



Situation Report: Confirmed COVID-19		Location: The Gambia	
Date of Report: 11th March, 2021		Investigation Start Date: 17th March 2020 as of 18hrs.	
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I. HIGHLIGHTS

This is the 277th national situation report since the confirmation of the first case of the coronavirus disease (COVID-19) in The Gambia, on the 16th March 2020

- No new COVID-19-related death registered and the total number of deaths since March 2020, is 153
- 46 new cases registered, bringing the total number of COVID-19 cases ever confirmed in the country to 4,985
 - 65 % of these tested for reasons of travelling, 22 % ill seeking health due to suspicion of COVID-19 and 10 % due to contact with confirmed case
 - The median age of the new cases (12 female and 34 male) is 35 (range: 12 to 63 years)
- A total of 350 new laboratory test results received (57 from MRCG and 293 from NPHL)
 - Of these, 46 new samples tested positive, representing a 13.1 % test positivity rate
- 32 high-risk contacts [of recently confirmed cases] were identified and their follow-up began in earnest
- 1 COVID-19 patient absconded from one of the treatment centres
- Only 2 COVID-19 patients were newly discharged from treatment centres, 75 got discharged at least 10 days from the day they tested positive but evaded institutional isolation
- 4 COVID-19 patients are currently on oxygen therapy
- The country currently has 31 people in hotel quarantine, 395 active cases and a crude case-fatality ratio of 3.1%

COVID-19 SITUATION IN NUMBERS

Globally

- Confirmed Cases: **119,385,721**
- Recoveries: **95,631,715**
- Deaths: **2,645,919**

Senegal

- Confirmed Cases: **36,569**
- Recoveries: **31,977**
- Deaths: **951**

The Gambia

- Confirmed Cases: **4,985**
- Recoveries: **4,437**
- Deaths: **153**

II. EPIDEMIOLOGICAL DESCRIPTION

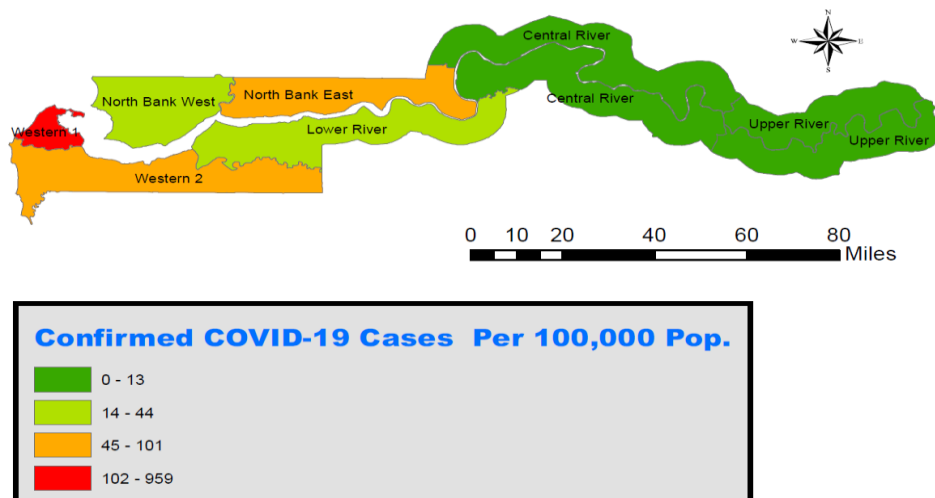


Fig 1: Geographic Distribution of Recent COVID-19 Cases Per 100,000 Pop. by Region, Jan 15 – Feb 14, 2021

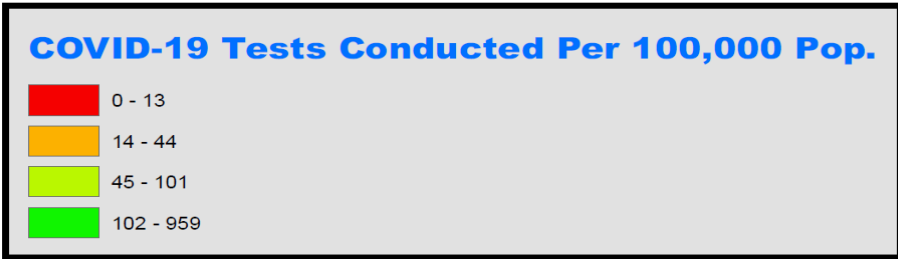
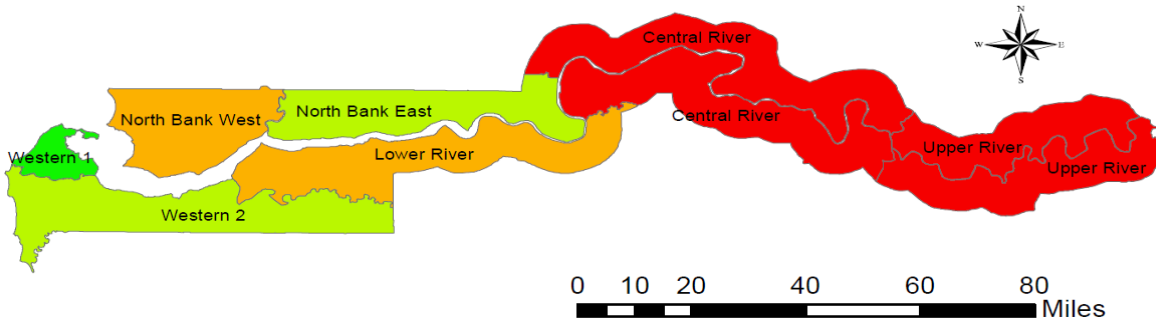


