



Ministry of Health and Social Services
Republic of Namibia

NAMIBIA COVID-19 SITUATION REPORT NO. 69			
Outbreak Name	<i>COVID-19 outbreak</i>	Country affected	Namibia
Date & Time of this report	<i>26.05.2020 22:50 hrs</i>	Investigation start date	13 March 2020
Prepared by	<i>Surveillance Team</i>		

1. SITUATION UPDATE / HIGHLIGHTS

- One new confirmed case was reported today (26 May 2020); Erongo Region, Walvis Bay District.
- Cumulatively, 22 confirmed cases have been reported in the country, of which fourteen (14) have recovered.
- Supervised quarantine for all people arriving from abroad for 14 days is ongoing.
- The National Rapid Response Team deployed support Karas Region trained a total of 46 participants from the Regional Health Office and Keetmanshoop District on Surveillance, IPC and Case Management.

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.
- On 23 May 2020 a 47 years old Namibian male, truck driver, who returned from South Africa tested positive.
- Total number of imported cases currently stands at 19 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 26 May 2020

Reporting region	Total Cases	New cases	Active cases	Recovered	Death
Khomas	11	0	2	9	0
//Karas	3	0	2	1	0
Erongo	6	1	1	4	0
Hardap	2	0	2	0	0
Total	22	1	8	14	0

