



Ministry of Health and Social Services
Republic of Namibia

NAMIBIA COVID-19 SITUATION REPORT NO. 62			
Outbreak Name	COVID-19	Country affected	Namibia
Date & Time of report	19.05.2020 22:00	Investigation start date	13 March 2020
Prepared by	Surveillance Team		

Date of outbreak declaration in Namibia: 14 March 2020.

1. SITUATION UPDATE / HIGHLIGHTS

- No new confirmed case was reported in the last 44 days (5 April – 19 May 2020).
- Cumulatively, 16 confirmed cases have been reported in the country, to date.
- Of the 16 confirmed cases, fourteen (14) have recovered
 - One case recovered today (19/05/2020)
- Supervised quarantine for all people arriving from abroad, for 14 days is ongoing.
- Stage 1 of the state of emergency ended on 4 May 2020, and stage 2 is ongoing from 5 May until 2 June 2020;
 - Wearing a mask in public is mandatory
 - All borders will remain closed except for essential/critical services and humanitarian support to the response.
 - All other prevention measures are applicable to the entire country

2. BACKGROUND

Description of the 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 March 2020.
- Total number of imported cases currently stands at 13 while 3 cases are local transmissions.

- There is no evidence of community transmission in the country at the moment.

Table 1: Confirmed cases by region as of 19 May 2020

Reporting region	Total Cases	New cases	Active cases	Recovered	Death
Khomas	11	0	1	10	0
//Karas	1	0	0	1	0
Erongo	4	0	1	3	0
Total	16	0	2	14	0

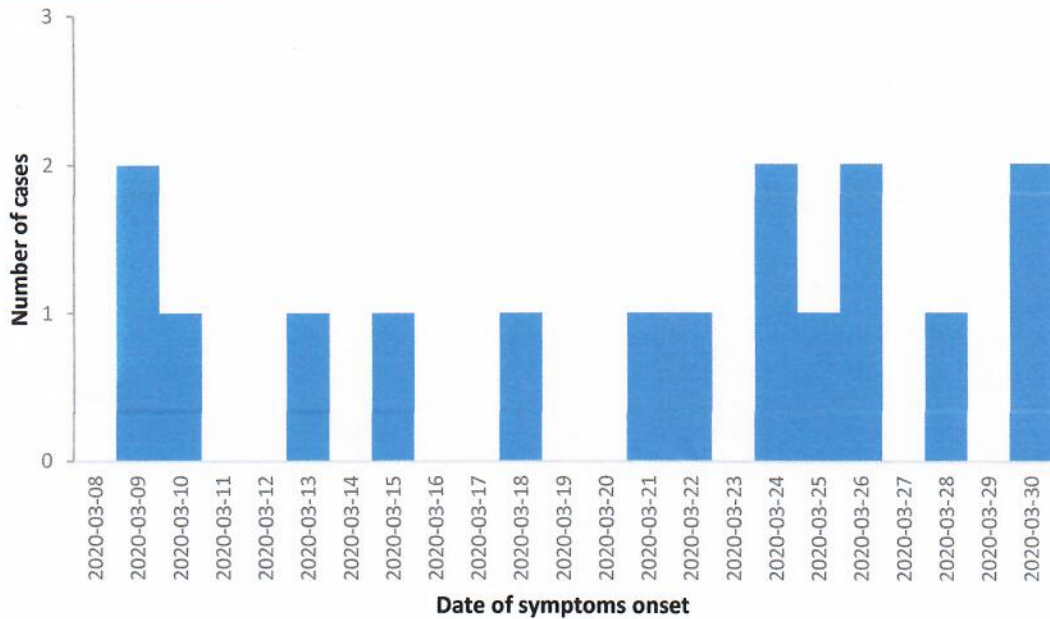


Figure 1: Epi-curve for COVID-19 confirmed cases in Namibia as of 19 May 2020

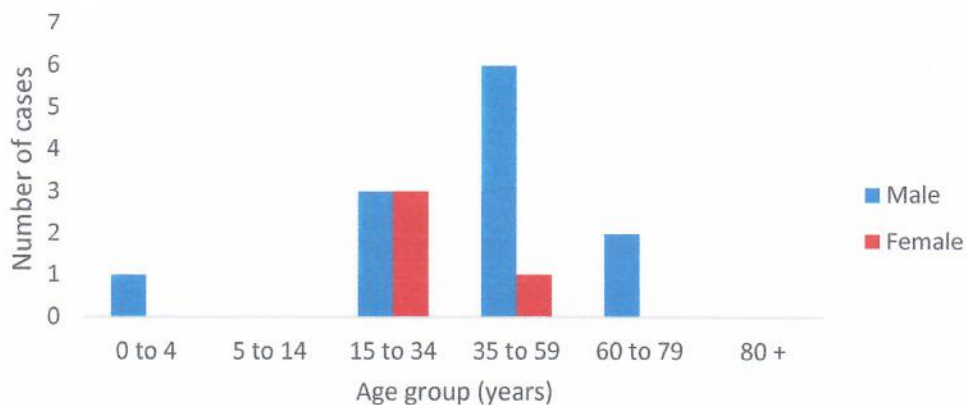


Figure 2: Age and sex distribution for COVID-19 confirmed cases in Namibia as of 19 May 2020

