



Ministry of Health and Social Services Republic of Namibia

NAMIBIA COVID-19 SITUATION REPORT NO. 79					
Outbreak Name	COVID-19 outbreak	Country affected	Namibia		
Date & Time of	05.06.2020	Investigation start	13 March 2020		
this report	21:30 hrs	date			
Prepared by	Surveillance Team				

1. SITUATION UPDATE / HIGHLIGHTS

- Over the past two weeks (20 May 05 June 2020), Namibia has recorded an increase in number of new cases; 13 new cases have been reported during this period.
- Four (4) new confirmed case were recorded today (05 June 2020)
- Cumulatively, 29 confirmed cases have been reported in the country.
- Of the 29 confirmed cases, Sixteen 16 (55.2%) have recovered.
- Twenty-five 25 (86.2%) of the confirmed cases are imported while 4 (13.8%) 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.
- 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-yearold female, arrived from Madrid, Spain on 11 March 2020.
- On 05 June 2020, Namibia recorded 4 new confirmed cases, bringing the total confirmed cases to 29.
 - Case 26 is a 44 year old Namibian male from Erongo Region, Walvis Bay
 District. No travel history and no contact with other known positive cases.
 Investigations on the source of infection are ongoing.
 - Cases 27, 28 and 29 are Namibian male students aged 23, 21 and 21 respectively. They travelled from South Africa on 29 May 2020 on the same flight and were quarantined in the same facility in Khomas region, Windhoek District.

3. EPIDEMIOLOGY

Since 14 March, 2020 when the COVID-19 outbreak was declared in Namibia, a total of 29 cases have been confirmed. As of today, four (4) Regions have been affected, of which Khomas region recorded the highest number of cases; 16 (55.2%), while Hardap region recorded the least number of cases; 2 (6.9%). The distribution of confirmed cases by region is presented in figure 1 below.

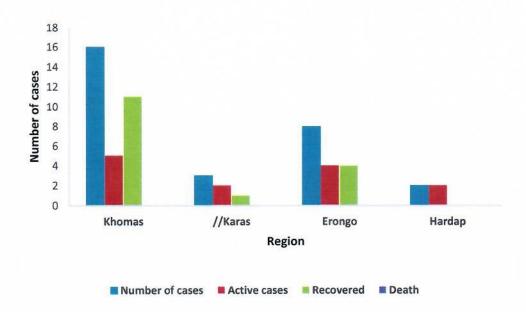


Figure 1 Distribution of Confirmed COVID-19 cases in Namibia, by region as of 05 June 2020

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.

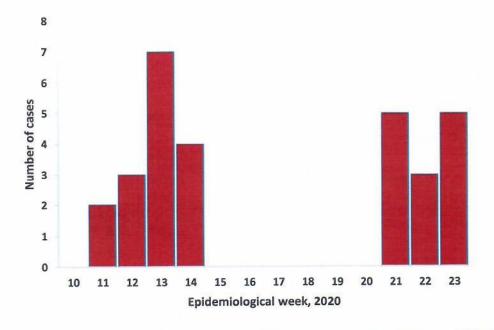


Figure 2: Epi-curve for confirmed COVID-19 cases in Namibia as of 05 June 2020

Of the 29 confirmed cases, more males; **21** (**72.4%**) are affected compared to their female counterparts; **8** (**27.6%**). The age and sex distribution of confirmed COVID-19 cases is presented in figure 3 below.

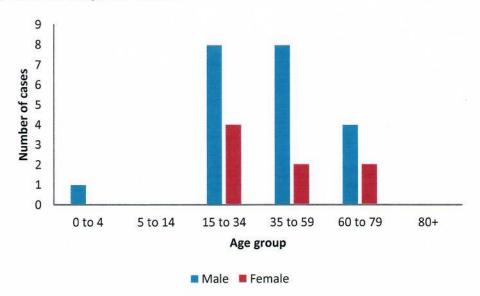


Figure 3: Age and sex distribution of COVID-19 confirmed cases in Namibia as of 05 June 2020

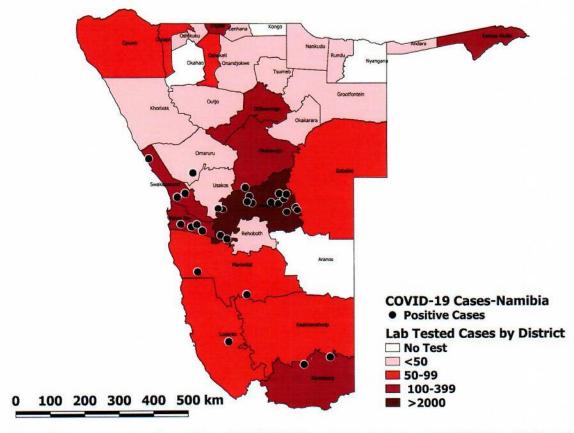


Figure 4: Suspected and confirmed COVID-19 cases in Namibia per District, 05 June 2020

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; 775 calls were answered at the hotline today (05.06.2020) and 10 alerts were investigated.
- Namibia COVID-19 dashboard accessible via a link on the MoHSS's website http://www.mhss.gov.na/ or at https://cutt.ly/Covid-19-situation-Namibia
- Active case search in all regions is ongoing.
- Contact tracing and monitoring is ongoing (see Table 1).
- Mandatory supervised quarantine of all persons arriving from abroad is ongoing (see Table 2).

