



Ministry of Health and Social Services
Republic of Namibia

NAMIBIA COVID-19 SITUATION REPORT NO. 40			
Outbreak Name	COVID-19	Country affected	Namibia
Date & Time of report	27 April 2020 20:00	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 case was reported in the last 23 days (5 – 28 April 2020).
- Cumulatively, 16 confirmed cases have been reported in the country, to date.
- To date, of the 16 confirmed cases, eight (8) have recovered and discharged.
- Supervised quarantine for all Namibians arriving from abroad for 14 days is ongoing.
- The lockdown has been extended until 4 May for entire country, as announced on 14 April 2020 by His Excellency, the President of the Republic of Namibia
 - All borders will remain closed except for essential/critical services and humanitarian support to the response.
 - All other prevention measures are applicable to the entire country

2. BACKGROUND

Description of the 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 March 2020.
- Total number of imported cases currently stands at 13 while 3 cases are local transmissions.
- There is no evidence of community transmission in the country at the moment.

Table 1: Confirmed cases by region as of 27 April 2020

Reporting region	Total Cases	New cases	Active cases	Recovered	Death
Khomas	11	0	4	7	0
//Karas	1	0	1	0	0
Erongo	4	0	3	1	0
Total	16	0	8	8	0

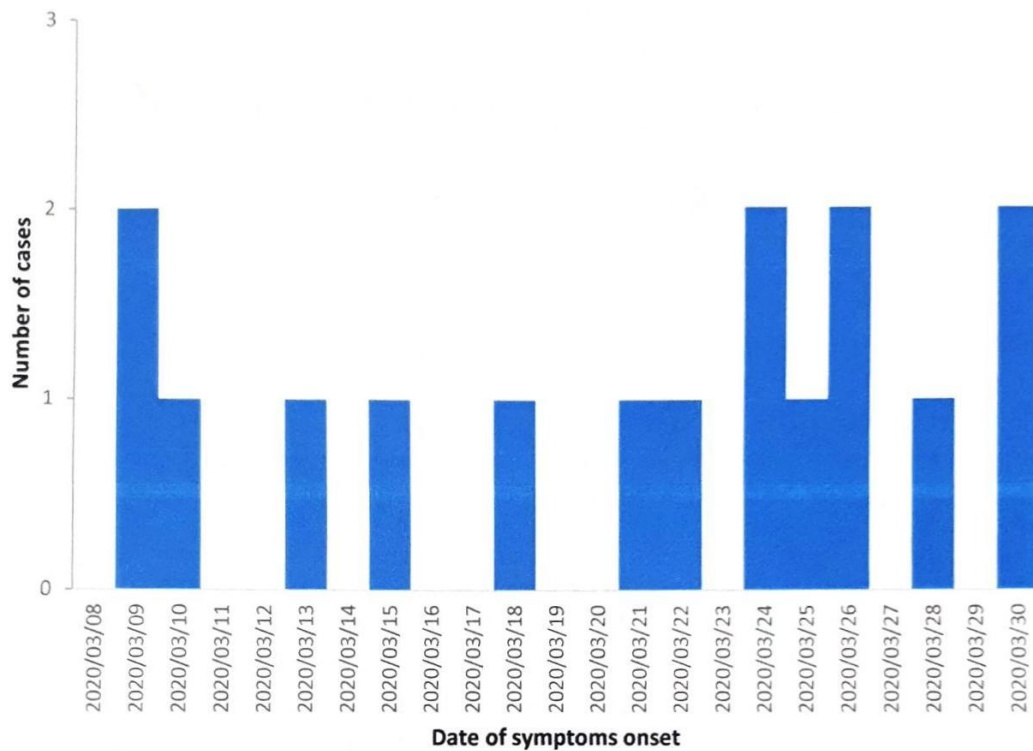


Figure 1: Epi-curve for COVID-19 confirmed cases in Namibia as of 27 April 2020

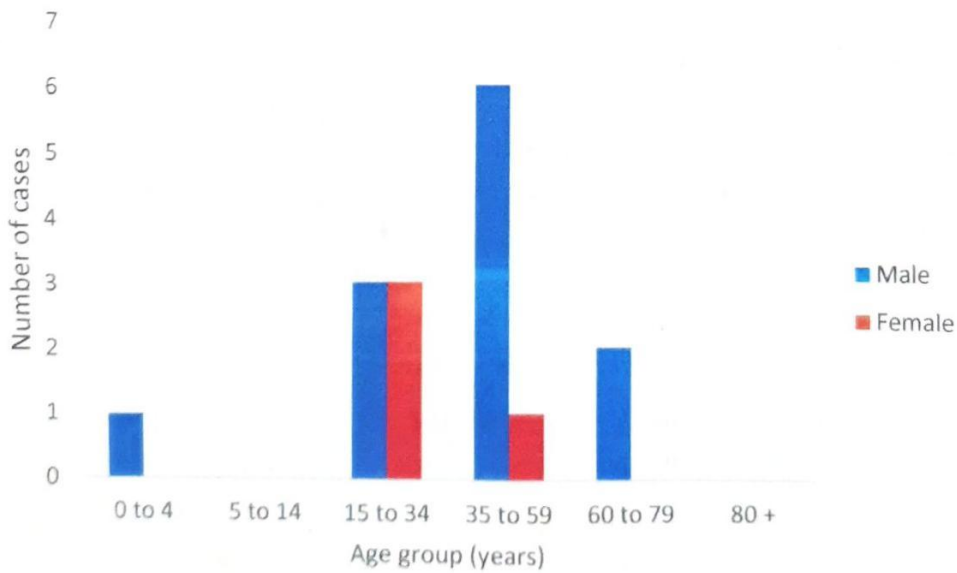


Figure 2: Age and sex distribution for COVID-19 confirmed cases in Namibia as of 27 April 2020

