



<b>Situation Report: Confirmed COVID-19</b>	<b>Location: The Gambia</b>
<b>Date of Report: 01<sup>st</sup> &amp; 02<sup>nd</sup> Feb 2021</b>	<b>Investigation Start Date: 17<sup>th</sup> March 2020 as of 18hrs.</b>
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## I. HIGHLIGHTS

- This is the 259<sup>th</sup> national situation report since the confirmation of the first case of the novel coronavirus disease (COVID-19) in The Gambia, on the 16<sup>th</sup> March 2020
- 1 new COVID-19 related death recorded, bringing the total number of deaths, since March 2020, to 132
    - The decedent, aged 62, was until her demise admitted at one of the major hospitals and had her sample collected while she was still alive
  - 45 new cases registered, bringing the total number of COVID-19 cases ever confirmed in the country to 4,184
    - Of these, 16 and 29 cases were confirmed on the 01<sup>st</sup> and 02<sup>nd</sup> February respectively
    - The median age of the new cases (13 female and 32 male) is 36 (range: 19 to 80yrs)
    - Over 80% of the new cases got tested on account of being intending travellers
  - 516 new laboratory test results received (71 from MRC and 445 from NPHL)
    - Of these, 45 new samples tested positive, representing an 8.7% test positivity rate
    - High site-specific test positivity rate registered at the Basse COVID-19 testing site
  - 95 high-risk contacts [of recently confirmed cases] were identified and their follow-up began in earnest
  - While 5 COVID-19 patients were newly discharged from treatment centres, 68 got discharged at least 10 days from the day they tested positive but evaded institutional isolation
  - While 82 people were newly taken into hotel quarantine, 76 were discharged
  - 4 COVID-19 patients currently on oxygen therapy
  - The country currently has 82 people in hotel quarantine, 173\* active cases and a crude case-fatality ratio of 3.2%

## COVID-19 SITUATION IN NUMBERS

### Globally

- Confirmed Cases: **104,385,286**
- Recoveries: **76,249,081**
- Deaths: **2,262,309**

