



<b>Situation Report: Confirmed COVID-19</b>	<b>Location: The Gambia</b>
<b>Date of Report: 19<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 200<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 registered
- 10 new cases registered, taking the total number of COVID-19 cases ever confirmed in the country to 3,716
  - This represents a 3.3% test positivity rate (10 out of 305 total tests performed) – the highest registered in several days
  - The median age of the new cases is 31.5 years (range: 10 to 58 years)
- Clinicians of the Case Management Pillar of the response are being trained, by a consultant from WHO, on the clinical care of COVID-19 cases
- A team from China is in the country to support the COVID-19 response
- 305 new laboratory test results received (24 from MRC and from 281 from NPHL)
  - No new test returned indeterminant / inconclusive
- 1 COVID-19 patient newly recovered and got discharged
- The country currently has no person in quarantine, 13 active cases and a crude case-fatality ratio of 3.3%

### COVID-19 SITUATION IN NUMBERS

**Globally**

- Confirmed Cases: **57,225,863**
- Recoveries: **39,725,929**
- Deaths: **1,364,887**

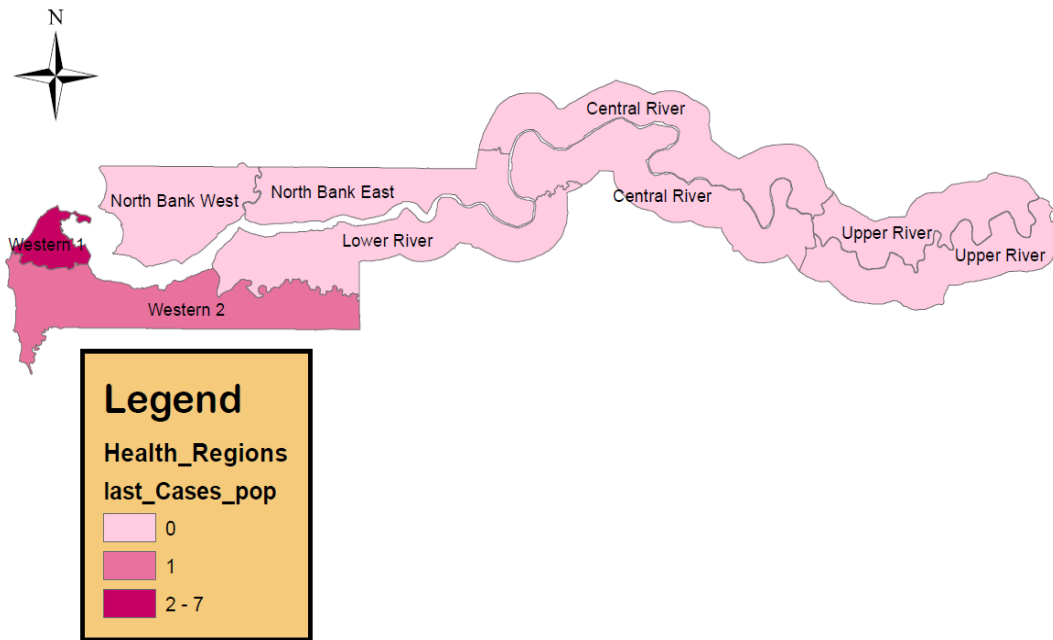
**Senegal**

- Confirmed Cases: **15,835**
- Recoveries: **15,440**
- Deaths: **329**

**The Gambia**

- Confirmed Cases: **3,716**
- Recoveries: **3,581**
- Deaths: **122**

## II. EPIDEMIOLOGICAL DESCRIPTION



**Figure 1: Distribution of Recent COVID-19 Cases Per 100,000 Pop. by Region, The Gambia, 1<sup>st</sup> to 31<sup>st</sup> Oct. 2020**

