



Ministry of Health and Social Services
Republic of Namibia

Situational Report No.21 for COVID-19 Namibia			
Outbreak Name	COVID-19	Country affected	Namibia
Date & Time of report	08 April 2020 22:00	Investigation start date	13 March 2020
Prepared by	Surveillance Team		

Date of outbreak declaration in Namibia: 14 March 2020.

1. SITUATION UPDATE / HIGHLIGHTS

- No new confirmed cases were reported today (08 April 2020).
- Cumulatively, 16 confirmed cases have been reported in the country, to date.
- Supervised quarantine for all Namibians arriving from other countries for 14 days is ongoing.
- Partial lockdown of Erongo and Khomas regions took effect on 28 March 2020 till 16 April 2020.
 - Borders have been closed except for essential/critical services and humanitarian support to the response.
 - All others prevention measures are applicable to the entire country

2. BACKGROUND

Description of the latest cases

- **Index cases:** Two confirmed cases of COVID-19 were reported in Windhoek district on 13 March 2020. The married couple; a 35-year-old male and a 25-year-old female, arrived from Madrid, Spain on 11 February 2020.
- Total number of imported cases currently stands at 13 and local transmission are 3
- There is no evidence of community transmission in the country at the moment.

Table 1: Confirmed cases by region as of 08 April 2020

Reporting region	Total Cases	New cases	Active cases	Recovered	Death
Khomas	11	0	8	3	0
Karas	1	0	1	0	0
Erongo	4	0	4	0	0
Total	16	0	13	3	0