### Senegal

- Confirmed Cases: **27,080**
- Recoveries: **22,363**
- Deaths: **641**

### The Gambia

- Confirmed Cases: **4,184**
- Recoveries: **3,876**
- Deaths: **132**

\*3 patients recently absconded from the COVID-19 Treatment Centers

## II. EPIDEMIOLOGICAL DESCRIPTION

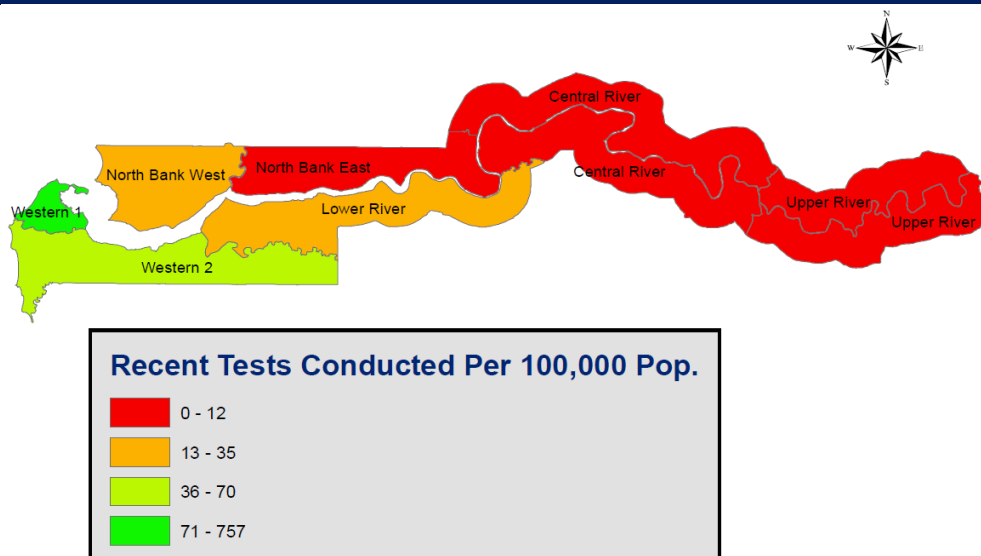
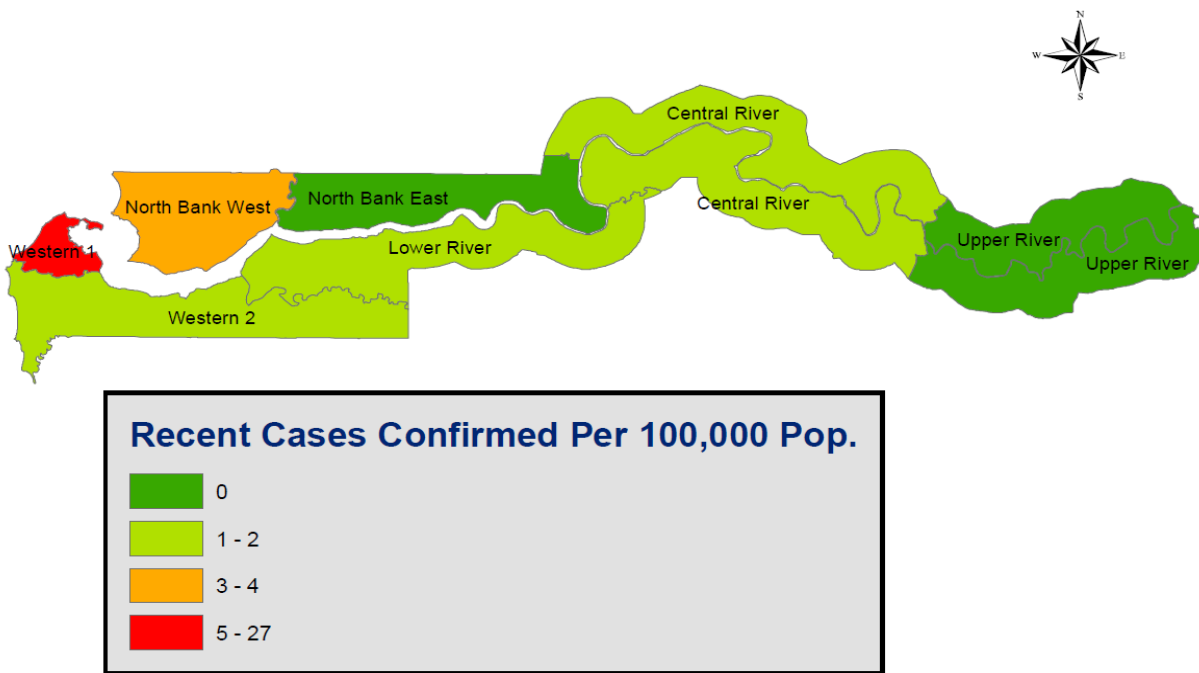


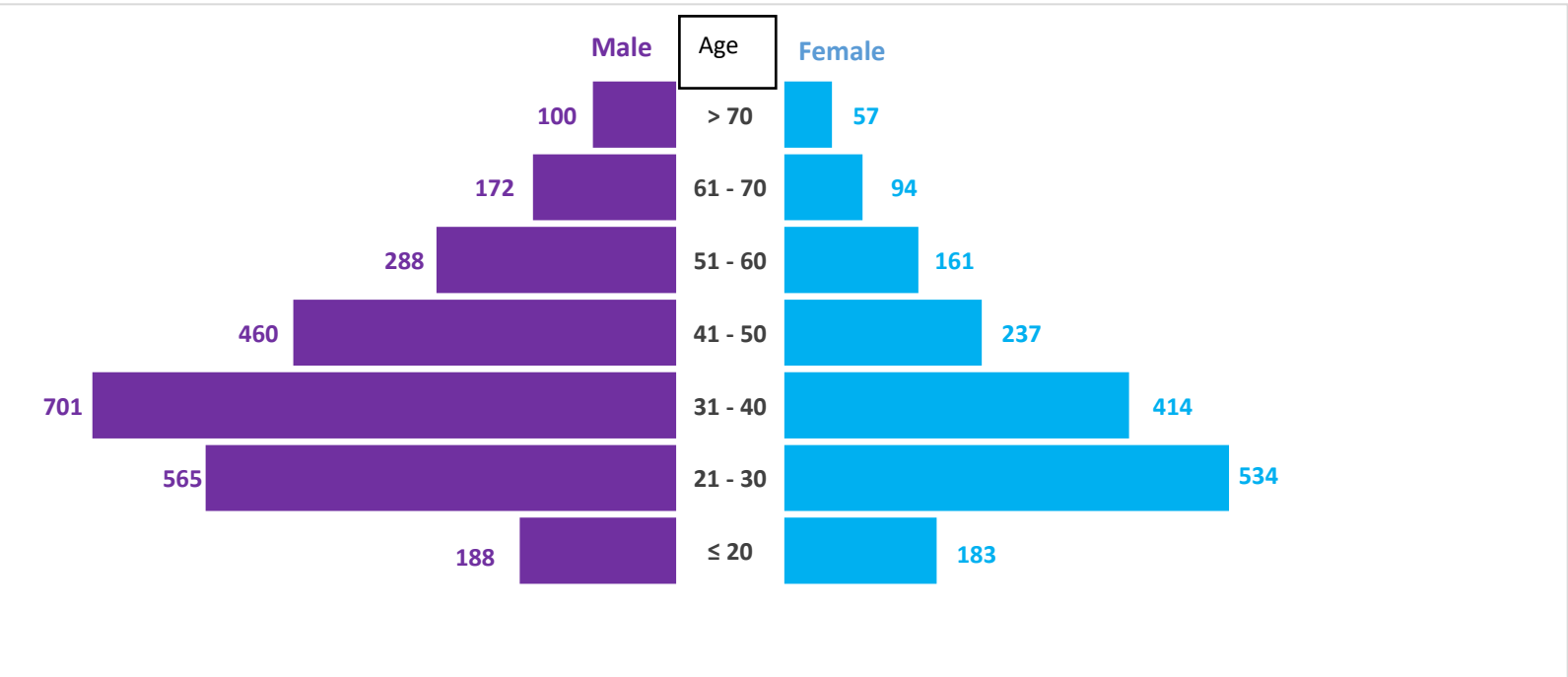
Fig 1: Geographic Distribution of Recent Tests Conducted Per 100,000 Pop. by Region, Dec 30 2020 – Jan 28 2021



