

REPUBLIC OF NAMIBIA



MINISTRY OF HEALTH AND SOCIAL SERVICES

STATEMENT BY DR KALUMBI SHANGULA, MINISTER OF HEALTH AND SOCIAL SERVICES AT THE 38TH COVID-19 PUBLIC BRIEFING

14 December 2021

STATE HOUSE

WINDHOEK

**Check against Delivery.*

Your Excellency, Dr. Hage G. Geingob, President of the Republic of Namibia
Your Excellency, Dr. Nangolo Mbumba, Vice President
Right Honourable Saara Kuugongelwa Amadhila, Prime Minister
Honourable Ministers
Senior Government Officials
Members of the Media
Ladies and Gentlemen

1. I thank Your Excellency for giving me the floor to provide further details on our national COVID-19 preparedness and response generally, and on the amendments to the current COVID-19 Public Health General Regulations in particular that will expire at midnight on Wednesday. Before I provide some details on the latest amendments, I wish to share with the nation some epidemiological data that will engender further understanding of where we are coming from as a nation with respect to the COVID-19 pandemic, where we are currently, and what data is telling us, going forward. At the end, I will bring clarity to some topical issues of contemporary interest. As this presentation may take a while, I beg in advance for your patience.
2. As at 13 December 2021, Namibia has recorded a total of 133 444 confirmed COVID-19 cases, out of the 819 721 samples tested. A total of 126 148 recoveries were reported, translating into a recovery rate of 94.5%. This is a decline of 2.7% following the increase in the number of cases reported in the last two weeks. Active cases have also drastically increased by 95.2%. There are now 3 392 active cases in the country. A grim figure of three thousand, five hundred and seventy-eight (3 578) COVID-19 deaths were recorded since the beginning of the pandemic in Namibia in March 2020.
3. It is a source of great concern that the epidemiological trajectory has worsened as the country has recorded more positive COVID-19 cases from 29 November 2021. In the past two weeks, the number of positive cases has been doubling on daily basis. It reached the highest number of cases of 1 041 recorded on 10 December 2021. From 16 November to 12 December 2021, the period of 27 days covering the current dispensations, a total of 47 130 samples were tested and 4 023 new confirmed cases were reported, giving a positive ratio of 8.5%. This indicates an 83% increment as compared to the same period of 27 days prior. The positivity ratio, which is the proportion of the positive cases out of the samples tested increases from 1.9% to 8.5% over the same period. However, number of deaths inversely were low totalling thirteen (13) during the last 27 days, as compared to twenty-two (22) deaths reported during 27 days prior. This represents a decline of 69%. The number of hospitalized cases remains reasonably low. We are continuing to monitor the situation closely.

4. On the vaccination front, I wish to state that COVID-19 vaccination continues to be one of the preventive interventions we are advocating for and pursuing. This is because vaccination remains one of the most effective tools we have to protect our nation and drive further down the number of severe cases, hospitalizations and deaths. As at 13 December 2021, a total of 388 719 persons or 25.9% of the eligible population have received the first dose of COVID-19 vaccine and 327 532 persons or 21. 8% are fully vaccinated. One of the positive news is that the daily vaccination uptake increased by 10% from 1 900 recorded on 11 November 2021, as compared to the number of 2 112 daily average recorded as on 13 December 2021.

5. We have started administering the 3rd dose of the Sinopharm vaccine. A Guideline in the form of a Circular was issued two weeks ago to guide health workers at vaccination sites on the administration of this dose. So far, a total of 660 persons have received this third dose. Another positive development relates to the expansion of the vaccine eligibility criteria to children aged 12-17 years. As at 13 December 2021, two hundred and thirty-five (235) doses were recorded for this age group.

6. The Ministry offers voluntary administration of third dose of homologous vaccines, that is same type of vaccine for Sinopharm, AstraZeneca and Pfizer BioNtech to eligible individuals. Those who receive Johnson & Johnson vaccine, can receive another dose of same. However, if the same product is not available, or in case of allergic reaction to one vaccine, another heterologous vaccine can be used.

Table 1: Covid-19 homologous and heterologous boosters, mix-match and 3rd dose

Vaccine	1st dose	2nd dose	3rd/booster dose
Homologous	Sinopharm	Sinopharm	Sinopharm
	Pfizer	Pfizer	Pfizer
	AstraZeneca	AstraZeneca	AstraZeneca
	Johnson & Johnson	None	Johnson & Johnson
Heterologous	Sinopharm	Sinopharm	Pfizer
	AstraZeneca	AstraZeneca	Pfizer
	AstraZeneca	Pfizer	Pfizer

7. We have observed that a significant number of people who contracted Covid-19 disease, have tested positive for Covid-19 again after full recovery. The Centre for Disease Control and Prevention defines reinfection as an infection in the same individual across a different time period with evidence of two different viral strains within more than 45 days in highly suspicious cases of Covid-19 or more than 90 days in asymptomatic cases with low suspicion. Other studies define reinfection as two positive results with a negative test result in between. Evidence suggests that 95% of people produce antibodies two weeks after

Covid-19 onset. It is possible that these antibodies could fade over time making a person susceptible again to Covid-19 infection. Some people may just not develop a fool-proof antibody response in the first place. Therefore, it is possible for a person who have fully recovered from Covid-19 to be reinfected.