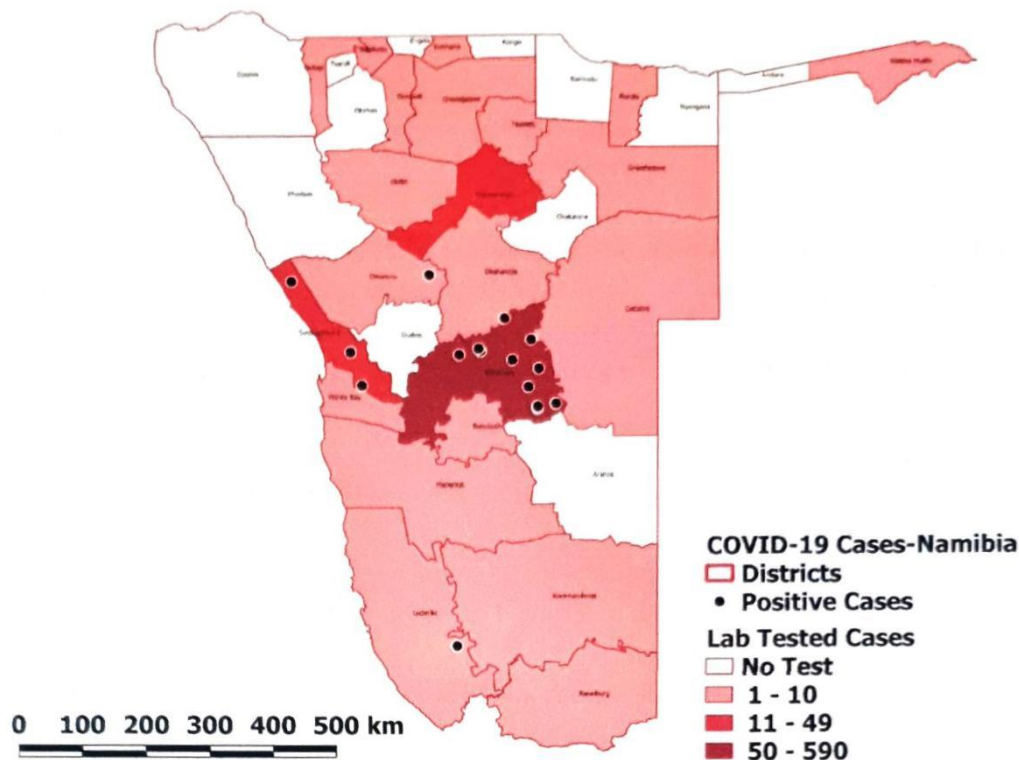


Figure 3: Suspected and confirmed COVID-19 cases in Namibia per District, 27 April 2020

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 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.

Active surveillance working case definition as of 20 April 2020

A patient diagnosed with Upper/Lower Respiratory Infection (Mild or Severe) presenting any of the following signs and symptoms: cough, sore throat, fever, chills, myalgia/body pains or shortness of breath in the past 7 days.

- **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
 - Data entry is ongoing and real time data dashboard has been completed and ready to be launched soon.
 - Active case finding in all regions aimed at looking for possible community transmission is ongoing.
 - Contact tracing is ongoing (see table 2) and all contacts will be tested
 - People under mandatory quarantine are being monitored daily (see table 3) and will be tested on day 12 before release on day 15.

Contact tracing Summary

Table 2: National contacts tracing summary for Covid-19 as of 27.04.2020

Variables	Contact risk level			
	High	Medium	Low	Total
Total Number of contacts listed (potential)	68	48	118	234
Total Number of contacts identified	68	48	102	218
Total Number of active contacts (being followed)	3	1	1	5
Number of contacts monitored/followed in the last 24hrs	3	1	1	5
Total number of Contacts completed 14-days follow up	62	44	96	202
Total Number of contacts that developed signs & symptoms	25	8	7	40
Total Number of contacts tested positive	3	1	0	4
*Total Number of contacts tested without signs and symptoms	20	1	8	29
© Total Number of contacts lost to follow up	0	2	5	7
Total number of Contacts never reached	0	0	16	16

*Number of 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 of origin.

