**Situation Report: Confirmed COVID-19**

**Location: The Gambia**

**Date of Report: 27th - 31st March 2022**

**Investigation Start Date: 17th March 2020 as of 18hrs.**

**Prepared by:** Epidemiology and Disease Control Unit, MoH, The Gambia

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**I. HIGHLIGHTS**

This is the 431st national situation reports 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 **365** (Crude Case-Fatality Ratio, 3.0%)
- A total of **01** new case was registered (Cumulative cases **11,989**)
- The test positivity rate is **0.1%** (1/829), NPHL – 780 (1 positives) and MRCG – 49 (0 Positives)
  - No case is currently on oxygen therapy
  - A total of four (4) cases were discharged after at least 10 days monitoring from the day they tested positive but evaded institutional isolation and none from COVID-19 treatment centre

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**COVID-19 SITUATION IN NUMBERS**

**Globally**
- Confirmed Cases: **490,701,308**
- Recoveries: **425,435,658**
- Deaths: **6,173,578**

**Senegal**
- Confirmed Cases: **85,911**
- Recoveries: **83,910**
- Deaths: **1,964**

**The Gambia**
- Confirmed Cases: **11,989**
- Active Cases: **03**
- Recoveries: **11,621**
- Deaths: **365**

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**II. EPIDEMIOLOGICAL DESCRIPTION**

![Geographic Distribution of COVID-19 Cases per 100,000 Pop. by Region Since the start of the Pandemic to 31st December (Number Above) and December only (Number below) 2021 in The Gambia](image)

Fig1: Geographic Distribution of COVID-19 Cases per 100,000 Pop. by Region Since the start of the Pandemic to 31st December (Number Above) and December only (Number below) 2021 in The Gambia
Western 1 Health Region continues to have a disproportionate 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, 2022**

- 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 58% 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 2020-22nd March 2022**

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

*as of 1st April 2022 @ 00:11. Data from WHO novel coronavirus dashboard and European CDC situation report*
Table 1: Summary of New and Cumulative Public Health Response Outputs, COVID-19 Pandemic, The Gambia, 2022

<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>0</td>
</tr>
<tr>
<td>No. of COVID-19 patients on oxygen support</td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>No. of patients recovered and discharged</td>
<td>0</td>
<td>19</td>
</tr>
<tr>
<td>In Hotel Quarantine</td>
<td></td>
<td></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></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>17,129</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>829(0)</td>
<td>159,953</td>
</tr>
<tr>
<td>Positive test result (Repeat Tests)***</td>
<td>01(0)</td>
<td>11,989</td>
</tr>
<tr>
<td>Negative test result (Repeat Tests)***</td>
<td>828(0)</td>
<td>146,557</td>
</tr>
<tr>
<td>Inconclusive test result (Repeat Tests)***</td>
<td>00(0)</td>
<td></td>
</tr>
</tbody>
</table>

* 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

Table 3: Major response activities undertaken newly, COVID-19 Outbreak, The Gambia, 2022

III. MAJOR RESPONSE ACTIVITIES

<table>
<thead>
<tr>
<th>Component</th>
<th>Interventions</th>
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<tbody>
<tr>
<td>Coordination</td>
<td>• Coordination meetings held at both central and regional levels</td>
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<tr>
<td>Surveillance/ Laboratory</td>
<td>• A total of 829 new laboratory test results received 780 from NPHL and</td>
</tr>
<tr>
<td></td>
<td>• 49 from MRCG</td>
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<tr>
<td></td>
<td>• Of these, no test result returned inconclusive or indeterminate, 1 new</td>
</tr>
<tr>
<td></td>
<td>samples tested positive</td>
</tr>
<tr>
<td>Case Management / Psychosocial Support &amp; Research / IPC</td>
<td>• No new COVID-19 related death recorded</td>
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<tr>
<td></td>
<td>• No patient was newly discharged from treatment centres</td>
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<tr>
<td></td>
<td>• No new contacts traced and monitored</td>
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<tr>
<td></td>
<td>• No COVID-19 patient is currently on oxygen therapy</td>
</tr>
</tbody>
</table>
IV. **GAPS/CHALLENGES:**

- CBS activities not replicated in all regions 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.
- Strengthen community-based surveillance in all regions to increase awareness and testing rates
- 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
- 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
- Strengthen the capacity of the National Public Health Laboratories to conduct sequencing to identify new variants from positive samples as the COVID-19 virus evolves.