



<b>Situation Report: Confirmed COVID-19</b>		<b>Location: The Gambia</b>	
<b>Date of Report: 31 October-4 November 2022</b>		<b>Investigation Start Date: 17<sup>th</sup> March 2020 as of 18hrs.</b>	
<b>Prepared by:</b>	<b>Epidemiology and Disease Control Unit, MoH, The Gambia</b>		

**I. HIGHLIGHTS**

This is the 455<sup>th</sup> national situation reports since the confirmation of the first case of the coronavirus disease (COVID-19) in The Gambia, on the 16<sup>th</sup> March 2020

- No new COVID-19-related death registered, bringing the total to 372 (**Crude Case-Fatality Ratio, 3.0%**)
- Six (06) new cases were registered (**Cumulative cases 12,586**)
- The test positivity rate is 1.18% (6/509), NPHL –455(4 positives) and MRCG – 54(2 Positives)
  - No new case is currently on oxygen therapy
  - Fifteen (15) 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 centres

**COVID-19 SITUATION IN NUMBERS**

**Globally**

- Confirmed Cases: 637,680,610
- Recoveries: 617,201,553
- Deaths: 6,605,416

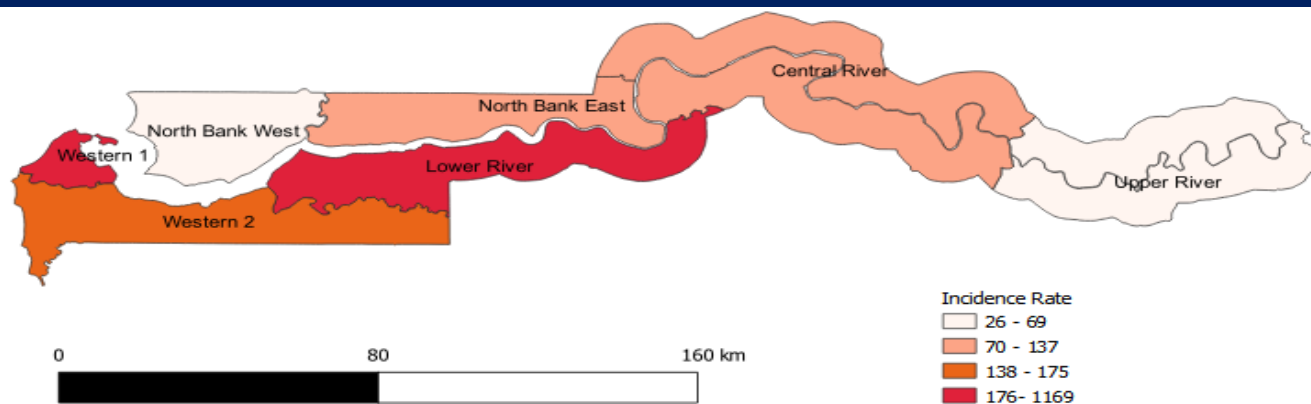
**Senegal**

- Confirmed Cases: 88,679
- Recoveries: 86,609
- Deaths: 1,968

**The Gambia**

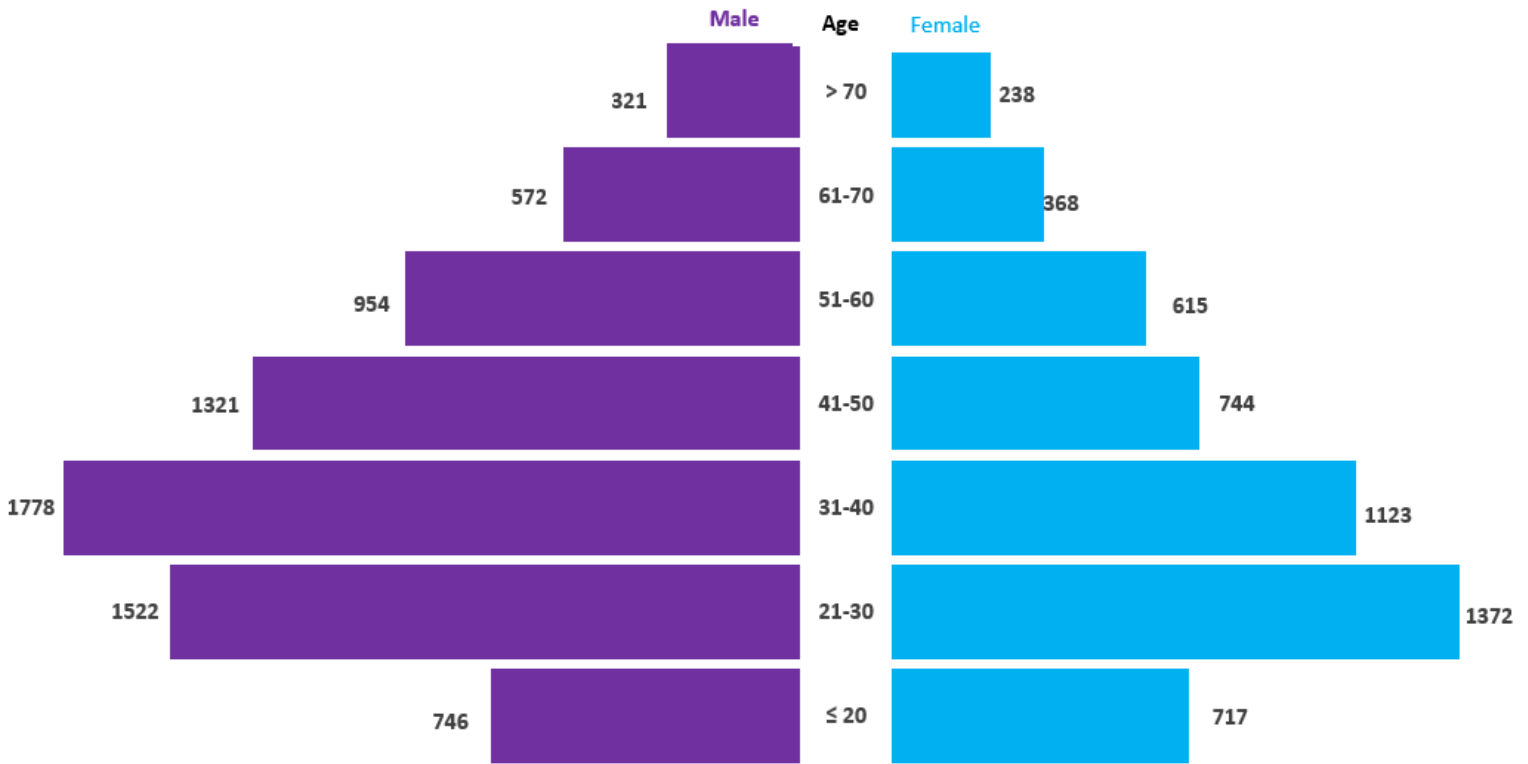
- Confirmed Cases: 12,586
- Active Cases: 25
- Recoveries: 12,189
- Deaths: 372

**II. EPIDEMIOLOGICAL DESCRIPTION**



**Fig1: Geographical Distribution of confirmed covid-19 cases per 100,000 Pop. by region since the start of the Pandemic to 30 September 2022 in The Gambia**

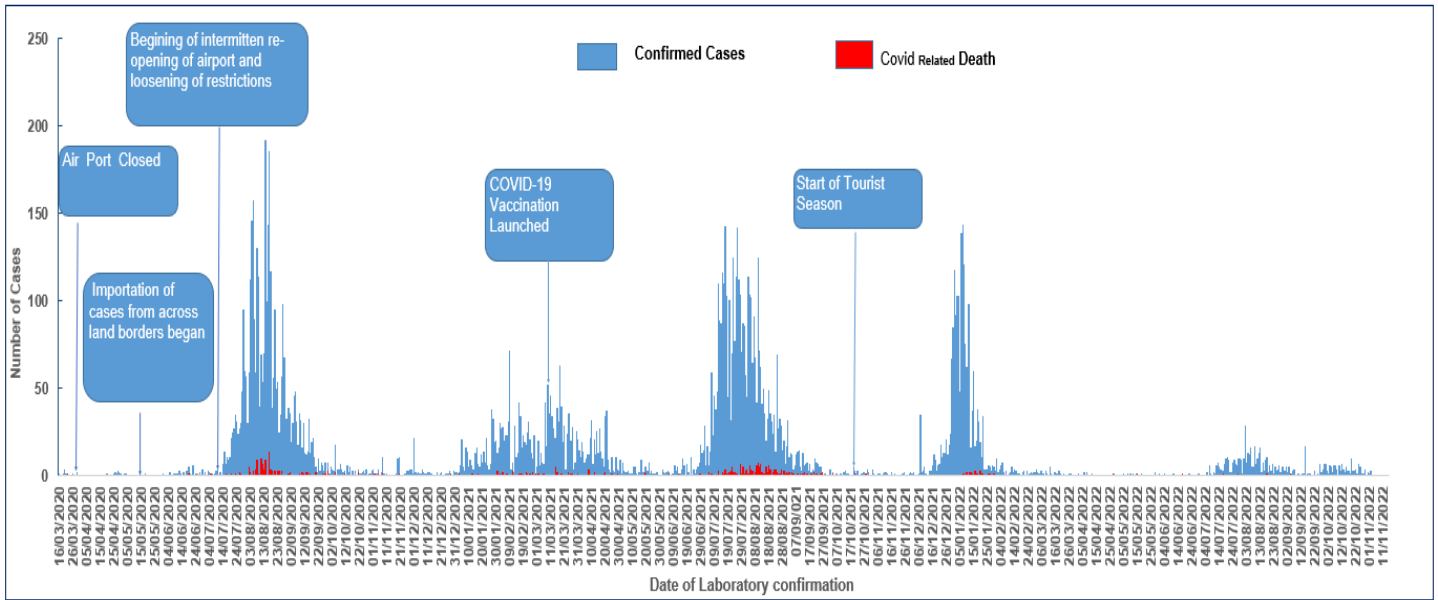
- Western 1 Health Region has a disproportionately higher number of cases than all the health regions (**See Fig. 1**)
- Below are the age-sex distribution and the Epi-curve of confirmed cases by date of sample collection, respectively (**See Fig. 2 and 3**)