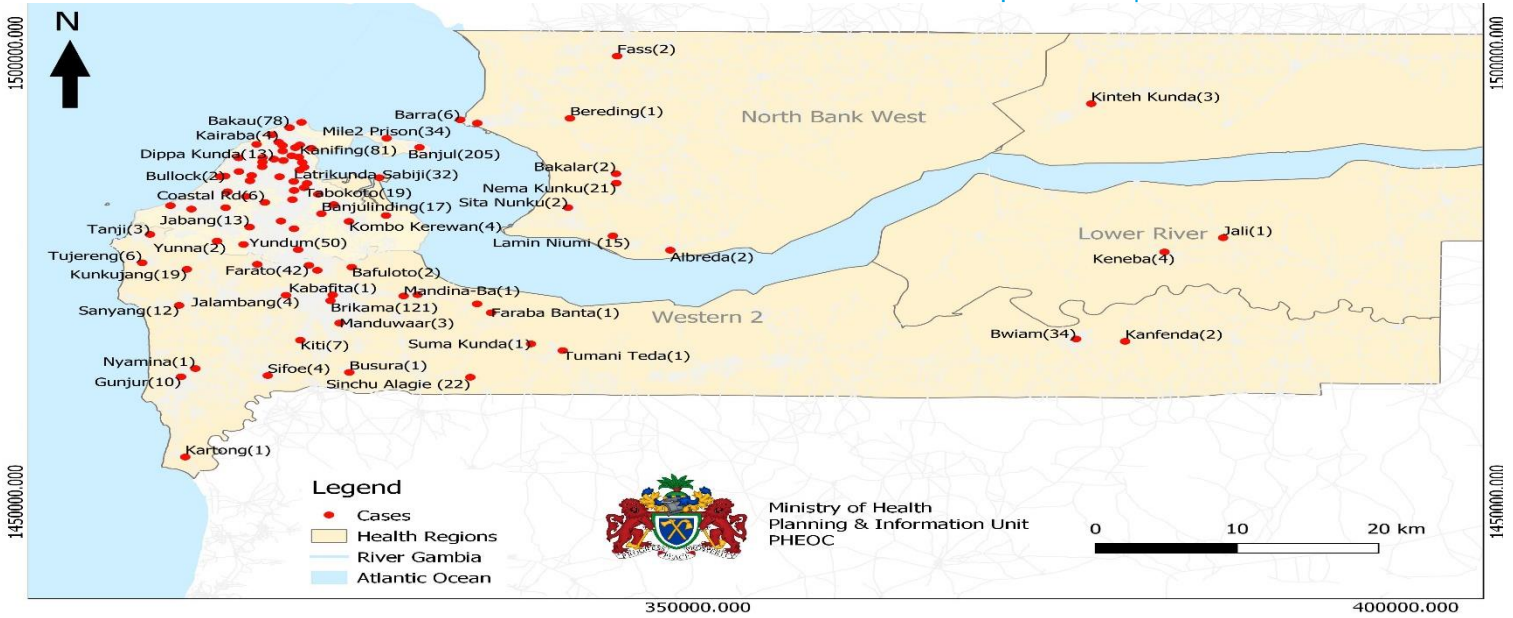


Figure 2: Distribution of COVID-19 cases in Western and North Bank West Regions, The Gambia, 2020

- 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.

