



Ministry of Health and Social Services
Republic of Namibia

| NAMIBIA COVID-19 SITUATION REPORT NO. 75 | | | |
|--|---------------------------------|--------------------------|---------------|
| Outbreak Name | <i>COVID-19 outbreak</i> | Country affected | Namibia |
| Date & Time of this report | <i>01.06.2020 23:00 hrs</i> | Investigation start date | 13 March 2020 |
| Prepared by | <i>Surveillance Team</i> | | |

1. SITUATION UPDATE / HIGHLIGHTS

- No new confirmed case was recorded today (01 June 2020).
- Cumulatively, **25** confirmed cases have been reported in the country,
- Of the **25** confirmed cases, Sixteen **16 (64%)** have recovered.
- Twenty-two **22 (88%)** of the confirmed cases are imported while **3 (12%)** are local transmissions.
- No death has been recorded, case fatality rate is **0%**
- There is no evidence of community transmission in the country at the moment.
- COVID-19 Dashboard launched today in collaboration with Namibia Statistics Agency (NSA), WHO, UNFPA and CDC. The Dashboard is accessible at <https://cutt.ly/Covid-19-situation-Namibia>
- On 28 May 2020, His Excellency, The President of the Republic of Namibia announced a transition of all the regions (with exception of the Walvis Bay Local Authority Area) from stage 2 of lockdown to stage 3 with effect at midnight 01 June 2020 until 29 June 2020.
 - Stage 3 of lockdown covers a period of 28 days/ two incubation periods.

- Due to the two recent confirmed cases in Walvis Bay District, The Walvis Bay Local Authority Area will revert to stage 1 of lockdown with effect from 19h00, 29 May 2020 until midnight, 08 June 2020.

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.
- On 31 May 2020, Namibia recorded a new case in Khomas Region, bringing the total number of confirmed cases to 25.
 - The new case is a 32 years old Namibian female, a healthcare worker who returned from South Africa on 29 May 2020. She was put in mandatory quarantine upon arrival.
- On 29 May 2020, Namibia recorded a new case. The case is a Namibian male who was part of the 8 crew members on a fishing vessel that returned from DRC on 5 May 2020. This is the same vessel where case number 22 originated from.

3. EPIDEMIOLOGY

Since 14 March, 2020 when the COVID-19 outbreak was declared in Namibia, a total of **25** cases have been confirmed. As of today, four (4) Regions have been affected, of which Khomas region recorded the highest number of cases; **13 (52%)**, while Hardap region recorded the least number of cases; **2 (8%)**. The distribution of confirmed cases by region is presented in figure 1 below.

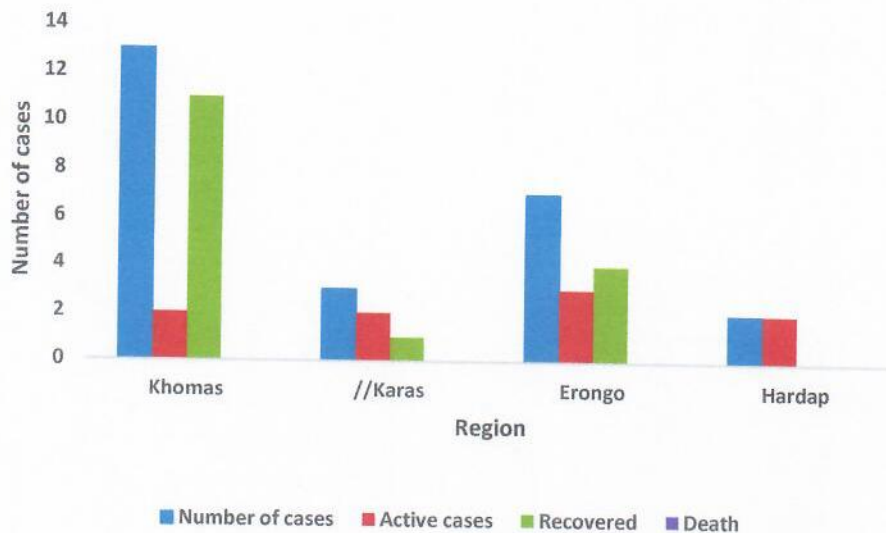


Figure 1 Distribution of Confirmed COVID-19 cases in Namibia, by region as of 01 June 2020

