



<b>Situation Report: Confirmed COVID-19</b>	<b>Location: The Gambia</b>
<b>Date of Report: 17<sup>th</sup> Nov 2020</b>	<b>Investigation Start Date: 17<sup>th</sup> March 2020 as of 18hrs.</b>
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## I. HIGHLIGHTS

This is the 198<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
- 231 new laboratory test results received from NPHL
  - No new case of COVID-19 recorded
  - No new test returned indeterminant / inconclusive
- 2 COVID-19 patients in home-isolation newly recovered and got discharged
- A presentation led by consultants from Public Health England culminated in the formation of a team that is to come up with a COVID-19 testing strategy document within a week
- The country currently has no person in quarantine, 5 active cases and a crude case-fatality ratio of 3.3%

## COVID-19 SITUATION IN NUMBERS

### Globally

- Confirmed Cases: **55,934,704**
- Recoveries: **38,954,484**
- Deaths: **1,342,942**

### Senegal

- Confirmed Cases: **15,806**
- Recoveries: **15,425**
- Deaths: **329**

### The Gambia

- Confirmed Cases: **3,705**
- Recoveries: **3,578**
- 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

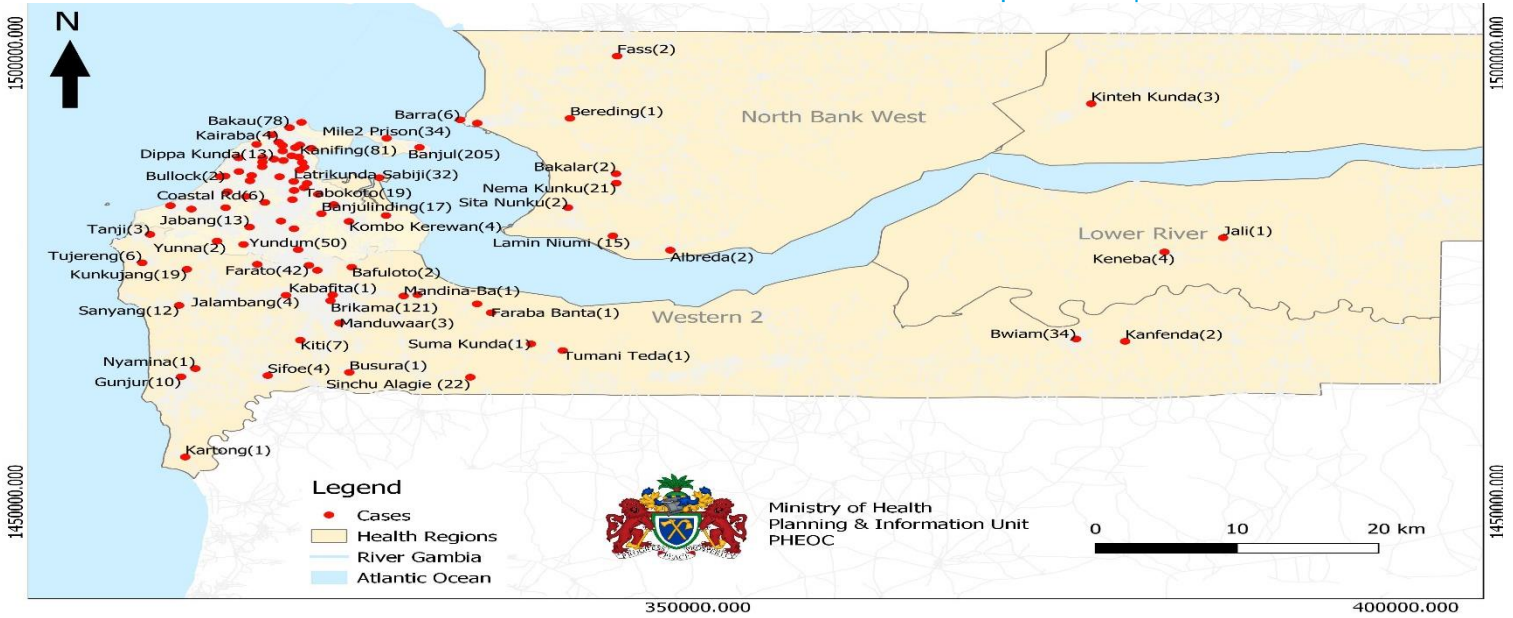


Figure 2: Distribution of COVID-19 cases in Western and North Bank West Regions, The Gambia, 2020

- 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.

