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|---|---|--|
| <b>Situation Report: Confirmed COVID-19</b>           |   | <b>Location: The Gambia</b>  |
| <b>Date of Report: 25<sup>th</sup> September 2020</b> |   | <b>Investigation Start Date: 17<sup>th</sup> March 2020 as of 18hrs.</b> |
| <b>Prepared by:</b>                                   | <b>Epidemiology and Disease Control Unit, MoH, The Gambia</b> |  |

## I. HIGHLIGHTS

This is the 155<sup>th</sup> 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

- 1 new COVID-19 related death recorded, bringing the total deaths to 111 - a crude case-fatality ratio of 3.1%
  - The new deceased case, aged 88, was a male of Finnish nationality who had his sample collected posthumously after being brought in dead at the EFSTH
- 5 new positive cases registered, taking the total number of COVID-19 cases ever confirmed in the country to 3,569
  - This represents a 4.1% test positivity rate (5 out of 123 total tests performed)
  - The median age of the new cases is 38 years (range: 21 to 88 years)
- 123 new laboratory test results received from NPHL
- 100 new COVID-19 recoveries recorded
- Over 300 healthcare workers at quarantine facilities benefitted from IPC trainings funded by IOM and WHO through the peace building fund
- While 6 new people were taken into quarantine, 79 discharges were made over the last 24 hours
- The country currently has 6 people in quarantine, 1,297 active cases and a crude case-fatality ratio of 3.1%

\*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: **32,752,246**
- Recoveries: **24,168,132**
- Deaths: **992,979**

