



<b>Situation Report: Confirmed COVID-19</b>		<b>Location: The Gambia</b>	
<b>Date of Report: 25<sup>th</sup> Dec 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 231<sup>st</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
  - No posthumous sample tested
- 1 new COVID-19 case recorded, bringing the total number of COVID-19 cases ever confirmed in the country to 3,793
  - The new case is a 48-year-old male resident of Sukuta Salagi
  - He is asymptomatic and had his sample collected and tested at MRC
- 238 new laboratory test results received (236 from NPHL and 2 from MRCG)
  - No new test returned indeterminate
  - 1 new test returned positive, representing a test positivity rate of 0.4%
- The 14-day follow-up of 26 contacts [of laboratory confirmed cases] accomplished without any of them manifesting symptoms of COVID-19
- Whilst 16 new people were taken into quarantine, 97 were discharged
- 1 new COVID-19 patient discharged
- The country currently has 16 people in quarantine, 6\* active cases and a crude case-fatality ratio of 3.2%

\*4 recently confirmed cases absconded from the Sanatorium

## COVID-19 SITUATION IN NUMBERS

### Globally

- Confirmed Cases: **80,194,887**
- Recoveries: **56,465,183**
- Deaths: **1,756,991**

### Senegal

- Confirmed Cases: **18,369**
- Recoveries: **16,785**
- Deaths: **386**

### The Gambia

- Confirmed Cases: **3,793**
- Recoveries: **3,660**
- Deaths: **123**

## II. EPIDEMIOLOGICAL DESCRIPTION

Recent Tests Conducted Per 100,000 Pop. by Region

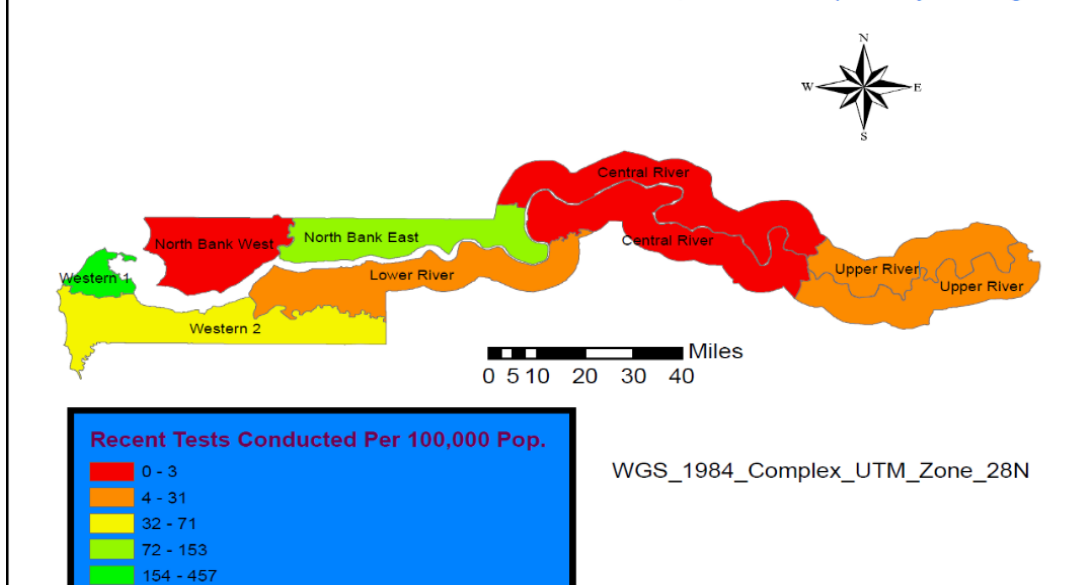


Figure 1: Geographic Distribution of Recent Tests Conducted Per 100,000 Pop. by Region, The Gambia, Nov. 11<sup>th</sup> – Dec. 10<sup>th</sup>

