



Ministry of Health and Social Services  
Republic of Namibia

Situational Report No.6 for COVID-19 Namibia			
Outbreak Name	COVID-19	District Region Country affected	Windhoek Khomas Namibia
Date & Time of report	23 March 2020 22:00	Investigation start date	13 March 2020
Prepared by	Surveillance team		

### 1. SITUATION UPDATE / HIGHLIGHTS

- One new confirmed case reported today
- Four confirmed cases (RT-CPR for COVID-19) and one inconclusive (probable case), four are in isolation, last case confirmed on 23 March 2020 to be admitted at isolation facility
- To date, 166 suspected cases were reported with samples collected
- 77 contacts have been identified to date
- 35 returning Namibians from COVID-19 affected countries on supervised quarantine are monitored daily until 4 April 2020
- Thematic group meetings continue to be held daily, since the 14 March 2020
- Treasury approval and validation of donated COVID-19 POC/RDT testing kits under way.
- **Key Challenges include:**
  - Inadequate isolation and quarantine facilities, human resources and material supplies including PPE, ICU units and ventilators.
  - Inadequate infrastructure at some key points of entry (working space for port health staff, equipment and supplies):
  - Delay in finalising the costed response plan
  - Private testing facility not reporting or delaying reporting to MoHSS resulting in delayed start to contact tracing

## 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 a 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 tested positive of COVID-19 on 13 March 2020. They have been in Isolation facility since the 14 March 2020 in stable condition.
- A third confirmed case was recorded on 19.03.2020; a 61 years old male, a Germany national with travelling history via Amsterdam on 26 February 2020 and Zimbabwe on 4<sup>th</sup> March 2020 and arrived in Namibia on 13 March 2020 by Air from Cape Town. The onset of symptoms was on 10<sup>th</sup> March 2020 while in Zimbabwe. He visited Lady Pohamba Private Hospital on 17 March 2020 with complaints of fever (>38°C) and chills, the specimen was taken the same day by Path-Care and sent to NICD in South Africa. The result came out positive on 19.03.2020.
- A fourth case was confirmed on 23<sup>rd</sup> March 2020, a 19-year-old Namibian male, who returned from London, UK on the 18<sup>th</sup> March, 2020 and got tested on the 19<sup>th</sup> of March 2020 and was counselled on self-isolation. He presented at private hospital with cough, sore throat, and diarrhea. The results came out on 23 March 2020, after which he was transferred to HKIA Isolation Unit (despite now being asymptomatic).
- All confirmed cases are in stable condition.
- A close contact of the third case (above) been tested twice and received inconclusive results both times. This probable case is in self-quarantine and contacts have been listed.

### ▪ 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.
- As of 23 March 2020 (WHO SITREP), 332 930 confirmed cases globally with 14 510 deaths,

- **Mode of transmission:** The main 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 in Namibia: 14 March 2020

### 3. EPIDEMIOLOGY & SURVEILLANCE

#### ○ Descriptive Epidemiology

- Number of Laboratory confirmed cases: 4; 1 probable case
- Alive and dead: 0 death and 4 cases alive
- Case characteristics (age, sex, and occupation): First two confirmed cases are a married Romanian couple (a 35 year-old male and 25 year-old female) from Madrid, Spain. The third case was a 61-year-old male from Germany. The fourth (latest) case is a 19-year-old male. A close contact of the third case, a probable case, is 69 years old male from Germany.
- Time trends: The couple were tested on 11 March 2020 and confirmed on 13 March 2020. The third case was tested on 17 March 2020 and confirmed on 19 March 2020. The fourth case was tested on the 19 and confirmed on 23<sup>rd</sup> March 2020. All specimens were tested at in South Africa, send by Path Care.
- Clinical description:
  - The couple were taken to a local private doctor on 11 March 2020 with a history of cough and fever for the husband and fever only for the wife.
  - The third case presented at private hospital on 17 March 2020 with complaints of fever, chills and body pains
  - The fourth case presented at a private hospital on the 19<sup>th</sup> of March with complains of cough, sore throat, and diarrhoea.
  - The probable case has been in self-quarantine at a farm since 19 March 2020