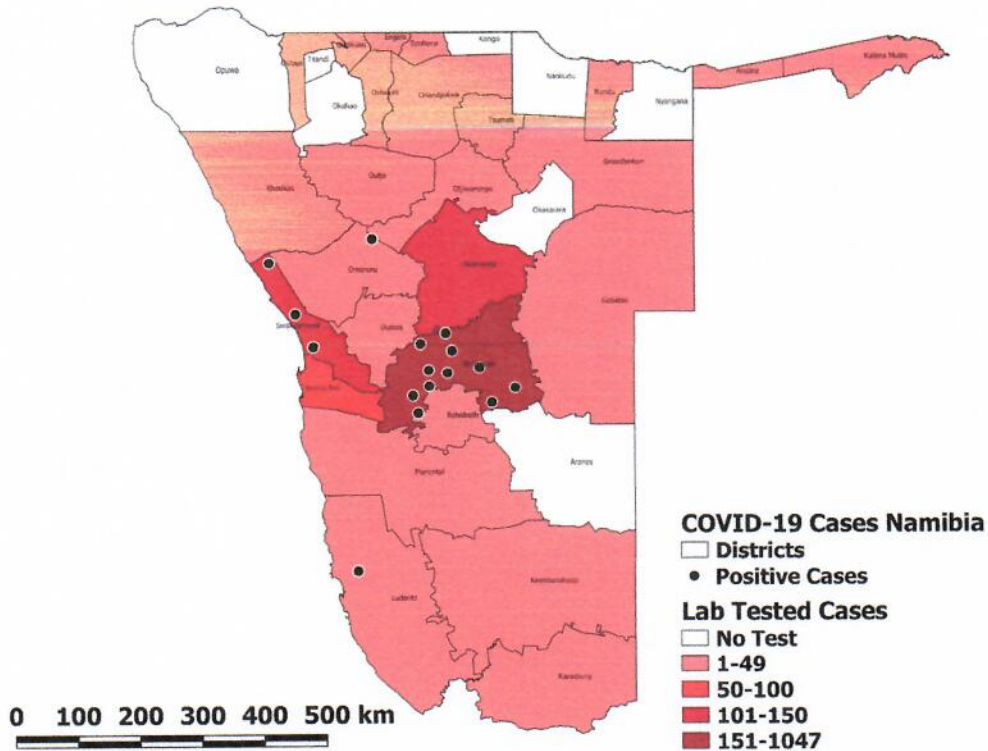


Figure 3: Suspected and confirmed COVID-19 cases in Namibia per District, 19 May 2020

3. PUBLIC HEALTH ACTION / RESPONSE INTERVENTIONS

EPIDEMIOLOGY & SURVEILLANCE

- **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 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

Active surveillance working case definition as of 20 April 2020

A patient diagnosed with Upper/Lower Respiratory Infection (Mild or Severe) presenting any of the following signs and symptoms: cough, sore throat, fever, chills, myalgia/body pains or shortness of breath in the past 7 days.

• ***Surveillance activities***

- Daily pillar and intra-pillar discussions are held to deliberate on daily progress, gaps and way forward;
- Call centre continue operations for 24 hours every day.
- Data entry is ongoing and real-time data dashboard has been completed and planned to be launched on 22 May 2020.
- Continuous support for the COVID-19 intergrated online training in partnership with WHO.
- Active case search in all regions aimed at looking for possible community transmission is ongoing.
- Weekly ZOOM sessions with regional teams is on going. Last meeting held 17 May 2020
- Contact tracing and monitoring is ongoing (see table 2).
- People under mandatory quarantine are being monitored daily (see table 3) and will be tested on day 12 before release on day 15 if they test negative.

Contact tracing Summary

Table 2: National contacts tracing summary for COVID-19 as of 19 May 2020

Variables	High	Medium	Low	Total
Total Number of contacts listed (potential)	70	52	137	259
Total number of Contacts never reached	0	0	16	16
Total Number of contacts identified	70	52	121	243
Total Number of contacts that developed signs & symptoms	25	8	7	40
*Total Number contacts without signs & symptoms TESTED	20	5	27	52
© Total Number of contacts lost to follow up	0	2	5	7
Total Number of contacts tested positive (became cases)	3	1	0	4
Number of active contacts monitored/followed in the last 24hrs	2	0	0	2
Total number of Contacts completed 14-days follow up	65	49	116	230

*Number of contacts 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 of origin.

