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| <b>Situation Report: Confirmed COVID-19</b>     | <b>Location: The Gambia</b>  |
| <b>Date of Report: 12<sup>th</sup> Nov 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 194<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

- No new COVID-19 related death recorded
  - No new posthumous sample tested
- 4 new cases registered, taking the total number of COVID-19 cases ever confirmed in the country to 3,702
  - This represents a 2.6% test positivity rate (4 out of 156 total tests performed)
  - The median age of the new COVID-19 cases is 11.5 (range: 6 – 50 years)
- 156 new laboratory test results received (24 from MRC and 132 from NPHL)
  - No new test returned indeterminant / inconclusive
- 10 COVID-19 patients in home-isolation recovered and got discharged
- The country currently has 24 people in quarantine, 13 active cases\* and a crude case-fatality ratio of 3.3%

\*The bulk of 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: **53,082,759**
- Recoveries: **37,203,760**
- Deaths: **1,298,628**

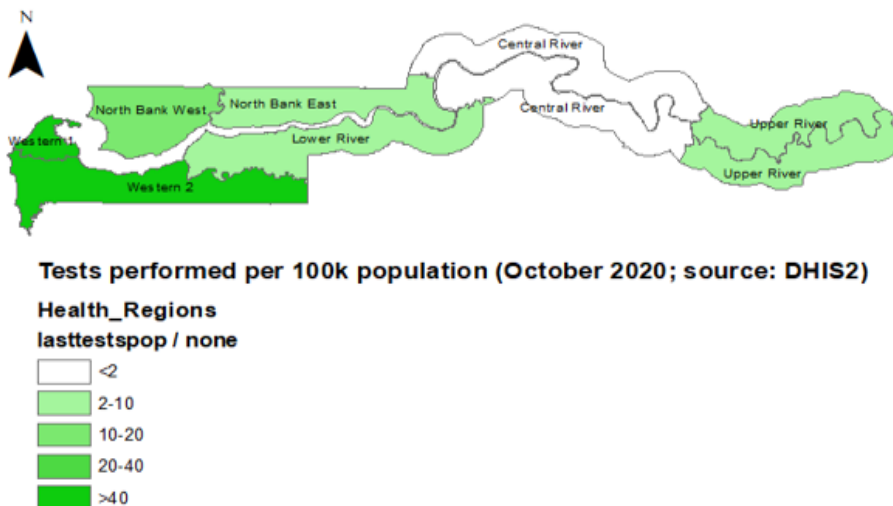
### Senegal

- Confirmed Cases: **15,744**
- Recoveries: **15,386**
- Deaths: **326**

### The Gambia

- Confirmed Cases: **3,702**
- Recoveries: **3,567**
- Deaths: **122**

## II. EPIDEMIOLOGICAL DESCRIPTION



**Figure 2: Region-wise distribution of COVID-19 tests conducted per 100,000 population, The Gambia, 1<sup>st</sup> to 31<sup>st</sup> October, 2020**