#### Senegal

- Confirmed Cases: **14,839**
- Recoveries: **11,910**
- Deaths: **304**

#### The Gambia

- Confirmed Cases: **3,569**
- Recoveries: **2,161**
- Deaths: **111**

## II. EPIDEMIOLOGICAL DESCRIPTION

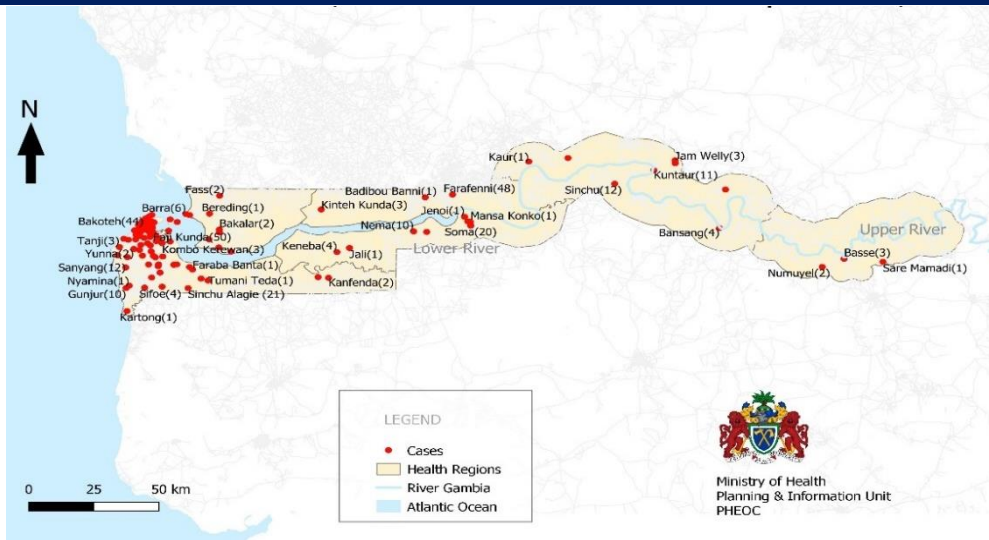


Figure 1: Distribution of COVID-19 cases, The Gambia, September 2020

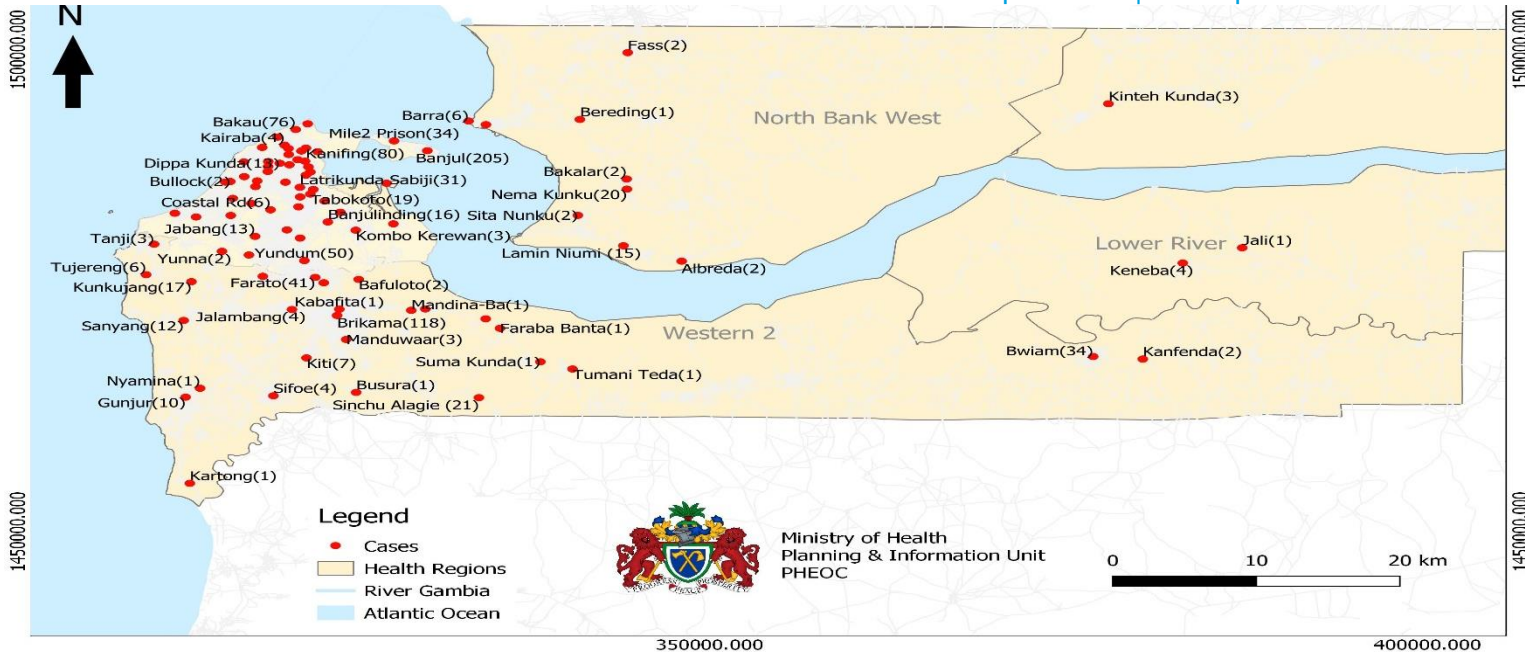


Figure 2: Distribution of COVID-19 cases in Western and North Bank West Regions, The Gambia, 2020

- 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.

