



Situation Report: Confirmed COVID-19	Location: The Gambia
Date of Report: 30th Dec 2020	Investigation Start Date: 17th March 2020 as of 18hrs.
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I. HIGHLIGHTS

This is the 235th 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
- 3 new cases registered, taking the total number of COVID-19 cases ever confirmed in the country to 3,800
 - All but 1 of the newly confirmed cases sought to be tested on account of being ill and seeking for health care
 - The median age of the new COVID-19 cases is 57 (range: 28 – 58 years)
- 130 new laboratory test results received (29 from MRC and 101 from NPHL)
 - Of these, 3 new samples tested positive, representing a test positivity rate of 2.3%
 - No new test returned indeterminate
- 10 high-risk contacts [of recently confirmed COVID-19 cases] have been identified and their follow-up began in earnest
- 10 people newly taken into quarantine for coming into the country without valid COVID-19 negative test certificates
- 1 new COVID-19 patient discharged
- The country currently has 10 people in quarantine, 7 active cases and a crude case-fatality ratio of 3.3%

COVID-19 SITUATION IN NUMBERS

Globally

- Confirmed Cases: **83,054,608**
- Recoveries: **58,859,945**
- Deaths: **1,811,356**

Senegal

- Confirmed Cases: **18,945**
- Recoveries: **17,201**
- Deaths: **402**

The Gambia

- Confirmed Cases: **3,800**
- Recoveries: **3,669**
- Deaths: **124**

II. EPIDEMIOLOGICAL DESCRIPTION

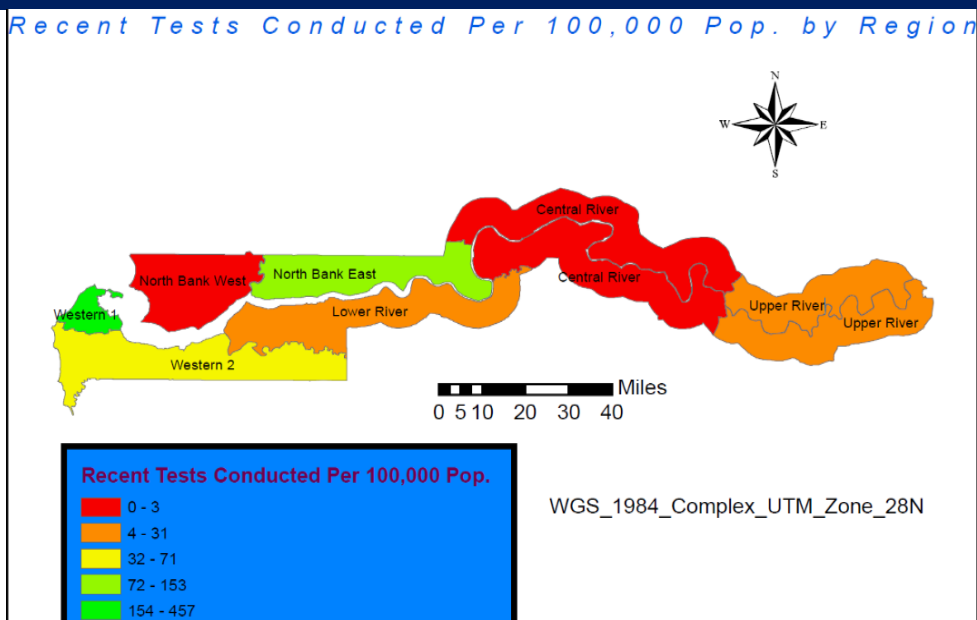


Figure 1: Geographic Distribution of Recent Tests Conducted Per 100,000 Pop. by Region, The Gambia, Nov. 11th – Dec. 10th

