



Ministry of Health and Social Services
Republic of Namibia

NAMIBIA COVID-19 SITUATION REPORT NO. 48			
Outbreak Name	COVID-19	Country affected	Namibia
Date & Time of report	05 May 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 31 days (5 April – 5 May 2020).
- Cumulatively, 16 confirmed cases have been reported in the country, to date.
- Of the 16 confirmed cases, eight (8) have recovered.
- Supervised quarantine for all people arriving from abroad, for 14 days is ongoing.
- On 30 April 2020, His Excellency, the President of the Republic of Namibia announced that stage 1 of the lockdown will be lifted on 5 May 2020 and stage 2 will be implemented until 3 June.
 - 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
 - Wearing of mask in public will be mandatory

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 05 May 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

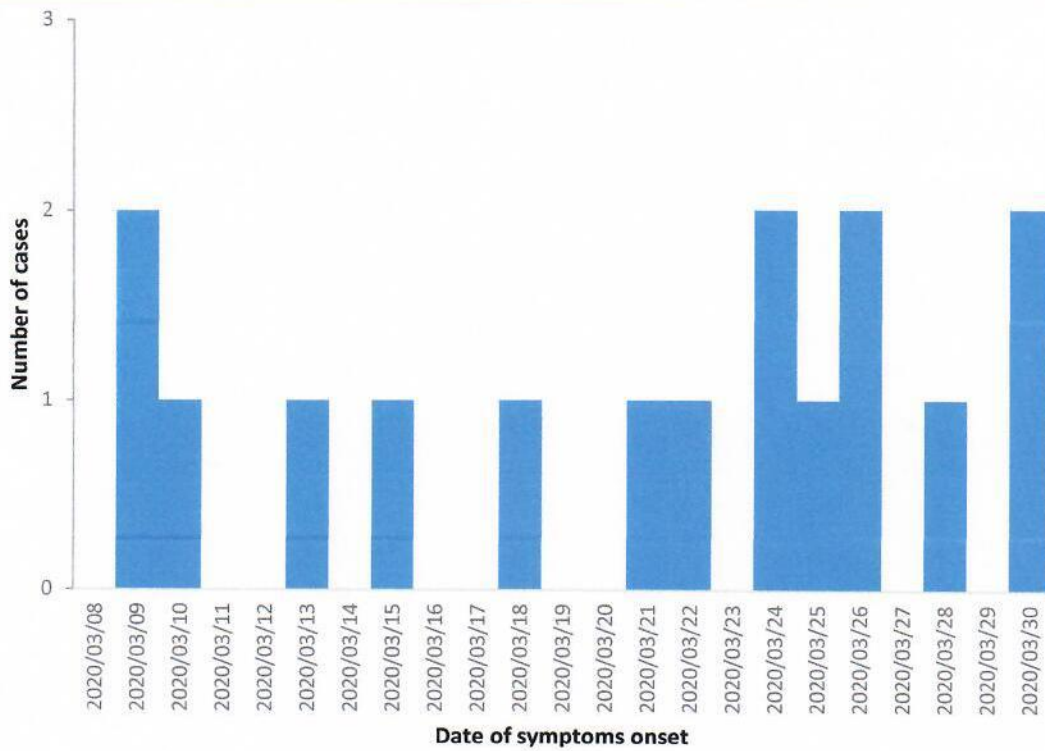


Figure 1: Epi-curve for COVID-19 confirmed cases in Namibia as of 05 May 2020

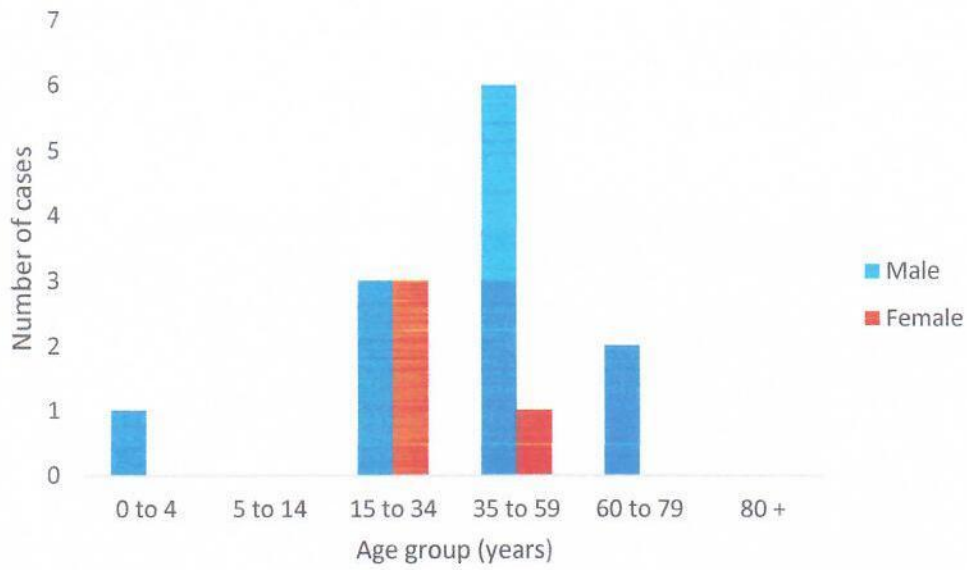


Figure 2: Age and sex distribution for COVID-19 confirmed cases in Namibia as of 05 May 2020