8. Infection after immunisation

The development of several Covid-19 vaccines has given us hope of a release from the pandemic. However, none of the vaccines is 100% effective at stopping transmission or infection. There is always a small risk that some fully vaccinated people will get infected. This is known as “breakthrough infection” and is entirely expected to happen. It is important to realise the limitations of vaccines. No vaccine offers full protection to everyone who receive it. This is so because different arms of the immune response produce different defences, namely antibodies that lock onto viruses and neutralising them and the T cells that find and destroy the infected cells. The T cells are important for limiting the severity of illness. We are observing the breakthrough infection and the mild nature of their illnesses.

9. The reasons for breakthrough infection are two-fold. The human immune response is encoded in deoxyribonucleic acid (DNA) and varies from person to person. This variability helps us to respond to an array of germs. It could also be due to other things like poor health, medication or age. On the other hand, the ageing immune system does not respond to new foreign substances that causes the immune system to produce antibodies against it (antigen) neutralising antibodies at all after both doses of vaccines. Another reason for breakthrough infections is due to viral variants that escape immune detection and flourish even in vaccinated people. A virus is expected to mutate and give raise to variants that may be easily transmitted. The mutations could alter the parts of the virus that recognised by antibodies and T cells.
10. Some people ask, why is it necessary to get vaccinated when one can still get the Covid-19 infection. Vaccines are not a cure. It takes a minimum of two week after vaccination for the immune response to develop. One may get infected within two weeks of vaccination or as a result of breakthrough infections. Getting vaccinated could save your life. Covid-19 vaccines provide strong protection against serious illness, hospitalisation and death. Being vaccinated makes it less likely that you will pass the virus on to others, thereby protecting those around you. Even after getting vaccinated, keep taking precautions to protect yourself, family, friends and anyone else you may come into contact with.
11. The Government is also implementing various infrastructure projects to strengthen and improve our capacity to provide adequate care and treatment to those who fall ill and need hospitalization. These include the construction of isolation facilities, the procurement of

equipment and the improvement of oxygen supply at different health facilities around the country and recruitment of healthcare workers.

12. Following thorough and detailed analysis of the COVID-19 data using various variables, a decision was taken to amend the current Public Health General Regulations. It has always been our approach that when amendments are proposed, care is taken to ensure that the measures take into account the imperatives of saving the lives of our people and also promoting their livelihoods. We are painfully aware of the fact that the impact of the COVID-19 pandemic on our country and its economy has been devastating. In this context, a fine balance had to be struck as we consider these competing priorities. I will now proceed to provide the rationale behind the amendments to the public health measures that will come into effect as from midnight on 16th December 2021.

12.1. Duration of the public health measures

The duration of the public health measure will run from **16th December 2021 to 15th January 2022**. Should the epidemiological profile worsen, the measures may be reviewed at an earlier date. We have adopted a 30-day observance period. This approach has served us well in terms of responding to the pandemic. We call upon everyone to continue complying with the measures put in place in order to suppress the spread of new infections among the population.

12.2. Gatherings

Taking into account the current epidemiological situation, especially in light of the emergence of the highly transmissible omicron variant, public gatherings are adjusted to not more than 200 persons per event. Given the presence of the more transmissible omicron variant, public gatherings should be reduced to suppress transmission among the population given the low vaccination coverage.

12.3. Curfew

The introduction of the curfew has had a positive effect on our response to the pandemic. Together with the lockdown, curfew delivered us from the devastating third wave. While effective in some areas such and preventing criminal activities, the curfew also has accompanying detrimental consequences. It is well recorded that the reintroduction of the curfew triggers other actions, such as those related to the general hours of the operations of businesses, public transport, and the sale of alcohol. We are aware that this time of the year, many Namibians will travel from different parts of the country to visit friends and family or to spend the holiday season at their preferred holiday destinations. Given the vastness of the country, many travelers will be compelled to spend hours and overnight in buses, minibuses and private vehicles at Traffic Control Points if the curfew is re-introduced. Where passengers are compelled to spend time in confined spaces as stated, it

will create fertile ground for new infections and will thus be self-defeating as a control measure to curb and suppress the spread of new infections. It would also create significant inconvenience with undesirable public backlash. It was therefore decided that, given the fairly low statistics on severe COVID-19 cases as well as hospitalizations, it would not be prudent to introduce the curfew at this time.

