



Situation Report: Confirmed COVID-19		Location: The Gambia
Date of Report: 1st October 2020		Investigation Start Date: 17th March 2020 as of 18hrs.
Prepared by:	Epidemiology and Disease Control Unit, MoH, The Gambia	

I. HIGHLIGHTS

This is the 160th 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 recorded
- 5 new positive cases registered, taking the total number of COVID-19 cases ever confirmed in the country to 3,590
 - This represents an 8.3% test positivity rate (5 out of 60 total tests performed)
 - The median age of the new cases is 37 years (range: 21 to 55 years)
- 60 new laboratory test results received from NPHL
 - Of these, 0 returned indeterminant / inconclusive
- 2 COVID-19 patients recovered and got discharged within the last 24hrs
- As part of its contribution to the COVID-19 response, a private firm (prefers anonymity) has successfully sourced and would hand over to the MoH a total of 100 refurbished pedal bicycles for use in COVID-19 community-based surveillance
- The country currently has 39 people in quarantine, 1,246 active cases and a crude case-fatality ratio of 3.2%

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: **34,470,886**
- Recoveries: **25,661,791**
- Deaths: **1,027,142**

Senegal

- Confirmed Cases: **15,019**
- Recoveries: **12,538**
- Deaths: **311**

The Gambia

- Confirmed Cases: **3,590**
- Recoveries: **2,226**
- Deaths: **115**

II. EPIDEMIOLOGICAL DESCRIPTION

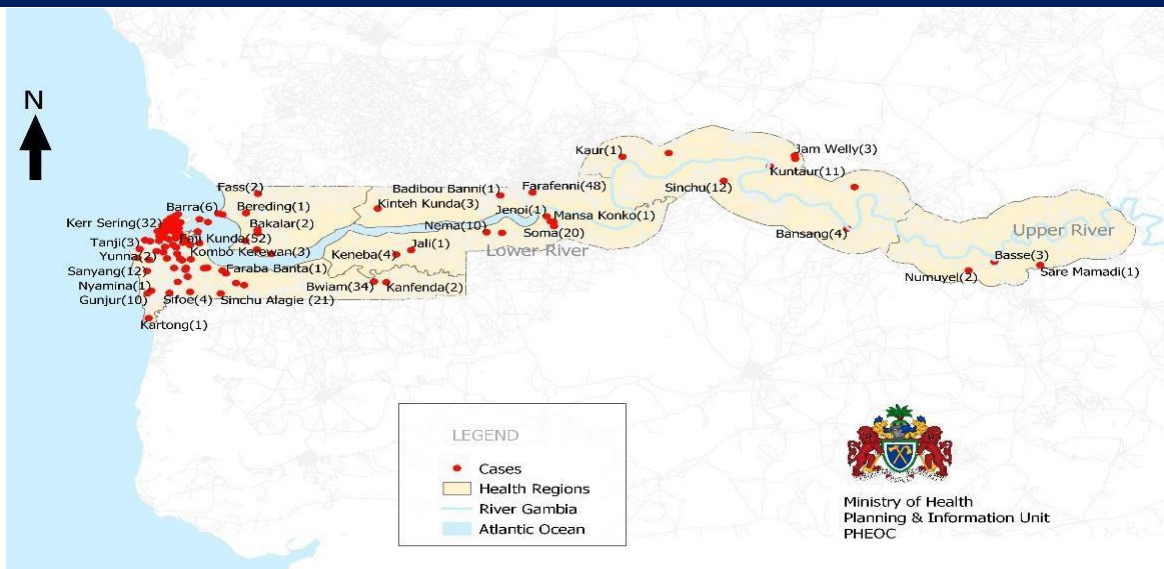


Figure 1: Distribution of COVID-19 cases, The Gambia, September 2020

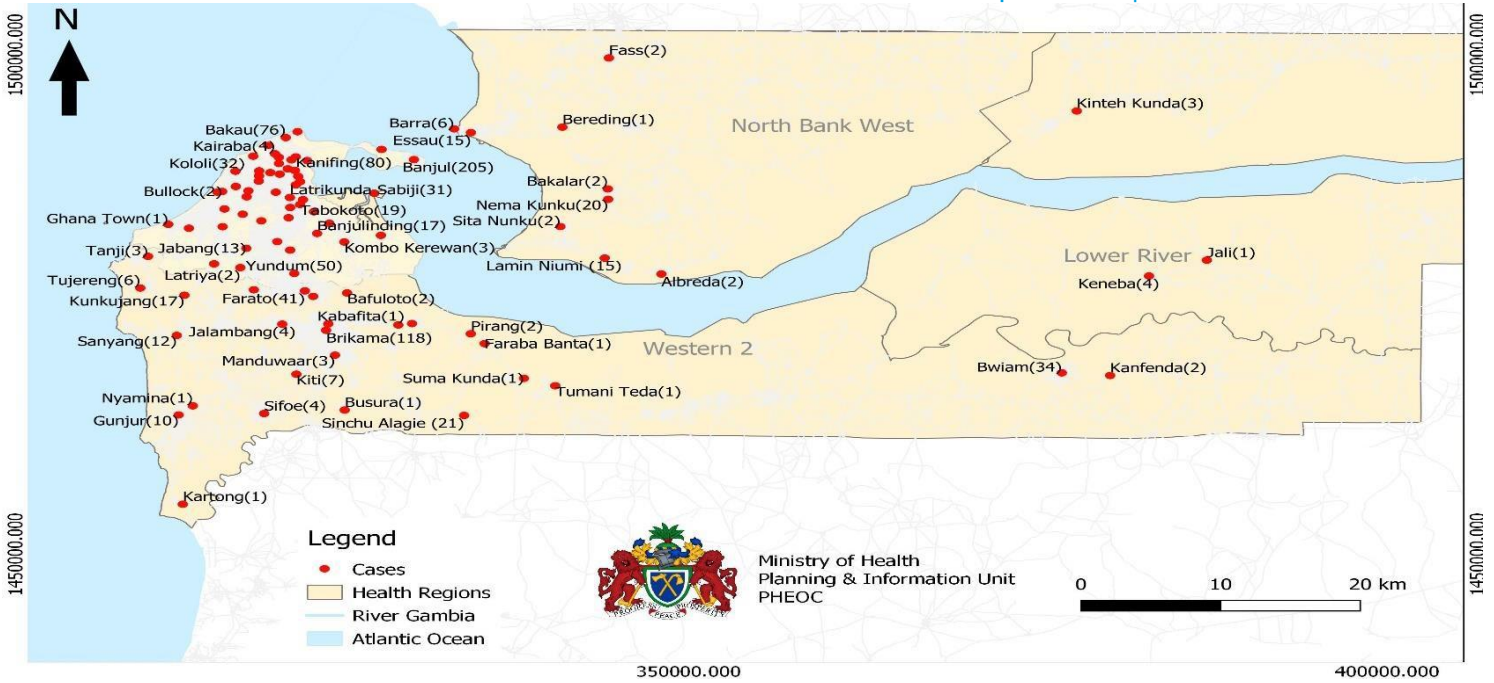


Figure 2: Distribution of COVID-19 cases in Western and North Bank West Regions, The Gambia, 2020

- 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.

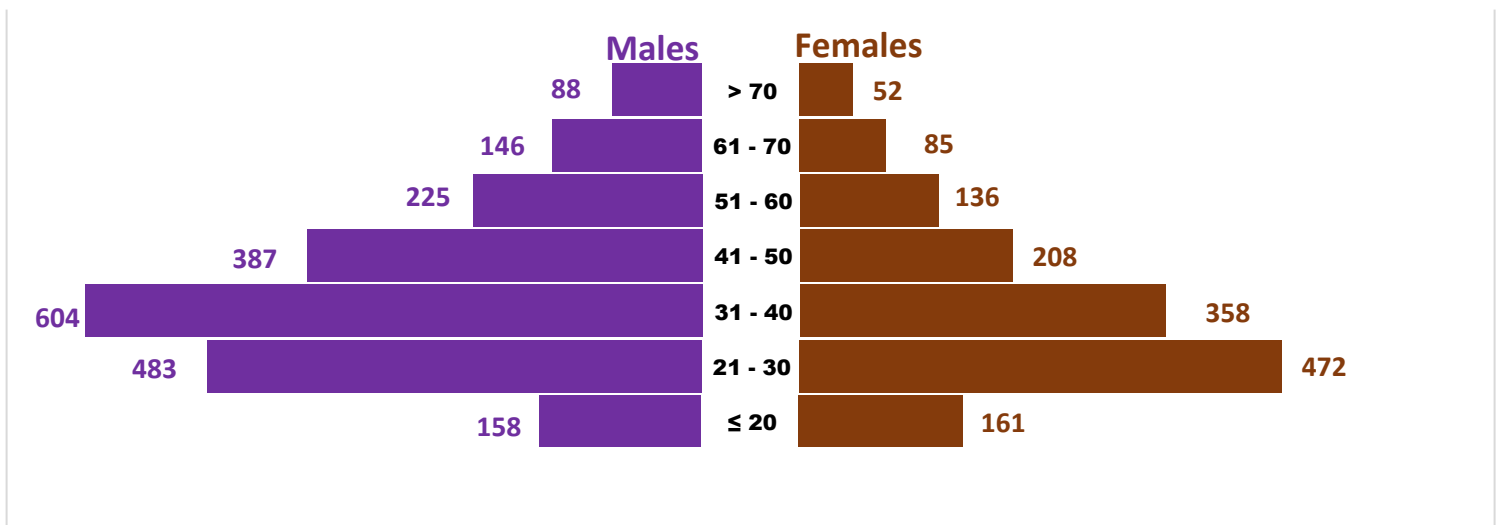


Fig. 3: Age-Sex Distribution of Confirmed COVID-19 Cases, The Gambia, 2020

* 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)