## Contact Tracing Summary

Table 1: Contacts tracing summary as of 22.03.2020

Variables	Index cases (couple)				3 <sup>rd</sup> case				4 <sup>th</sup> case				Grand Total
	High risk	Medium Risk	Low risk	Total	High risk	Medium Risk	Low	Total	High risk	Medium Risk	Low	Total	
Cumm. Contacts identified to date	1	3	22	26	5	10	26	41	3	0	7	10	77
Number of contact traced in last 24hrs	1	3	20	24	5	9	13	27	2	0	0	2	53
Number of pending contacts	0	0	2	2	0	1	13	14	1	0	7	8	24
Health care workers contacts	1	0	1	2	0	2	5	7	2	0	0	2	11
Number of symptomatic contacts	0	1	5	6	0	0	0	0	0	0	0	0	6
Contacts completed 14 days	0	0	0	0	0	0	0	0	0	0	0	0	0
Total follow up for tomorrow	1	3	22	26	5	10	26	41	3	0	7	10	77

#### 4. LABORATORY INVESTIGATIONS

- Index cases samples were taken on 11 March 2020 and tested positive on 13 March 2020. The 3<sup>rd</sup> case was tested on 17 March 2020 and confirmed on 19 March 2020. The latest confirmed case was tested on 18 March 2020 and confirmed on 23 March 2020. All specimens were tested through Path-care in South Africa. Probable case was tested at NIP.
- As of 23/03/2020 a total of 158 COVID-19 specimens were recorded in the two laboratories (NIP and Path-care) as per table below:

*Table 2: COVID-19 specimens recorded in at NIP and Path care as of 23.03.2020*

As of 23/03/2020	Laboratory		Total
	NIP	Path care	
Total sample sent to the Laboratory	38	126	166
Total sample tested	39	112	151
Total results positive	0	4	4
Total results Negative	36	103	139
Total results inconclusive	1	0	1
Total results pending	1	16	17

#### 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. The last meeting was held on the 20 March 2020 chaired by the Incident Manager.
  - Declaration of the outbreak was done through a press conference by Hon. Minister of Health on 14 March 2020 and planned to be conducted weekly. Last press briefing conducted on 19 March 2020
  - Incident Management System activated and Incident Manager for COVID-19 have been appointed and on board.
  - Sub-committees, including coordination, logistics, laboratory, surveillance, points of entry, community engagement, case management and infection prevention and control, have been activated and hold daily meetings.
  - A high-level meeting was held at the State House with President and precautionary measures were taken.
  - Namibia COVID-19 response plan being updated to include regions and newly identified needs
  - President declared State of Emergency today, 17 March 2020 and additional measures have been identified and communicated for implementation.
  - Final costed response plan is being finalized.
  - On the 23<sup>rd</sup> March 2020, Dr Bernard Haufiku was appointed as national Coordinator for COVID-19.

○ **SURVEILLANCE:**

- Public Health graduates commenced at call centre on 23 March 2020 to work at hotline operators and contact tracers
- Training on surveillance and contact tracing planned on 25-26 March 2020 targeting Regional surveillance officer, Environmental Health Practitioners and Tutors responsible for continuous development from MoHSS training network
- A toll-free hotline has been activated and staffed with operators to address concerns from the general public operating 24 hours.
- Daily meetings are held to discuss daily progress, gaps and way forward, last meeting held on 23 March 2020.
- SOPs are finalized and shared with coordination for approval.
- 35 Namibians who arrived on 21 March 2020 are in supervised quarantine and being monitored daily until 4 April 2020

▪ **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 (see definition of contact) 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.

