



○ Situation Report: Confirmed COVID-19	Location: The Gambia
Date of Report: 05th & 06th September 2020	Investigation Start Date: 17th March 2020 as of 18hrs.
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I. HIGHLIGHTS

This is the 138th 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

- No new COVID-19 related death recorded
- 79 new cases registered, taking the total number of COVID-19 cases ever confirmed in the country to 3,275
 - This represents a 25.1% test positivity rate (79 out of 315 total tests performed)
 - The median age of the new cases is 36 years (range: 0 to 73 years)
- 315 new laboratory test results received from MRCG and NPHL
 - Of these, 49 new test returned indeterminant
- 100 new COVID-19 patients recovered and got discharged
- 300 frontline workers across the country trained on new quarantine protocols and Infection Prevention and Control (IPC)
- Whereas 38 new people were taken into quarantine, 45 new discharges were made
- The country currently has 122 people in quarantine, 1,752 active cases, 399 probable cases and a crude case-fatality ratio of 3.0%

*The bulk of the active cases are asymptomatic and are as such self-isolating at home pending the manifestation of symptoms

COVID-19 SITUATION IN NUMBERS

Globally

- Confirmed Cases: **27,283,121**
- Recoveries: **19,356,106**
- Deaths: **892,713**

Senegal

- Confirmed Cases: **13,987**
- Recoveries: **9,922**
- Deaths: **290**

The Gambia

- Confirmed Cases: **3,275**
- Recoveries: **1,424**
- Deaths: **99**

II. EPIDEMIOLOGICAL DESCRIPTION



Figure 1: Distribution of COVID-19 cases, The Gambia, September 2020



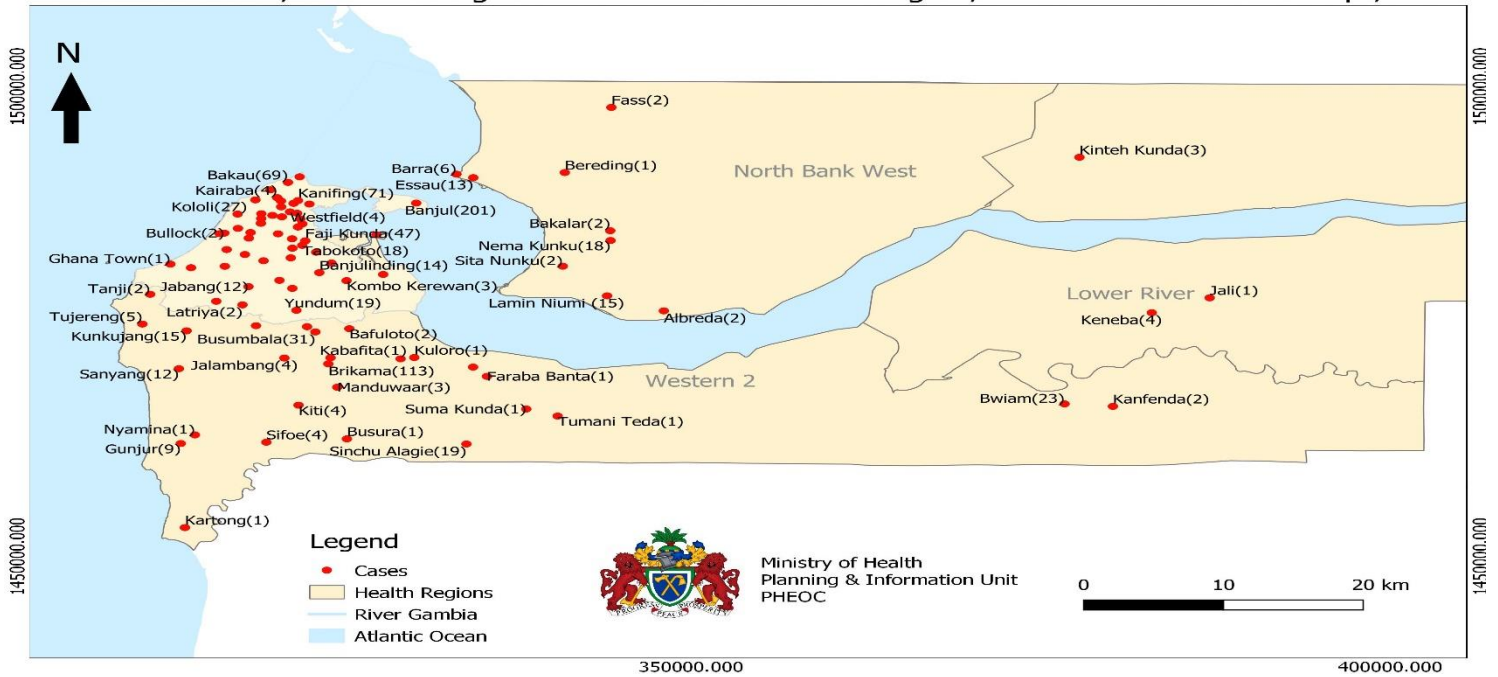


Figure 2: Distribution of COVID-19 cases in Western and North Bank West Regions, The Gambia, 2020

- All 7 health regions have reported cases of COVID-19 (See Fig. 1)
- Comparatively, there is a disproportionate concentration of confirmed COVID-19 cases in Western 1 and 2 Health Regions (See Fig. 1)
- Notwithstanding its population and size, Banjul recorded more cases than any other location within WR1(See Fig. 2)