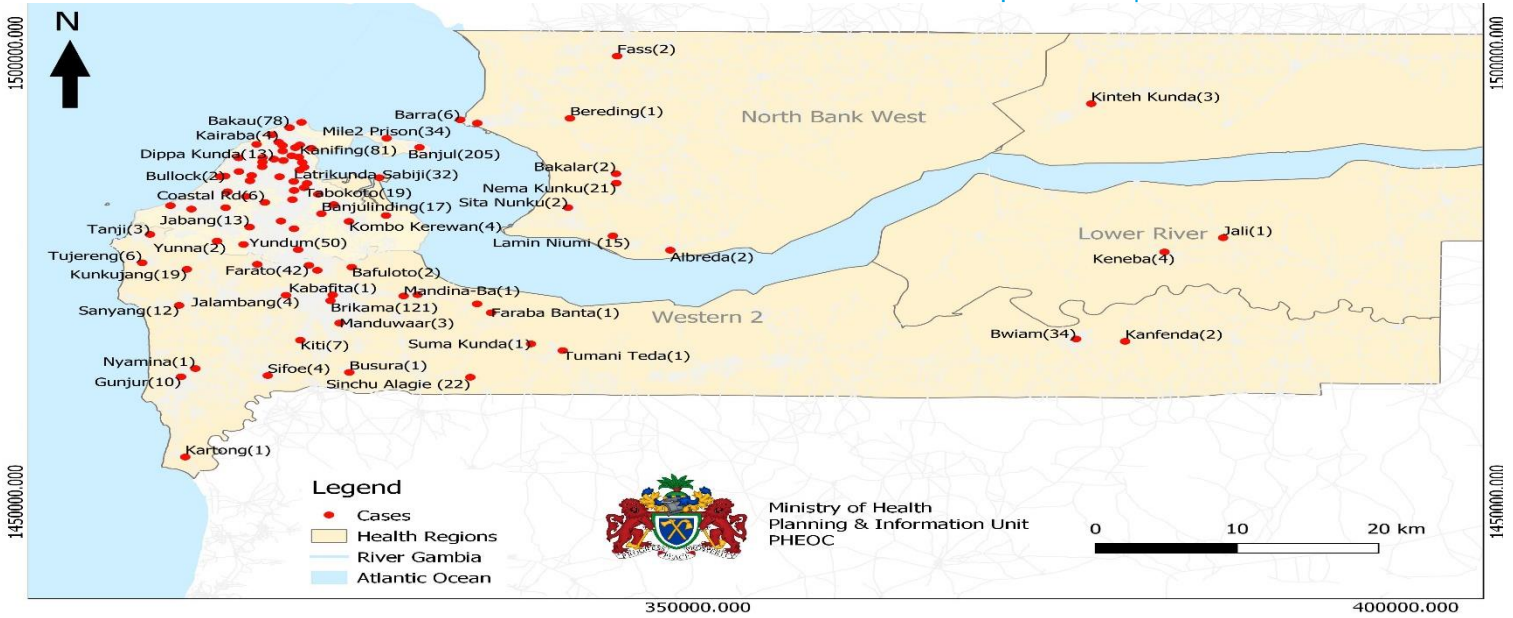


Figure 2: Distribution of COVID-19 cases in Western and North Bank West Regions, The Gambia, 2020

- All 7 health regions have reported cases of COVID-19 (See Fig. 1)
- 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.