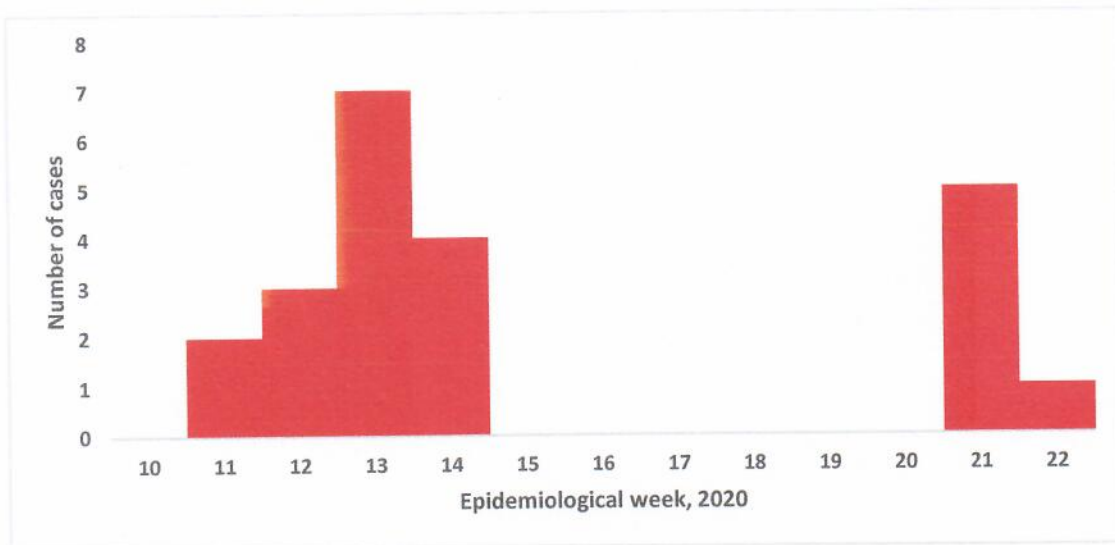


Figure 1: Epi-curve for confirmed COVID-19 cases in Namibia as of 26 May 2020

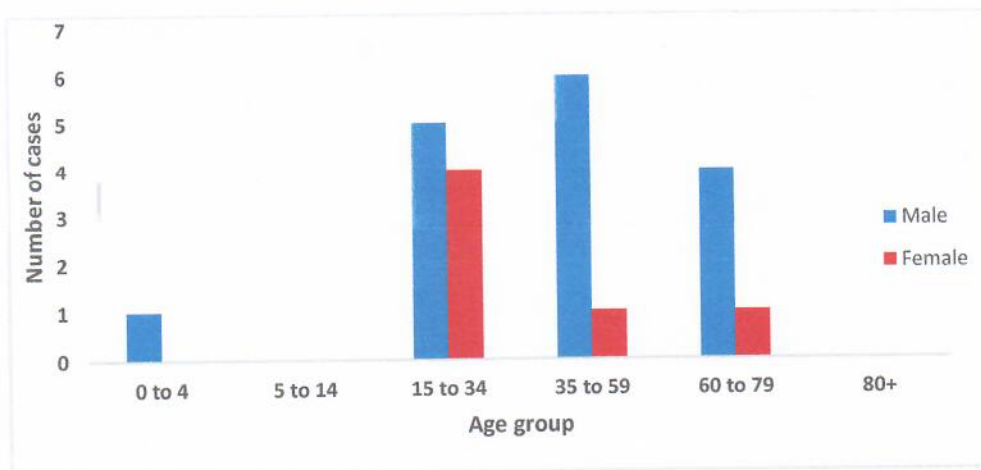


Figure 2: Age and sex distribution for COVID-19 confirmed cases in Namibia as of 26 May 2020

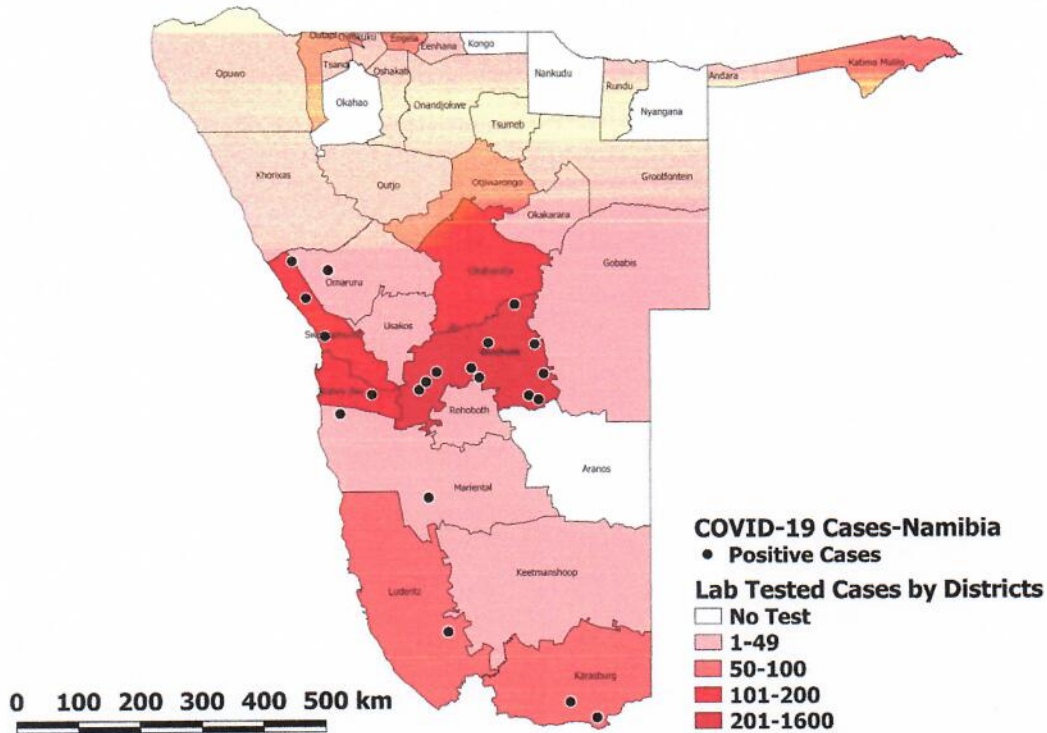


Figure 3: Suspected and confirmed COVID-19 cases in Namibia per District, 26 May 2020

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***

- Call centre continue operations for 24 hours every day; 954 calls answered at the hotline today (26.05.2020) and 18 alerts investigated (Mostly on truck drivers violating quarantine regulations)
- Data entry is ongoing, realtime data dashboard will be launched on 1 June 2020.
- Active case search in all regions is ongoing.
- Contact tracing and monitoring is ongoing (see table 2);
- People under mandatory quarantine are being monitored daily (see table 3) and are being tested on day 12 before release on day 15 if they test negative.
- Plans are underway to conduct online Data management training early June; 48 participants (34 HIS officers and 14 Regional MIS officers) identified and training materials under development