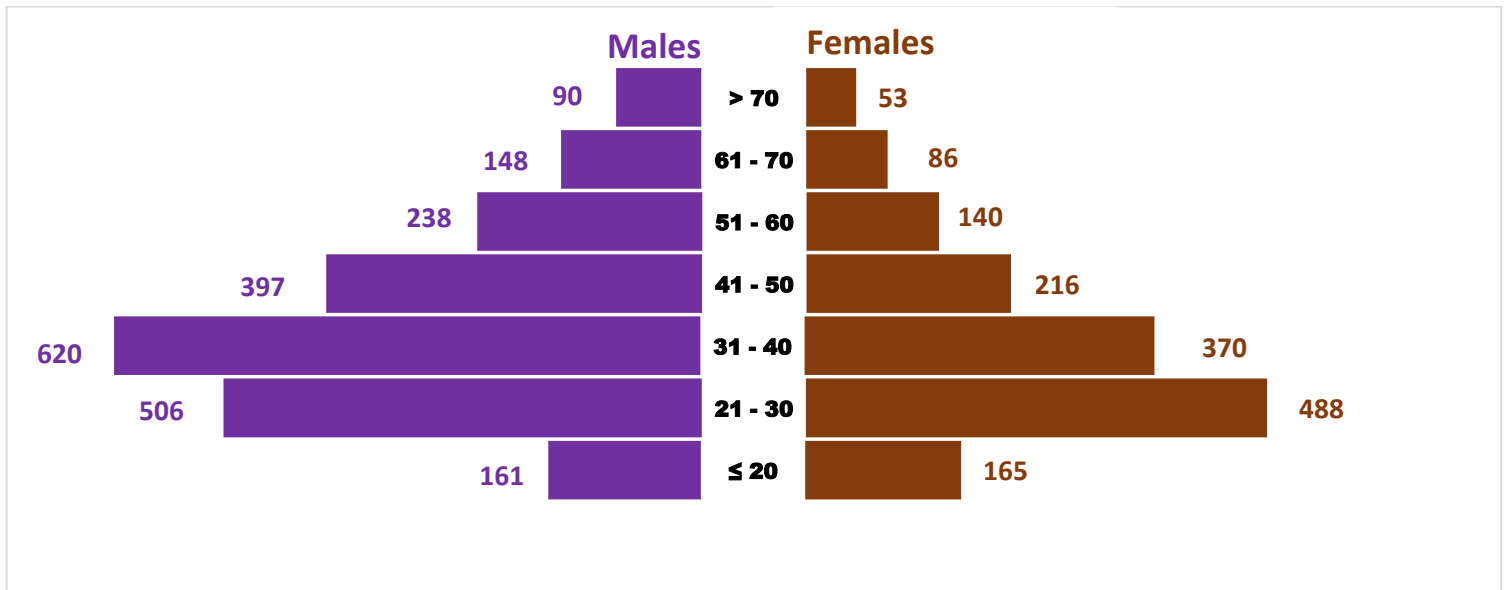
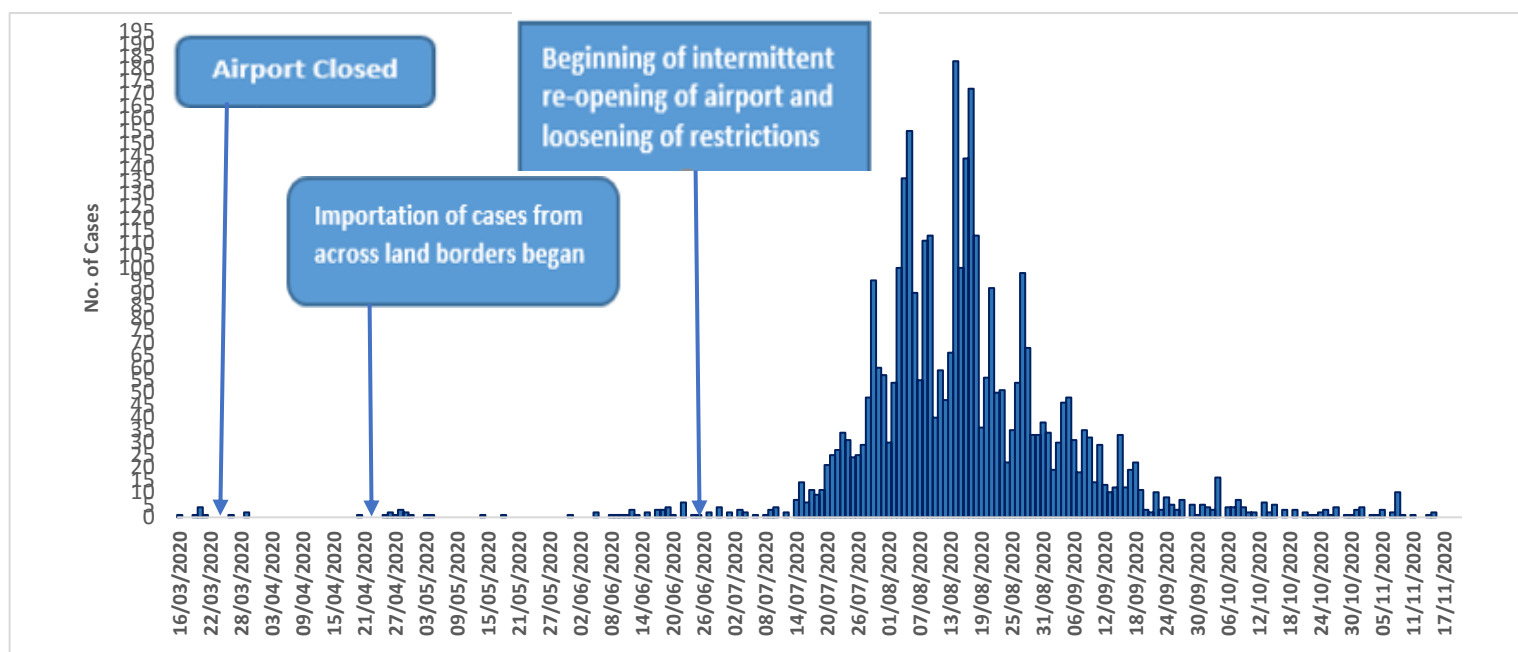


Fig. 3: Age-Sex Distribution of Confirmed COVID-19 Cases, The Gambia, 2020

- <sup>\*</sup> 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\*.  
 \* 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	4	
No. of COVID-19 patients on oxygen support	1	
No. of patients recovered and discharged	2	
In Quarantine	0	0
Completed Quarantine	0	2,726
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))***	206 (25)***	23,348
Positive test result (Repeat Test (s))	0 (0)	3,705
Negative test result (Repeat Test (s))***	206 (25)***	18,501
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>231 new laboratory test results received from NPHL</li> <li>Of these, no test result returned inconclusive or indeterminate and 0 new tests returned positive for COVID-19</li> <li>A presentation led by consultants from Public Health England culminated in the formation of a team that is to come up with a COVID-19 testing strategy document within a week</li> </ul>
<b>Case Management / Psychosocial Support &amp; Research</b>	<ul style="list-style-type: none"> <li>2 new patients recovered and got discharged</li> </ul>

### 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 and community engagement 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
- 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

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