Distribution of Recent Cases Per 100,000 Pop. by Region

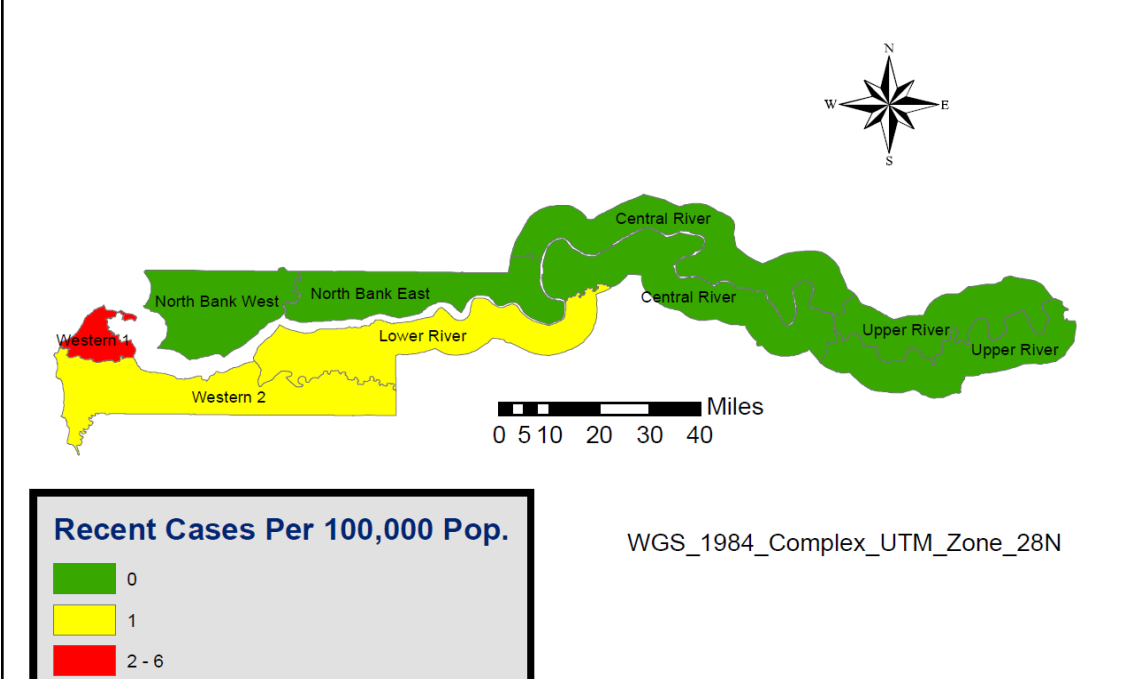


Figure 2: Geographic Distribution of Recent COVID-19 Cases Per 100,000 Pop. by Region, The Gambia, Nov. 11<sup>th</sup> – Dec. 10<sup>th</sup>

- Western 1 Health Region has a disproportionately higher number of cases than all the health regions (See Fig. 1)
- Regions furthest from testing sites had the lowest testing rates over the last 30 days (See Fig. 2)

Figures 3 and 4 are the age-sex distribution and the Epi-curve of confirmed cases by reported date, respectively.

