This is the 109th national situation report since the confirmation of the first case of the novel coronavirus disease (COVID-19) in The Gambia, on the 17th March 2020.

- 1 new death registered, bringing to 9 the total number of documented COVID-19 related deaths in the country – a crude case-fatality ratio of 1.8%
- 95 new cases registered, the highest reported thus far in a single day, taking the total number of COVID-19 cases ever confirmed in the country to 498 cases
  - A significant proportion of these resulted from the mass institutional tests conducted on staff of MRC and Sharab Medical Center
  - Only a soupçon of the new cases were imported – the bulk of the cases were locally transmitted
- One COVID-19 patient, out of the 32 active cases being managed at MRC’s (Fajara) isolation center, has absconded
- No new recoveries recorded
- 434 laboratory test results received from MRCG and NPHL
  - Of these, 333 tested negative (both new and repeats), 95 newly returned positive and 6 newly tested inconclusive or probable for COVID-19
- While 48 high-risk contacts were traced and isolated, daily follow-ups began for 39 low-risk contacts traced
- Whereas 11 persons were newly taken into quarantine, 20 were discharged
- The country currently has 529 people in quarantine, 414* active cases, 43 probable cases and a crude case-fatality ratio of 1.8%

**COVID-19 SITUATION IN NUMBERS**

**Globally**
- Confirmed Cases: 17,064,064
- Recoveries: 10,954,091
- Deaths: 668,073

**Senegal**
- Confirmed Cases: 10,106
- Recoveries: 6,725
- Deaths: 204

**The Gambia**
- Confirmed Cases: 498*
- Recoveries: 68
- Deaths: 9

*7 of the confirmed cases are at large – 1 was deported, 3 left the country surreptitiously prior to the release of their results and 3 absconded from the treatment centres

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**I. HIGHLIGHTS**

**II. EPIDEMIOLOGICAL DESCRIPTION**

Figure 1: Distribution of COVID-19 cases by region, The Gambia, 2020
Figure 2: Distribution of cases of COVID-19 in Western 1 & 2 Health Regions, The Gambia, 2020

- All 7 health regions have reported cases of COVID-19 (See Fig. 1)
- There is a preponderance of confirmed COVID-19 cases in Western 1 Health Region (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

- 56% of the confirmed cases are males (See Fig. 3)
- About 68% of the confirmed cases are below age 40 (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)

- Within the last 10 days, there has been over a 100% increase in the number of COVID-19 cases reported by the country (See Fig. 4)

### Table 1: Summary of New and Cumulative Public Health Response Outputs, COVID-19 Pandemic, The Gambia, 2020

<table>
<thead>
<tr>
<th>Status</th>
<th>New</th>
<th>Cumulative</th>
</tr>
</thead>
<tbody>
<tr>
<td>In Quarantine</td>
<td>11</td>
<td>529</td>
</tr>
<tr>
<td>Completed quarantine</td>
<td>20</td>
<td>1,508</td>
</tr>
<tr>
<td>Completed follow-up (asymptomatic people with travel history to affected countries) *</td>
<td>0</td>
<td>310</td>
</tr>
<tr>
<td>Contact(s) Traced (Target)**</td>
<td>87</td>
<td>1,681/1,731(Target)</td>
</tr>
<tr>
<td>Follow-up Made to Low-Risk Contacts</td>
<td>674/709</td>
<td></td>
</tr>
<tr>
<td>Completed follow-up of low risk contacts</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Total Tests conducted (Repeat Test (s))***</td>
<td>434***</td>
<td>6,011</td>
</tr>
<tr>
<td>Positive test result (Repeat Test (s))</td>
<td>95</td>
<td>498***</td>
</tr>
<tr>
<td>Negative test result (Repeat Test (s))***</td>
<td>333***</td>
<td>5,234</td>
</tr>
<tr>
<td>Inconclusive test result (Repeat Test (s))***</td>
<td>6***</td>
<td></td>
</tr>
</tbody>
</table>

* 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

**** 7 of the confirmed cases are at large – 1 was deported, 3 left the country surreptitiously prior to the release of their results and 3 absconded from the treatment centers
Table 2: Major response activities undertaken newly, COVID-19 Outbreak, The Gambia, 2020

<table>
<thead>
<tr>
<th>Component</th>
<th>Interventions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coordination</td>
<td>• Daily coordination meetings held at both central and regional levels</td>
</tr>
</tbody>
</table>
| Surveillance/ Laboratory         | • 434 new laboratory test results received from MRCG and NPHL  
  o Of these, 333 tested negative (both new and repeats), 95 newly returned positive and 6 newly tested inconclusive or probable for COVID-19  
  • 48 high-risk contacts traced and isolated and daily follow-ups have started for 39 new low-risk contacts trace |
| Case Management                  | • 1 new death registered, bringing to 9 the total number of documented COVID-19 related deaths in the country – a crude case-fatality ratio of 1.8%  
  • No new recoveries recorded  
  • One COVID-19 patient, out of the 32 active cases being managed at MRC’s Fajara isolation center, has absconded |
| Risk Communication and Community Engagement | • 7 TV and 13 radio programs successfully conducted  
  • Influential leaders in 8 communities were engaged in radio phoning programmes across the country  
  • Summary of social media activities: 3 Facebook and 2 Twitter posts shared with a cumulative engagement of 26,501 people  
  • Summary of calls made to 1025: a total of 76 calls received (68 COVID-19 related and 8 non-COVID-19 related. 6 booked for further follow up by contact tracing teams and 15 booked for further follow up by quarantine team) |

IV. GAPS/CHALLENGES:

• Existence of pervasive community transmission of COVID-19 in the country  
• NPHL plagued by intermittent power outages resulting in substantial delays in the processing of samples  
• 3 confirmed cases are is still on the run despite being active cases  
• Occurrence of COVID-19 among healthcare workers  
• Frequent power outages in the PHEOC due to the reliance on NAWEC  
• Cost borne by government at designated quarantine facilities is prohibitive and may be unsustainable

V. NEXT STEPS/RECOMMENDATIONS:

• Imposition of stringent lockdown measures in both Western 1 and 2 regions in order to curb the spread of the virus  
• Urgent procurement of an Online UPS (for the molecular lab) to ensure the continuity of sample processing even when there are sudden power outages  
• IPC measures should be strictly adhered to in all public and private health healthcare facilities  
• The search for confirmed cases who continue to be at large needs to be intensified in order to halt the potential spread of the virus by them  
• 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
- Ensure there is uninterrupted electricity supply either by the procurement and installation of a solar system or the provision of a standby generator
- Logistic Sub-Committee on COVID to engage MOWCI and GCAA on the modalities of receiving passengers from a flight to maintain social distancing during operations

For comments or questions, please contact:
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*as of 30th July 2020 @ 00.01. Data from WHO novel coronavirus dashboard and European CDC situation report