



<b>Situation Report: Confirmed COVID-19</b>	<b>Location: The Gambia</b>
<b>Date of Report: 29<sup>th</sup> – 30<sup>th</sup> October 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 183<sup>rd</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
  - Results of the 2 posthumous samples tested returned negative for COVID-19
- 2 new cases registered, taking the total number of COVID-19 cases ever confirmed in the country to 3,672
  - This represents a 0.6% test positivity rate (2 out of 316 total tests performed)
  - The new cases – a male and a female – are aged 38 and 70 respectively
- 316 new laboratory test results received from NPHL
  - No new test returned indeterminant / inconclusive
- 320 patients in self-isolation newly recovered and got discharged by the virtual clinics
- Whereas no new person has been taken into quarantine, no new person was discharged either
- The country currently has 4 people in quarantine, 357 active cases\* and a crude case-fatality ratio of 3.2%
  - \*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: **45,892,274**
- Recoveries: **33,243,418**
- Deaths: **1,193,240**

#### Senegal

- Confirmed Cases: **15,605**
- Recoveries: **14,732**
- Deaths: **323**

#### The Gambia

- Confirmed Cases: **3,672**
- Recoveries: **3,196**
- Deaths: **119**

## II. EPIDEMIOLOGICAL DESCRIPTION



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

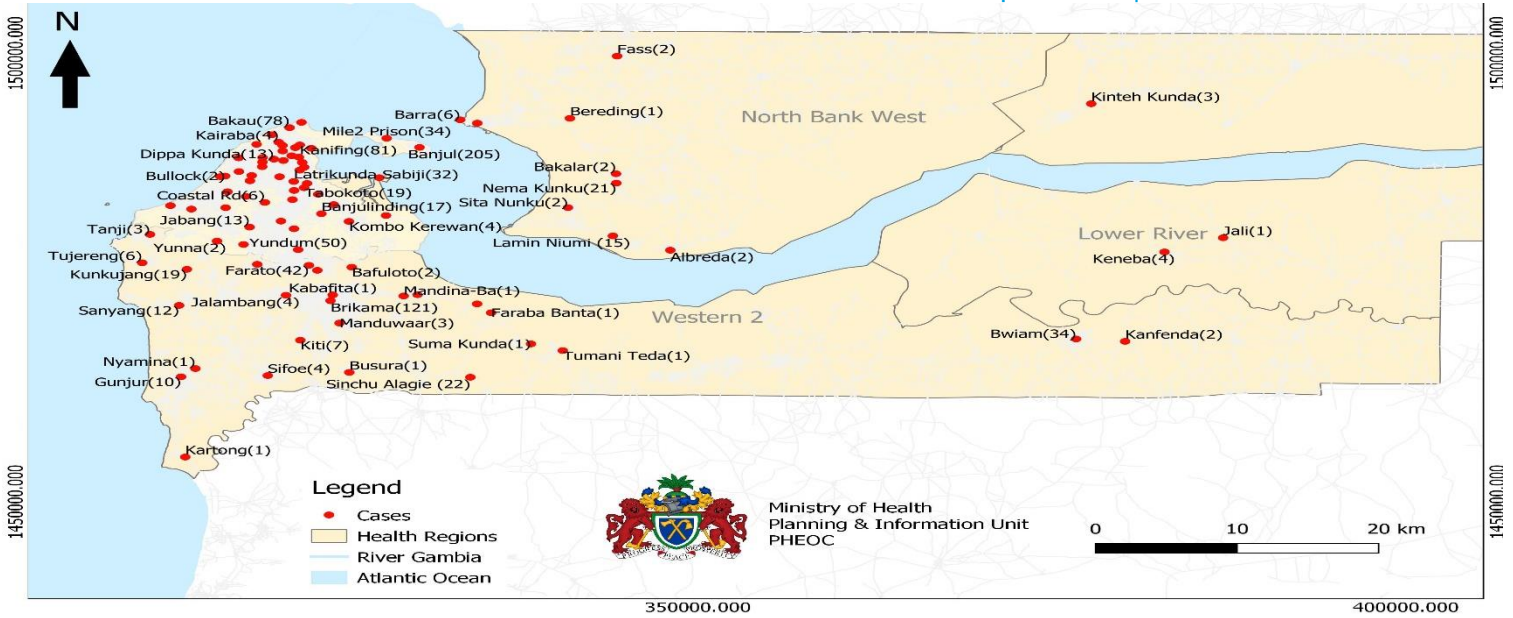


Figure 2: Distribution of COVID-19 cases in Western and North Bank West Regions, The Gambia, 2020