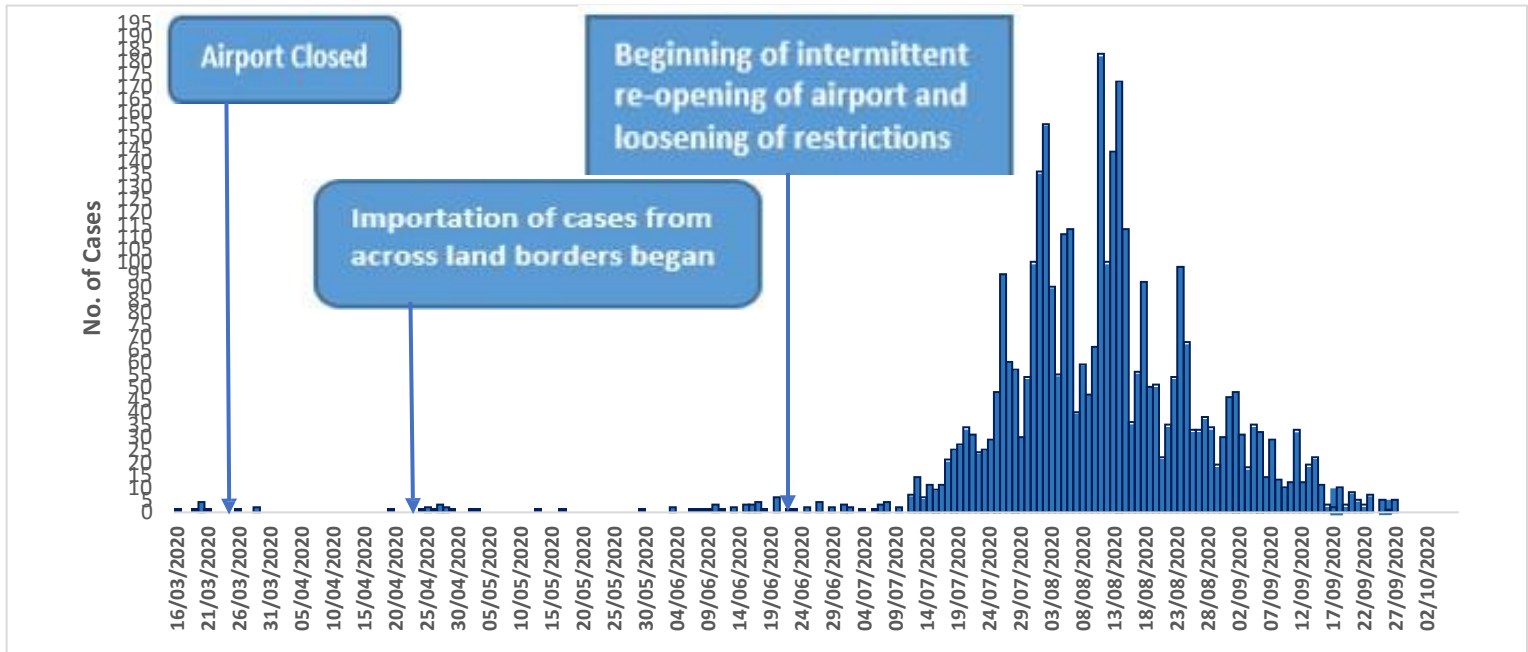


Fig. 4: Epidemic Curve of Laboratory-Confirmed Cases by Date Reported, COVID-19 Pandemic, The Gambia, 2020*.

* 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	20	
No. of COVID-19 patients on oxygen support	1	
No. of patients recovered and discharged	2	
In Quarantine	0	46
Completed Quarantine	0	2,636
Completed follow-up (asymptomatic people with travel history to affected countries) *	0	310
No. of Contact(s) Identified**	0	
No. of Contacts being monitored	0	
No. of Contacts who completed 14-day follow-up	0	8,659
No. of Contacts lost to follow-up	0	30
Total Tests conducted (Repeat Test (s))***	55 (5)***	17,885
Positive test result (Repeat Test (s))	5 (0)	3,590
Negative test result (Repeat Test (s))***	50 (5)***	13,196
Inconclusive test result (Repeat Test (s))***	0 (0)***	

* 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"> 60 new laboratory test results received from NPHL Of these, 0 test results returned inconclusive or indeterminate and 5 new tests were positive for COVID-19 As part of its contribution to the COVID-19 response, a private firm (prefers anonymity) has successfully sourced and would hand over to the MoH a total of 100 refurbished pedal bicycles for use in COVID-19 community-based surveillance
Case Management / Psychosocial Support & Research	<ul style="list-style-type: none"> 2 patients recovered and got discharged within the last 24Hrs

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
38	0	0	1	0	0	37	0	0	136

IV. GAPS/CHALLENGES:

- Absence of community-based surveillance to shore up demand for COVID-19 tests
- 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 e-surveillance at the laboratory
- Uptick of COVID-19 among healthcare workers
- Proper management of the continuously generated healthcare waste is a concern as there is only one functional incinerator at the NPHL

V. NEXT STEPS/RECOMMENDATIONS:

- Urgently institute a robust community-based surveillance system in order to increase testing
- 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
- 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
- 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

For comments or questions, please contact:
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PARTNERS