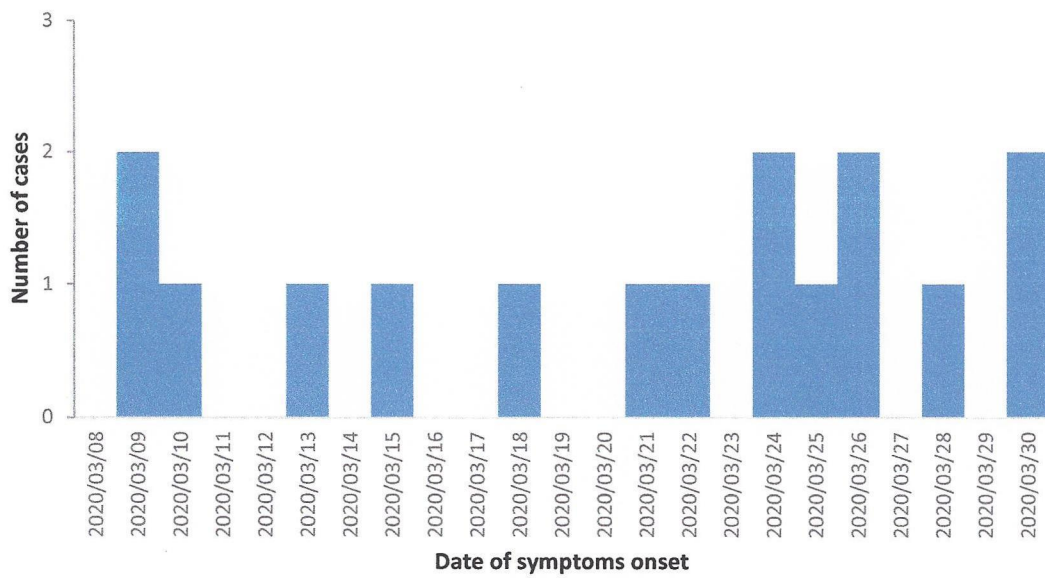


Figure 1: Epi-curve for COVID-19 confirmed cases in Namibia as of 08 April 2020

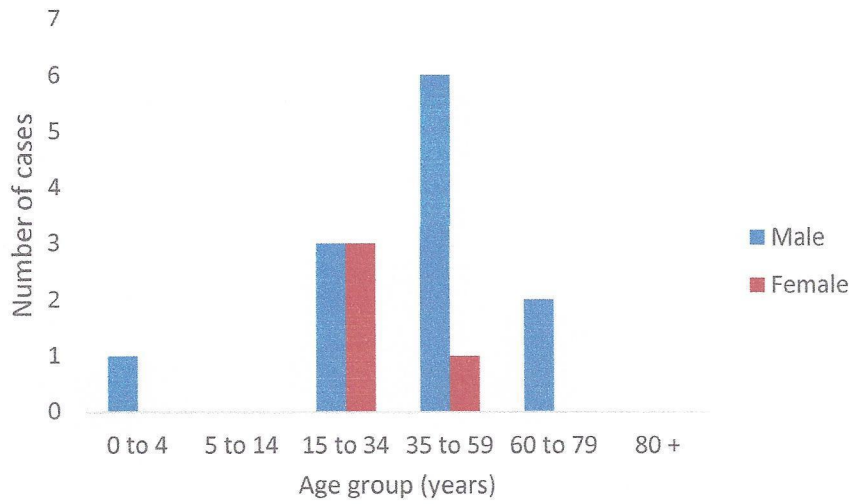


Figure 2. Age and sex for COVID-19 confirmed cases in Namibia as of 08 April 2020

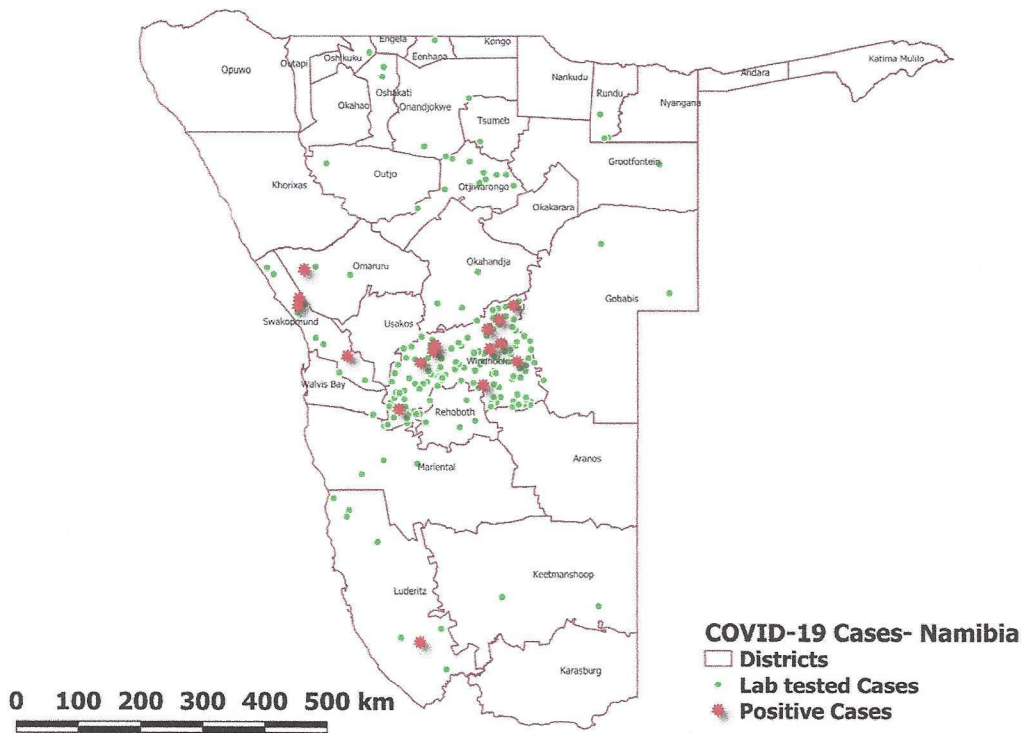


Figure 3: Suspected and confirmed COVID-19 cases in Namibia per District, as of 08 April 2020

3. PUBLIC HEALTH ACTION / RESPONSE INTERVENTIONS

EPIDEMIOLOGY & SURVEILLANCE

- **Case definitions as of 20 March 2020:**

Suspect case:

A. A patient with acute respiratory illness (fever and at least one sign/symptom of respiratory disease, e.g., cough, shortness of breath), AND a history of travel to or residence in a location reporting community transmission of COVID-19 disease during the 14 days prior to symptom onset;

OR

B. A patient with any acute respiratory illness AND having been in contact with a confirmed or probable COVID-19 case (see definition of contact) in the last 14 days prior to symptom onset;

OR

C. A patient with severe acute respiratory illness (fever and at least one sign/symptom of respiratory disease, e.g., cough, shortness of breath; AND requiring hospitalization) AND in the absence of an alternative diagnosis that fully explains the clinical presentation.

