



Situation Report: Confirmed COVID-19		Location: The Gambia	
Date of Report: 16th Dec 2020		Investigation Start Date: 17th March 2020 as of 18hrs.	
Prepared by:	Epidemiology and Disease Control Unit, MoH, The Gambia		

I. HIGHLIGHTS

This is the 223rd 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 collected
- No new COVID-19 case recorded
- 123 new laboratory test results received from NPHL
 - No new test returned indeterminate
- 1 COVID-19 patient newly got discharged
- A countrywide Africa CDC-funded monitoring and data verification exercise, by response teams from the central level, underway
- A countrywide WHO-funded IPC training of health facility IPC focal persons began today
- Whilst 3 people were newly taken into quarantine, 9 were discharged
- No COVID-19 patient is currently on oxygen therapy
- The country currently has 9 people in quarantine, 5* active cases and a crude case-fatality ratio of 3.3%

*4 recently confirmed cases absconded from the Sanatorium

COVID-19 SITUATION IN NUMBERS

Globally

- Confirmed Cases: **74,525,562**
- Recoveries: **52,360,935**
- Deaths: **1,654,587**

Senegal

- Confirmed Cases: **17,336**
- Recoveries: **16,349**
- Deaths: **352**

The Gambia

- Confirmed Cases: **3,786**
- Recoveries: **3,654**
- Deaths: **123**

II. EPIDEMIOLOGICAL DESCRIPTION

Recent Tests Conducted Per 100,000 Pop. by Region

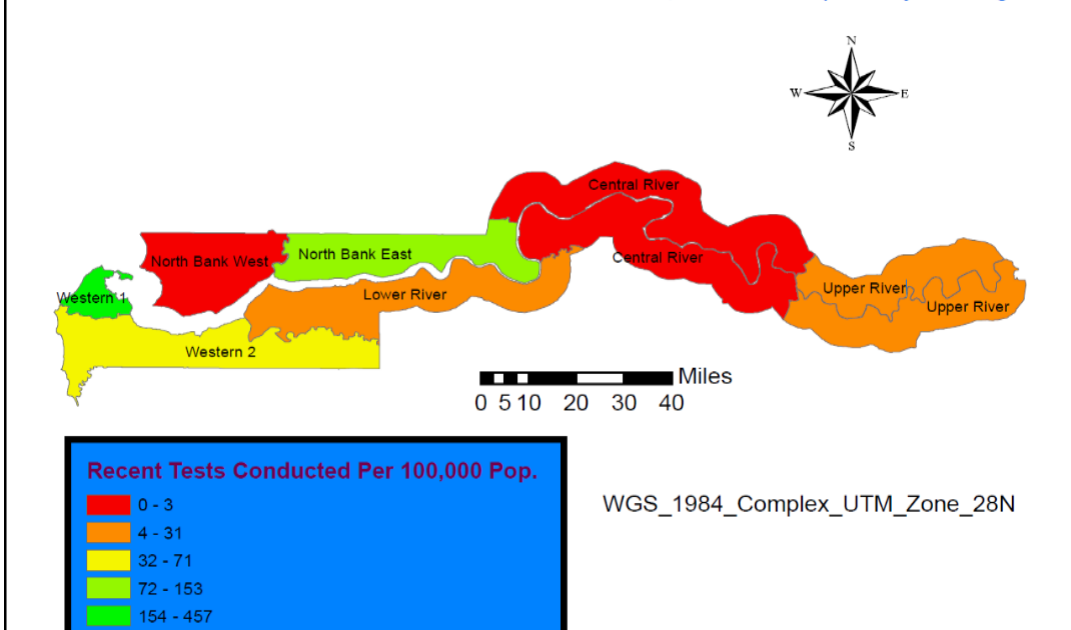


Figure 1: Geographic Distribution of Recent Tests Conducted Per 100,000 Pop. by Region, The Gambia, Nov. 11th – Dec. 10th