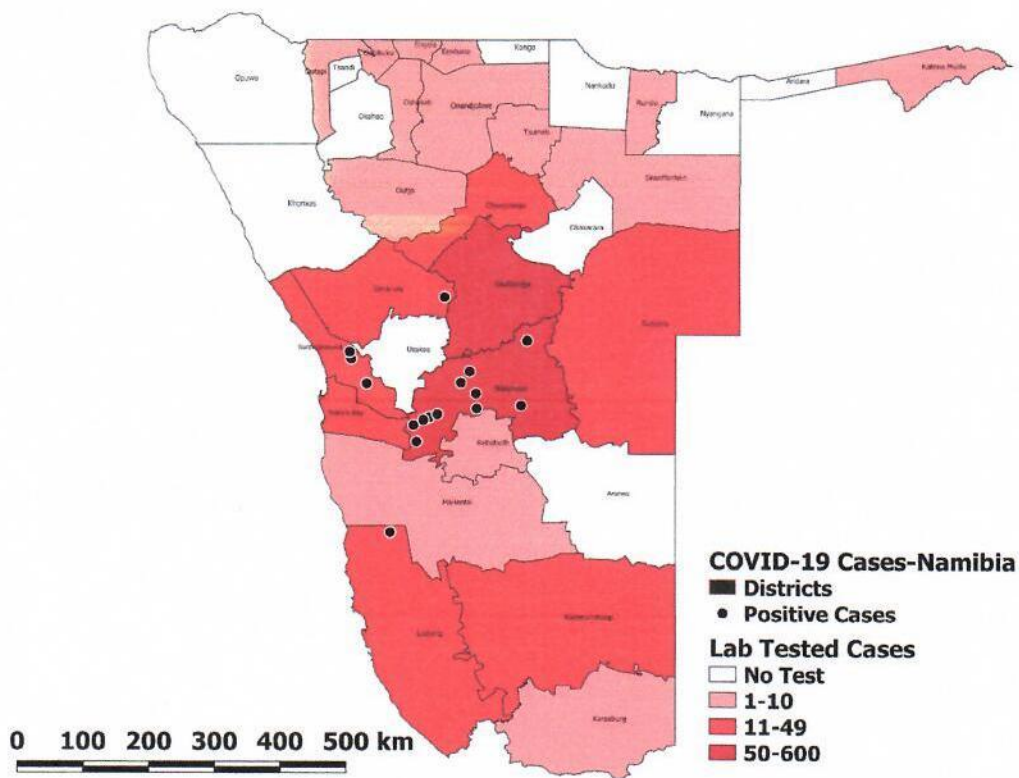


Figure 3: Suspected and confirmed COVID-19 cases in Namibia per District, 05 May 2020

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***

- Investigation of the Namibian truck driver who tested positive of COVID-19 in Zambia on 22 April 2020.

- 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 search in all regions aimed at looking for possible community transmission is ongoing.
- Weekly ZOOM sessions with regional teams set to be held every Thursday, last meeting held on 30.04.2020
- 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 05.05.2020

Variables	Contact risk level			
	High	Medium	Low	Total
Total Number of contacts listed (potential)	68	52	137	257
Total Number of contacts identified	68	52	121	241
Total Number of active contacts (being followed)	1	0	0	1
Number of contacts monitored/followed in the last 24hrs	1	0	0	1
Total number of Contacts completed 14-days follow up	64	49	116	229
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	5	27	52
© 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.