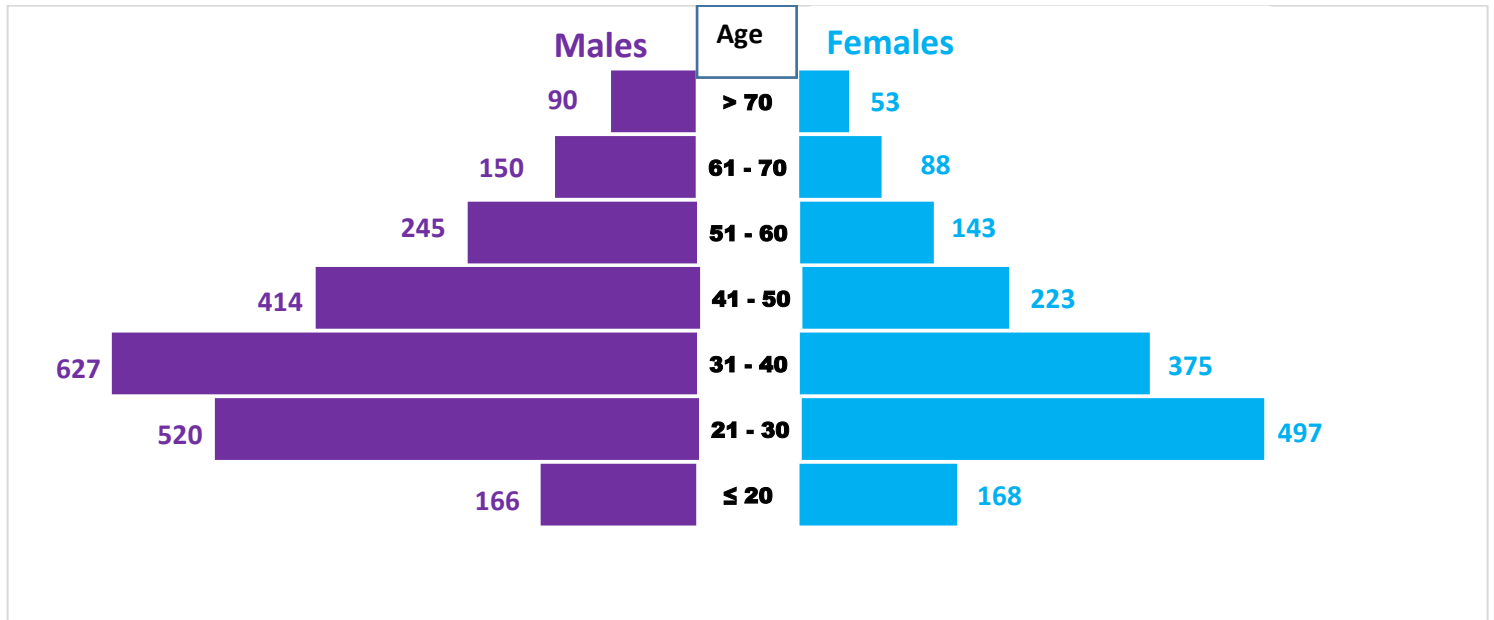
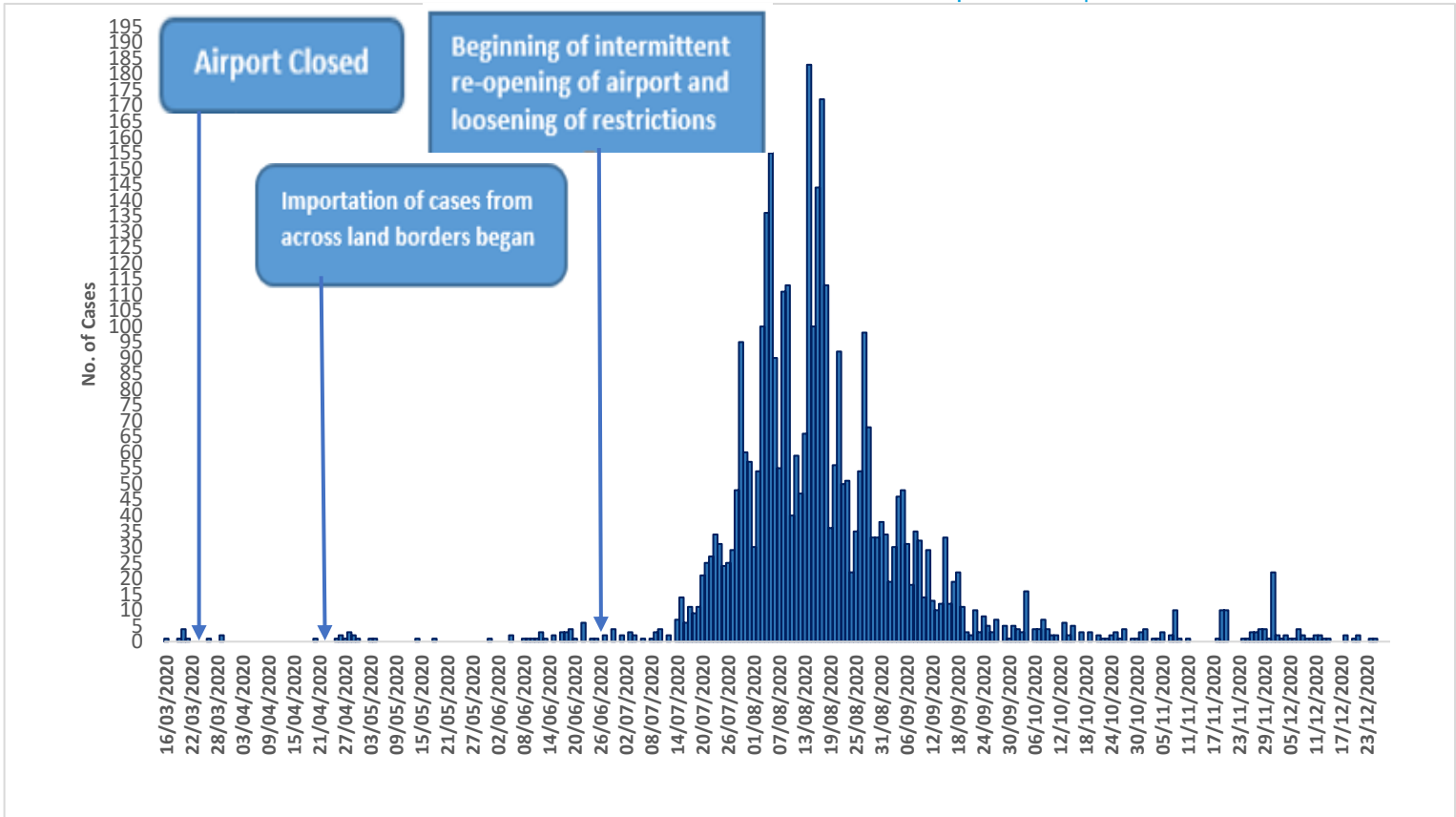


