



### **Ministry of Health and Social Services**

### **Republic of Namibia**

NAMIBIA COVID-19 SITUATION REPORT NO. 61				
Outbreak Name	COVID-19	Country affected	Namibia	
Date & Time of report	18.05.2020 23:00	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 43 days (5 April 18 May 2020).
- Cumulatively, 16 confirmed cases have been reported in the country, to date.
- Of the 16 confirmed cases, thirteen (13) have recovered
- Supervised quarantine for all people arriving from abroad, for 14 days is ongoing.
- Stage 1 of the state of emergency ended on 4 May 2020, and stage 2 is ongoing from 5 May until 2 June 2020;
  - Wearing a mask in public is mandatory
  - 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.

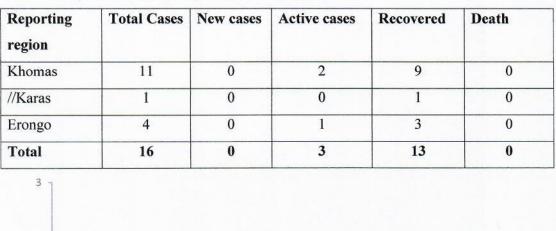


Table 1: Confirmed cases by region as of 18 May 2020

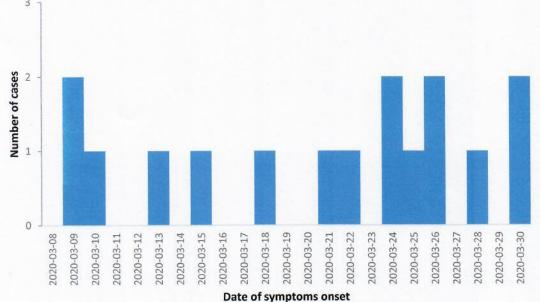


Figure 1: Epi-curve for COVID-19 confirmed cases in Namibia as of 18 May 2020

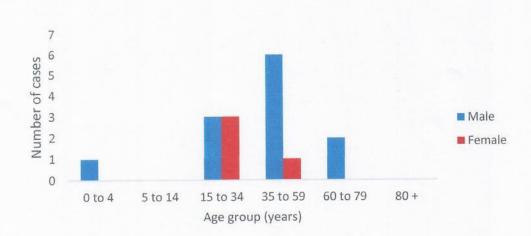


Figure 2: Age and sex distribution for COVID-19 confirmed cases in Namibia as of 18 May 2020

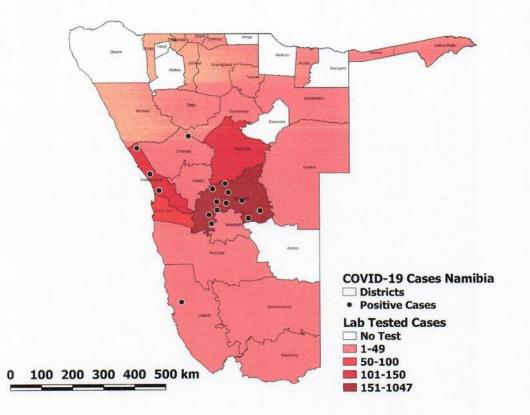


Figure 3: Suspected and confirmed COVID-19 cases in Namibia per District, 18 May 2020

# 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
  - Daily pillar and intra-pillar discussions are held to deliberate daily progress, gaps and way forward;
  - Call centre continue operations for 24 hours every day.
  - Data entry is ongoing and real-time data dashboard has been completed and planned to be launched on 22 May 2020.
  - Continous support for the COVID-19 intergrated online training in partnership with WHO.
  - Active case search in all regions aimed at looking for possible community transmission is ongoing.
  - Weekly ZOOM sessions with regional teams is on going last meeting held 17 May 2020
  - Contact tracing and monitoring is ongoing (see table 2).
  - People under mandatory quarantine are being monitored daily (see table 3) and will be tested on day 12 before release on day 15 if they test negative.

### **Contact tracing Summary**

Variables	High	Medium	Low	Total
Total Number of contacts listed (potential)	70	52	137	259
Total number of Contacts never reached	0	0	16	16
Total Number of contacts identified	70	52	121	243
Total Number of contacts that developed signs & symptoms	25	8	7	40
*Total Number contacts without signs & symptoms TESTED	20	5	27	52
© Total Number of contacts lost to follow up	0	2	5	7
Total Number of contacts tested positive (became cases)	3	1	0	4
Number of active contacts monitored/followed in the last 24hrs		0	0	2
Total number of Contacts completed 14-days follow up	65	49	116	230

# Table 2: National contacts tracing summary for COVID-19 as of 18 May 2020

\*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.