The swabbing of people in mandatory quarantine has started, with Ohangwena swabbing 16 people but 13 were discarded.

Table 3: Number of people in mandatory quarantine facilities as of 27.04.2020

Region	Newly quarantined 24hrs	Cumulative number of people	Number of people discharged	Number of people in quarantine now
Kavango	0	2	0	2
Omusati	2	10	0	10
Oshana	0	3	2	1
Ohangwena	0	35	16	19
Hardap	0	40	40	0
Otjozondjupa	0	100	61	39
Khomas	0	158	147	11
Zambezi	2	111	80	31
//Karas	2	99	15	84
Erongo	0	28	3	25
Total	6	586	364	222

LABORATORY INVESTIGATIONS

- As of 27 April 2020, a total of 765 COVID-19 specimens were tested in the two laboratories (NIP and Path Care) as per table 4. below:

Table 4: COVID-19 specimens recorded at NIP and Path care Laboratories as of 27.04.2020

As of 27/04/2020	Laboratory			Total
	NIP	Path care	South Africa	
Total sample received by the Laboratory	685	207	-	892
Total sample tested	565	200	-	765
Total results received	565	200	-	765
Total sample re-tested	79	1	-	80
Total results positive	9	6	*1	16
Total results negative	556	194	-	750
Total sample discarded	41	2	-	43
Total results pending	0	4	-	4
Total results inconclusive/indeterminate	0	0	-	0
@Total new suspected cases in last 24 hours	61	0	-	61

*1 Patient specimen collected and tested in South Africa, he travelled back before results came out

@ Total new suspected cases laboratory results received within 24 hours

COORDINATION AND LEADERSHIP:

- Daily feedback meetings between pillar leads, coordination team and Incident manager ongoing, to share daily accomplishments and to address key challenges
- Final inputs to the organogram, SOPs, TORs, M&E, Contingency Response Plan and sentinel surveillance protocol are being incorporated, in order to submit them for clearance to senior management by Monday, 27 April 2020.