- As from 29 May 2020, all people are tested upon entry into mandatory quarantine for rapid detection of positive cases.
- All people in quarantine are monitored daily for 14 days and are being tested on day 12 before release on day 15 if they test negative.

Contact tracing Summary

As of 05 June 2020, for the 29 confirmed cases, a total number of **455** contacts have been identified. Two hundred and ninety-seven (**297**) contacts have completed their 14 days of follow up and **146** are still active and being monitored daily for 14 days (**Table 1**).

Table 1: National contacts tracing summary for COVID-19 as of 05 June 2020

Variables	High	Medium	Low	Total
Total Number of contacts listed for follow up (potential)	138	93	268	499
Total Number of contacts identified (cumulative)		93	225	455
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	31	69	146
Total number of Contacts completed 14-days follow up	87	61	149	297

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

As of 05 June 2020, a total of **2460** persons who came into the country have been put into supervised quarantine facilities throughout the country. Of the 2454, **1660** have been discharged and **800** are currently quarantined (**Table 2**).

Table 2: Number of people in mandatory quarantine facilities as of 05 June 2020

Region	Newly quarantined 24hrs	Cumulative number of people	Number of people discharged	Number of people in quarantine now
Kunene	0	53	51	2
Omaheke	0	70	56	14
*Kavango	0	58	44	14
Omusati	0	90	80	10
Oshana	0	20	9	11
Ohangwena	3	178	137	41
Hardap	0	138	117	21
Otjozondjupa	0	323	267	56
Khomas	0	761	347	414
Zambezi	2	319	283	36
//Karas	0	280	189	91
Erongo	0	142	59	83
Oshikoto	1	28	21	7
Total	6	2460	1660	800

Table 3. Distribution of truck drivers who came into Namibia from neighboring countries and their destination regions on 05 June 2020.

Destination	Country of departure						Total
	South Africa	Zambia	Botswana	DRC	Angola	Zimbabwe	
Karas	46	0	0	0	0	0	46
Khomas	51	0	1	0	4	0	56
Oshana	4	0	0	0	0	0	4
Otjozondjupa	8	0	0	0	0	0	8
Kavango	0	0	0	0	0	0	0
Ohangwena	2	0	0	0	0	0	2
Hardap	2	0	0	0	0	0	2
Kunene	0	0	0	0	0	0	0
Omaheke	0	0	0	0	0	0	0
Omusati	1	0	0	0	0	0	1
Oshikoto	1	0	1	0	1	0	3
Zambezi	0	0	2	0	0	0	2
Erongo	8	52	0	0	0	0	60
Total	123	52	4	0	5	0	184

LABORATORY INVESTIGATIONS

As of 05 June 2020, a total of 4581 (including 317 re-tested) 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 05 June 2020

Variables	Laboratory				
	NIP	Path care	South Africa	Total	
Total sample received by the Laboratory	3558	1092	Y -	4650	
Total sample tested	3206	1058	-	4264	
Total sample re-tested	291	26	-	317	
Total results positive	21	7	*1	29	
Total results negative	3185	1051	14	4236	
Total sample discarded	59	8	1-	67	
Total sample missing	0	0	:=	0	
Total results pending	1	0	-	1	
Total results inconclusive/indeterminate	1	0	-	1	
Total new suspected cases in last 24 hours	91	17	74	108	

^{*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:

CASE MANAGEMENT:

- Out of the 29 cumulative confirmed cases, 16 have recovered after testing negative twice for COVID-19 at 48 hours' interval.
- Of the 13 active cases, 1 is still in ICU but in a stable condition and the other 12 are clinically stable.

INFECTION PREVENTION AND CONTROL:

- IPC activities are on going:
 - Distribution of PPE according to the Regional plans
 - Monitoring of IPC in health facilities

LOGISTICS.

 A 12 bed capacity ICU AT Windhoek Central Hospital was inaugurated by His Excellency, The President on 03 June 2020. Facilitation of the allocation of quarantine facilities in the country and transportation for discharged people from quarantine facilities is ongoing.

POINTS OF ENTRY:

• Screening and inspection of incoming travellers and trucks at points of entry and

check points is ongoing.

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.

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: 05 June 2020

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