Fig 2: Geographic Distribution of Recent Tests Conducted Per 100,000 Pop. by Region, Jan 15 – Feb 14, 2021

- Western 1 Health Region has a disproportionately higher number of cases than all the health regions (See Fig. 1)
- Despite being far-flung from current testing sites, North Bank East has sent in more samples per 100,000 population than all other regions in the hinterland, 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.

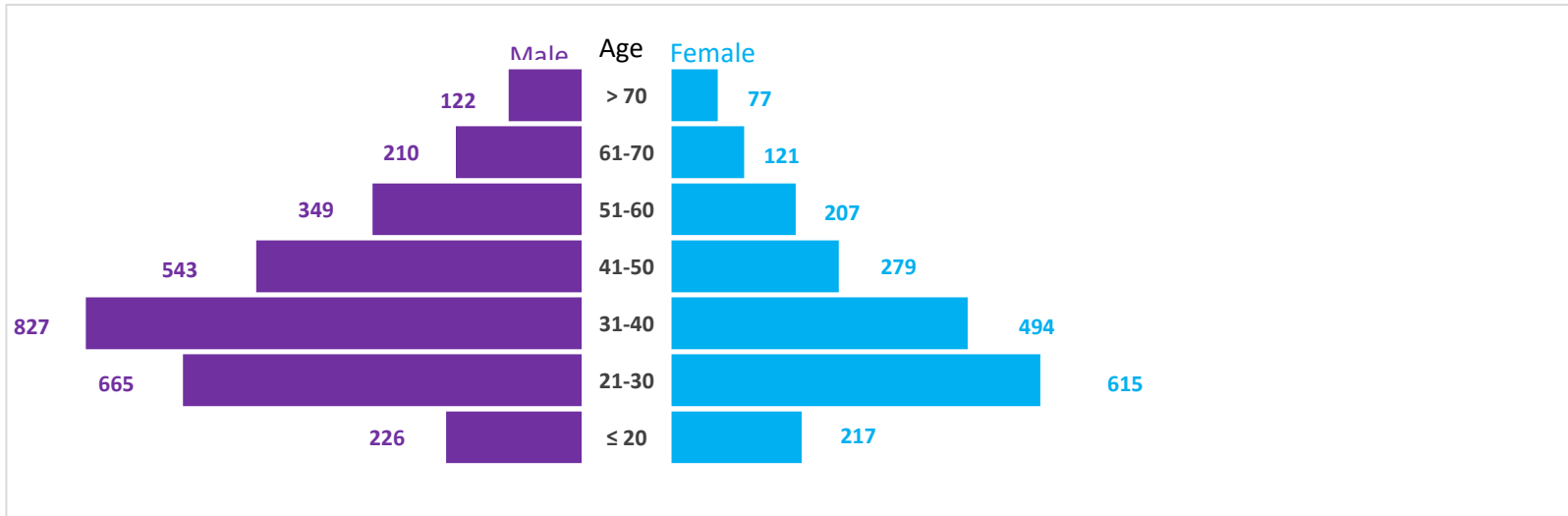


Fig 3: Age-Sex Distribution of Confirmed COVID-19 Cases, The Gambia, 2021

* 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)