CASE MANAGEMENT

- Out of the 16 cumulative confirmed cases, 8 recovered, and have been discharged, after testing negative for COVID-19 at 48 hours' interval.
- The other 8 confirmed cases are in stable condition and all are asymptomatic.
- Conversion of casualty department at Windhoek Central Hospital (WCH) into a highly infectious referral ICU is nearing completion.
- WCH COVID-19 ICU construction complete, and now being furnished.
- Katutura State Hospital (KSH) TB ward being re-purposed into a COVID-19 ward.
- Plans for Katutura Nurses Home renovations underway to be accommodation for staff of COVID-19 response.
- Pre-fabricated isolation units being constructed in Opuwo, Oshakati, and Rundu.
- Forty (40) medical graduates were trained on IPC, surveillance and specimen collection and are deployed to specific teams.
- Health Facility readiness visit to the regions being planned.
- Bi-weekly ZOOM training sessions for Health Care Workers is ongoing.

INFECTION PREVENTION AND CONTROL (IPC)

- Conducted a training on Overview of COVID-19 and IPC for HCWs in Correctional facilities and from Ministry of Defence
- Finalised IPC materials as part integrated training package
- Reviewed and finalised the SOP for management of remains of people who dies from COVID-19

LOGISTICS:

- Facilitation of the allocation of quarantine facilities in the country and transportation for discharged people from quarantine facilities is ongoing.
- Provision of commodities' specifications and verification for procurement is being done regularly

POINTS OF ENTRY:

- Inspection was done at 2 big open markets of Windhoek to assess it for readiness to re-opening
- Continuing to work on the training content of the planned integrated training for COVID-19 response.
- Provisional tippy taps are being installed at all the roadblocks around Khomas.
- A concept note on establishing truck ports in major towns and along the borders have been finalized.

RISK COMMUNICATION AND COMMUNITY ENGAGEMENT:

- The communication hub continues to give updates on COVID-19 and also clarify miscommunications on a daily basis this is done concurrently with the social media updates.
- The Media continue to communicate messages on COVID-19 and the extension of the lockdown.
- The RCCE continues to share messages on COVID-19 prevention measures

PSYCHOSOCIAL SUPPORT SERVICES:

- Health education, psychosocial support and post counselling services to people under quarantine, COVID-19 confirmed cases and their families are ongoing
- A total of 465 persons in need of shelter housed at two sites.
- Provision of health education, psychosocial support services, as well as food at places where persons in need of shelter are placed is ongoing.
- Persons in need of shelter received medical screening and ten persons were referred to health facilities for treatment.
- Draft leaflet was developed on messages for gender-based violence, alcohol and drug abuse, suicide prevention and prevention of elder abuse during COVID-19.
- Draft SOP for bereavement amidst COVID-19 finalized.

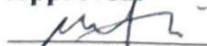
4. CHALLENGES

- Inadequate and at some places lack of isolation units at health facilities and at points of entry in the regions.
- Unavailability of probes and primers for NIP laboratory to start testing for Seasonal Influenza (H1N1) from beginning May 2020.
- Inadequate swabs for COVID-19 (despite receiving swabs from Jack Ma Foundation which are not suitable for nasopharyngeal swabbing)
- Regions need training addressing all pillars of the response team, but travelling seems unfeasible due to the lockdown.

5. RECOMMENDATIONS

- Establish fully equipped isolation units at health facilities and at some points of entry in the regions.
- Fast track procurement process laboratory testing kits (probes and primers) for Seasonal Influenza (H1N1) testing in the two selected sentinel sites (Katutura Hospital, and Rehoboth Hospital). The number of sites can be extended later.
- Finalise integrated training capacity package (addressing all pillars) and complete assessment for readiness for regions and districts to undertake virtual training on covid-19 soonest

Approved:


Incident Manager

Date: 27.04.2020


Secretariat