



Situation Report: Confirmed COVID-19	Location: The Gambia
Date of Report: 28th & 29th Nov 2020	Investigation Start Date: 17th March 2020 as of 18hrs.
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I. HIGHLIGHTS

This is the 208th 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
 - The 2 new posthumous samples tested returned negative for COVID-19
- 8 new cases registered (4 cases apiece for the 28th and 29th Nov.), taking the total number of COVID-19 cases ever confirmed in the country to 3,742
 - This represents a 2.2% test positivity rate (8 out of 358 total tests performed)
 - The median age of the new cases is 33 years (range: 16 to 62 years)
- 358 new laboratory test results received (46 from MRC and 312 from NPHL)
 - No new test returned indeterminant / inconclusive
- Out of the 323 passengers recently brought by 2 SN Brussels flights, 5 were taken into quarantine for not being in possession of valid negative COVID-19 PCR test certificates
- 10 new COVID-19 patients newly recovered and got discharged
- The country currently has 5 people in quarantine, 14*active cases and a crude case-fatality ratio of 3.3%

*4 recently confirmed cases absconded to Senegal

COVID-19 SITUATION IN NUMBERS

Globally

- Confirmed Cases: **63,059,567**
- Recoveries: **43,536,986**
- Deaths: **1,464,851**

Senegal

- Confirmed Cases: **16,075**
- Recoveries: **15,597**
- Deaths: **333**

The Gambia

- Confirmed Cases: **3,742**
- Recoveries: **3,601**
- Deaths: **123**

II. EPIDEMIOLOGICAL DESCRIPTION

Distribution of Cases Per 100,000 Pop. from March to Nov. 2020

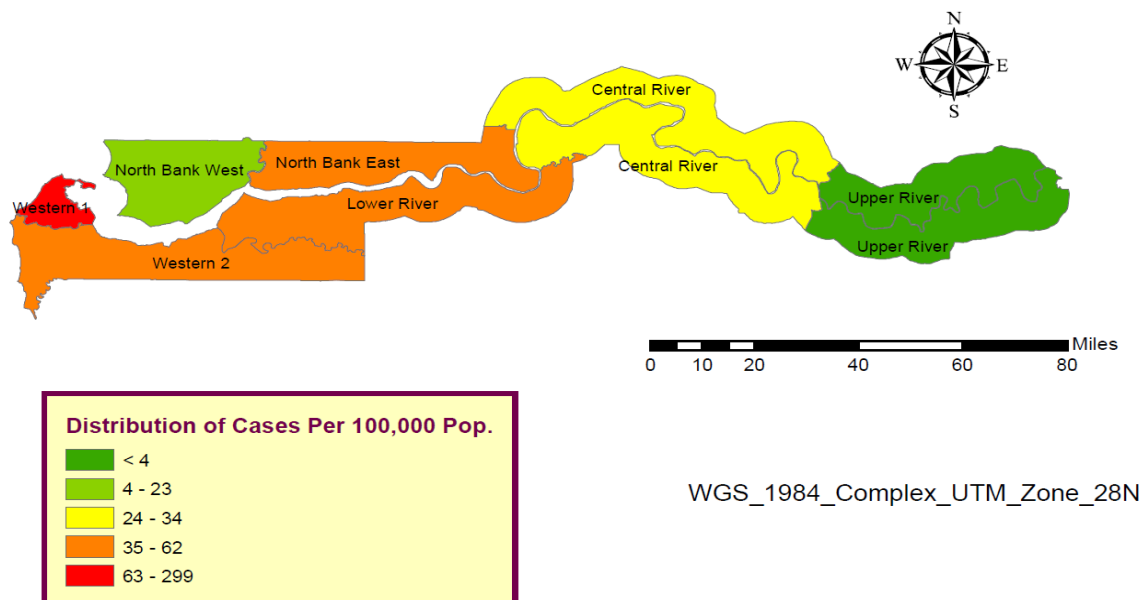


Figure 1: Distribution of COVID-19 Cases Per 100,000 Population by Region, The Gambia, March to Nov, 2020