As presented in figure 2 below, Namibia recorded its cases of COVID-19 during epidemiological weeks 11, 12, 13, 14, 21, 22 and 23 where most cases (7) were recorded during epidemiological week 13.

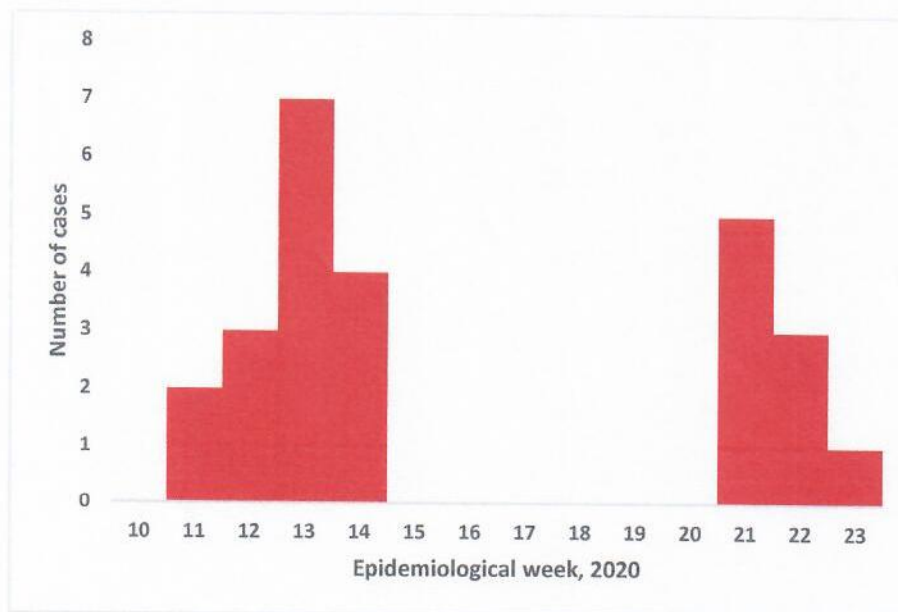


Figure 2: Epi-curve for confirmed COVID-19 cases in Namibia as of 01 June 2020

Of the 25 confirmed cases, more males; **17 (68%)** are affected compared to their female counterparts; **8 (32%)**. The age and sex distribution of confirmed COVID-19 cases is presented in figure 3 below.

