



Ministry of Health and Social Services
Republic of Namibia

Situational Report No.1 for Confirmed COVID-19 Namibia			
Outbreak Name	COVID-19	District Region Country affected	Windhoek district Khomas Region, Namibia
Date & Time of report	15 March 2020 16:00	Investigation start date	13 March 2020
Prepared by	Surveillance team		

1. SITUATION UPDATE / HIGHLIGHTS

- Two confirmed cases of COVID-19 were reported from Windhoek district to MoHSS National level on 13/03/2020. They are 35-years-old, male and 25 years-old female, Romanians who have permanent residence in Spain, with a travel history from Madrid, Spain, via Doha in Qatar and arrived in Namibia on 11 January 2020. They arrived in Namibia through Qatar air on 11th March 2020.
- Samples were taken referred as follows; Path care (private laboratory in Windhoek, Namibia) Regional Reference Laboratory, Windhoek, Namibia - National Institute of Communicable Diseases (NICD), South Africa.
- Overview of numbers of cases: There has not been additional suspected cases reported, to date.
- Contacts: 25 people have been listed as contacts so far, more to be identified.
- Key laboratory results: RT-CRP for COVID-19 tested positive on ,13/03/ 2020
- The National Health Emergency Meeting are held daily
- **Key Challenges:** inadequate isolation facilities; Inadequate human resources and some material supply including PPEs

2. BACKGROUND

▪ Description of cases

- Index cases: Two confirmed cases COVID-19 were reported from Windhoek district to MoHSS National level on 13/03/2020. The patients are married couple; a 35-years-old, male and his wife 25 years-old female, Romanian who have permanent residence in Spain, with a travel history from Madrid, Spain, via Doha in Qatar and arrived in Namibia via Hosea Kutako International airport on 11 March 2020..
- The couple were seen by a private Doctor in Windhoek on 11/03/2020, the male patient complained of high fever and cough (>38) while the wife had high fever only. The onset date of symptoms was 09.03.2020 in Windhoek. The doctor suspected COVID-19 and took swabs and sent it to National Institute for Communicable Diseases (NICD) in South Africa through path care on the same day. The results tested positive of COVID-19 on 13.03.2020.
- The couples checked in the 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 11.02.2020. On Thursday the couples stayed in the guesthouse. On Friday, 13.03.2020 they took a public tax to see a doctor, and later visited a pharmacy the same day to buy antibiotics. The results came out at 21:00 on 13.03.2020 and the Ministry of Health 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, as of 14 March 2020, 142 539 cases have been reported globally; 81021 cases and 3194 deaths were reported in China; 61518 cases were reported from outside China (in 135 countries). It should be noted that the number of cases is increasing; for the latest update refer to <https://www.who.int/emergencies/diseases/novel-coronavirus-201>. The incubation period is currently estimated to be up to 14 days.

- **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 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, this 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 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 years old male and 25 years old female from Madrid, Spain.
 - Time trends 11 March 2020 to 13 March 2020
 - Clinical description:
 - Patients were taken to a local private doctor 11/03/2020 with a history cough, and fever male and fever only for a wife.

Contact Tracing summary

- Number of contacts identified: 17 contacts identified are being monitored
- Further contact tracing ongoing including investigation of other alerts reported.

4. LABORATORY INVESTIGATIONS

- A sample was taken on 11 March 2020 and sent through the Path care 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.

5. PUBLIC HEALTH ACTION / RESPONSE INTERVENTIONS

- **COORDINATION AND LEADERSHIP:**
 - National Health Emergency Management Committee on the COVID-19 was activated 14 March 2020 and chaired by the Hon. Minister of Health
 - Declaration of the outbreak was done through press conference by Hon. Minister of Health on 14th March 2020.
 - Incident Management System activated and Incident Manager for COVID-19 appointed and different Sub-committee activated and holding regular meetings
 - A high level meeting was held at the State House with President and precautions measures were taken.
 - Namibia COVID-19 response plan developed.

○ **SURVEILLANCE:**

- Case contact tracing has commenced on 14 March 2020 and is ongoing

- **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 this extreme biohazard specimen from suspected patients
- There is a system in place for shipping specimen to NICD reference laboratory in South Africa. The national public laboratory has developed local capacity for testing COVID-19 and samples from public health facilities continue to be sent for testing locally.

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

- The patients are moved to an Isolation facility and are managed as per WHO recommendations.
- As of 15 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 ongoing;

6. CHALLENGES

- Lack of full equipped Isolation facilities in the Country
- Inadequate Personal Protective Equipment/clothing
- Inadequate trained personnel
- Inadequate 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

○ 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 equipments and materials

○ POINTS OF ENTRY

- Full 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.

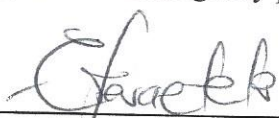
○ LOGISTICS

- Procurement of IPC and laboratory supplies for Emergency preparedness and response



Incident Manager

Date: 26/03/2020



Secretariat