I. HIGHLIGHTS

This is the 400th 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, bringing the total to 341 (Crude Case-Fatality Ratio, 3.4%)
- Six (6) new cases were registered (Cumulative cases 9,986)
  The cases were reported on the 10th (1 case), 11th (2 cases), 12th (2 cases) and 13th (1 case) November 2021
- The test positivity rate is 0.48% (6/1259, NPHL – 1184 (6 positive) and MRCG – 79 (0 Positives)
  - One (1) case is currently on oxygen therapy
- Eight (8) cases were discharged after at least 10 days from the day they tested positive but evaded institutional isolation and two (2) from Covid-19 treatment centres.
- As of 14th November 2021, the following number of people have been vaccinated with:
  - Johnson & Johnson:
    - Only 1 dose: 191,358
  - Sinopharm:
    - Dose 1: 4,457
    - Dose 2: 3,288
  - AstraZeneca:
    - Dose 1: 40,661
    - Dose 2: 27,880

II. EPIDEMIOLOGICAL DESCRIPTION

- TARGET POPULATION
  - Proportion of target population fully vaccinated (2 doses of AZ/Sinopharm OR 1 dose of J&J): 14.2%
  - Proportion of target population that received at least one Covid-19 vaccine dose (AZ OR J&J OR Sinopharm): 15.1%

- TOTAL POPULATION (Based on final MoH population projections for 2021)
  - Proportion of total population fully vaccinated (2 doses of AZ/Sinopharm OR 1 dose of J&J): 9.1%
  - Proportion of total population that received at least one Covid-19 vaccine dose (AZ OR J&J OR Sinopharm): 9.7%

- Since the start of RDT for COVID-19 at The Banjul International Airport, 24,635 rapid diagnostic tests (RDT) have been conducted with 9 positives who were confirmed and treated

Fig 1: Geographic Distribution of COVID-19 Cases per 100,000 Pop. by Region since the start of the Pandemic to 31st October(Number Above) and October only(Number below) in The Gambia
Western 1 Health Region has a disproportionately higher number of cases than all the health regions (See Fig. 1)

Below are the age-sex distribution and the Epi-curve of confirmed cases by date of sample collection, respectively (See Fig. 2 and 3)

Fig 2: 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. 2)
About 59% of the confirmed cases are 40 years below (See Fig. 2)
Fig. 3: Epidemic Curve of Laboratory-Confirmed Cases Reported daily, COVID-19 Pandemic, The Gambia, 16th March 2020-13th November 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).

<table>
<thead>
<tr>
<th>Status</th>
<th>New</th>
<th>Cumulative</th>
</tr>
</thead>
<tbody>
<tr>
<td>No. of active cases in institutional isolation</td>
<td></td>
<td>3</td>
</tr>
<tr>
<td>No. of COVID-19 patients on oxygen support</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>No. of patients recovered and discharged</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>In Hotel Quarantine</td>
<td>0</td>
<td>19</td>
</tr>
<tr>
<td>Completed Hotel Quarantine</td>
<td>0</td>
<td>5,240</td>
</tr>
<tr>
<td>Completed follow-up (asymptomatic people with travel history to affected countries) *</td>
<td>0</td>
<td>310</td>
</tr>
<tr>
<td>No. of Contact(s) Identified**</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>No. of Contacts being monitored</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>No. of Contacts who completed 14-day follow-up</td>
<td>0</td>
<td>17,119</td>
</tr>
<tr>
<td>No. of Contacts lost to follow-up</td>
<td>0</td>
<td>58</td>
</tr>
<tr>
<td>Total Tests conducted (Repeat Tests)***</td>
<td>1259(0)</td>
<td>121,854</td>
</tr>
<tr>
<td>Positive test result (Repeat Tests)***</td>
<td>6(0)</td>
<td>9,986</td>
</tr>
<tr>
<td>Negative test result (Repeat Tests)***</td>
<td>1253(0)</td>
<td>110,611</td>
</tr>
<tr>
<td>Inconclusive test result (Repeat Tests)***</td>
<td>0(0)</td>
<td></td>
</tr>
</tbody>
</table>

Table 2: 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>
<thead>
<tr>
<th>Component</th>
<th>Interventions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coordination</td>
<td>• Coordination meetings held at both central and regional levels</td>
</tr>
</tbody>
</table>
| Surveillance/ Laboratory           | • A total of **1259** new laboratory test results received **1,184** from **NPHL** and **75** from **MRCG**  
  • Of these, no test result returned inconclusive or indeterminate, **6** new samples tested positive |
| Case Management / Psychosocial     | • **No** new COVID-19 related death recorded                                                                                                    |
| Support & Research / IPC           | • **Two** patients were newly discharged from treatment centres                                                                               |
|                                    | • **No** new contacts traced and monitored                                                                                                       |
|                                    | • **One(1)** COVID-19 patients are currently on oxygen therapy                                                                                 |

*Table 3: Major response activities undertaken newly, COVID-19 Outbreak, The Gambia, 2021*

IV. GAPS/CHALLENGES:

- CBS activities not translating to increase in the number of daily tests being conducted
- Support for innovative countrywide risk communication strategies and activities on COVID-19 is suboptimal
- 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.
- Low COVID-19 vaccination coverage rate

V. NEXT STEPS/RECOMMENDATIONS:

- CBS activities need to be synchronized with MRC’s ILI surveillance to spur up testing rates in the hinterland.
- 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 and vaccine hesitancy
- Strengthen community-based surveillance to increase awareness and testing rates
- Thorough enforcement of the mandatory mask-wearing regulation
- 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 always including the donning of appropriate PPEs
- Intensify activities geared to increase COVID-19 vaccination coverage at all levels

*as of 14th November 2021 @ 00:11. Data from WHO novel coronavirus dashboard and European CDC situation report*