**Fig 2: Geographic Distribution of Recent COVID-19 Cases Per 100,000 Pop. by Region, Dec 30 2020 – Jan 28 2021**

- 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)

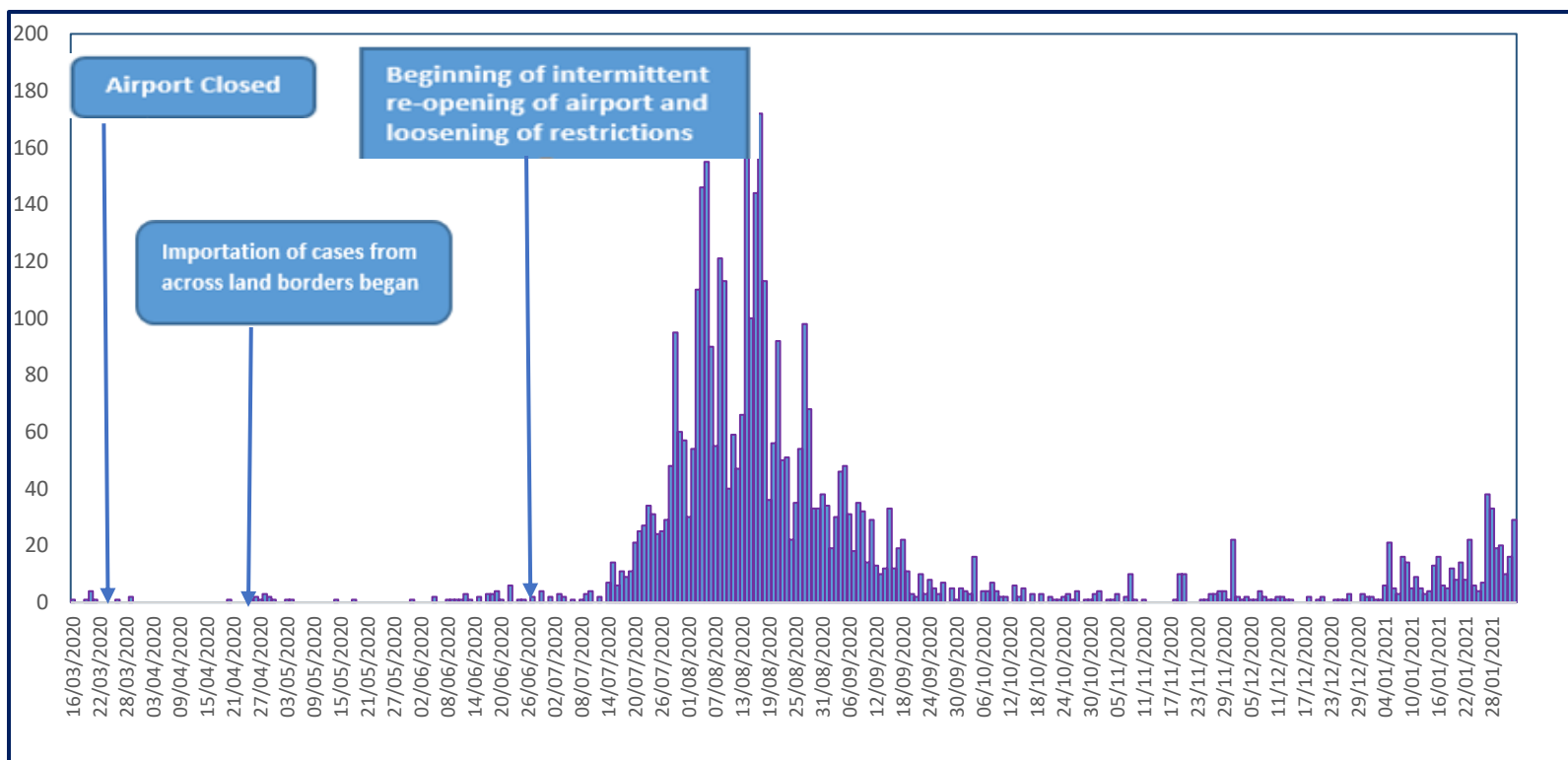
Figures 3 and 4 are the age-sex distribution and the Epi-curve of confirmed cases by reported date, respectively. Fig.