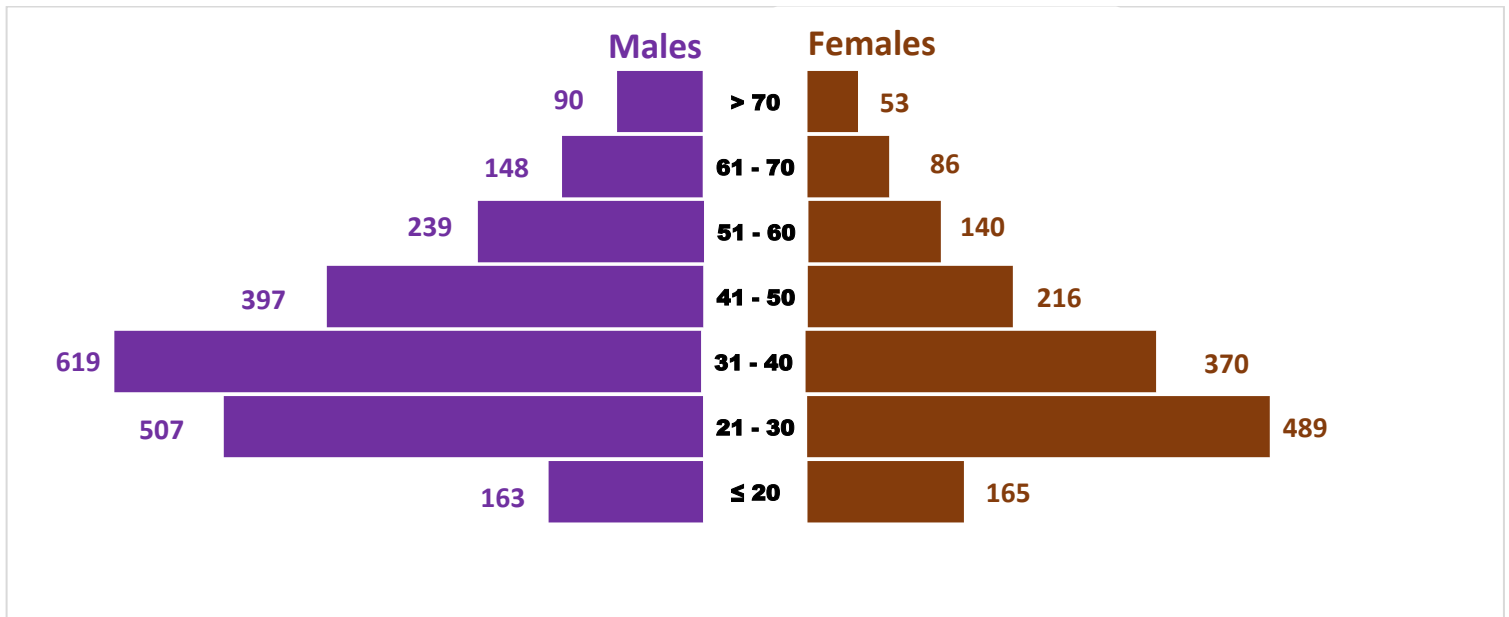
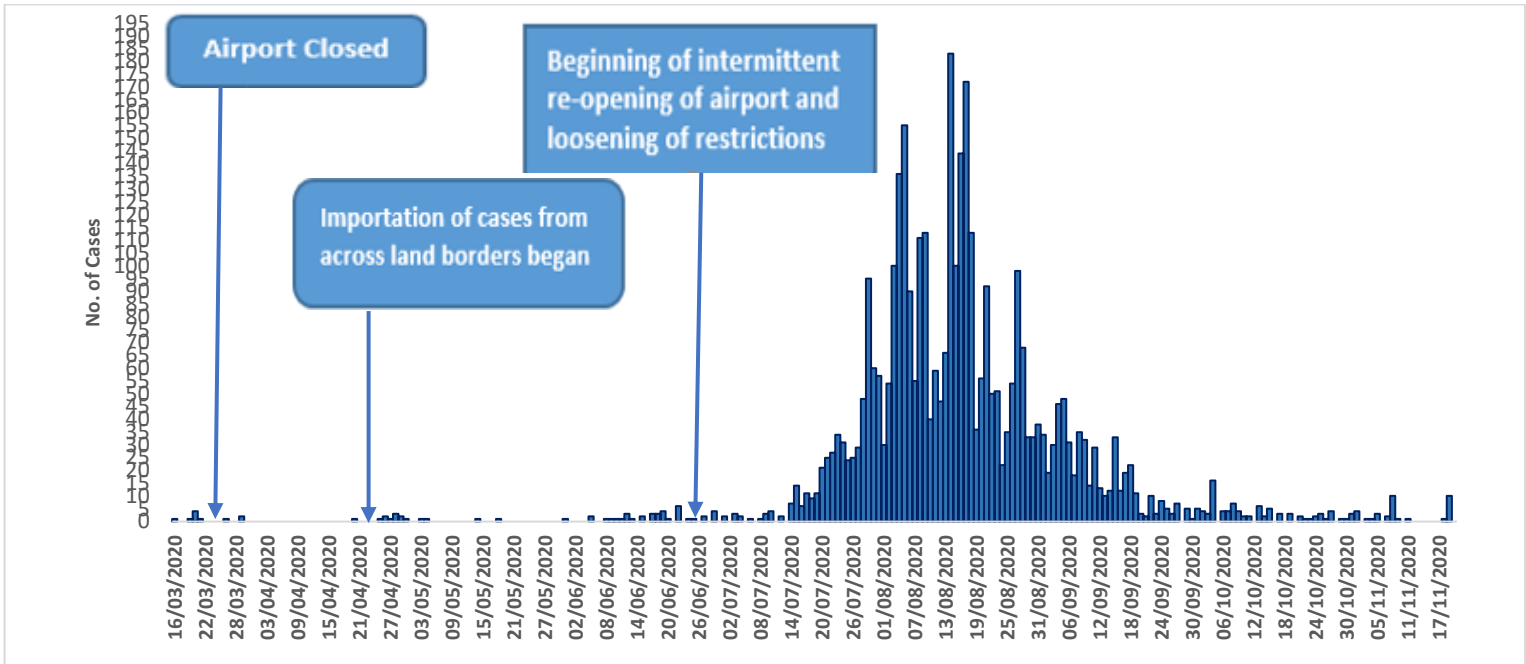


Fig. 3: Age-Sex Distribution of Confirmed COVID-19 Cases, The Gambia, 2020

- <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		6
No. of COVID-19 patients on oxygen support		3
No. of patients recovered and discharged	1	
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))***	281 (26)***	23,947
Positive test result (Repeat Test (s))	10 (0)	3,716
Negative test result (Repeat Test (s))***	271 (26)***	19,089
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> <li>A team from China is in the country to support the COVID-19 response</li> </ul>
<b>Surveillance/ Laboratory</b>	<ul style="list-style-type: none"> <li>305 new laboratory test results received (24 from MRC and 281 from NPHL)</li> <li>Of these, no test result returned inconclusive or indeterminant and 10 new tests returned positive for COVID-19</li> </ul>
<b>Case Management / Psychosocial Support &amp; Research</b>	<ul style="list-style-type: none"> <li>1 new patient recovered and got discharged</li> <li>Clinicians of the Case Management Pillar of the response are being trained, by a consultant from WHO, on the clinical care of COVID-19 cases</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**