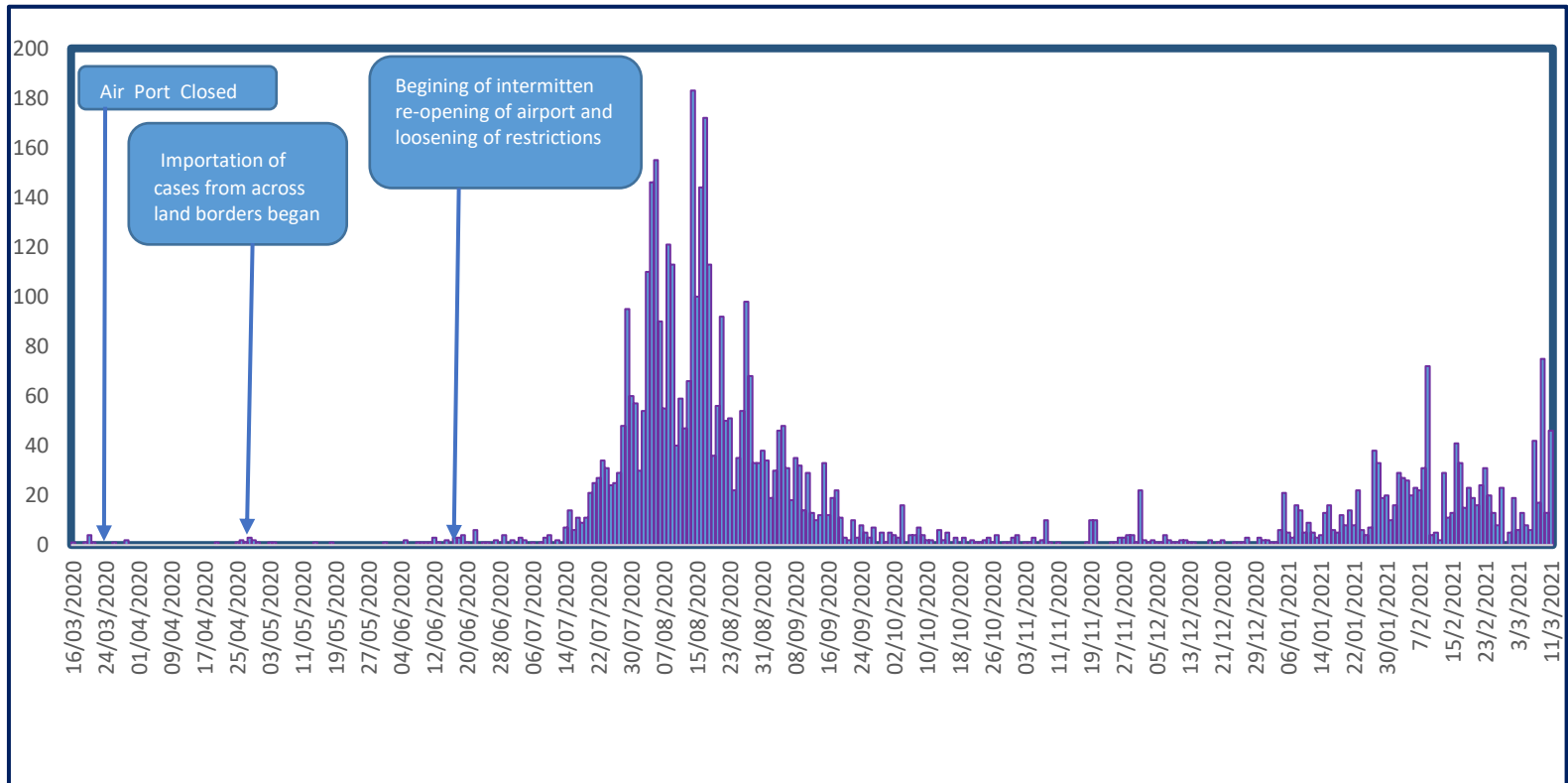


Fig. 4: Epidemic Curve of Laboratory-Confirmed Cases by Date Reported, COVID-19 Pandemic, The Gambia, 2021*.

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)

Status	New	Cumulative
No. of active cases in institutional isolation		81
No. of COVID-19 patients on oxygen support		4
No. of patients recovered and discharged	77	
In Hotel Quarantine	31	31
Completed Hotel Quarantine	26	4,313
Completed follow-up (asymptomatic people with travel history to affected countries) *	0	310
No. of Contact(s) Identified**	32	
No. of Contacts being monitored	131	
No. of Contacts who completed 14-day follow-up	30	16,374
No. of Contacts lost to follow-up	0	51
Total Tests conducted (Repeat Test (s))***	350(0)***	51,373
Positive test result (Repeat Test (s))	46(0)	4,985
Negative test result (Repeat Test (s))***	303(0)***	45,254
Inconclusive test result (Repeat Test (s))***	1 (0)***	

Table 1: Summary of New and Cumulative Public Health Response Outputs, COVID-19 Pandemic, The Gambia, 2021

* 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, 2021

COVID-19 RISK COMMUNICATION AND COMMUNITY ENGAGEMENT DAILY REPORT

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
31	18	31	20	0	1047

Component	Interventions
Coordination	<ul style="list-style-type: none"> Coordination meetings held at both central and regional levels
Surveillance/ Laboratory	<ul style="list-style-type: none"> A total of 350 new laboratory test results received (57 from MRCG and 293 from NPHL) Of these, only 1 test result returned inconclusive or indeterminate, 46 new samples tested positive
Case Management / Psychosocial Support & Research / IPC	<ul style="list-style-type: none"> No new COVID-19 related death recorded 2 patients were newly discharged from treatment centres 4 COVID-19 patients currently on oxygen therapy

IV. GAPS/CHALLENGES:

- High site-specific test positivity rate registered at the Basse COVID-19 testing site
- CBS activities not translating to increase in the number of daily tests being conducted
- Support for innovative c
- 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:

- More tests required in the catchment area of the MRC Basse testing site to ascertain the extent of spread of COVID-19
- 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