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

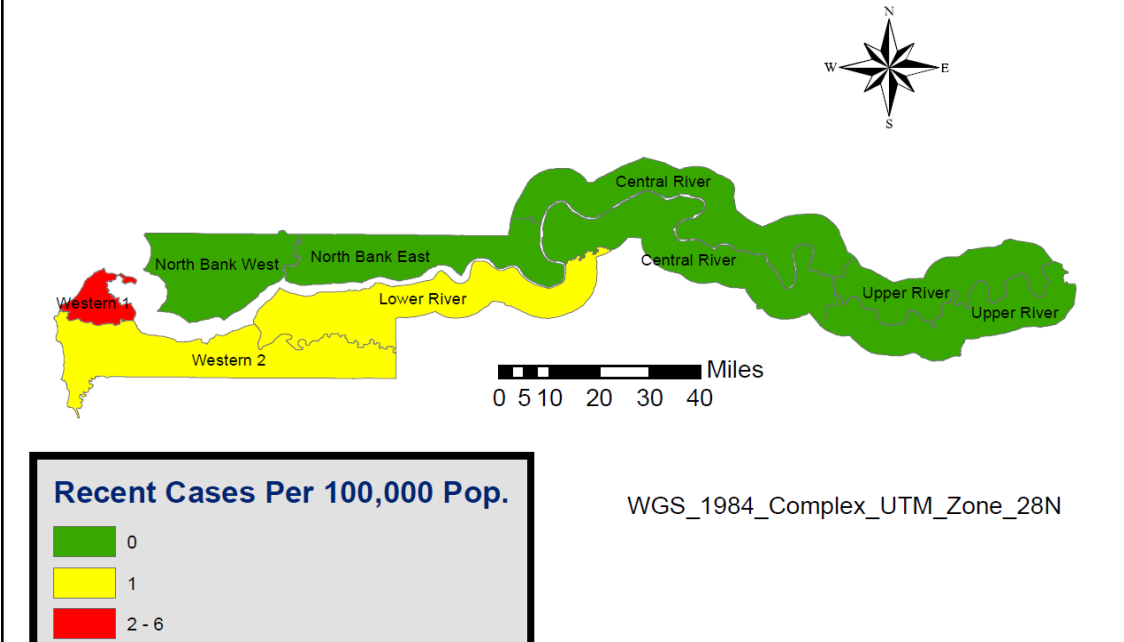


Figure 2: Geographic Distribution of Recent COVID-19 Cases Per 100,000 Pop. by Region, The Gambia, Nov. 11th – Dec. 10th

- 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.

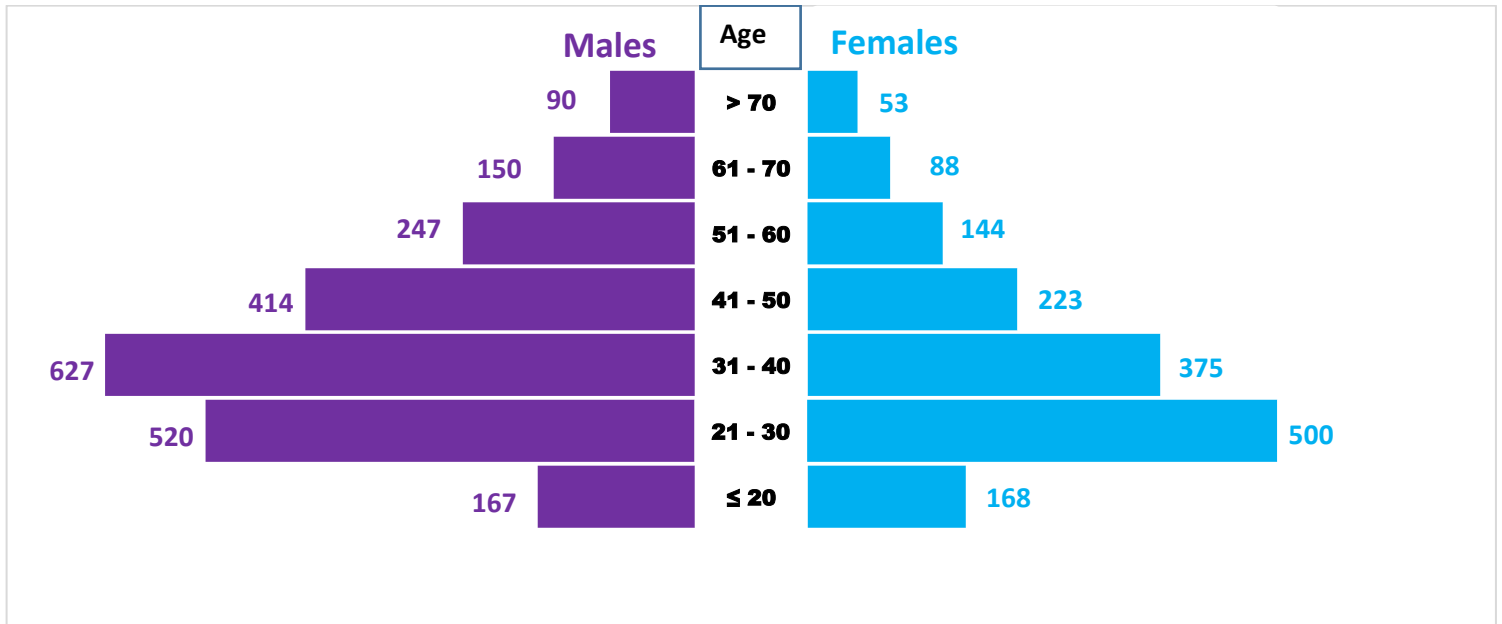


Fig. 3: Age-Sex Distribution of Confirmed COVID-19 Cases, The Gambia, 2020

☆ 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)

