



Ministry of Health and Social Services
Republic of Namibia

Situational Report No.2 for Confirmed COVID-19 Namibia			
Outbreak Name	<i>COVID-19</i>	District Region Country affected	Windhoek district Khomas Region, Namibia
Date & Time of report	<i>17 March 2020 16:00</i>	Investigation start date	13 March 2020
Prepared by	<i>Surveillance team</i>		

1. SITUATION UPDATE / HIGHLIGHTS

- Two confirmed cases of COVID-19 were reported from Windhoek district to MoHSS National level on 13 March 2020. They are a 35-year-old male and 25 year-old female, both Romanians who have permanent residence in Spain, with a travel history from Madrid, Spain, via Doha, Qatar. They arrived in Namibia on Qatar Airways flight number 1373 on 11 March 2020.
- Samples were taken as follows; Pathcare (private laboratory in Windhoek, Namibia) Regional Reference Laboratory, Windhoek, Namibia and sent to National Institute of Communicable Diseases (NICD), South Africa.
- Overview of numbers of cases: There 3 additional suspected cases reported, to date.
- Contacts: 25 people have been listed as contacts so far, with more to be identified.
- Key laboratory results: 2 confirmed cases RT-CRP for COVID-19 tested positive on 13/03/ 2020
- COVID-19 response meetings are held daily, starting on 14/03/2020
- **Key Challenges include:**
 - Inadequate isolation facilities, human resources and material supplies including PPE, ICU beds and ventilators.
 - Lack of clarity regarding where suspected cases should go for testing.
 - Insufficient budget for the response.

2. BACKGROUND

▪ Description of cases

- Index cases: Two confirmed cases of COVID-19 were reported from Windhoek district to MoHSS National level on 13 March 2020. The patients are married couple; a 35-year-old, male and a 25-year-old female, both Romanians who have permanent residence in Spain, with a travel history from Madrid, Spain, via Doha, Qatar. They arrived in Namibia via Hosea Kutako International airport on 11 March 2020.
- The couple were seen by a private physician in Windhoek on 11 March 2020, the male patient complained of fever ($>38^{\circ}\text{C}$) and cough, while the wife had fever only. The onset date of symptoms was reported as 9 March 2020. When the patients visited the doctor on 11 March, the doctor suspected COVID-19 and took swabs and sent it to National Institute for Communicable Diseases (NICD) in South Africa through PathCare on the same day. The results tested positive of COVID-19 on 13 March 2020.
- The couple checked into a local guest house to stay while waiting for the results. They visited local retailers shop/super market to buy food before check-in the guest-house on 11 March 2020. On Thursday (12 March 2020) the couple stayed in the guesthouse. On Friday, 13 March 2020 they took a public taxi to see a doctor, and later visited a pharmacy the same day to buy antibiotics. The results came at 21:00 on 13 March 2020 and the Ministry of Health and Social Services was informed. The MoHSS informed WHO Country Office on 14 March 2020 at around 9:00 am.

▪ Description of disease burden globally:

- On 4th February 2020, the World Health Organization declared Coronavirus Disease (COVID-19) outbreak a Public Health Emergency of International Concern (PHEIC) and on 11th March 2020 was declared as a Pandemic.
- According to WHO, for the latest update of case burden and affected countries refer to <https://www.who.int/emergencies/diseases/novel-coronavirus-2019>.
- **Mode of transmission:** The main driver of transmission, based on currently available data, is symptomatic cases.
- **Source:** Based on current information, an animal source seems the most likely primary source of this outbreak. Detailed investigations are ongoing to determine it.
- **Severity:** Current information suggests that the virus can cause mild, flu-like symptoms as well as more severe disease. Patients infected with the disease are presenting with a wide range of symptoms. Most seem to have mild disease, and about 20% appear to progress to severe disease, including pneumonia, respiratory failure and in some cases death.
- **Incubation period:** 1-14 days, based on current information
- **Description of disease burden in the country (Namibia):** This is a new strain of coronavirus and has never been reported in Namibia. These are first cases of COVID-19 in the country.
- **Date of outbreak declaration of the outbreak:** 14 March 2020

3. EPIDEMIOLOGY & SURVEILLANCE

○ Descriptive Epidemiology

- Number of confirmed cases: 2
- Alive and dead: 0 death and 2 cases alive
- Case characteristics (age, sex, occupation): The persons affected are a married Romanian couple (a 35 year-old male and 25 year-old female) from Madrid, Spain.
- Time trends: Tested on 11 March 2020 and confirmed on 13 March 2020
- Clinical description:
 - Patients were taken to a local private doctor 11 March 2020 with a history cough and fever for the male and fever only for the female.

Contact Tracing Summary

- Number of contacts identified: 25 contacts identified and 19 were traced
- Among contacts being traced, 3 suspected cases have been tested and 2 found negative; 1 results pending
- Further contact tracing ongoing including investigation of other alerts reported.