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

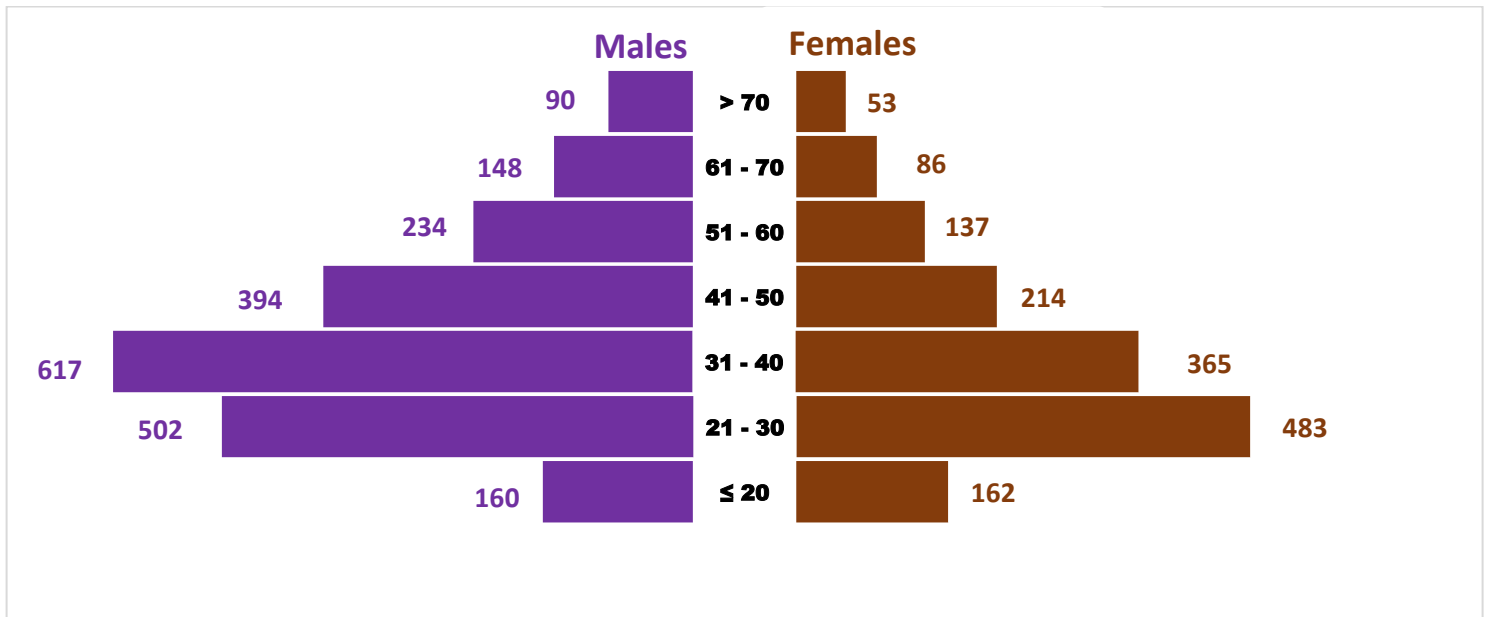
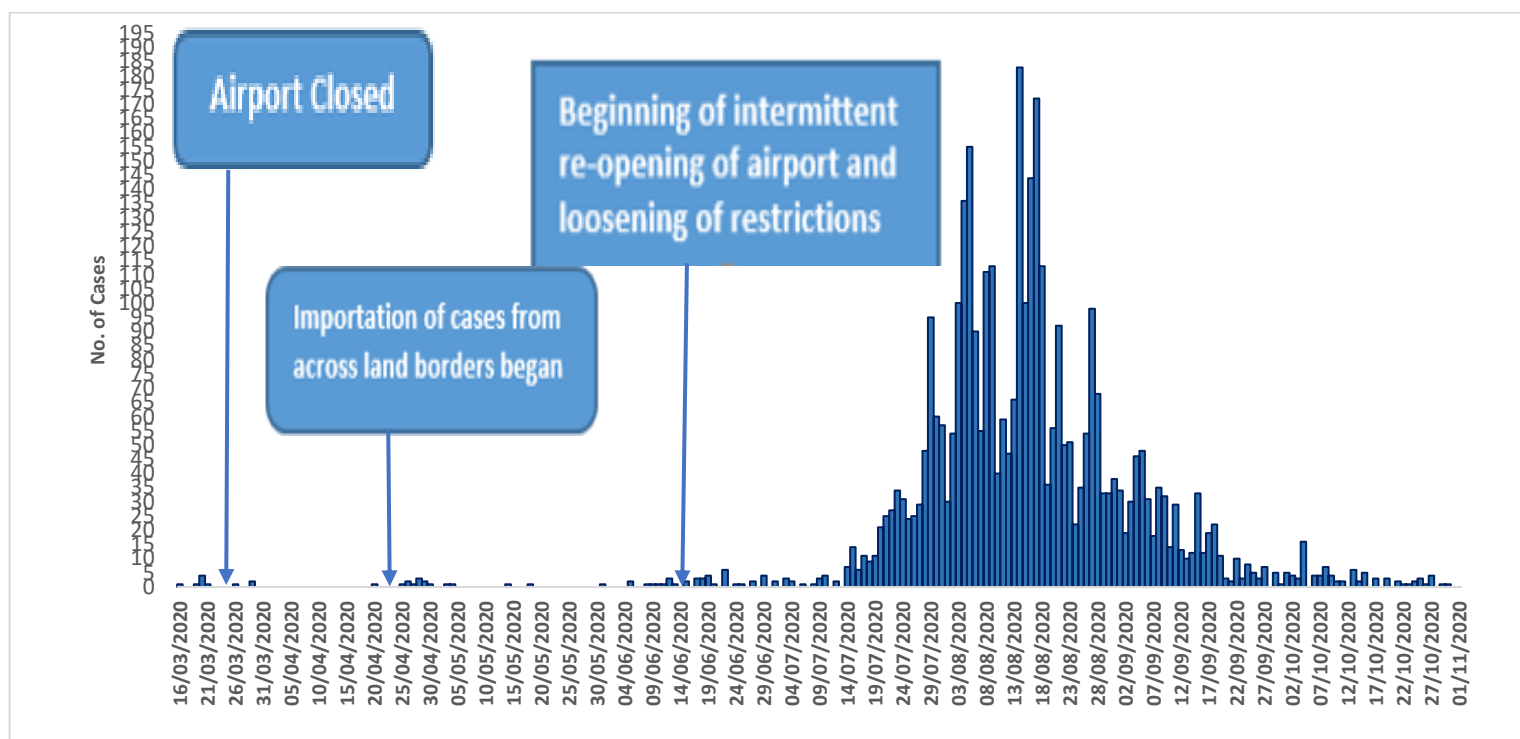