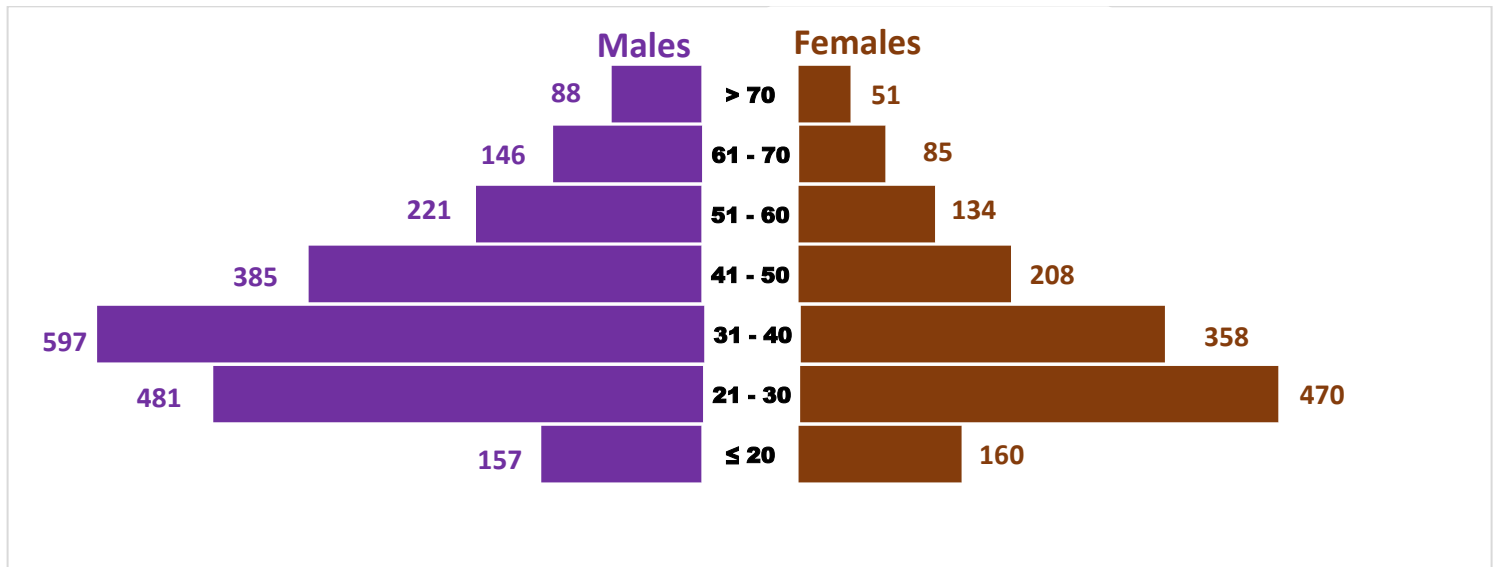
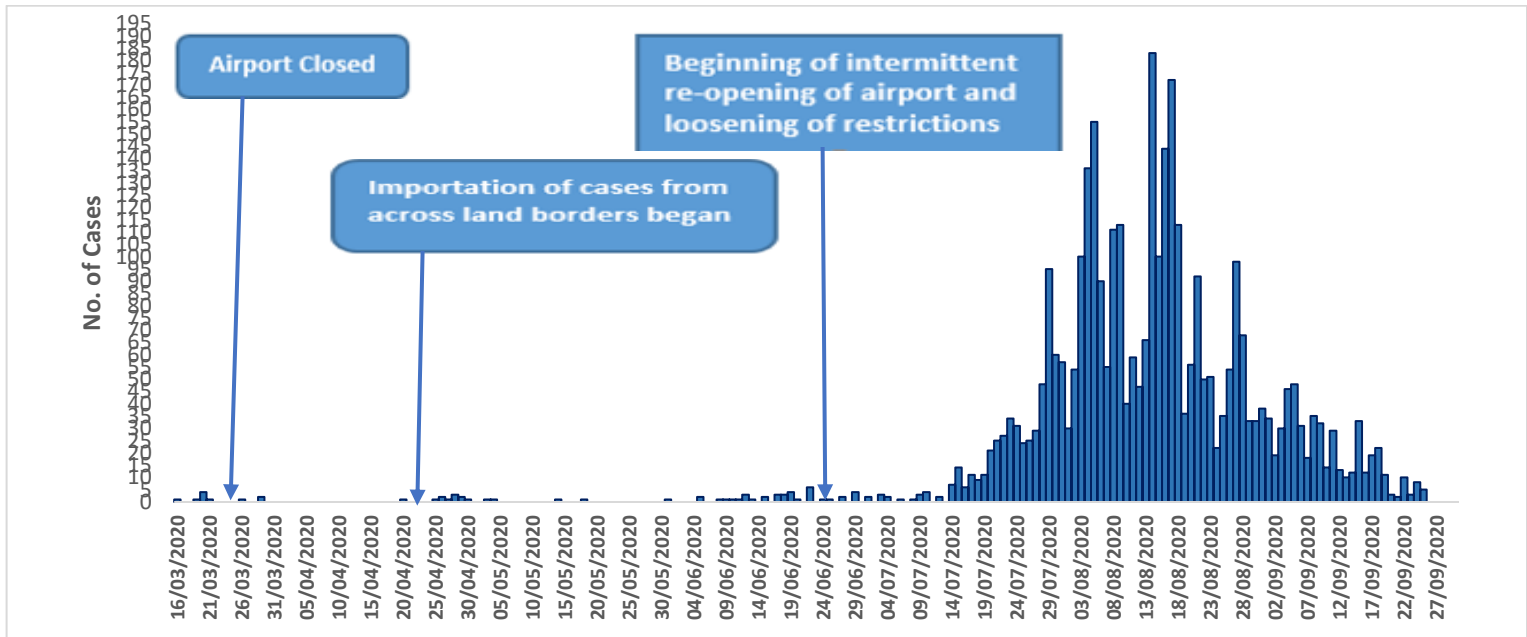