Probable case: A suspect case for whom testing for COVID-19 is inconclusive. Inconclusive being the result of the test reported by the laboratory

Confirmed case: A person with laboratory confirmation of COVID-19 infection, irrespective of clinical signs and symptoms.

- ***Surveillance activities***

- Daily pillar and intra-pillar discussions are held to deliberate daily progress, gaps and way forward;
- Call centre continue operations for 24 hours per day.
- People under mandatory quarantine are being monitored daily (see table 3)
- Data entry is ongoing and data dashboards are under development using existing platforms.
- Project Active Case Finding (ACF) is currently underway in Khomas, Erongo and Karas regions, aimed to look for possible community transmission.
- Contact tracing is ongoing (see table 2)

Contact tracing Summary

Table 2: National contacts tracing summary as of 08.04.2020

Variables	Contact risk level			
	High	Medium	Low	Total
Total Number of contacts listed	64	47	116	227
Total Number of contacts identified	63	47	100	210
Total Number of active contacts (being followed)	36	14	17	67
Number of contacts monitored/followed in the last 24hrs	36	14	17	67
Total number of Contacts completed 14-days follow up	24	30	78	132
Total Number of contacts that developed signs & symptoms	19	4	7	30
Total Number of contacts tested positive	3	1	0	4
*Total Number of contacts tested without signs and symptoms	10	1	4	15
© Total Number of contacts lost to follow up	0	2	5	7
# Total number of Contacts never reached	1	0	16	17

*Number of (highly exposed) contacts without signs & symptoms tested. One tested positive.

© Seven contacts are lost to follow up, all are non-Namibians and have travelled back to their countries.

Seventeen contacts could not be reached as they did not provide contact numbers.

Table 3: Number of people in mandatory quarantine facility of 08.04.2020

Name of the Facility	Cumulative number of people	Number of people who developed signs & symptoms and tested	Test results	Number of people discharged
Hardap Resort	40	0	0	40
Rock Lodge (Debmarine)	39	0	0	0
*Other places in Windhoek	142	5	4 Negative 1 pending	39
Zambezi Waterfront park	78	3	3 Negative	0
Gross Barman	22	0	0	0
Total	321	8	8	79

LABORATORY INVESTIGATIONS

- Stock level of testing kits at NIP is currently 1300
- As of 8 April 2020, a total of 444 COVID-19 specimens were recorded for testing in the two laboratories (NIP and Path Care) as per table below:

Table 4: COVID-19 specimens recorded in at NIP and Path care as of 08.04.2020

As of 08/04/2020	Laboratory			Total
	NIP	Path care	South Africa	
Total sample received by the Laboratory	274	170	-	444
Total sample tested	218	167	-	385
Total results received	218	167	-	385
Total results positive	9	6	*1	16
Total results negative	209	161	-	370
Total sample discarded	29	2	-	31
Total results pending	0	1	-	1
Total results inconclusive/indeterminate	0	0	-	0
Total new suspected cases in last 24 hours	23	0	-	23

**1 Patient specimen collected and tested in South Africa*

COORDINATION AND LEADERSHIP:

- Daily feedback meetings between pillar leads, coordination team and Incident manager ongoing, to share daily accomplishments and to address key challenges
- Monitoring at road blocks, quarantine and isolation facilities being conducted regularly to ensure smooth coordination of COVID-19 interventions.
- Members from coordination team have been allocated to support/coordinate pillar activities, by participating in their respective pillar meetings, when possible.
- Many efforts to increase isolation and quarantine facilities are ongoing.
- Finalizing needs assessment and integrated capacity training plans for the responders at National and regional levels.
- Consolidating and harmonizing SOPs and TORs from all thematic pillars for submission to IM and senior management.