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

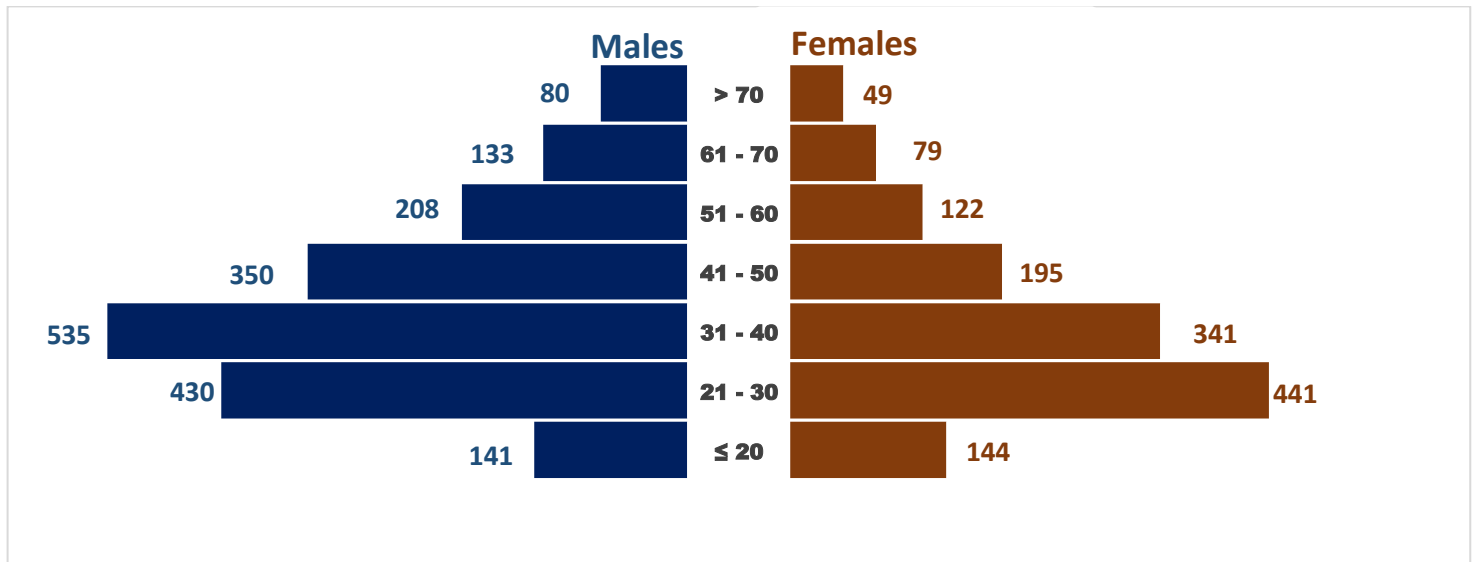


Fig. 3: Age-Sex Distribution of Confirmed COVID-19 Cases, The Gambia, 2020

* This excludes the 27 confirmed cases whose demographic information are not yet available

- About 57% of the confirmed cases are males (See Fig. 3)
- About 60% of the confirmed cases are below age 40 (See Fig. 3)

- The only age categories with a few more cases among females than males are the 'age 20 and below' and the 'age 21 – 30' categories (See Fig. 3)