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

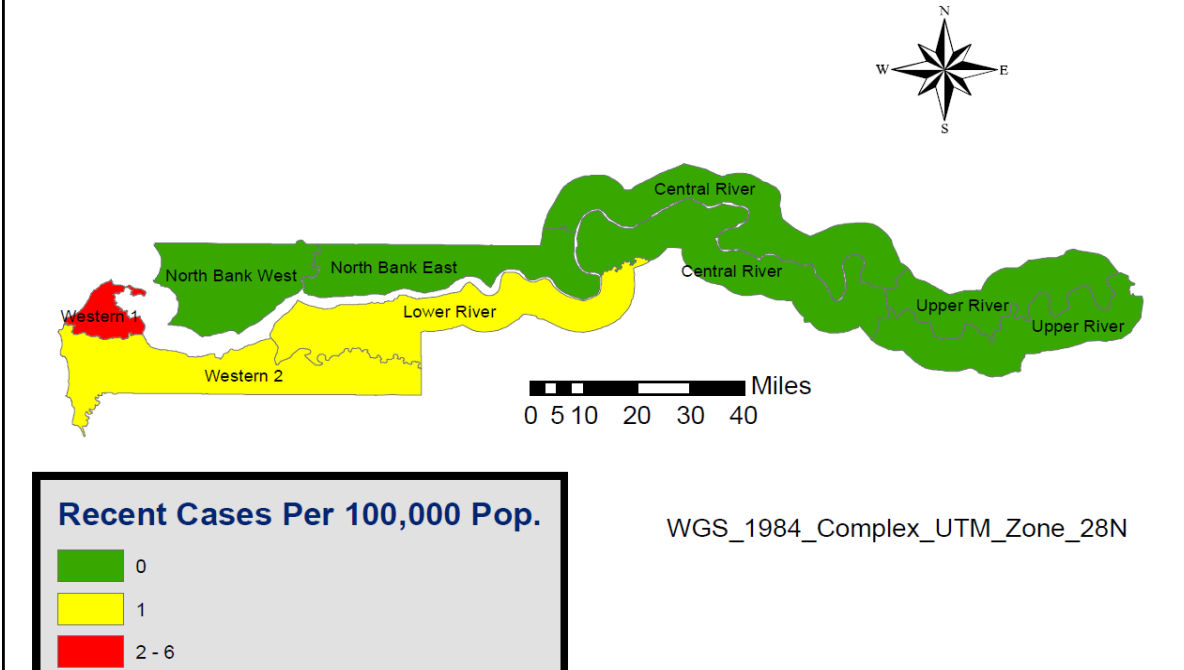


Figure 2: Geographic Distribution of Recent COVID-19 Cases Per 100,000 Pop. by Region, The Gambia, Nov. 11th – Dec. 10th

- 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.

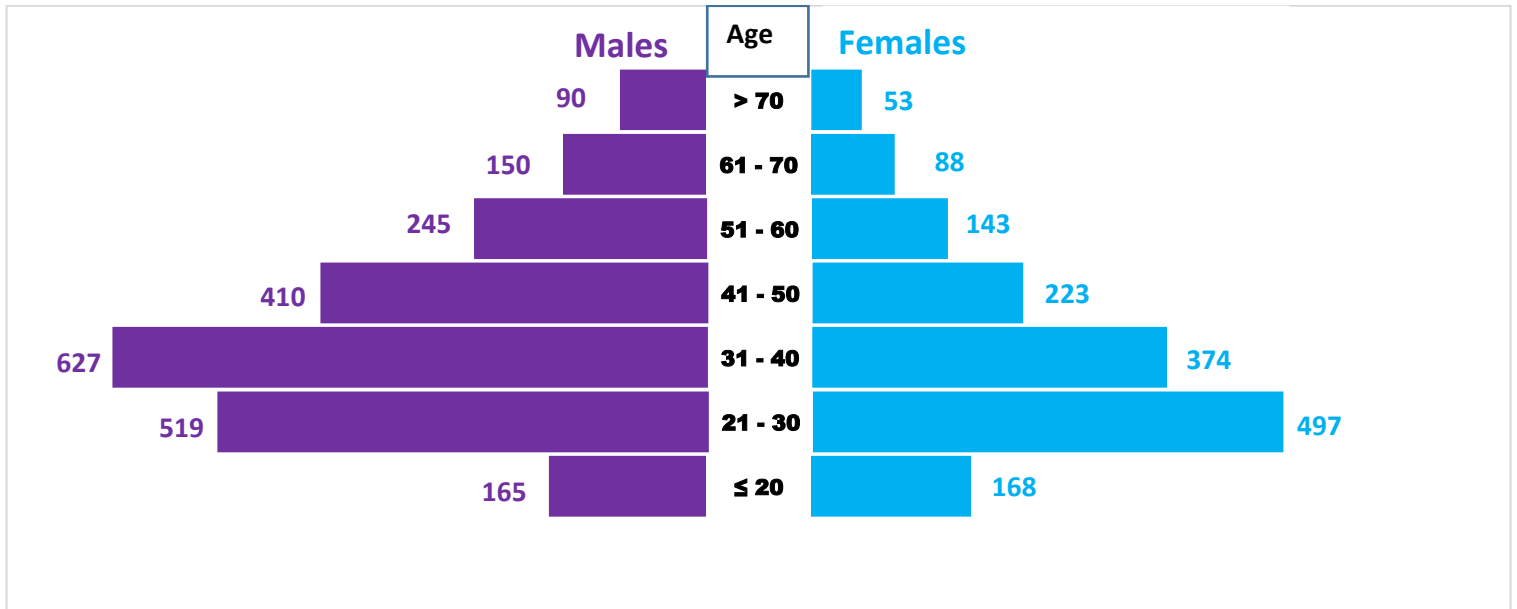


Fig. 3: Age-Sex Distribution of Confirmed COVID-19 Cases, The Gambia, 2020

* 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)

