



Ministry of Health and Social Services
Republic of Namibia

Situational Report No.14 for COVID-19 Namibia			
Outbreak Name	COVID-19	Country affected	Namibia
Date & Time of report	01 April 2020 20:00	Investigation start date	13 March 2020
Prepared by	Surveillance Team		

Date of outbreak declaration in Namibia: 14 March 2020.

1. SITUATION UPDATE / HIGHLIGHTS

- Two new confirmed cases reported on 01 April 2020 at Swakopmund, Erongo Region.
- Cumulatively, 13 confirmed cases reported;
- Supervised quarantine for all Namibians arriving from affected countries for 14 days is ongoing
- Partial lockdown of Erongo and Khomas regions took effect on 28 March 2020 till 16 April 2020. Borders have been closed except for essential/critical services and humanitarian support to the response.
- **Key Challenges include:**
 - Inadequate isolation and quarantine facilities,
 - Inadequate human resources
 - Inadequate material supplies including PPE, ICU units and ventilators.
 - Inadequate infrastructure, equipment and supplies at Points of Entry

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 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, a 69 years-old Namibian male, who traveled from Dubai, Ethiopia via South Africa, on 17 March 2020, and confirmed positive on 28 March 2020.
- The two cases, who were reported on 1 April 2020, are family member of case number 10 and they arrived together from South Africa on 17 March 2020.
 - A husband of case number 10, is a 36-year-old male Namibian, whose sample was collected in Swakopmund on the 28 March 2020 and sent to NIP Windhoek for testing. He presented fever, chills, sore throat, body pain, and headache.
 - A daughter of case 10 and 12, is a 9-month-old female Namibian, whose sample was also taken in Swakopmund on the 28th March 2020 and sent to Windhoek NIP for testing. She presented with fever, chills, and poor appetite.
 - They are both being isolated together with case number 10 in their house in Swakopmund.

Table 1: Confirmed cases by region as of 1 April 2020

Reporting region	Total Cases	New cases	Active cases	Recovered	Death
Khomas	8	0	7	1	0
Karas	1	0	1	0	0
Erongo	4	2	4	0	0
Total	13	2	12	1	0

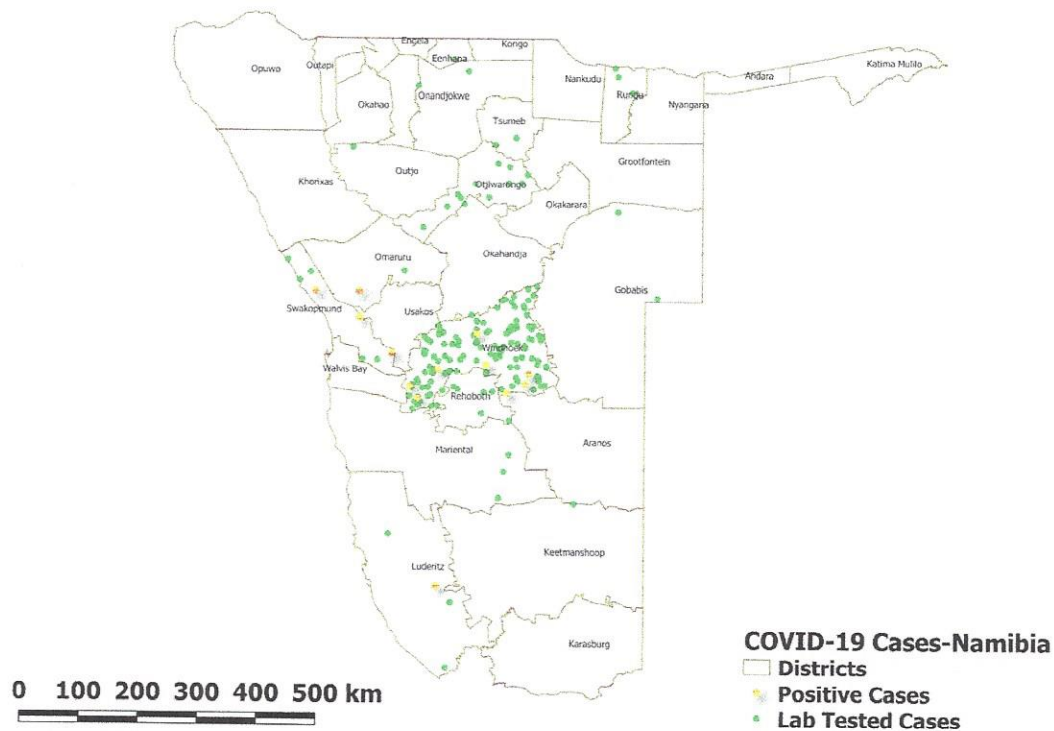


Figure 1: Suspected and confirmed COVID-19 cases in Namibia per District, as of 1 April 2020

3. EPIDEMIOLOGY & SURVEILLANCE

Contact Tracing Summary

Table 2: Contacts tracing summary as of 01 .04.2020

Variables	Contact risk level			
	High	Medium	Low	Total
Contacts identified	23	24	95	142
Number of contact traced today	19	14	34	67
Number of contact monitored today	17	9	21	47
Contact completed 14 days follow up today	5	11	43	59
Number of contact that developed signs & symptoms tested	5	1	4	10
*Number of contact without signs and symptoms tested	3	0	1	4
© Number of contact lost to follow up	0	2	5	7
# Contacts never reached	0	0	2	2

*Number of (highly exposed) contact without signs & symptoms tested. One tested positive.