Fig. 3: Age-Sex Distribution of Confirmed COVID-19 Cases, The Gambia, 2020

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

- About 58% 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 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**

| Status  | New         | Cumulative |
|---|-------------|------------|
| No. of active cases in institutional isolation  | 72          |            |
| No. of COVID-19 patients on oxygen support  | 3           |            |
| No. of patients recovered and discharged  | 100         |            |
| In Quarantine   | 6           | 6          |
| Completed Quarantine  | 79          | 2,632      |
| Completed follow-up (asymptomatic people with travel history to affected countries) * | 0           | 310        |
| No. of Contact(s) Identified**  | 0           |            |
| No. of Contacts being monitored   | 1,168       |            |
| No. of Contacts who completed 14-day follow-up  | 0           | 7,491      |
| No. of Contacts lost to follow-up   | 0           | 30         |
| Total Tests conducted (Repeat Test (s))***  | 113 (10)*** | 17,472     |
| Positive test result (Repeat Test (s))  | 5 (0)       | 3,569      |
| Negative test result (Repeat Test (s))***   | 108 (10)*** | 12,819     |
| Inconclusive test result (Repeat Test (s))***   | 0(0)***     |            |

\* Follow-up completed prior to the 17<sup>th</sup> 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   |
|--|---|
| <b>Coordination</b>  | <ul style="list-style-type: none"> <li>Daily coordination meetings held at both central and regional levels</li> </ul>  |
| <b>Surveillance/ Laboratory</b>                              | <ul style="list-style-type: none"> <li>123 new laboratory test results received from 128 NPHL</li> <li>Of these, 0 new tests returned inconclusive or indeterminant and 5 new tests were positive for COVID-19</li> </ul>   |
| <b>Case Management / Psychosocial Support &amp; Research</b> | <ul style="list-style-type: none"> <li>100 new COVID-19 patients recovered and got discharged</li> <li>The Sanatorium received 50 lunch packs from Paradise Foundation and Family</li> <li>The Mental Health Program Unit received a laptop and data card from UNFPA in order to strengthen MHPSS services during COVID-19</li> </ul> |
| <b>Logistics, Safety &amp; Quarantine</b>                    | <ul style="list-style-type: none"> <li>Resolve to Save Lives-funded IPC training of 180 healthcare workers is underway</li> </ul>   |

#### RISK COMMUNICATION & COMMUNITY ENGAGEMENT

| Public Information Center Actions                 |   |  |  |   | Community Engagement Actions  | Feedback from Public Engagement Actions   |  |   |   |
|---|---|--|--|---|---|---|--|---|---|
| Total No. of Calls received on toll free helpline | Calls referred to Contact Tracing team for Action | Calls referred to Quarantine 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 | pages: No. of people react to post and or shared their concerns and asking questions/clarifications for available support services to address their needs |
| 47  | 0   | 0  | 4  | 2   | 0   | 41  | 0  | 0   | 113   |

### IV. GAPS/CHALLENGES:

- 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
- 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
- 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:

- Thorough enforcement of the mandatory mask-wearing regulation
- 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
- 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

