



Ministry of Health and Social Services

Republic of Namibia

N	AMIBIA COVID-19	SITUATION REPOR	Г NO. 7 7
Outbreak Name	COVID-19 outbreak	Country affected	Namibia
Date & Time of this report	03.06.2020 21:30 hrs	Investigation start date	13 March 2020
Prepared by	Surveillance Team		

1. SITUATION UPDATE / HIGHLIGHTS

- No new confirmed case was recorded today (03 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.
- A 12 bed capacity ICU inaugurated by His Excellency, The President today (03.06.2020)
- On 28 May 2020, His Excellency, The President of the Republic of Namibia announced a transition of all the regions (with exeption 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.
 - o Stage 3 of lockdown covers a period of 28 days/ two incubation periods.

 Walvis Bay Local Authority Area has reverted to stage 1 of lockdown on 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 case in Khomas Region, bringing the total number of confirmed cases to 25.

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.

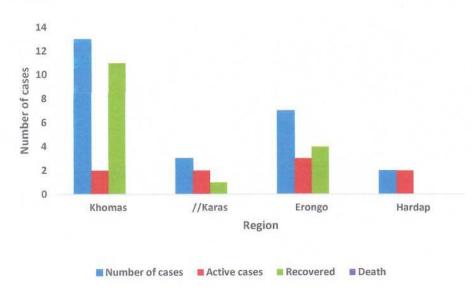


Figure 1 Distribution of Confirmed COVID-19 cases in Namibia, by region as of 03 June 2020

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.

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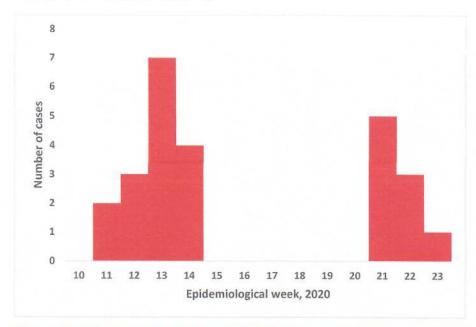


Figure 2: Epi-curve for confirmed COVID-19 cases in Namibia as of 03 June 2020

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.

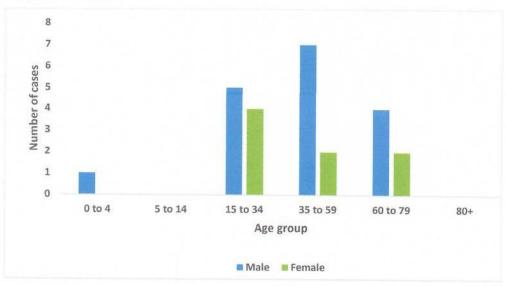


Figure 3: Age and sex distribution of COVID-19 confirmed cases in Namibia as of 03 June 2020

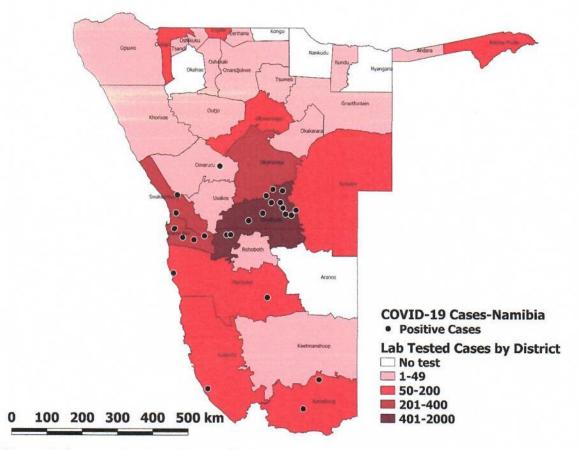


Figure 3: Suspected and confirmed COVID-19 cases in Namibia per District, 03 June 2020

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; 683 calls answered at the hotline today (03.06.2020) and 11 alerts and rumours investigated.
 - Data entry is ongoing, realtime data dashboard launched on 01 June 2020. The Dashboard is accessible at <u>https://cutt.ly/Covid-19-situation-Namibia</u>
 - 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 started today

Contact tracing Summary

As of 03 June 2020, for the 25 confirmed cases, a total number of **450** contacts have been identified. Two hundred and ninety-seven (297) contacts have completed their 14 days of follow up and 141 are still active and being monitored daily for 14 days (Table 1).

Variables	High	Medium	Low	Total
Total Number of contacts listed for follow up (potential)	138	88	268	494
Total Number of contacts identified (cumulative)	137	88	225	450
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	46	26	69	141
Total number of Contacts completed 14-days follow up	87	61	149	297

Table 1: National contacts tracing summary for COVID-19 as of 03 June 2020

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

As of 03 June 2020, a total of 2256 persons who came into the country have been put into supervised quarantine facilities around the country. Of the 2256, 1590 have been discharged and 666 are currently quarantined (Table 2)

Region	Newly quarantined 24hrs	Cumulative number of people	Number of people discharged	Number of people in quarantine now
Kunene	1	53	43	10
Omaheke	0	63	56	7
Kavango	0	13	4	9
Omusati	1	89	76	13
Oshana	0	20	9	11
Ohangwena	0	165	133	32
Hardap	3	137	117	20
Otjozondjupa	0	323	267	56
Khomas	9	630	347	283
Zambezi	5	314	269	45
//Karas	0	280	189	91
Erongo	4	142	59	83
Oshikoto	5	27	21	6
Total	28	2256	1590	666

Table 2: Number of people in mandatory quarantine facilities as of 03 June 2020

Destination	Country of departure						Total
	South Africa	Zambia	Botswana	DRC	Angola	Zimbabwe	and the second se
Karas	93	0	0	0	0	0	93
Khomas	139	0	7	0	2	0	148
Oshana	8	0	0	0	1	0	9
Otjozondjupa	8	0	3	0	0	0	11
Kavango	1	0	0	0	2	0	3
Ohangwena	7	0	2	0	1	0	10
Hardap	5	0	0	0	1	0	6
Kunene	4	0	1	0	0	0	5
Omaheke	0	0	0	0	1	0	1
Omusati	1	0	0	0	0	0	1
Oshikoto	2	0	3	0	0	0	5
Zambezi	0	0	0	0	0	0	0
Erongo	17	47	5	0	0	0	69
Total	285	47	21	0	8	0	361

Table 3. Distribution of truck drivers who came into Namibia from neighboring countriesand their destination regions on 03 June 2020.

LABORATORY INVESTIGATIONS

• As of 03 June 2020, a total of **4211** (including **188 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 03 June
2020				

Variables	Laboratory				
	NIP	Path care	South Africa	Total	
Total sample received by the Laboratory	3219	1073	-	4292	
Total sample tested	2982	1041	-	4023	
Total sample re-tested	164	24	-	188	
Total results positive	18	6	*1	25	
Total results negative	2964	1035	-	3999	
Total sample discarded	59	8	-	67	
Total sample missing	0	0	-	0	
Total results pending	14	0	-	14	
Total results inconclusive/indeterminate	0	0	-	0	
Total new suspected cases in last 24 hours	90	20	-	110	

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

COUNTRY COORDINATION, PLANNING AND MONITORING

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- 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:

- 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 and the other 8 are asymptomatic.

INFECTION PREVENTION AND CONTROL:

- IPC activities are on going:
 - Distribution of PPE according to the Regional plans
 - o Monitoring of IPC in health facilities
- Guidelines for IPC in the workplace in the context of COVID-19 has been finalized.

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.
- Effective parenting, suicide prevention & tobacco use prevention are conducted at both centres.

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:

Secretariat

Incident Manager Date: 03 June 2020