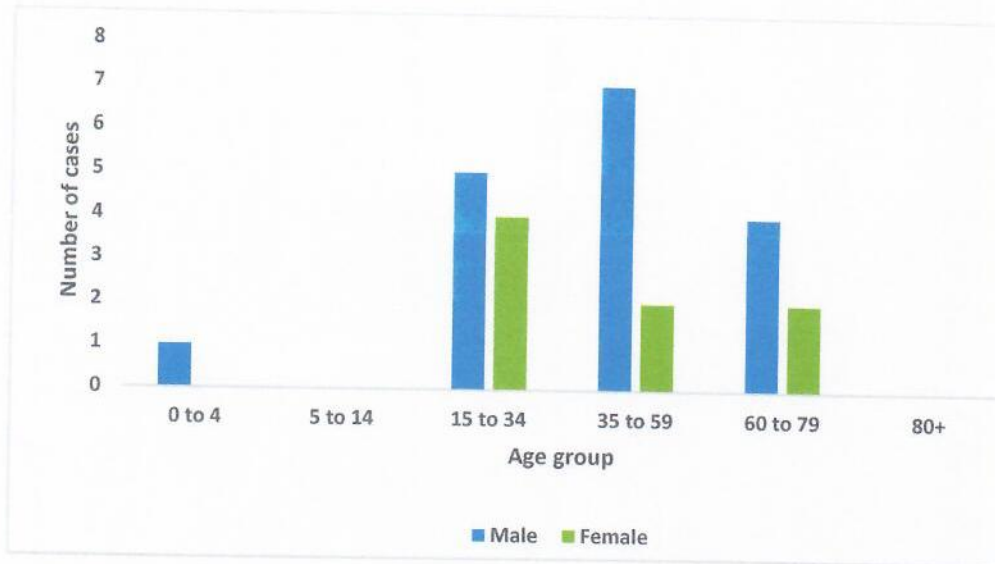


Figure 3: Age and sex distribution of COVID-19 confirmed cases in Namibia as of 01 June 2020

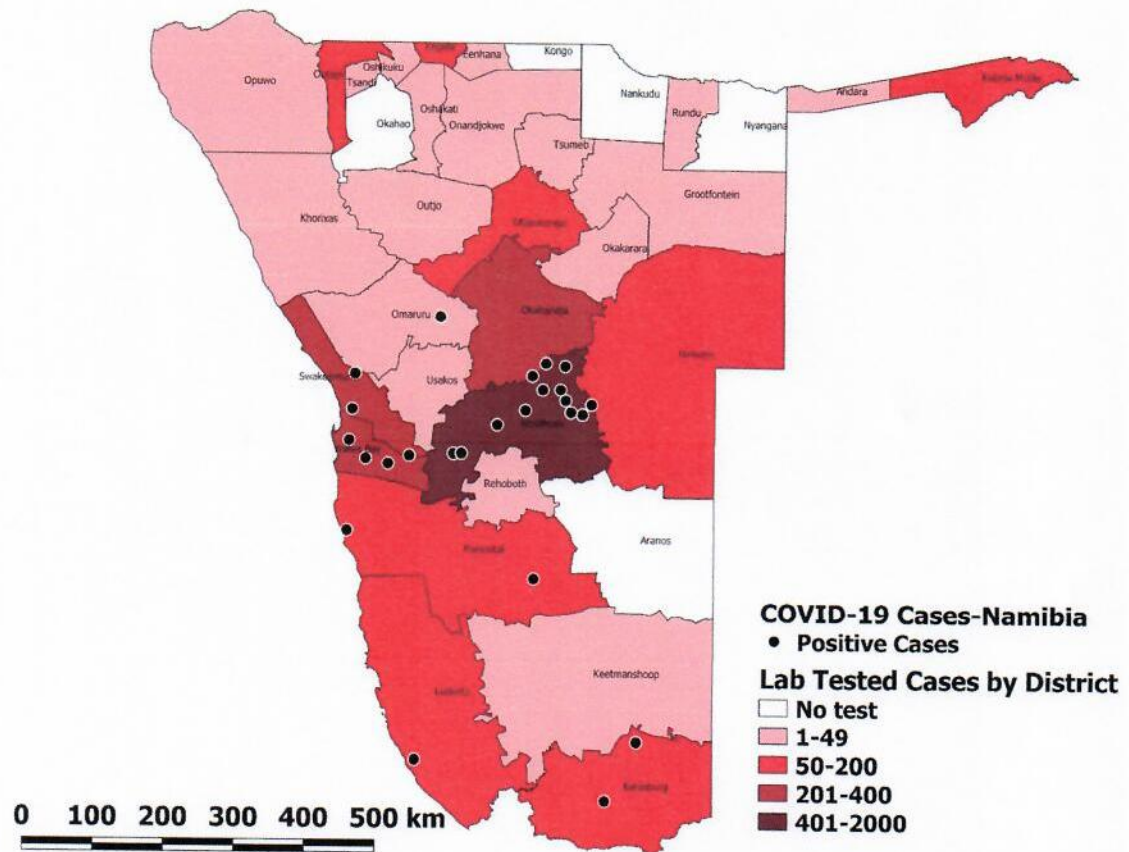


Figure 3: Distribution of suspected and confirmed COVID-19 cases in Namibia per District, 01 June 2020