**Fig 2: Age-Sex Distribution of Confirmed COVID-19 Cases, The Gambia, 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, 16<sup>th</sup> March 2020-6<sup>th</sup> November 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
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**Table 1: Summary of New and Cumulative hospitalized (including those in Intensive Care Unit- ICU) COVID-19 cases, The Gambia, 2022**

<b>Hospitalization (Including those in ICU)</b>	<b>Total Cases</b>
Number of cases currently admitted to intensive care unit (ICU) for Covid-19	0
Number of all Covid-19 cases who are currently hospitalized in healthcare facilities, including those in intensive care unit (ICU)	0
Cumulative number of covid-19 cases admitted to intensive care unit (ICU)	869
Cumulative number of covid-19 cases hospitalized including those admitted to intensive care (ICU)	3584

**Table 2: Summary of New and Cumulative Public Health Response Outputs, COVID-19 Pandemic, The Gambia, 2022**

<b>Status</b>	<b>New</b>	<b>Cumulative</b>
No. of active cases in institutional isolation		0
No. of COVID-19 patients on oxygen support		0
No. of patients recovered and discharged	0	
In Hotel Quarantine	0	0
Completed Hotel Quarantine	0	5,240
Completed follow-up (asymptomatic people with travel history to affected countries) *	0	310
No. of Contact(s) Identified**	0	
No. of Contacts being monitored	0	
No. of Contacts who completed 14-day follow-up	0	17,129
No. of Contacts lost to follow-up	0	58
Total Tests conducted (Repeat Tests)***	509(0)	180,775
Positive test result (Repeat Tests)***	6(0)	12,586
Negative test result (Repeat Tests)***	502(0)	166,728
Inconclusive test result (Repeat Tests)***	1(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

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

III. MAJOR RESPONSE ACTIVITIES	
Component	Interventions
Coordination	<ul style="list-style-type: none"> <li>• <i>Coordination meetings held at both central and regional levels</i></li> </ul>
Surveillance/ Laboratory	<ul style="list-style-type: none"> <li>• <i>A total of <b>509</b> new laboratory test results received <b>455</b> from <b>NPHL</b> and <b>54</b> from <b>MRCG</b></i> <ul style="list-style-type: none"> <li>◦ <i>Of these, <b>no</b> test result returned inconclusive or indeterminate, <b>6</b> new samples tested positive</i></li> </ul> </li> </ul>
Case Management / Psychosocial Support & Research / IPC	<ul style="list-style-type: none"> <li>• <i><b>No</b> new COVID-19 related death recorded</i></li> <li>• <i><b>No</b> new patients were newly discharged from treatment centres</i></li> <li>• <i><b>No</b> new contacts traced and monitored</i></li> <li>• <i><b>No</b> case of COVID-19 patient is currently on <b>oxygen therapy</b></i></li> </ul>

#### IV. GAPS/CHALLENGES:

- Community-based surveillance (CBS) activities not replicated in all regions to increase in the number of daily tests being conducted
- Dwindling compliance with mask-wearing requirements
- **Low turn-out at the only COVID-19 sample collection site resulting in fewer number of daily tests**
- Low COVID-19 vaccination coverage rate

#### V. NEXT STEPS/RECOMMENDATIONS:

- Strengthen community-based surveillance in all regions to increase awareness and testing rates
- IPC measures should be strictly adhered to in all public and private health healthcare facilities
- **With the low turn-out at the only COVID-19 sample collection site resulting in fewer number of daily tests, RRT Team of PHOs should be dissolved to go and concentrate more on routine surveillance as measles is becoming a burden**
- Intensify activities geared to increase COVID-19 vaccination coverage at all levels

**For comments or questions, please contact:**  
**AMADOU WOURY JALLOW**  
 Public Health Emergency Operations Center  
 Epidemiology and Disease Control Unit, The Gambia  
**Email:** [amadou.jallow@gmail.com](mailto:amadou.jallow@gmail.com) **Phone:** +220 3921415/2639690/9921415

**PARTNERS**