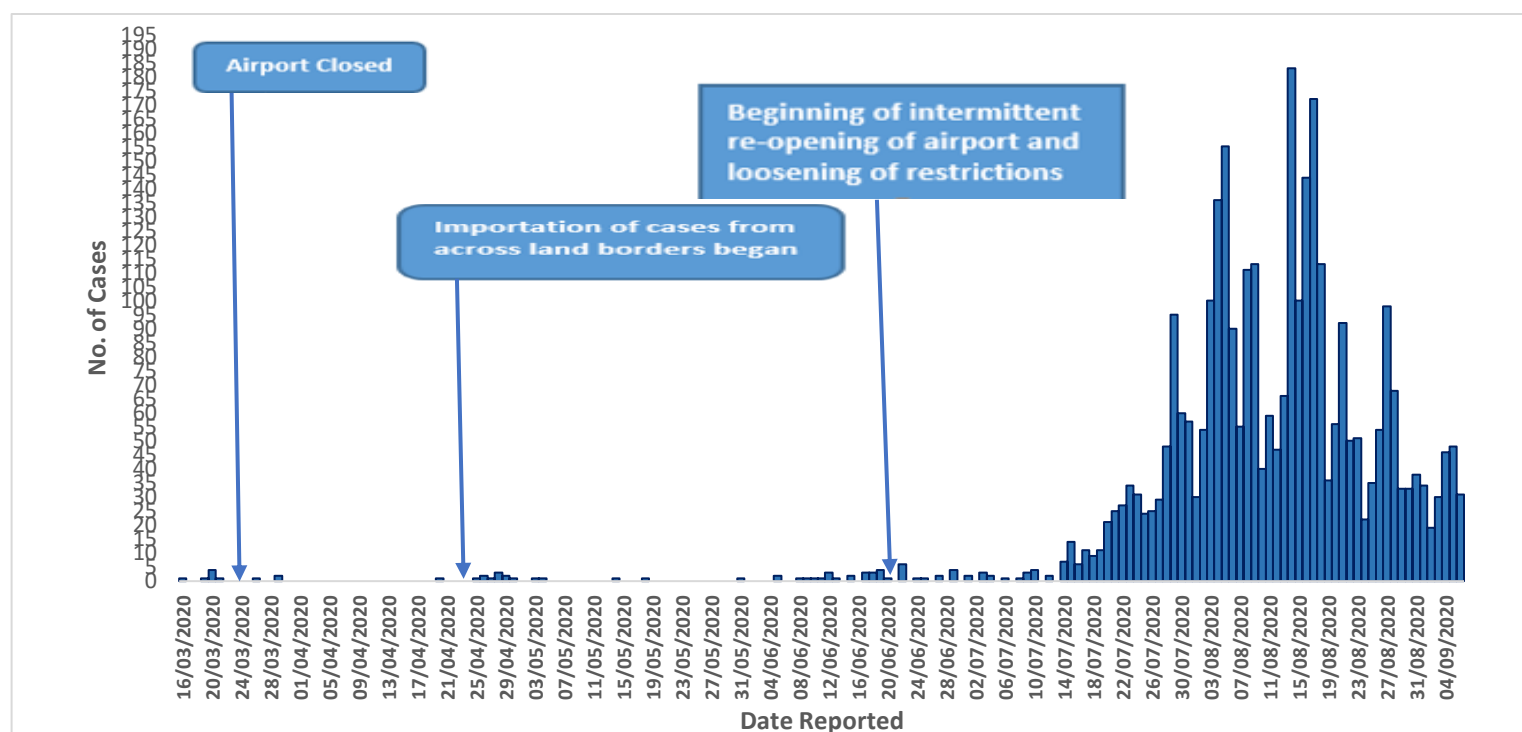


Fig. 4: Epidemic Curve of Laboratory-Confirmed Cases by Date Reported, COVID-19 Pandemic, The Gambia, 2020*.

* 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

Status	New	Cumulative
No. of active cases in institutional isolation	154	
No. of COVID-19 patients on oxygen support	4	
No. of patients recovered and discharged	100	
In Quarantine	38	122
Completed Quarantine	45	2,404
Completed follow-up (asymptomatic people with travel history to affected countries) *	0	310
No. of Contact(s) Identified**	846	
No. of Contacts being monitored	1,296	
No. of Contacts who completed 14-day follow-up	396	4,759
No. of Contacts lost to follow-up	9	9
Total Tests conducted (Repeat Test (s))***	300 (15)***	14,729
Positive test result (Repeat Test (s))	79 (1)	3,275
Negative test result (Repeat Test (s))***	172(10)***	10,624
Inconclusive test result (Repeat Test (s))***	49(4)***	

* 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, 2020

Component	Interventions
Coordination	<ul style="list-style-type: none"> Daily coordination meetings held at both central and regional levels
Surveillance/ Laboratory	<ul style="list-style-type: none"> 315 new laboratory test results received from MRCG and NPHL Of these, 53 (4 repeats and 49 new) tests were inconclusive or indeterminant and 80 (1 repeat and 79 new) tests were positive for COVID-19

Risk Communication and Community Engagement

Total No. of Calls received on toll free helpline	Calls referred to Contact Tracing team for Action	Calls referred to Quarrantine team for action	Calls referred to Rapid Response Team for Action	Calls referred to safety and security team for action	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 shared their concerns and asking questions/clarifications for available support services to address their needs