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

Two contacts could not be reached as they did not provide contact numbers

Table 3: Number of people in mandatory quarantine facility of 01.04.2020

Name of the Facility	Number of people
Hardap Resort	40
Rock Lodge (by Debmarine)	37
Other places in Windhoek	131
Zambezi Waterfront park	62
Total	270

4. LABORATORY INVESTIGATIONS

- Two positive, and 3 inconclusive results were reported at NIP on 1 April 2020.
- Stock level of testing kits at NIP is low, only 525 laboratory extraction phase (Qiagen Mini Spin columns) available.
- As of 1 April 2020, a total of 326 COVID-19 specimens were recorded in the two laboratories (NIP and Path-care) as per table below:

Table 4: COVID-19 specimens recorded in at NIP and Path care as of 01.04.2020

As of 01/04/2020	Laboratory			Total
	NIP	Path care	South Africa	
Total sample sent to the Laboratory	170	156	-	326
Total sample tested	119	154	-	273
Total results received	119	154	-	273
Total results positive	6	6	*1	13
Total results negative	107	148	-	255
Total results pending	18	0	-	18
Total results inconclusive	4	0	-	4
Total sample discarded	25	2	-	27
Total new suspected cases in last 24 hours	13	0	-	13

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

5. PUBLIC HEALTH ACTION / RESPONSE INTERVENTIONS

A. COORDINATION AND LEADERSHIP:

- National Health Emergency Management Committee on COVID-19 response was activated on 14 March 2020.
- Coordination meetings are held daily.
- His Excellency the President of the Republic of Namibia, declared a lockdown for 21 days for Khomas Region and Erongo Region effective as of 28 March 2020.
- Members of the coordination committee conducted monitoring for support supervision at road blocks and isolation facilities in Windhoek on the 1st April 2020.
- Organograms for EOC, Standard Operating procedures and other organizational/management aspects have been put together and are ready for submission and endorsement by Senior management.
- Various partners are actively participating in different pillar groups for COVID-19 response.

B. SURVEILLANCE:

- Daily pillar and intra-pillar discussions are held to deliberate daily progress, gaps and way forward;
- Contact tracing is ongoing
- Call centre continue operations for 24 hours per day.
- People under mandatory quarantine are being monitored daily
- Training is planned for Erongo region for surveillance and contact tracing on 2-4 April 2020. Two regions (Omusati, and Oshana) have not attended surveillance training. The virtual training platform for surveillance training are underway for Omusati, and Oshana

▪ 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.

C. CASE MANAGEMENT

- Out of thirteen confirmed cases, one has been discharged after he recovered and tested negative.
- The other twelve confirmed cases are in stable conditions.
- Training on COVID-19 is ongoing, daily sessions at Robert Mugabe, WCH and KSH. Zoom meeting held weekly
- Conversion of casualty department at WCH into a highly infectious referral ICU underway (anticipated to be completed by 03 April 2020).
- A 12-bed Isolation Unit is under construction at final stage of completion at WCH.
- Honourable Prime Minister visited both WCH casualty and isolation facility under construction on 31 March 2020

- Project Active Case Finding (ACF) is currently underway in Khomas, Erongo and Karas regions, aimed to look for possible community transmission
- Standard Operating Procedures are currently being revised

D. LOGISTICS:

- Facilitation of the allocation of quarantine facilities in the country.
- Procurement of PPE, Medical suppliers and pharmaceuticals
- Provision of commodities specifications and verification for procurement

E. RISK COMMUNICATION AND COMMUNITY ENGAGEMENT:

- Educational sessions continue to be conducted in various media
- Psychosocial support is being offered on daily basis to people under quarantine
- The setup of a communication hub where press conferences and live streams are to be broadcasted has been completed.
- The video clips with the special messages on COVID-19 from the Honourable Deputy Minister of MICT started airing on NBC TV. Plans are underway to have these video air on One Africa TV.
- The MoHSS continue to conduct press briefing as the situation progresses.
- Additional community health workers have been refreshed on COVID-19 message before their deployment to their catchment areas

6. CHALLENGES

- Inadequate and at some places lack of isolation units at health facilities and at points of entry in the regions.
- Inadequate PPE and printed IEC materials on COVID-19
- Insufficient COVID-19 laboratory testing kits

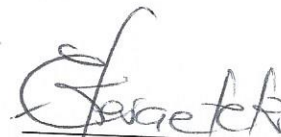
7. RECOMMENDATIONS

- Establish fully equipped isolation units at health facilities and at points of entry in the regions.
- Fast track procurement process for Personal Protective Equipment and COVID-19 laboratory testing kits
- Expedite printing of IEC materials in different vernacular languages

Approved:


Incident Manager

Date: 01.04.2020


Secretariat