12.4. Education

The general health regulations related to education are retained without change. However, emphasis is placed on compliance with infection prevention and control measures, including the correct and consistent wearing of masks and observing social distancing and all other related protocols.

12.5. Restrictions related to liquor

The measures related to the sale of liquor are retained without change. As stated before, the amendments to the public health measures take into account several factors, among them, the epidemiological situation. In this regard, the current statistics on severe COVID-19 illnesses and hospitalizations does not justify restrictions on trading hours and sale of alcohol in the country. This concession on the part of government must be met with the willingness on the part of the operators to ensure that their premises does not facilitate transmission of infections.

12.6. Business operations

This measure is retained unchanged. As such, business will continue with usual operations during the specified period to 15 January 2022. Again here, emphasis is placed on reinforcement and compliance with the public health measures and related protocols. The current statistics on severe COVID-19 illnesses and hospitalizations does not justify restrictions on business trading hours in the country. The number of persons inside a business facility may not exceed the actual capacity of the entity.

12.7. Contact Sport

The total number of spectators at the sporting event should not exceed 200 persons. The number of spectators at sports events should be aligned with the regulation on public gatherings, where the limit is now 200 persons per event.

12.8. Public transport

This measure is retained unchanged. Emphasis is placed on the enforcement of and compliance with public health measures for the duration of the journey using public transport vehicles. The Ministry of Health and Social Services will avail 1 million disposable face masks to the Ministry of Works and Transport for distribution to travelers in public transport vehicles during the holiday season.

We took into account that many Namibians will travel and given the vastness of the country, it is imperative to ensure unhindered flow of the different modes of the public transport system. Restrictions on the operations of public transport at this time will create fertile ground for new infections and will thus be self-defeating as a control measure to curb infections.

12.9. Burials

The public health measures related to burials of persons who succumb to COVID-19 specifically, and those who pass away due to other causes are amended to comply with the restrictions on the number of persons permitted to gather at public gatherings. The total number of mourners at burials should not exceed 200 persons. In other words, the number of mourners at burials should be aligned with the regulation on public gatherings.

12.10. Rapid Antigen Tests

There are several COVID-19 Rapid Antigen Test products on the market. It is important to ensure that the products approved for use are validated by the relevant authority as the case may be. Thus, the measure related to the use of COVID-19 Rapid Antigen Tests is retained without change.

12.11. Test results upon entry.

Currently, persons arriving in Namibia should present a PCR test that is not older than seven (7) days. Namibia has been an outlier in this regard because the majority of countries require a PCR test that is not older than 72 hours. In light of the circulating omicron variant and out of abundance of caution, the public health measure related to the validity of PCR test as a requirement for entry into Namibia is amended as follows:

- Validity of PCR COVID-19 test results is reduced to 72 hours from time of the collection of the specimen to the time the individual arrives in Namibia.
- Travelers (Namibians and Non-Namibians) who arrive with PCR test results that are older than 72 hours and are not in possession of a de-isolation certificate, will be subjected to a PCR test at own cost at the port of entry and will be quarantined at own cost. Such traveler will be released from quarantine if the PCR results are negative.
- Namibians arriving with positive PCR results, where such traveler has not completed isolation or does not present a de-isolation certificate, such traveler will be subjected to quarantine at own cost or to supervised home quarantine provided that the traveler has obtained approval for such supervised home quarantine.

12.12. Many countries have made it a requirement that all persons arriving in their jurisdiction are subject to a Polymerase Chain Reaction Test in order to determine the COVID-19 infection status of such persons. In this regard, given the circulating omicron variant which is highly transmissible, the following measure is introduced:

- Random COVID-19 PCR testing will be conducted on persons permitted entry into Namibia at Points of Entry.
- Genome sequencing will be carried out on samples that tested positive for COVID-19.
- Namibian citizens and permit holders may enter the country with or without 72-hour PCR test. Those who arrive without a negative PCR test results will be subjected to quarantine at own cost or to supervised home quarantine provided that the traveler has obtained approval for such supervised home quarantine.

The measures are aimed at suppressing the importation of new variants into the country. They will also enable the Ministry to collect important epidemiological data on the omicron and other variants.

13. The foregoing is some of the information I wanted to share with the Namibians people on the new dispensation of COVID-19 Regulations. It is my sincere hope that the Namibian people will join hands with Government and other stakeholders to ensure that we suppress the spread of new infections. The public health measures that were outlined here today, were crafted with that objective in mind. Complying with the regulations and getting vaccinated are the surest way to combat COVID-19 and remove it as a public health threat. The power to defeat COVID-19 is in our hands.
14. In conclusion, I thank members of the public and representatives of industries who approached the Ministry of Health and Social Services with suggestions on the new public health measures. It is pleasing that the general public is taking keen interest in the anticipated control measures. Allow me to share with the public one of the messages I received this morning. *“No to lock down. Depression will kill us”*. Although we may not accommodate all the suggestions, we encourage the public to make an input in these decisions.

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