Fig. 3: Age-Sex Distribution of Confirmed COVID-19 Cases, The Gambia, 2020

\* 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\*.

\* 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		2
No. of COVID-19 patients on oxygen support		0
No. of patients recovered and discharged	1	
In Quarantine	16	16
Completed Quarantine	97	2,910
Completed follow-up (asymptomatic people with travel history to affected countries) *	0	310
No. of Contact(s) Identified**	0	
No. of Contacts being monitored	25	
No. of Contacts who completed 14-day follow-up	26	14,782
No. of Contacts lost to follow-up	0	51
Total Tests conducted (Repeat Test (s))***	204 (34)***	29,680
Positive test result (Repeat Test (s))	1 (0)	3,793
Negative test result (Repeat Test (s))***	201 (34)***	24,629
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>236 new laboratory test results received from NPHL</li> <li>Of these, while no test result returned inconclusive or indeterminant, 1 tested positive for COVID-19</li> <li>The 14-day follow-up of 26 contacts [of laboratory confirmed cases] accomplished without any of them manifesting symptoms of COVID-19</li> </ul>
<b>Case Management / Psychosocial Support &amp; Research / IPC</b>	<ul style="list-style-type: none"> <li>1 new COVID-19 patient got discharged</li> <li>No patient currently on oxygen therapy</li> </ul>

### IV. GAPS/CHALLENGES:

- CBS activities not translating to increase in the number of daily tests being conducted
- Regions furthest from testing sites had the lowest testing rates over the last 30 days
- 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

### V. NEXT STEPS/RECOMMENDATIONS:

- CBS activities need to be synchronized with MRC's ILI surveillance to spur up testing rates in the hinterland
- Expedite the process of having testing sites in CRR and NBW
- 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**