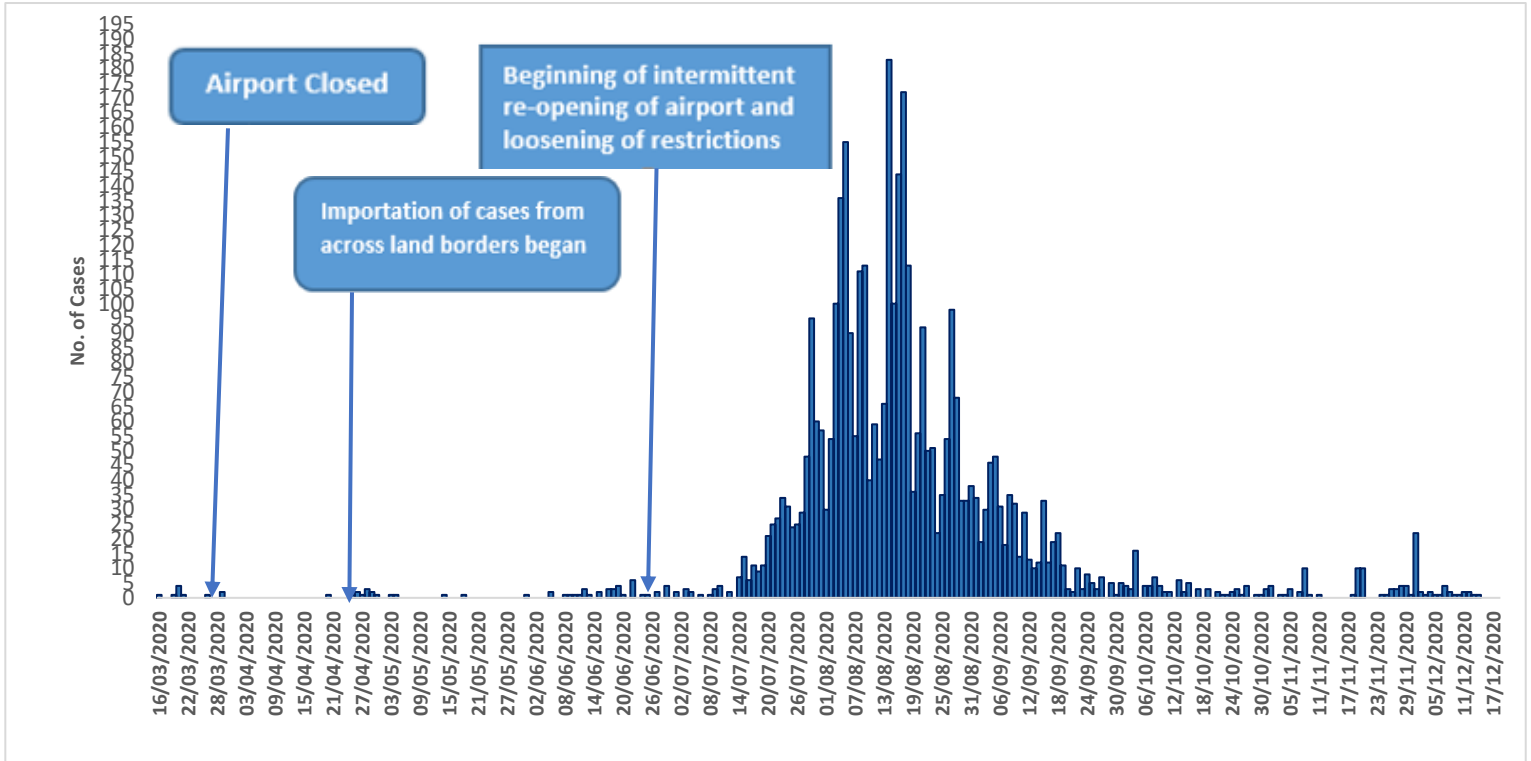


Fig. 4: Epidemic Curve of Laboratory-Confirmed Cases by Date Reported, COVID-19 Pandemic, The Gambia, 2020*.
 * A considerable amount of time elapsed between date of reporting and the date of laboratory confirmation of some cases

- 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		4
No. of COVID-19 patients on oxygen support		0
No. of patients recovered and discharged	1	
In Quarantine	3	3
Completed Quarantine	9	2,786
Completed follow-up (asymptomatic people with travel history to affected countries) *	0	310
No. of Contact(s) Identified**	0	
No. of Contacts being monitored	94	
No. of Contacts who completed 14-day follow-up	0	14,724
No. of Contacts lost to follow-up	0	51
Total Tests conducted (Repeat Test (s))***	103 (20)***	28,097
Positive test result (Repeat Test (s))	0 (0)	3,786
Negative test result (Repeat Test (s))***	103 (20)***	23,187
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"> 123 new laboratory test results received Of these, no test result returned inconclusive or indeterminate and no new test returned positive for COVID-19 Two more batches have completed a two-day training on COVID-19 sample collection facilitated by NPHL and funded by WHO
Case Management / Psychosocial Support & Research / IPC	<ul style="list-style-type: none"> 1 new COVID-19 patient got discharged A countrywide WHO-funded IPC training of health facility IPC focal persons began today

Risk Community & 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
26	18	21	7	0	113

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

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PARTNERS