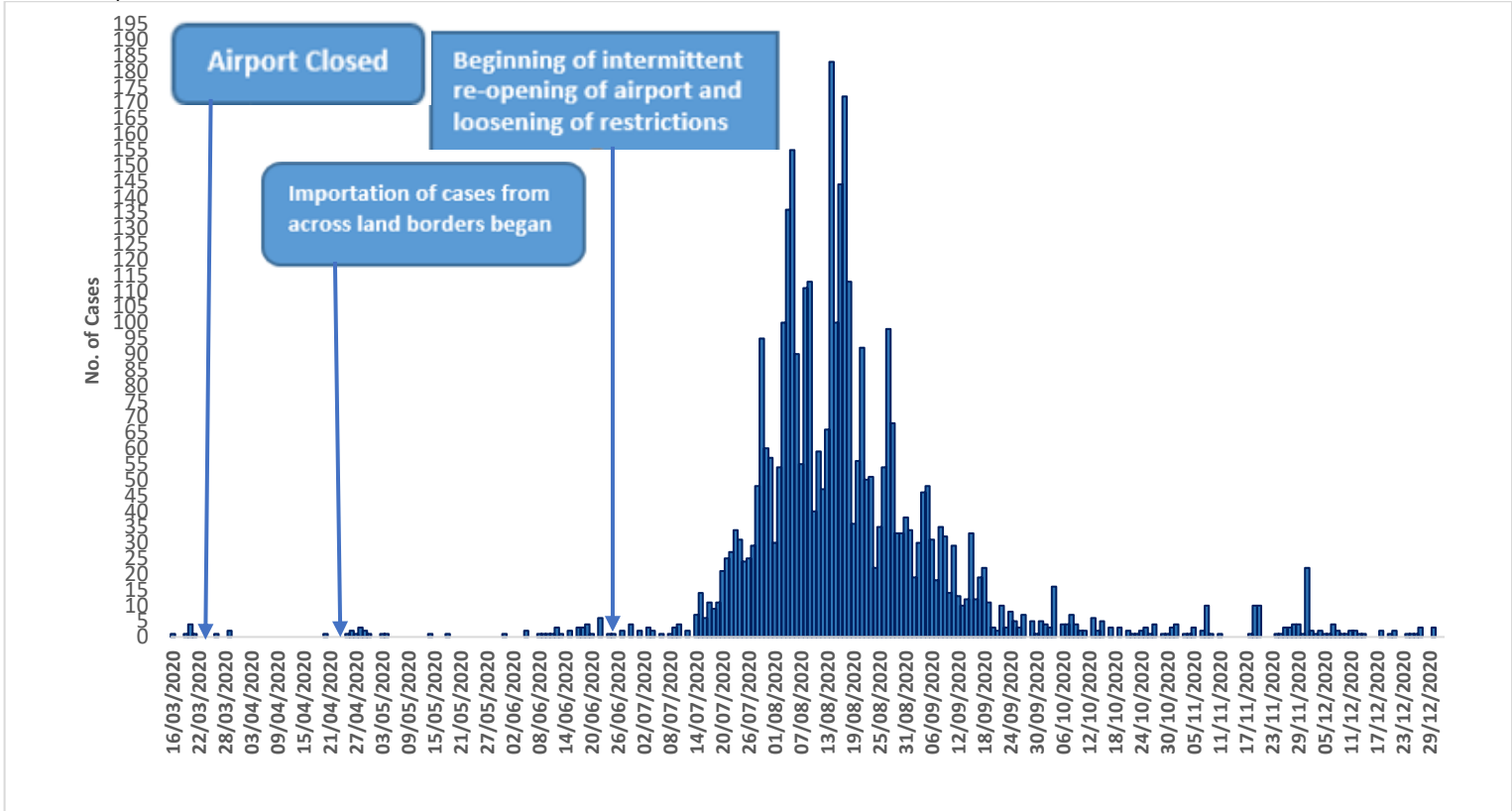


Fig. 4: Epidemic Curve of Laboratory-Confirmed Cases by Date Reported, COVID-19 Pandemic, The Gambia, 2020*.
 * A considerable amount of time elapsed between date of reporting and the date of laboratory confirmation of some cases

- 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	10	10
Completed Quarantine	0	2,931
Completed follow-up (asymptomatic people with travel history to affected countries) *	0	310
No. of Contact(s) Identified**	10	
No. of Contacts being monitored	52	
No. of Contacts who completed 14-day follow-up	0	14,782
No. of Contacts lost to follow-up	0	51
Total Tests conducted (Repeat Test (s))***	105 (25)***	30,329
Positive test result (Repeat Test (s))	3 (0)	3,800
Negative test result (Repeat Test (s))***	102 (25)***	25,227
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"> 130 new laboratory test results received (29 from MRC and 101 from NPHL) Of these, while no test result returned inconclusive or indeterminant, 3 new samples tested positive 10 high-risk contacts [of newly confirmed COVID-19 cases] have been identified and been followed-up
Case Management / Psychosocial Support & Research / IPC	<ul style="list-style-type: none"> 1 new COVID-19 patient got discharged No patient currently on oxygen therapy
Logistics / Security & Safety	<ul style="list-style-type: none"> UNFPA donated 1,200 hand sanitisers and reusable face masks to the Ministry of Health UNICEF and WFP donated gloves and completed the renovation works of CMS, respectively WFP supported 96 vegetable garden schemes with tools and seeds in order to mitigate the effects of the pandemic

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