4. PUBLIC HEALTH ACTION / RESPONSE INTERVENTIONS AND SURVEILLANCE

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

- **Suspected 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**

- Call centre continue operations for 24 hours every day; **874** calls answered at the hotline today (01.06.2020) and **6** alerts and rumours investigated.
 - Data entry is ongoing, realtime data dashboard launched today (01 June 2020).

- Active case search in all regions is ongoing.
- Contact tracing and monitoring is ongoing (see Table 1).
- People under mandatory quarantine are being monitored daily (see Table 2) and are being tested on day 12 before release on day 15 if they test negative.
- Online Data management training starting from 02 June 2020 and expected to end on 04 June 2020 .

Contact tracing Summary

As of 01 June 2020, for the 25 confirmed cases, a total number of **409** contacts have been identified. Two hundred and eighty five (**285**) contacts have completed their 14 days of follow up and **112** are still active and being monitored daily for 14 days (Table 1).

Table 1: National contacts tracing summary for COVID-19 as of 01 June 2020

| Variables | High | Medium | Low | Total |
|--|------|--------|-----|-------|
| Total Number of contacts listed for follow up (potential) | 133 | 80 | 240 | 453 |
| Total Number of contacts identified (cumulative) | 132 | 80 | 197 | 409 |
| Total number of Contacts never reached | 1 | 0 | 43 | 44 |
| © Total Number of contacts lost to follow up | 0 | 2 | 5 | 7 |
| Total Number of contacts that developed signs & symptoms | 25 | 9 | 9 | 43 |
| Total Number of contacts that tested positive (became cases) | 4 | 1 | 0 | 5 |
| Number of active contacts monitored/followed in the last 24hrs | 48 | 18 | 46 | 112 |
| Total number of Contacts completed 14-days follow up | 80 | 61 | 144 | 285 |

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

As of 01 June 2020, a total of **2139** persons who came into the country have been put into supervised quarantine facilities around the country. Of the 2132, **1543** have been discharged and **596** are currently quarantined (Table 2)

Table 2: Number of people in mandatory quarantine facilities as of 01 June 2020

| Region | Newly quarantined 24hrs | Cumulative number of people | Number of people discharged | Number of people in quarantine now |
|--------------|-------------------------|-----------------------------|-----------------------------|------------------------------------|
| Kunene | 0 | 52 | 42 | 10 |
| Omaheke | 2 | 63 | 56 | 7 |
| Kavango | 0 | 13 | 4 | 9 |
| Omusati | 2 | 85 | 76 | 9 |
| Oshana | 2 | 20 | 9 | 11 |
| Ohangwena | 0 | 161 | 122 | 39 |
| Hardap | 0 | 134 | 116 | 18 |
| Otjozondjupa | 0 | 298 | 267 | 31 |
| Khomas | 7 | 606 | 330 | 276 |
| Zambezi | 4 | 304 | 263 | 41 |
| //Karas | 0 | 280 | 189 | 91 |
| Erongo | 0 | 101 | 48 | 53 |
| Oshikoto | 0 | 22 | 21 | 1 |
| Total | 17 | 2139 | 1543 | 596 |

Table 3. Distribution of truck drivers who came into Namibia from neighboring countries and their destination regions on 01 June 2020.