**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)



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

<sup>a</sup> 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		70
No. of COVID-19 patients on oxygen support		4
No. of patients recovered and discharged	73	
In Hotel Quarantine	82	82
Completed Hotel Quarantine	76	3,441
Completed follow-up (asymptomatic people with travel history to affected countries) *	0	310
No. of Contact(s) Identified**	95	
No. of Contacts being monitored	339	
No. of Contacts who completed 14-day follow-up	0	15,314
No. of Contacts lost to follow-up	0	51
Total Tests conducted (Repeat Test (s))***	415 (101)***	39,723
Positive test result (Repeat Test (s))	45 (0)	4,184
Negative test result (Repeat Test (s))***	368 (101)***	34,166
Inconclusive test result (Repeat Test (s))***	2 (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>516 new laboratory test results received (71 from MRC and 445 from NPHL)</li> <li>Of these, while 2 new test results returned inconclusive or indeterminant, 45 new samples tested positive</li> <li>UNFPA provided 15 new printer toners to the NPHL COVID-19 Results Issuance Unit</li> </ul>
<b>Case Management / Psychosocial Support &amp; Research / IPC</b>	<ul style="list-style-type: none"> <li>While 5 COVID-19 patients were newly discharged from treatment centres, 68 got discharged at least 10 days from the day they tested positive but evaded institutional isolation</li> <li>4 COVID-19 patients are currently on oxygen therapy</li> </ul>

### IV. GAPS/CHALLENGES:

- I. High (28.6%) site-specific test positivity rate registered at the Basse COVID-19 testing site
- II. CBS activities not translating to increase in the number of daily tests being conducted
- III. Regions furthest from testing sites had the lowest testing rates over the last 30 days
- IV. Support for innovative countrywide risk communication strategies and activities on COVID-19 is suboptimal
- V. Security lapses at some of the treatment centers resulting in the abscondence of patients
- VI. Dwindling compliance with mask-wearing requirements
- VII. Low turn-out at COVID-19 sample collection sites resulting in fewer number of daily tests
- VIII. Denial, misinformation, stigma and discrimination against COVID-19 affected families
- IX. 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:

- I. More tests required in the catchment area of the MRC Basse testing site to ascertain the extent of spread of COVID-19
- II. CBS activities need to be synchronized with MRC's ILI surveillance to spur up testing rates in the hinterland
- III. Expedite the process of having testing sites in CRR and NBW
- IV. 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
- V. More tests required in the catchment area of the MRC Keneba testing site to ascertain the extent of spread of COVID-19
- VI. Security needs to be beefed up at all COVID-19 treatment/isolation centers to prevent the abscondence of patients
- VII. Strengthen community-based surveillance in order to increase awareness and testing rates
- VIII. Thorough enforcement of the mandatory mask-wearing regulation

- IX. Ensure there is reliable internet access at the NPHL to support the effective implementation of e-surveillance
- X. IPC measures should be strictly adhered to in all public and private health healthcare facilities
- XI. Provision of adequate stocks of PPEs to all health facilities
- XII. Health workers to observe all COVID-19 preventive measures including the donning of appropriate PPEs at all times

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**PARTNERS**