CASE MANAGEMENT

- Out of the 16 cumulative confirmed cases, 3 recovered, and have been discharged, after testing negative for COVID-19.
- The other 13 confirmed cases are in stable condition. Case #10 requires significant psychological counselling and support.
- Conversion of casualty department at Windhoek Central Hospital (WCH) into a highly infectious referral ICU underway.
- A 12-bed Isolation Unit is under construction in the final stage of completion at WCH.

- Ramatex renovation underway to be repurposed as an isolation facility
- Katutura State Hospital (KSH) TB general ward being re-purposed into a COVID-19 ward.
- More screening sites have been identified in the regions and NGOs have been contacted to assist in setting up sites for screening and testing.
- Training of Health care workers occurs every day at WCH, KSH, and Robert Mugabe Clinic.
- ZOOM training sessions for Health Care Workers is ongoing.
- Standard Operating Procedure was revised and has been distributed.

LOGISTICS:

- Facilitation of the allocation of quarantine facilities in the country and transport for discharged people from quarantine facilities is ongoing.
- Procurement of PPE, Medical suppliers and pharmaceuticals is ongoing
- Provision of commodities` specifications and verification for procurement is being done constantly

RISK COMMUNICATION AND COMMUNITY ENGAGEMENT:

- The communication hub continues to give updates on COVID 19 on a daily basis. Beside the updates, the hub is used to clarify miscommunications of that have been picked up in the community through media.
- A total of 75500 posters and leaflets have been printed. These materials on COVID 19 patient management and they are to meant for health workers. Distribution is being sorted out for all health facilities (both public and private) in all regions.
- The Development Workshop Namibia has delivered printed information, education and communication materials in 4 languages: English, Oshiwambo, Otjiherero and Silozi.
- Conducted information session on COVID 19 with the NAMPOL officials at Patrick Training College. The session covered prevention messages and the use of safety gears, the safety measure while work place and in community and lock down measures. A total of 20 have attended.
- Regions continue to distribute messages at community level. The target has been also on the vulnerable members of the society such as people living with disability and those with minimal access to media just to ensure that they have access to information.

PSYCHOSOCIAL SUPPORT SERVICES:

- Mapping of 3 shelters for placement of persons without shelter in Windhoek completed
- Rapid assessment on persons without shelter conducted
- Provision of food, water, as well as psychosocial support and public health education were provided to a group of 900 persons in need of shelter in Windhoek
- Health education, psychosocial support and post counselling services offered to people under quarantine, COVID-19 confirmed cases and their families are ongoing
- Two social workers assigned to surveillance team
- Old Mutual Namibia donated food to the amount of N\$200,000.00 for persons in need of shelter in Windhoek
- Daily orientation to regional social workers on their role in the COVID-19 response continue
- Tip taps set up at the places where persons in need of care were placed
- Health education and psychosocial support services at places where persons in need of shelter are placed


4. CHALLENGES

- Inadequate and at some places lack of isolation units at health facilities and at points of entry in the regions.
- Inadequate PPE
- Insufficient COVID-19 laboratory testing kits
- Need for health information and education materials in multiple languages.

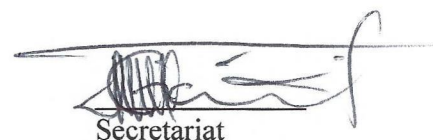
5. RECOMMENDATIONS

- Identify and costed urgent needs e.g. PPE to submit to the management to ensure health care workers are protected from infections when handling suspected and confirmed cases
- Establish fully equipped isolation units at health facilities and at points of entry in the regions.
- Fast track procurement process for Personal Protective Equipment and COVID-19 laboratory testing kits.
- Continue to build capacity of response workers.

Approved:



Incident Manager
Date: 08.04.2020



Secretariat