58	0	0	8	0	13	50	20	0	779

IV. GAPS/CHALLENGES:

- 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
- Despite the impending increase in the number of sample collection sites, rapid response and contact tracing teams are contending with transportation difficulties
- The Case Management Pillar of the COVID-19 response is grappling with transportation difficulties to move clinicians around the treatment centers according to their shifts
- Proper management of the continuously generated healthcare waste is a concern as there is only one functional incinerator at the NPHL
- The lack of a strong and reliable Internet connection at the NPHL is hampering the implementation of e-surveillance at the laboratory
- Existence of pervasive community transmission of COVID-19 in the country, especially in Western 1 and 2 Health Regions
- Uptick of COVID-19 among healthcare workers

V. NEXT STEPS/RECOMMENDATIONS:

- Allocation of more vehicles and motor cycles to rapid response and contact tracing teams
- Urgent provision of more vehicles to ease the movement of clinicians
- Ensure there is reliable internet access at the NPHL to support the effective implementation of e-surveillance

- Expedite the allocation of land to construct the waste management plant that has been procured by the World Bank Group to address healthcare waste management issues
- Imposition of stringent lockdown measures in the country in order to curb the spread of the virus
- 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
- Intensify RCCE activities at community level in a bid to curtail the ongoing community transmission and dispel misinformation and denial

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PARTNERS