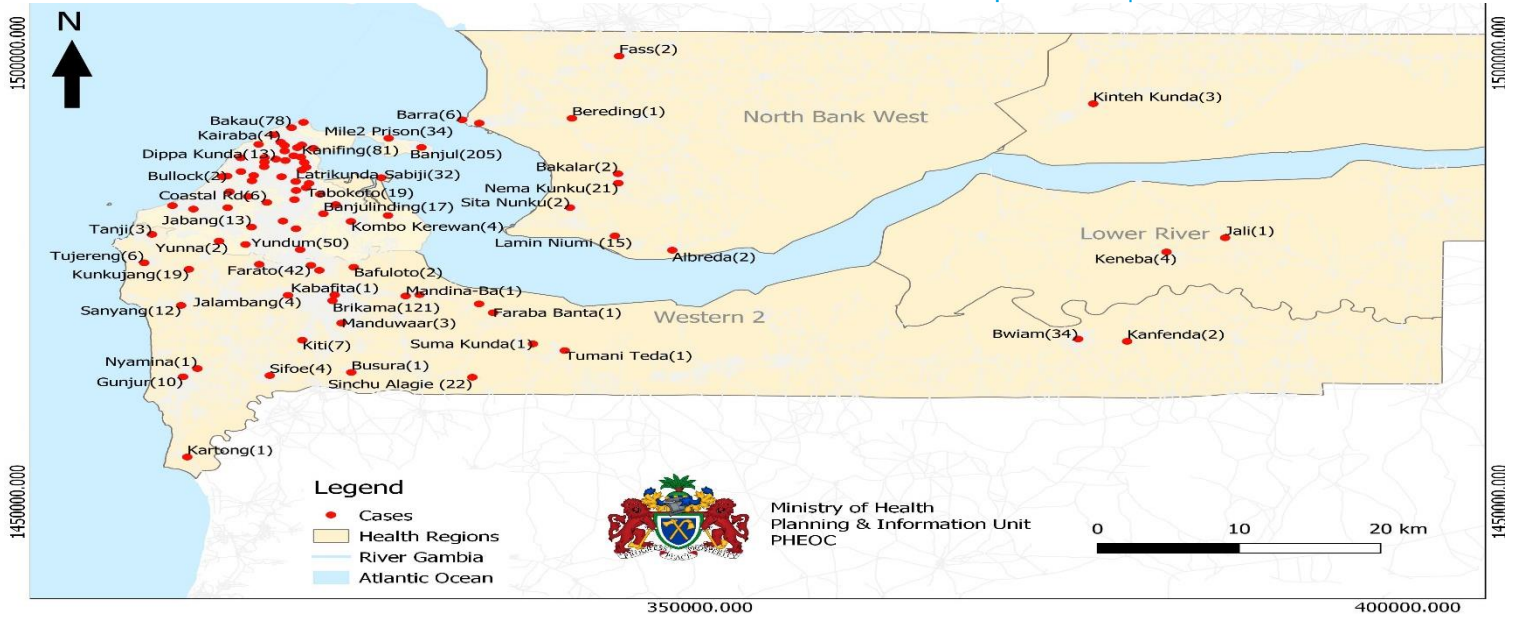


Figure 2: Distribution of COVID-19 cases in Western and North Bank West Regions, The Gambia, 2020

- Western 1 Health Region has a disproportionately higher number of cases than all the health regions (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.

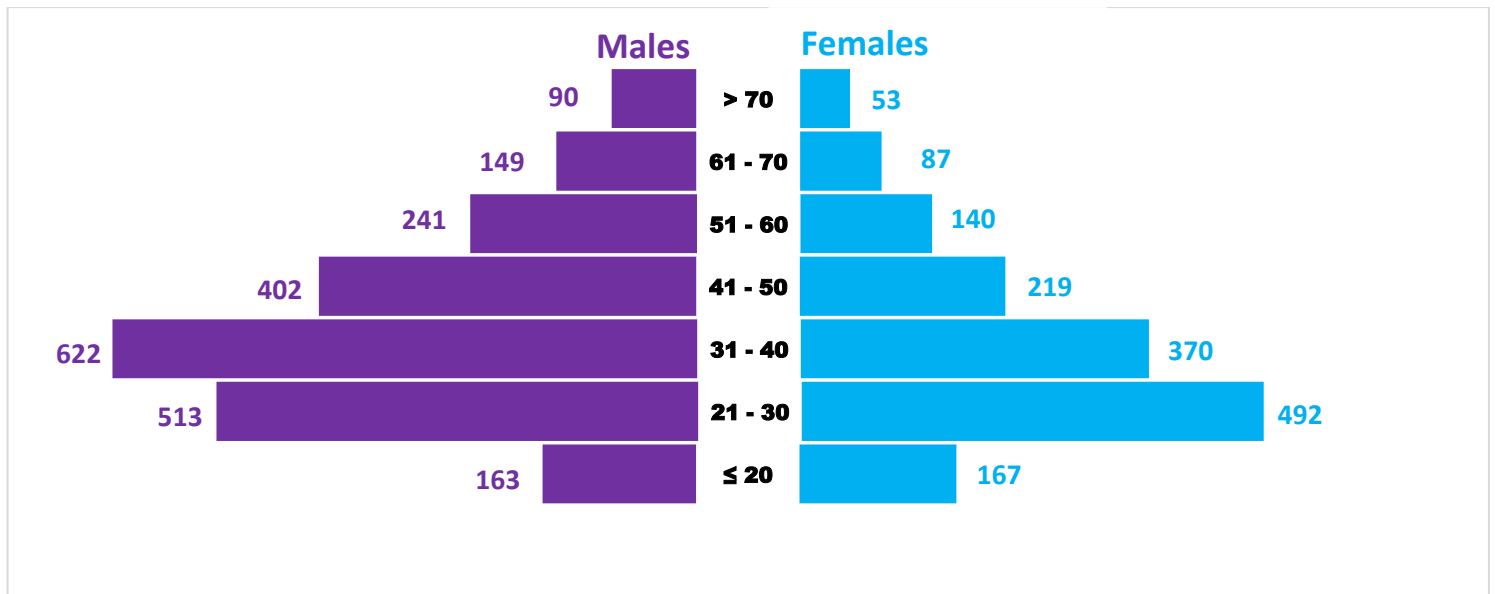


Fig. 3: Age-Sex Distribution of Confirmed COVID-19 Cases, The Gambia, 2020

* 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)