4. LABORATORY INVESTIGATIONS

- Samples for the confirmed cases were taken on 11 March 2020 and sent through Pathcare to the Regional Reference Laboratory, National Institute of Communicable Diseases (NICD) in South Africa. The results were received on 13 March 2020 and tested positive.
- Samples for 3 suspected cases were collected on 16-17 March 2020 and sent to Namibia Institute of Pathology; 2 tested negative and 1 still pending.

5. PUBLIC HEALTH ACTION / RESPONSE INTERVENTIONS

○ COORDINATION AND LEADERSHIP:

- National Health Emergency Management Committee special committee on COVID-19 response was activated 14 March 2020 and chaired by the Hon. Minister of Health.
- Declaration of the outbreak was done through a press conference by Hon. Minister of Health on 14 March 2020.
- Incident Management System activated and Incident Manager for COVID-19 have been appointed.
- Sub-committees, including coordination, logistics, laboratory, surveillance, points of entry, community engagement, and case management and infection prevention and control, have been activated and hold regular meetings.
- A high-level meeting was held at the State House with President and precautionary measures were taken.
- Namibia COVID-19 response plan developed.

○ SURVEILLANCE:

- Case contact tracing commenced on 14 March 2020 and is ongoing.
- A telephone hotline center has been activated and staffed with responders to address concerns from the general public.
- **Case definitions:**
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 with no other aetiology that

fully explains the clinical presentation AND a history of travel to or residence in a country/area or territory reporting local transmission (See situation report) 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 COVID19 case (see definition of contact) in the last 14 days prior to onset of symptoms;

OR C. A patient with severe acute respiratory infection (fever and at least one sign/symptom of respiratory disease (e.g., cough, shortness breath) AND requiring hospitalization AND with no other etiology 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.

○ **LABORATORY:**

- Laboratory has been involved and sensitized about collecting and transporting this extreme biohazard specimen from suspected patients
- There is a system in place for shipping specimen to NICD reference laboratory in South Africa.
- NIP laboratory has capacity for local testing and has limited tests for COVID-19.

○ **CASE MANAGEMENT and Infection Prevention and Control:**

- The 2 confirmed patients were moved to an Isolation facility and managed as per WHO recommendations.
- As of 17 March 2020, the male patient was stable and the female patient was asymptomatic.

○ **Points of Entry**

- Port Health services (screening) has been intensified at major points of entry

○ **RISK COMMUNICATION, COMMUNITY ENGAGEMENT & SOCIAL MOBILISATION:**

- Risk communication by Office of President and Executive director of Ministry of Health has been conducted
- The Ministry of Information and Communication has been directed to take a lead in all communication regarding COVID-19 in the country
- Assorted IEC materials developed; requires further support in development
- COVID-19 messages are currently being shared through various platforms; media, town hall meetings, etc.

○ **LOGISTICS:**

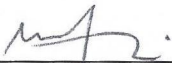
- List of supplementary needed items has been compiled and submitted for procurement; PPE, Masks, gloves, etc.
- Modification of the entrance/exit of existing the designated isolation facility at Robert Mugabe clinic is ongoing. It is expected this will be a screening facility.

6. CHALLENGES

- Lack of fully equipped isolation facilities in the Country
- Insufficient Personal Protective Equipment/clothing
- Insufficient trained personnel
- Insufficient funding for the response plan
- Need for technical support in coordination, case management and IPC, surveillance and POE, risk communication and community engagement

7. RECOMMENDATIONS & PRIORITY FOLLOW UP ACTIONS

- **COORDINATION AND LEADERSHIP:**
 - Improve coordination, Composition of thematic areas
 - Involve all relevant stakeholders with commitment from top management
 - Finalization of all relevant SOPs per pillar
 - Activation of the IMS in regions
- **SURVEILLANCE:**
 - Intensify contact tracing process to identify all contacts
 - Strengthen surveillance and detection throughout all districts and regions to detect suspected cases early
- **LABORATORY:**
 - Utilise Namibia Institute of Pathology for local testing
- **CASE MANAGEMENT:**
 - Ensure all health workers involved are well trained in COVID-19
 - Have clear SOPs of case management readily available
 - Procure and distribute relevant equipment and materials
 - Determine screening facility and direct
- **POINTS OF ENTRY**
 - Fully equip (Equipment & Human resources) all identified points of entry
- **RISK COMMUNICATION, COMMUNITY ENGAGEMENT & SOCIAL MOBILISATION**
 - Conduct regular risk communication and community engagement through IEC material, electronic media and direct engagement.
- **LOGISTICS**
 - Procurement of IPC and laboratory supplies for Emergency preparedness and response



Incident Manager
Date: 17 March 2020



Secretariat