Fig. 3: Age-Sex Distribution of Confirmed COVID-19 Cases, The Gambia, 2020

- <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	0	
No. of patients recovered and discharged	320	
In Quarantine	0	4
Completed Quarantine	0	2,692
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))***	296 (20)***	21,088
Positive test result (Repeat Test (s))	2 (0)	3,672
Negative test result (Repeat Test (s))***	294 (20)***	16,214
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>316 new laboratory test results received from NPHL</li> <li>Of these, no test result returned inconclusive or indeterminant and 2 new tests returned positive for COVID-19</li> </ul>
<b>Case Management / Psychosocial Support &amp; Research</b>	<ul style="list-style-type: none"> <li>320 new patients recovered and got discharged</li> </ul>
<b>Logistics &amp; Safety</b>	<ul style="list-style-type: none"> <li>A consultant epidemiologist from Public Health England has arrived and is currently working with the relevant response teams</li> </ul>

#### RISK COMMUNICATION & COMMUNITY ENGAGEMENT

Public Information Center Actions	Community Engagement Actions	Feedback from Public Engagement Actions			
		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	Social Media pages: No. of people react to post and or shared their concerns and asking questions/clarifications for available support services to address their needs
Total No. of Calls received on toll free helpline	No. of communities reached on COVID-19 through messaging on prevention and access to services				
28	13	28	9	0	81

### IV. GAPS/CHALLENGES:

- A high (60%) site-specific test positivity rate registered at the MRC Keneba testing site
- Absence of community-based surveillance in most regions to shore up demand for COVID-19 tests
- 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:

- 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
- 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

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