Table 3: Number of people in mandatory quarantine facilities as of 19 May 2020

Region	Newly quarantined 24hrs	Cumulative number of people	Number of people discharged	Number of people in quarantine now
Kunene	0	42	26	16
Omaheke	0	56	27	29
Kavango	9	13	4	9
Omusati	0	74	52	22
Oshana	0	9	6	3
Ohangwena	0	131	73	58
Hardap	0	102	72	30
Otjozondjupa	0	215	168	47
Khomas	3	308	226	82
Zambezi	37	225	129	96
//Karas	0	190	99	91
Erongo	0	47	35	12
Total	49	1412	917	495

LABORATORY INVESTIGATIONS

- As of 19 May 2020, a total of 2446 COVID-19 specimens were tested in the two laboratories (NIP and Path Care) as per table 4. below:

Table 4: COVID-19 specimens recorded at NIP and Path care Laboratories as of 19 May 2020

Variables	Laboratory			Total
	NIP	Path care	South Africa	
Total sample received by the Laboratory	1960	692	-	2652
Total sample tested	1783	663	-	2446
Total sample re-tested	119	21	-	140
Total results positive	9	6	*1	16
Total results negative	1774	657	-	2431
Total sample discarded	58	8	-	66
Total results pending	0	0	-	0
Total results inconclusive/indeterminate	0	0	-	0
Total new suspected cases in last 24 hours	88	59	-	147

**1 Patient specimen collected and tested in South Africa, he travelled back before results came out*

COORDINATION AND LEADERSHIP:

- Feedback meetings of pillar leads and Incident manager (IM) are ongoing (3 times a week), to share accomplishments and to address key challenges.
- Integrated online trainings started on 6 May 2020 and are ongoing until 26 May 2020.
- Submitted final inputs on SOPs and indicators to pillars for finalisation and submission to management for endorsement.

CASE MANAGEMENT :

- Out of the 16 cumulative confirmed cases, 14 have recovered after testing negative twice for COVID-19 at 48 hours' interval.
- The remaining 2 active cases are in stable condition and are all asymptomatic.

INFECTION PREVENTION AND CONTROL:

- IPC activities are on going to address the specific activities in the terms of reference
- Completed IPC Facility Readiness Checklist from regions and continue engaging the Case Management team.
- Distribution of PPE according to the plan for the regions is ongoing.

LOGISTICS.

- Facilitation of the allocation of quarantine facilities in the country and transportation for discharged people from quarantine facilities is ongoing.
- Provision of commodities' specifications and verification for procurement is being done regularly.

POINTS OF ENTRY:

- Screening and inspection of incoming travellers and trucks at points of entry and check points is ongoing
- Points of Entry pillar is currently setting up the regions for receiving daily reports on the activities at all Points of Entry.
- Conducted two online integrated training session on SOPs at POE in the country

RISK COMMUNICATION AND COMMUNITY ENGAGEMENT:

- The communication hub continues to give updates on COVID-19 and clarify miscommunications on a daily basis.
- The media continue to communicate messages on COVID-19 and the lifting of the lockdown to stage 2.
- The RCCE continues to share messages on COVID-19 prevention measures through mass media.
- The National Youth Council has mobilised resources to enable youth volunteers host educational sessions at household level in all 121 constituencies.
- The Community Engagement toolkit has been printed and being distributed to all community health workers countrywide.

PSYCHOSOCIAL SUPPORT SERVICES:

- Provision of health education, psychosocial support services, as well as food at places where persons in need of shelter are placed are ongoing.

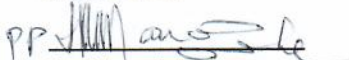
4. CHALLENGES:

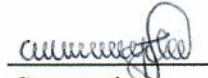
- Inadequate isolation units at health facilities in the regions.
- Unavailability of probes and primers for NIP laboratory to start testing for Seasonal Influenza (H1N1).
- Insufficient PPE and swabs to conduct active case search in some districts.

5. RECOMMENDATIONS AND WAY FORWARD:

- Establish fully equipped isolation units at health facilities in the regions.
- NIP to fast track procurement process for laboratory testing kits (probes and primers) for Seasonal Influenza (H1N1) testing.
- Logistics pillar to continue with the procurement and distribution of sufficient PPE to the regions to ensure that response is not interrupted.
- NIP to continue sourcing for swabs to provide adequate swabs needed for all districts.

Approved:


Incident Manager
Date: 19 May 2020


Secretariat