Region	Newly quarantined 24hrs	Cumulative number of people	Number of people discharged	Number of people in quarantine now	
Kunene	0	42	16	26	
Omaheke	1	56	27	29	
Kavango	0	4	2	2	
Omusati	1	74	52	22	
Oshana	1	9	6	3	
Ohangwena	0	131	61	70	
Hardap	0	102	40	62	
Otjozondjupa	0	215	168	47	
Khomas	1	305	225	80	
Zambezi	3	188	118	70	
//Karas	0	190	99	91	
Erongo	0	47	35	12	
Total	7	1363	849	514	

 Table 3: Number of people in mandatory quarantine facilities as of 18 May 2020

### LABORATORY INVESTIGATIONS

• As of 18 May 2020, a total 2299 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 18 May 2020

	Laboratory			Total	
Variables	NIP	Path care	South Africa	Total	
Total sample received by the Laboratory	1869	631	-	2500	
Total sample tested	1695	604	-	2299	
Total sample re-tested	116	19	-	135	
Total results positive	9	6	*1	16	
Total results negative	1686	598	-	2284	
Total sample discarded	58	8	-	66	
Total results pending	0	0	-	0	
Total results inconclusive/indeterminate	0	0	-	0	
Total new suspected cases in last 24 hours	25	0	-	25	

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

### COORDINATION AND LEADERSHIP:

- Feedback meetings of pillar leads and Incident manager (IM) are ongoing (3 times a week), to share accomplishments and to address key challenges.
- Integrated online trainings started on 6 May 2020 and are ongoing.
- Submitted final inputs on SOPs and indicators to pillars for finalisation and submission to management for endorsement.

# CASE MANAGEMENT :

- Out of the 16 cumulative confirmed cases, 13 have recovered after testing negative twice for COVID-19 at 48 hours' interval.
- The remaining 3 active cases are in stable condition and are all asymptomatic.

# INFECTION PREVENTION AND CONTROL:

- IPC activities are on going to address the specific activities in the terms of reference
- Completed IPC Facility Readiness Checklist from regions and continue engaging the Case Management team.
- Visited Hosea Kutako International Airport facility on 15 May 2020 to address the needs of staff

- Distribution of PPE according to the plan for the regions is ongoing.
- Compiled letters on standards for making and purchasing of face masks and sent to Namibia Standards Institute (NSI) to support the quality control testing

### 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:**

- Screening and inspection of incoming travellers and trucks at points of entry and check points are ongoing
- NUST provided a presentation on a demo software for tracking truck drivers traveling through Namibia.
- Points of Entry pillar is currently setting up the regions for receiving daily reports on the activities at all Points of Entry.
- Conducted two online integrated training session on SOPs at POE in the country
- Finalised the SOP for management and monitoring of trucks and other vehicles and shared with ministry of works and Transport to add their inputs

### **RISK COMMUNICATION AND COMMUNITY ENGAGEMENT:**

- The communication hub continues to give updates on COVID-19 and clarify miscommunications on a daily basis.
- 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 through mass media.
- The National Youth Council has mobilised resources to enable youth volunteers host educational sessions at household level in all 121 constituencies.
- The Community Engagement toolkit has been printed and being distributed to all community health workers countrywide.

### **PSYCHOSOCIAL SUPPORT SERVICES:**

 Provision of health education, psychosocial support services, as well as food at places where persons in need of shelter are placed are ongoing.

### 4. CHALLENGES:

- Inadequate isolation units at health facilities in the regions.
- Unavailability of probes and primers for NIP laboratory to start testing for Seasonal Influenza (H1N1).
- Insuficient PPE and swabs to conduct active case search in some districts.

# 5. RECOMMENDATIONS AND WAY FORWARD:

- Establish fully equipped isolation units at health facilities in the regions.
- NIP to fast track procurement process for laboratory testing kits ( probes and primers) for Seasonal Influenza (H1N1) testing.
- Logistics pillar to continue with the procurement and distribution of sufficient PPE to the regions to ensure that response is not interrupted.
- NIP to continue sourcing for swabs to provide adequate swabs needed for all districts.

Approved:

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Incident Manager Date: 18 May 2020