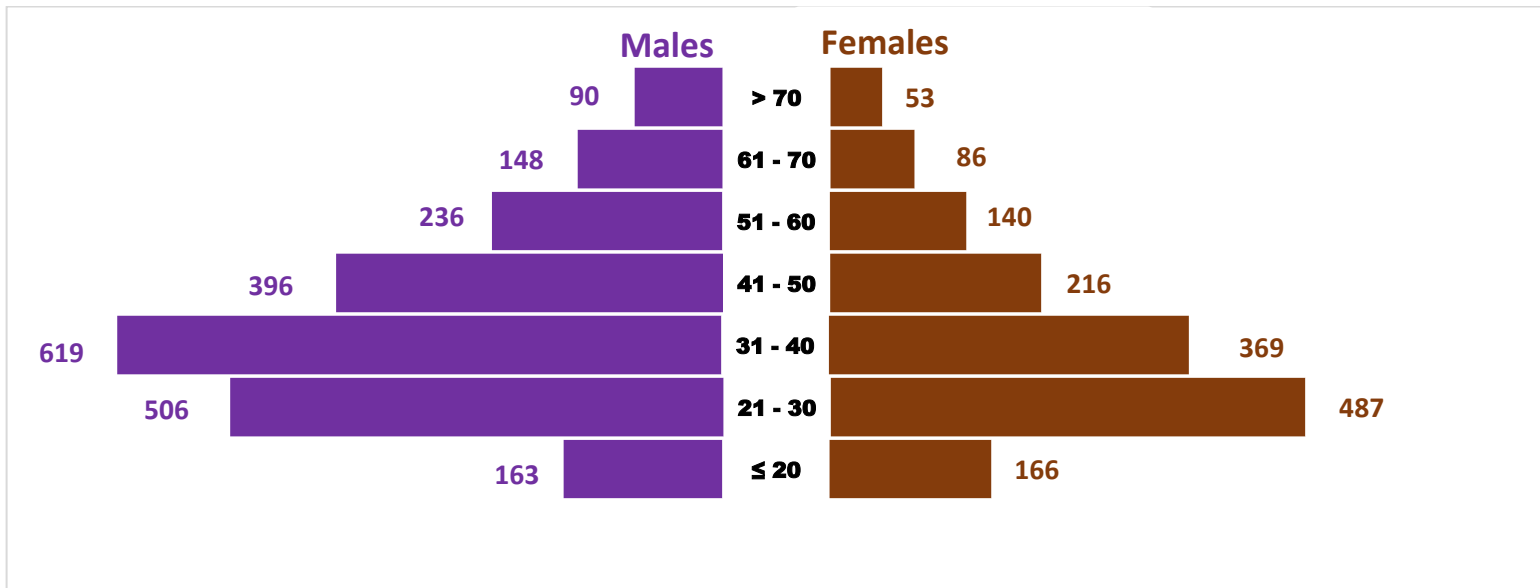
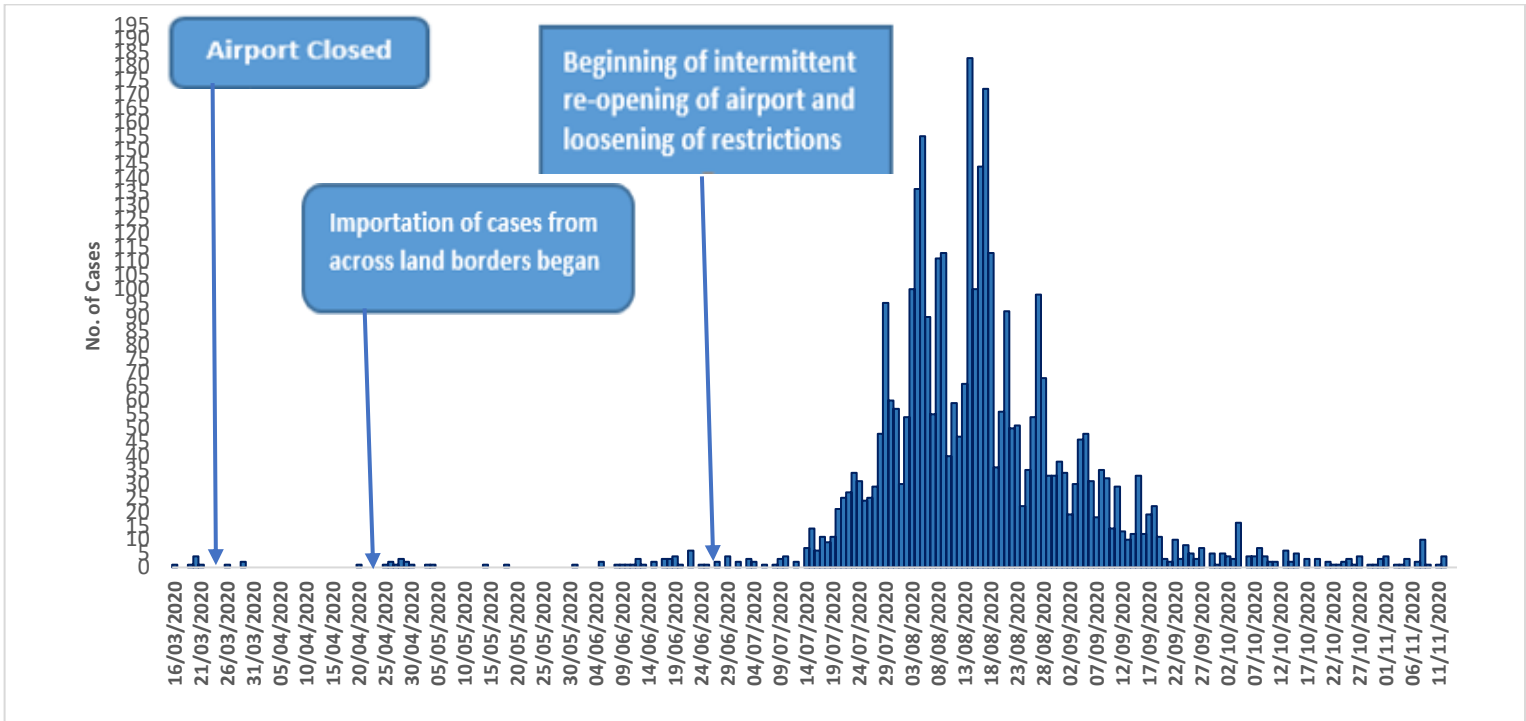