Table 3: Number of people in mandatory quarantine facilities as of 05.05.2020

Region	Newly quarantined 24hrs	Cumulative number of people	Number of people discharged	Number of people in quarantine now
Kunene	0	15	0	15
Omaheke	0	20	0	20
Kavango	0	4	2	2
Omusati	0	49	1	48
Oshana	0	5	2	3
Ohangwena	0	49	21	28
Hardap	0	40	40	0
Otjozondjupa	0	168	100	68
Khomas	2	220	150	70
Zambezi	0	117	101	16
//Karas	0	108	93	15
Erongo	0	35	28	7
Total	2	830	538	292

LABORATORY INVESTIGATIONS

- As of 05 May 2020, 1095 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 05.05.2020

As of 05/05/2020	Laboratory			Total
	NIP	Path care	South Africa	
Total sample received by the Laboratory	999	226	-	1225
Total sample tested	873	222	-	1095
Total results received	873	222	-	1095
Total sample re-tested	85	1	-	86
Total results positive	9	6	*1	16
Total results negative	864	216	-	1080
Total sample discarded	41	3	-	44
Total results pending	0	0	-	0
Total results inconclusive/indeterminate	0	0	-	0
@Total new suspected cases in last 24 hours	17	0	-	17

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

@ Total new suspected cases laboratory results received within past 24 hours

COORDINATION AND LEADERSHIP:

- Daily feedback meetings between pillar leads, coordination team and Incident manager (IM) ongoing, to share daily accomplishments and to address key challenges.
- Final inputs to the organogram, incorporated and final version submitted to IM for clearance.
- Inputs to the SOPs, TORs, M&E, Contingency Response Plan and sentinel surveillance protocol being incorporated in the final draft.
- Dry runs/testing in preparation for integrated Zoom trainings started 5 May 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 with a total of 8 beds.
- Construction of WCH isolation facility complete, installation of oxygen and slop hopper completed, while interlocks still being installed.
- Katutura State Hospital (KSH) TB ward being re-purposed into a COVID-19 ward. Completion date set for 08 May 2020.
- Pre-fabricated isolation units being constructed in Opuwo, Oshakati, and Rundu.
- 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
- SOP for management and handling of remains of people who die from infectious diseases completed and signed.

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.
- A total of 1392 people were appointed to the outbreak response team to date.

POINTS OF ENTRY:

- A meeting was held with other stakeholders, after which the SOP for the management and monitoring of trucks and other cross border vehicle drivers was finalized.
- The implementation of the SOP will be enhanced once the Transport Sector directives to combat the spread of COVID-19 has been gazetted.
- Continuing to work on the training content of the planned integrated training for COVID-19 response.
- Screening and inspection of incoming travellers and trucks at points of entry and check points are ongoing

RISK COMMUNICATION AND COMMUNITY ENGAGEMENT:

- The communication hub continues to give updates on COVID-19 and 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 lifting of the lockdown to stage 2.
- 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 523 persons in need of shelter housed at two sites in Windhoek, while a total of 102 still on the street.

- Provision of health education, psychosocial support services, as well as food at places where persons in need of shelter are placed are ongoing.
- Draft leaflet was developed on messages for gender-based violence, alcohol and drug abuse, suicide prevention and prevention of elder abuse during COVID-19.
- Drafted SOPs: (i) Bereavement amidst COVID-19 finalized; Pre- and Post-testing Counselling; and Psychosocial Support Services to Persons in Quarantine.

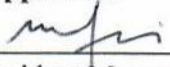
4. CHALLENGES

- 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.
- Regions need training addressing all pillars of the response team, but travelling seems unfeasible due to the lockdown.
- Inadequate viral swabs and PPE at different regions such to implement active case search testing.

5. RECOMMENDATIONS

- Establish fully equipped isolation units at health facilities and at some points of entry in the regions.
- NIP to fast track procurement process laboratory testing kits (probes and primers) for Seasonal Influenza (H1N1) testing.
- Complete assessment for readiness and dry runs in preparation for virtual/ZOOM training on COVID-19 by 6 May 2020.
- Continue to provide technical guidance regarding the post-lockdown period measures.
- Committee members urged to participate in the virtual NHEMC Meeting planned for 6 May 2020, 14:30 on covid-19.

Approved:


 Incident Manager
 Date: 05.05.2020


 Secretariat