



Ministry of Health and Social Services
Republic of Namibia

Situational Report No.10 for COVID-19 Namibia			
Outbreak Name	COVID-19	District Region Country affected	Windhoek Khomas Namibia
Date & Time of report	28 March 2020 20:40	Investigation start date	13 March 2020
Prepared by	Surveillance team		

Date of outbreak declaration in Namibia: 14 March 2020.

1. SITUATION UPDATE / HIGHLIGHTS

- Three new confirmed cases have been reported as follows:
 - One confirmed case reported on 27 March 2020 (at 20.00 pm) and Two cases reported on 28 March 2020 (at 11:00 am and 17:00 pm respectively)
 - Cumulatively, 11 Imported cases reported – with travel history from affected countries;
 - 8 confirmed cases in Windhoek; Khomas region,
 - 1 confirmed case from Aus, Luderitz district in, Karas region
 - Two from Erongo region, (i.e. 1 each from Swakopmund and Omaruru districts.
- Thematic group meetings continue to be held daily, since the 14 March 2020
- Supervised quarantine for all Namibians for 14 days from affected countries is ongoing
Partial lockdown took effect on 28 March 2020 till 16 April 2020. Borders has been closed except for essential/critical services and humanitarian support to the response.
- **Key Challenges include:**
 - Inadequate isolation and quarantine facilities, human resources and material supplies including PPE, ICU units and ventilators.

2. BACKGROUND

- **Description of the latest 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 February 2020.
 - Case number 9, is a 35 years old Namibian female, who traveled from South Africa, on 20 March 2020 with her husband and 9 months old baby. She was tested at a private facility on 24 March 2020 in Windhoek, with complains of sore throat, dry cough, fever, body pains and headache.

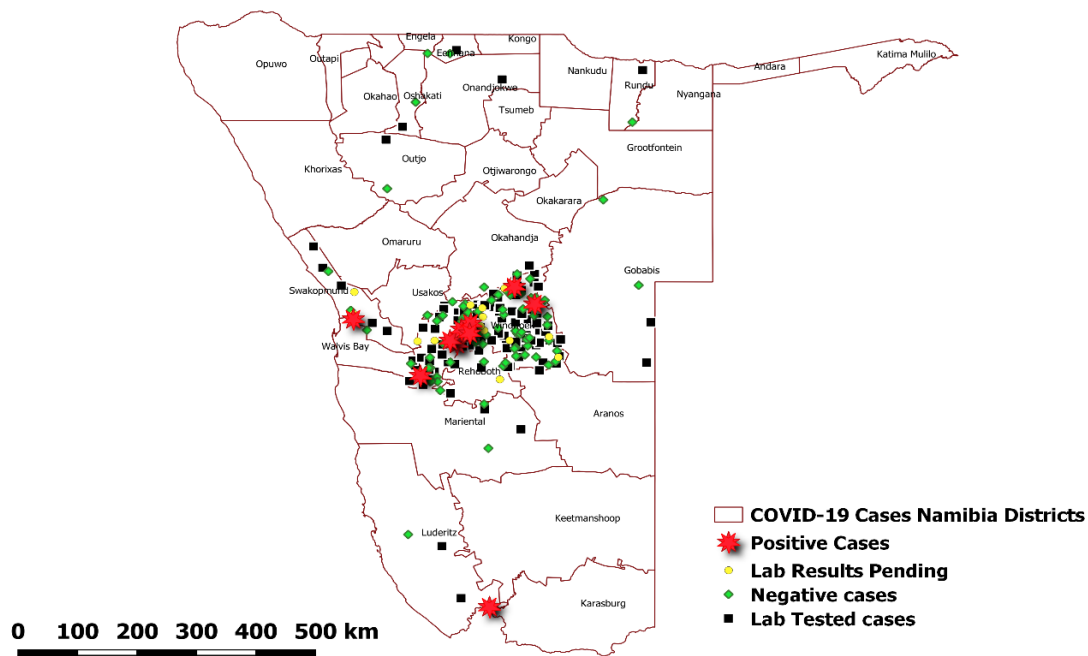
The family then travelled to Swakopmund on 26 March 2020 to be able to self-quarantine at their own house. The case is in stable condition and will be taken to the isolation facility in Erongo Region. Contact tracing was already initiated.

- Case number 10, a 41-year-old female Namibian citizen, who traveled from Dubai, Ethiopia via South Africa, on 17 March 2020. She was tested on 26 March 2020 at Robert Mugabe Clinic with the following symptoms; fever, cough, sore throat, shortness of breath, vomiting, and myalgia.
- Case number 11, is a 69 years-old Namibian male, traveled from South Africa on 12 March 2020, tested at Omaruru medical practice on 25 March 2020 complaining of chills, cough and body pains (no fever). The sample was sent to NIP in Windhoek on 27 March 2020. He tested positive on 28 March 2020.