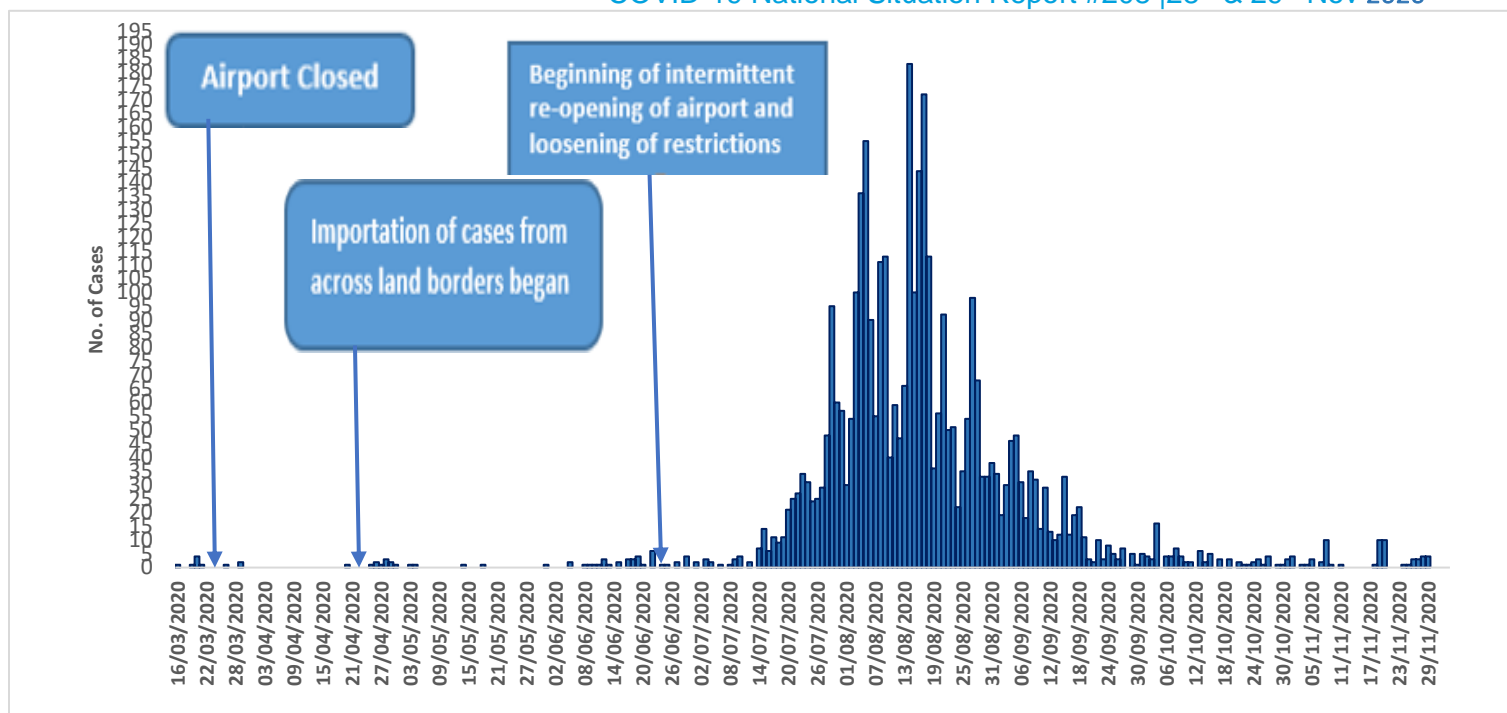


Fig. 4: Epidemic Curve of Laboratory-Confirmed Cases by Date Reported, COVID-19 Pandemic, The Gambia, 2020*.

* 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		0
No. of patients recovered and discharged	10	
In Quarantine	5	5
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	60	
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))***	335 (23)***	25,332
Positive test result (Repeat Test (s))	8 (0)	3,742
Negative test result (Repeat Test (s))***	327 (23)***	20,472
Inconclusive test result (Repeat Test (s))***	0 (0)***	

* Follow-up completed prior to the 17th 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
Coordination	<ul style="list-style-type: none"> Daily coordination meetings held at both central and regional levels
Surveillance/ Laboratory	<ul style="list-style-type: none"> 358 new laboratory test results received (46 from MRC and 312 from NPHL) Of these, no test result returned inconclusive or indeterminant and 8 new tests returned positive for COVID-19
Case Management / Psychosocial Support & Research	<ul style="list-style-type: none"> 10 new patients recovered and got discharged

Risk Communication & Community Engagement

Total No. of Calls received on toll free helpline	No. of communities reached on COVID-19 through messaging on prevention and access to services	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
18	13	18	9	0	107

IV. GAPS/CHALLENGES:

- 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

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PARTNERS