Fig. 3: Age-Sex Distribution of Confirmed COVID-19 Cases, The Gambia, 2020

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

- About 59% of the confirmed cases are males (See Fig. 3)
- About 62% 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<sup>\*</sup>.

<sup>\*</sup> 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  | 7           |            |
| No. of COVID-19 patients on oxygen support  | 1           |            |
| No. of patients recovered and discharged  | 0           |            |
| In Quarantine   | 0           | 24         |
| Completed Quarantine  | 0           | 2,702      |
| 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           | 14,664     |
| No. of Contacts lost to follow-up   | 0           | 51         |
| Total Tests conducted (Repeat Test (s))***  | 140 (16)*** | 22,518     |
| Positive test result (Repeat Test (s))  | 4 (0)       | 3,702      |
| Negative test result (Repeat Test (s))***   | 136 (16)*** | 17,674     |
| 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>156 new laboratory test results received (24 from MRC and 132 from NPHL)</li> <li>Of these, no test result returned inconclusive or indeterminant and 4 new tests returned positive for COVID-19</li> </ul> |
| <b>Case Management / Psychosocial Support &amp; Research</b> | <ul style="list-style-type: none"> <li>10 new patients recovered and got discharged</li> </ul>   |

#### RISK COMMUNICATION AND COMMUNITY ENGAGEMENT DAILY REPORT

| Public Information Center Actions                 | Community Engagement Actions  | Feedback from Public Engagement Actions  |   |  |   |
|---|---|--|---|--|---|
| Total No. of Calls received on toll free helpline | No. of communities reached on COVID-19 through messaging on prevention and access to services | <b>Toll Free Helpline:</b> No. of people shared their concerns and asking questions/clarifications for available support services to address their needs | <b>Radio phoning programme:</b> No. of people shared their concerns and asking questions/clarifications for available support services to address their needs | <b>TV phoning programme:</b> No. of people shared their concerns and asking questions/clarifications for available support services to address their needs | <b>Social Media pages:</b> No. of people who react to post and or shared their concerns and asking questions/clarifications for available support services to address their needs |
| 52  | 16  | 49   | 8   | 0  | 137   |

- Community-based surveillance using community health workers (public health or surveillance officers, village health service community health nurses, laboratory staff and village health workers) has been scaled-up in CRR, LRR, URR and NBRE through funding from the Africa CDC PACT CHW village Initiative. Trainings have been completed in all regions and field work is ongoing

### IV. GAPS/CHALLENGES:

- High site-specific test positivity rates being recorded at one of the testing sites (Keneba) in the hinterland
- 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 e-surveillance at the laboratory
- Uptick of COVID-19 among healthcare workers

### V. NEXT STEPS/RECOMMENDATIONS:

- Intensify risk communication 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
- 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
- Expedite the implementation of the Global Fund supported RCCE activities on COVID-19

**For comments or questions, please contact:**  
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**PARTNERS**

