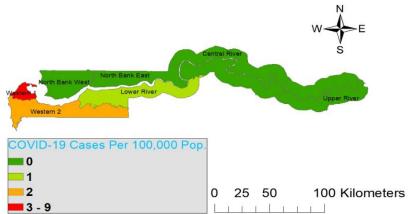


Fig 1: Geographic Distribution of Recent COVID-19 Cases Per 100,000 Pop. by Regions 15th April-14th May 2021

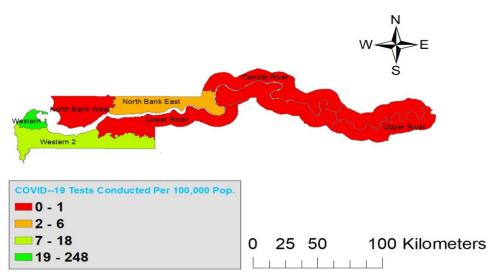


Fig 2: Geographic Distribution of Recent COVID-19 Tests Per 100,000 Pop. by Regions 15th April-14th May 2021

- 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.

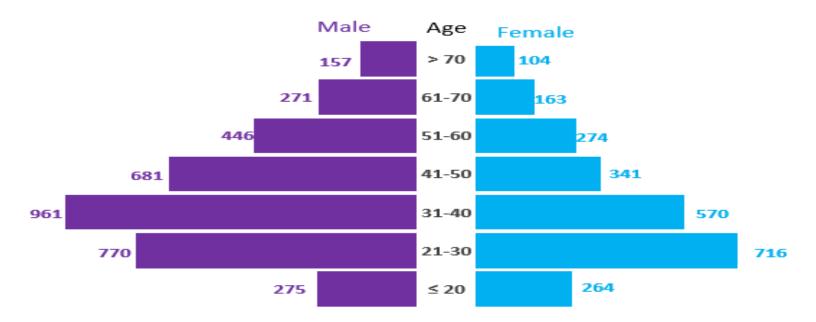
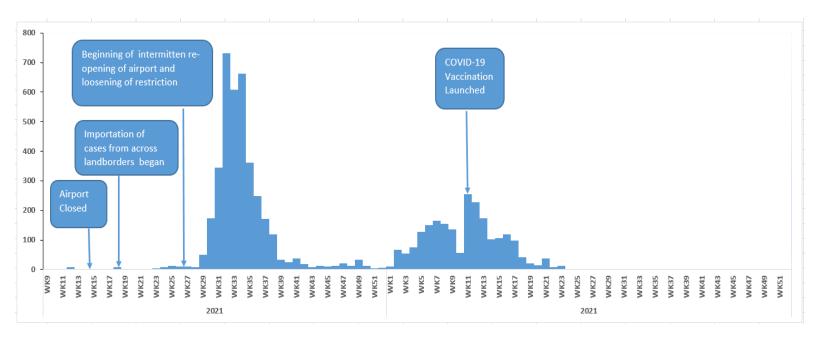


Fig 3: Age-Sex Distribution of Confirmed COVID-19 Cases, The Gambia, 2021

^{*} 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)

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*as of 12th June 2021 @ 00:11. Data from WHO novel coronavirus dashboard and European CDC situation report



- 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		10
No. of COVID-19 patients on oxygen support		1
No. of patients recovered and discharged	4	
In Hotel Quarantine	0	7
Completed Hotel Quarantine	0	5,231
Completed follow-up (asymptomatic people with travel history to affected countries) *	0	310
No. of Contact(s) Identified**	5	
No. of Contacts being monitored	64	
No. of Contacts who completed 14-day follow-up	10	16,797
No. of Contacts lost to follow-up	0	51
Total Tests conducted (Repeat Test (s))***	738(0)***	73,219
Positive test result (Repeat Test (s))	8(0)	6,016
Negative test result (Repeat Test (s))***	727(0)***	66,143
Inconclusive test result (Repeat Test (s))***	3(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

III. MAJOR RESPONSE ACT	TIVITIES
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 738 new laboratory test results received 59 from MRCG and 679 from NPHL) Of these, 3 test results returned inconclusive or indeterminate, 8 new
Case Management / Psychosocial Support & Research / IPC	 No new COVID-19 related death recorded
	 Two (2) patients were newly discharged from treatment centres 5 new Contacts have been traced and monitored One (1) COVID-19 patient is currently on oxygen therapy

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

	Dose 1							Dose 2						
Priority group	Fix	œd	Outrea	ach/Mobile Total		AEFI		Fixed		Outreach/Mobile		Total	AEFI	
	Male	Female	Male	Female	TOLAI	Non-serious	Serious	Male	Female	Male	Female	TOLAI	Non-serious	Serious
Health Care workers	3203	2630	293	281	6407	0	3	1299	1100	234	151	2784	0	0
People with pre-existing conditions	1515	1829	555	671	4570	1	. 0	688	710	83	96	1577	0	0
Community workers	4520	3079	1134	1007	9740	1	. 0	1180	931	197	163	2471	0	0
65 years and above	1754	1636	739	656	4785	0	0	550	605	73	98	1326	0	0
Teacher	326	190	487	212	1215	0	0	114	91	46	17	268	0	0
Hoteliers	509	298	34	21	862	0	0	123	109	0	0	232	0	0
Security forces	866	228	264	40	1398	0	0	220	56	51	. 29	356	0	0
41yrs - 64yrs	212	197	100	125	634	0	0	313	277	8	9	607	0	0
18yrs - 40 yrs	370	287	141	279	1077	0	0	90	113	18	19	240	0	0
Total Cov-1	13275	10374	3747	3292	30688	2	3	4577	3992	710	582	9861	0	0

Table 4: Total National vaccinated with COVISHIELD (AstraZeneca Vaccine) by priority group as of 10th June 2021

IV.

GAPS/CHALLENGES:

- 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.
- Difficulty in accessing data on time resulting to a delay in the production of the SITREP

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*as of 12th June 2021 @ 00:11. Data from WHO novel coronavirus dashboard and European CDC situation report

V.

NEXT STEPS/RECOMMENDATIONS:

- 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
- Response committee leads should endeavor to provide data to the SITREP team on time