Table 1: Cases by reporting region as of 28 March 2020

Reporting region	Total Cases	New cases	Active cases	Recovered	Death
Khomas	8	1	5	2	0
Karas	1	0	1	0	0
Erongo	2	2	2	0	0
Total	11	3	9	2	0

COVID-19 Cases in Namibia as at 28th March 2020



*Omaruru case in not illustrated in the map

Figure 1: Suspected and confirmed COVID-19 cases in Namibia per District, as of 28 March 2020

3. EPIDEMIOLOGY & SURVEILLANCE

- Number of Laboratory confirmed cases: **11**
- Alive and dead: 0 death and 11 cases alive.

Contact Tracing Summary

Table 2: Contacts tracing summary as of 28 .03.2020

Variables	Contact risk level			
	High	Medium	Low	Total
Contacts identified	19	17	64	100
Number of contact traced to-date	19	15	50	84
Number of contact monitored today	17	10	18	45
Contact completed 14 days follow up to-date	2	5	30	37
Number of contact that developed signs & symptoms tested + results	3	0	4	7
Number of contact without signs and symptoms tested	3	0	1	4
Number of contact lost to follow up	0	2	10	12

4. LABORATORY INVESTIGATIONS

- The samples of 6 confirmed cases were taken by Path-Care and tested in South Africa, while 4 confirmed cases were taken and tested by NIP. An additional confirmed case had the test ran in South Africa and the positive result was received whilst the case was in Namibia. The turnaround time range between 2 to 5 days for test done by Path-care, while for test by NIP is 2 days.
- As of 28 March 2020, a total of 246 COVID-19 specimens were recorded in the two laboratories (NIP and Path-care) as per table below:

Table 3: COVID-19 specimens recorded in at NIP and Path care as of 28.03.2020

As of 25/03/2020	Laboratory			Total
	NIP	Path care	South Africa	
Total sample sent to the Laboratory	95	154	-	246
Total sample tested	80	152	-	232
Total results received	77	131	-	208
Total results positive	4	6	*1	11
Total results negative	77	136	-	213
Total results pending	0	5	-	5
Total sample discarded	11	2	-	13
New suspected cases	3	0	-	3
New cases (positive)	2	1	-	3

5. PUBLIC HEALTH ACTION / RESPONSE INTERVENTIONS

**1 Patient specimen collected and tested in South Africa*

○ **COORDINATION AND LEADERSHIP:**

- National Health Emergency Management Committee on COVID-19 response was activated on 14 March 2020.
- The outbreak was declared by Hon. Minister of Health on 14 March 2020.
- The Ministry continue to conduct press briefing as the situation progresses. Last press briefing conducted on 24 March 2020.
- Coordination meetings are held daily.
- His Excellency Dr Hage Geingob declared and issued guidelines for a lockdown for 21 days for Khomas Region and Erongo Region effective as of midnight 27 March 2020.

○ **SURVEILLANCE:**

- Daily pillar and interpillar meetings are held to discuss daily progress, gaps and way forward;
- Contact tracing is ongoing and alert/call centre is receiving alerts from the general public.
- All quarantine facilities are being monitored daily

▪ **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.

○ **CASE MANAGEMENT**

- There are 11 confirmed cases under case management to date. Eight of cases are within the Khomas Region, except two in Erongo and one in Kharas Region.
- All cases currently exhibit either mild symptoms or are asymptomatic.
- As of 28 March 2020, all patients are stable.

- Case #8 is in self-isolation at home and is stable. Otherwise all other cases are admitted in isolation facilities (case #3 in Whk central isolation, case # 7 at keetmashoop & the rest are at HKIA isolation). Efforts are in progress to place the last three reported confirmed cases in isolation as well.
 - Training on COVID-19 is ongoing, Zoom meeting held weekly
 - More screening sites being accessed
- **LOGISTICS:**
 - Screening point is set up at the PHEOC for visitors and employees.
 - Set up a mobile clinic at quarantine facility in Windhoek.
 - Installation of Ventilators and ICU monitors at Robert Mugabe Clinic.
 - Facilitation the allocation of quarantine facilities in the country.
 - Issuing of identification cards to participants in COVID-19 operations
- **RISK COMMUNICATION AND COMMUNITY ENGAGEMENT:**
 - Educational sessions continue to be conducted in various media
 - Media houses are engaged. The Government leadership appeared on a National Broadcaster to share the status of COVID 19

C. CHALLENGES

- Psychosocial support is being done on daily basis to people under quarantine
- 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 isolation facilities and COVID-19 testing kits
- Insufficient reagents/components for local testing for COVID-19
- Delay in receiving lab results sent to South Africa.

D. RECOMMENDATIONS & PRIORITY FOLLOW UP ACTIONS

- Need for improving country coordination, planning and monitoring,
- Finalization of all relevant SOPs per pillar and TOR
- Need for complete Rapid Response Team
- Fully equip National Public Health Emergency Operations Centre
- All positive cases must be isolation centres.
- Make use of NIP services and ensure specimens collected are of good quality and persons tested meet case definition

Cleared by: _____

Incident Manager

Date: 29.03.2020

Secretariat