| Destination | Country of departure | | | | | | | Total |
|--------------|----------------------|----------|----------|----------|----------|----------|----------|------------|
| | South Africa | Zambia | Botswana | DRC | Angola | Lesotho | Zimbabwe | |
| Karas | 54 | 0 | 0 | 0 | 3 | 0 | 0 | 57 |
| Khomas | 31 | 0 | 1 | 0 | 0 | 1 | 1 | 34 |
| Oshana | 1 | 0 | 1 | 0 | 2 | 0 | 0 | 4 |
| Otjozondjupa | 4 | 0 | 0 | 0 | 1 | 0 | 0 | 5 |
| Kavango | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Ohangwena | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 1 |
| Hardap | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 1 |
| Kunene | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 2 |
| Omaheke | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 1 |
| Omusati | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Oshikoto | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Zambezi | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Erongo | 6 | 0 | 1 | 0 | 0 | 0 | 0 | 7 |
| Total | 101 | 0 | 3 | 0 | 6 | 1 | 1 | 112 |

LABORATORY INVESTIGATIONS

- As of 01 June 2020, a total of **4005** (including **185 re-tests**) COVID-19 specimens have been tested in the two laboratories (NIP and Path Care) as per table 5 below:

Table 5: COVID-19 specimens recorded at NIP and Path care Laboratories as of 01 June 2020

| Variables | Laboratory | | | Total |
|--|-------------|-------------|--------------|-------------|
| | NIP | Path care | South Africa | |
| Total sample received by the Laboratory | 3039 | 1034 | - | 4073 |
| Total sample tested | 2818 | 1002 | - | 3820 |
| Total sample re-tested | 161 | 24 | - | 185 |
| Total results positive | 18 | 6 | *1 | 25 |
| Total results negative | 2800 | 996 | - | 3796 |
| Total sample discarded | 60 | 8 | - | 68 |
| Total results pending | 0 | 0 | - | 0 |
| Total results inconclusive/indeterminate | 0 | 0 | - | 0 |
| Total new suspected cases in last 24 hours | 37 | 0 | - | 37 |

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

COUNTRY COORDINATION, PLANNING AND MONITORING

- Continues to attend the IM Briefing Meetings and agreed to hold regular meetings with the IM. The team proposed that:
 - The National level consider urgent deployment of an integrated team of technical experts to the following priority border regions (Erongo, Karas, Hardap, Zambezi, Omaheke, Kavango, Ohangwena, Omusati and Kunene).
 - An integrated team of technical experts should be representative of the key pillars – IPC/Case Management, Coordination, RCCE, Psychosocial support, PoE as well as Surveillance/RRT.

CASE MANAGEMENT:

- The index cases (number 1 and 2) have recovered and were discharged today (1st June 2020).
- Out of the 25 cumulative confirmed cases, 16 have recovered after testing negative twice for COVID-19 at 48 hours' interval.
- Of the 9 active cases, 1 is still in ICU but in a stable condition, 1 has mild symptoms and the other 7 are asymptomatic.

INFECTION PREVENTION AND CONTROL:

- IPC activities are on going including distribution of PPE according to Regional plans .

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.
- Distribution of PPEs to the regions

POINTS OF ENTRY:

- Screening and inspection of incoming travellers and trucks at points of entry and check points is ongoing
- SOP for management and monitoring of cross border road transport at designated Points of Entry and COVID-19 checkpoints finalised

RISK COMMUNICATION AND COMMUNITY ENGAGEMENT:

- The COVID-19 Communication Center continues to update the public on the status of the outbreak, the impact on different sectors and address rumours around COVID-19.
- Flyers on COVID-19 facts have been translated into 8 local languages, and a total of 110 000 copies have been printed and they are being distributed to schools.

PSYCHOSOCIAL SUPPORT SERVICES:

- Continous provision of health education, psychosocial support services, as well as food to people in need of shelter.

5. CHALLENGES:

- Inadequate isolation units at health facilities in the regions.
- Insufficient PPE and swabs for sample collection from suspected cases identified through active case search in some districts.
- Inadequate nasopharyngeal swabs and appropriate transport media.

6. RECOMMENDATIONS AND WAY FORWARD:

- Establish fully equipped isolation units at health facilities in the regions.
- 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 and appropriate transport media for all districts.

Approved:



Incident Manager

Date: 01 June 2020



Secretariat