Epidemiology and Disease Control Unit





Report No. 234, 2020

Date of Report: 29th Dec 2020 Investigation Start Date: 17th March 2020 as of 18hrs.

Epidemiology and Disease Control Unit, MoH, The Gambia Prepared by:

I. HIGHLIGHTS

This is the 234th national situation report since the confirmation of the first case of the novel coronavirus disease (COVID-19) in The Gambia, on the 16th March 2020

- No new COVID-19 related death registered
 - No posthumous sample tested
 - No new COVID-19 case recorded
- 187 new laboratory test results received from NPHL
 - Of these, no new test returned indeterminant
 - No new sample tested positive
- Whilst no person was newly taken into quarantine, 21 were discharged
- No new COVID-19 patient discharged*
- The country currently has no people in quarantine, 5 active cases and a crude case-fatality ratio of 3.3%

COVID-19 SITUATION IN NUMBERS

Globally

- Confirmed Cases: 82,312,823
- Recoveries: 58,328,507
- Deaths: 1,795,676

Senegal

- Confirmed Cases: 18,806
- Recoveries: 17,096
- Deaths: 395

The Gambia

- Confirmed Cases: 3,797
- Recoveries: 3,668
- Deaths: 124

EPIDEMIOLOGICAL DESCRIPTION

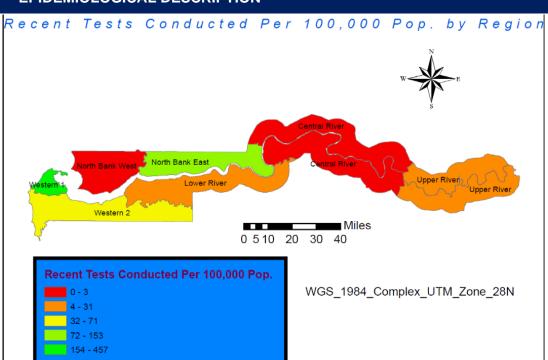


Figure 1: Geographic Distribution of Recent Tests Conducted Per 100,000 Pop. by Region, The Gambia, Nov. 11th – Dec. 10th

The 4 COVID-19 patients who absconded a while ago are now considered to have recovered



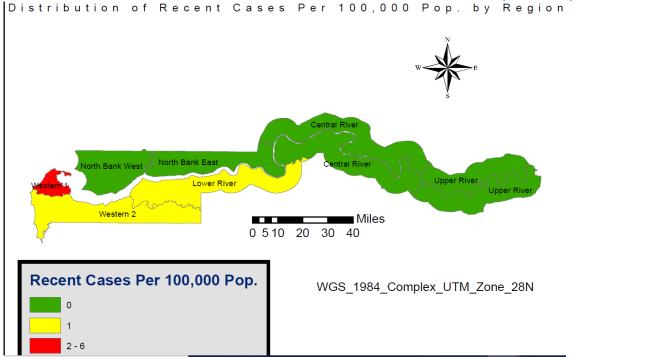


Figure 2: Geographic Distribution of Recent COVID-19 Cases Per 100,000 Pop. by Region, The Gambia, Nov. 11th - Dec. 10th

- Western 1 Health Region has a disproportionately higher number of cases than all the health regions (See Fig. 1)
- Regions furthest from testing sites had the lowest testing rates 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, 2020

- 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

^{*}as of 30th De ember 2020 @ 00:09. Data from WHO novel coronavirus dashboard and European CDC situation report

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The only age category with a few more female cases than males is the "age 20 and less" category (See Fig. 3)

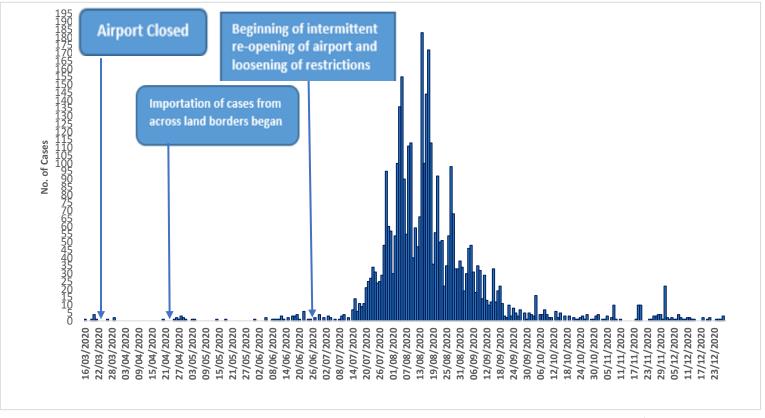


Fig. 4: Epidemic Curve of Laboratory-Confirmed Cases by Date Reported, COVID-19 Pandemic, The Gambia, 2020*. * A considerable amount of time elapsed between date of reporting and the date of laboratory confirmation of some cases

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, 2020

New	Cumulative
	4
	0
4	
0	0
21	2,931
0	310
0	
42	
0	14,782
0	51
143 (44)***	30,199
0 (0)	3,797
143 (44)***	25,100
0 (0)***	
	4 0 21 0 0 42 0 0 0 143 (44)*** 0 (0) 143 (44)***

³ | Page

^{*}as of 30th De ember 2020 @ 00:09. Data from WHO novel coronavirus dashboard and European CDC situation report

- ** 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

Component

III. Major Response Activities

Table 2: Major response activities undertaken newly, COVID-19 Outbreak, The Gambia, 2020

Interventions

•		
Coordination	•	Daily coordination meetings held at both central and regional levels
Surveillance/ Laboratory	•	187 new laboratory test results received from NPHL Of these, while no test result returned inconclusive or indeterminant, no new samples tested positive either
Case Management / Psychosocial Support & Research / IPC	•	The 4 COVID-19 patients who absconded a while ago are now considered to have recovered No patient currently on oxygen therapy

. GAPS/CHALLENGES:

- CBS activities not translating to increase in the number of daily tests being conducted
- Regions furthest from testing sites had the lowest testing rates over the last 30 days
- 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 esurveillance at the laboratory

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
- 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

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 Health workers to observe all COVID-19 preventive measures including the donning of appropriate PPEs at all times

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PARTNERS









































