○ **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 continue to test the collected samples and provide daily updates on the results

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

- 1 new confirmed case today, tested via Pathcare. Imported case (Travel history to London).
- All 4 cases are admitted in isolation wards and managed as per WHO recommendations. Of the 2 index cases, 1 is asymptomatic and the other has mild symptoms but is clinically improving. The 3<sup>rd</sup> case is classified as mild-moderate and needed close monitoring
- As of 23 March 2020, all patients are stable.
- SOP on both case management and IPC is readily available on soft copy and has been distributed to all sub-committees as well as on social media platforms but needs to periodically be revised.
- Training on case management and IPC has already begun at WCH and KIH. The plan is to tap into ZOOM platforms and have regular presentations nationwide. First ZOOM presentation was on 20/03/20 at 5PM
- Integrated case management and IPC Plan is available for distribution.

- Robert Mugabe Clinic functioning as a 24-hour screening/testing and admission facility for COVID19 cases (suspected or confirmed). WCH casualty still under renovation
- **POINTS OF ENTRY**
  - Port Health services (screening) has been intensified at major points of entry and is ongoing.
- **RISK COMMUNICATION, COMMUNITY ENGAGEMENT & SOCIAL MOBILISATION:**
  - Risk communication by Office of President and Executive director of Ministry of Health has been conducted
  - Risk communication SOPs in draft
  - Risk Communication Strategy being developed
  - RCCE sub-committee expanded to include other ministries, UN agencies and CSOs
  - Social media plan under the leadership of the PROs MoHSS activated with support from Ministry of Information, Communication and Technology
  - NBC airing health education messages related to COVID-19 on TV and all 11 Radio stations
  - Namibian placing COVID—19 health education messages daily in their paper
  - Risk communication team have scheduled radio talks in 11 radio languages stations of the national broadcaster.
  - Media interviews with private and public media houses conducted daily
  - Press Conferences and subsequent engagement with the media is frequent and facilitated by the Minister's office
  - IEC materials developed and printed, translations is in process, plans to print more are in place
  - Namibia Airports Company is airing COVID-19 messages on all the screens at the airports
  - Rumour management system is being set-up through media monitoring, social media posts and press conferences
  - Health Education sessions on COVID-19 in workplaces is ongoing
- **LOGISTICS:**
  - List of needed items has been compiled and submitted for procurement; PPE, Masks, gloves, etc.
  - Modification of the entrance/exit of existing designated isolation facility at Robert Mugabe clinic, which is now operating as screening facility is ongoing. The facility will be operating 24 hours.

## C. CHALLENGES

- Country coordination and communication related challenges (beyond MoHSS) for implementing IMS and multi-sectoral coordination
- Lack of fully equipped isolation facilities in the regions at health facilities and points of entry in the regions
- Insufficient Personal Protective Equipment/clothing
- Insufficient trained personnel
- Delay in finalising the costed response plan
- Delay in receiving lab results sent to South Africa

## D. RECOMMENDATIONS & PRIORITY FOLLOW UP ACTIONS

- **COORDINATION AND LEADERSHIP:**
  - Need for improving country coordination, planning and monitoring,
  - Involve all relevant stakeholders with commitment from top management
  - Finalization of all relevant SOPs per pillar
  - Activation of the IMS at the national level and in regions
  - Acceleration of sending requests to government Ministries to support the outbreak response e.g MOD and Police
  - Need for complete Rapid Response Team
  
- **SURVEILLANCE:**
  - Continue contact tracing process to identify all contacts
  - Strengthen surveillance and detection throughout all districts and regions to detect suspected cases early
  - Include regions and other stakeholders to support timely and effective contact tracing
  - Advocate and request for more staff to support contact tracing and hotline
  - Enhance systematic approach to collecting and reporting timely surveillance data
  - Conduct contact tracing via phone where possible to minimize risk of exposure for COVID-19
  
- **LABORATORY:**
  - Utilise Namibia Institute of Pathology for local testing
  - Improve communication and share SOPs of results for notifiable disease by private laboratories (Pathcare) with MoHSS
  
- **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
  - Enhance screening so persons with symptoms receive secondary screening at POE sites
  - Report number of persons screened and secondary screening at POE daily to include in SITREP
  
- **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
  - Strengthen participation of logistic/procurement/operations/financial experts from MoHSS, WHO, CDC, UNICEF, etc in the coordination group that coordinates these.

Cleared by:

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Date: 24.03.2020

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