Contact tracing Summary

Table 2: National contacts tracing summary for COVID-19 as of 26 May 2020

Variables	High	Medium	Low	Total
Total Number of contacts listed for follow up (potential)	95	63	190	348
Total Number of contacts identified (cumulative)	95	63	174	332
Total number of Contacts never reached	0	0	16	16
© Total Number of contacts lost to follow up	0	2	5	7
Total Number of contacts that developed signs & symptoms (cumulative)	26	8	7	41
Total Number of contacts that tested positive (became cases)	3	1	0	4
*Total Number contacts without signs & symptoms TESTED	20	5	27	52
Number of active contacts monitored/followed in the last 24hrs	24	6	50	80
Total number of Contacts completed 14-days follow up (cumulative)	65	57	119	241

*Number of contacts without signs & symptoms that were 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 26 May 2020

Region	Newly quarantined 24hrs	Cumulative number of people	Number of people discharged	Number of people in quarantine now
Kunene	0	52	42	10
Omaheke	0	56	41	15
Kavango	0	13	4	9
Omusati	3	81	67	14
Oshana	4	18	6	12
Ohangwena	2	138	114	24
*Hardap	0	133	104	29
Otjozondjupa	52	296	215	81
Khomas	14	426	307	119
Zambezi	0	247	134	113
//Karas	0	190	99	91
Erongo	0	67	46	21
Total	75	1717	1179	538

Table 4. Distribution of truck drivers who came into Namibia from neighboring countries and their destination regions on 26 May 2020.

Destination	Country of departure					Total
	South Africa	Zambia	Botswana	DRC	Angola	
Karas	85	0	0	0	7	92
Khomas	111	0	0	0	4	115
Oshana	3	0	0	0	0	3
Otjozondjupa	4	0	0	0	0	4
Kavango	8	0	0	0	0	8
Ohangwena	1	0	0	0	0	1
Hardap	1	0	0	0	0	1
Kunene	1	0	0	0	0	1
Omaheke	0	0	0	0	5	5
Omusati	1	0	0	0	0	1
Oshikoto	2	0	0	0	0	2
Zambezi	0	0	0	0	0	0
Erongo	21	63	0	4	0	88
Total	238	63	0	4	16	321

LABORATORY INVESTIGATIONS

- As of 26 May 2020, a total of 3201 (3033 are first time tests and 168 are re-tests) COVID-19 specimens were tested in the two laboratories (NIP and Path Care) as per table 5 below:

Table 5: COVID-19 specimens recorded at NIP and Path care Laboratories as of 26 May 2020

Variables	Laboratory			Total
	NIP	Path care	South Africa	
Total sample received by the Laboratory	2491	786	-	3277
Total sample tested	2288	745	-	3033
Total sample re-tested	145	23	-	168
Total results positive	15	6	*1	22
Total results negative	2273	739	-	3012
Total sample discarded	58	8	-	66
Total results pending	0	10	-	10
Total results inconclusive/indeterminate	0	0	-	0
Total new suspected cases in last 24 hours	12	10	-	22

*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.

CASE MANAGEMENT:

- Conducted a simulation/drill at Windhoek Central Hospital COVID-19 ICU to assess the readiness of the health care workers on 23 May 2020.
- Out of the 22 cumulative confirmed cases, 14 have recovered after testing negative twice for COVID-19 at 48 hours' interval.
- Of the 8 active cases, 1 is critically ill in ICU. The 7 are all clinically stable.

INFECTION PREVENTION AND CONTROL:

- IPC activities are on going as part of IPC preparedness plan;
 - Distribution of PPE according to Regional plans
 - Observed IPC readiness in the Windhoek Central Hospital COVID-19 ICU during the simulation exercise conducted on 23 May 2020.

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.
- Distribution of PPEs to the regions

POINTS OF ENTRY:

- Screening and inspection of incoming travellers and trucks at points of entry and check points is ongoing
- Plans are underway to prepare the regions to collect and submit daily reports at the points of entry.
- SOP for management and monitoring of cross border road transport at designated Points of Entry and COVID-19 checkpoints finalised
- Checklist for assessment of quarantine facility at ground crossing drafted.

RISK COMMUNICATION AND COMMUNITY ENGAGEMENT:

- The COVID-19 Communication Center continues to update the public on the status of COVID-19, the impact on different sectors and address rumours around COVID 19.
- A total of 110 000 copies of flyers on COVID -19 facts have been printed and the distribution has commenced especially to the schools that are due to open
 - These copies are translated into 8 local languages.

PSYCHOSOCIAL SUPPORT SERVICES:

- Continous provision of health education, psychosocial support services, as well as food to people in need of shelter.

4. CHALLENGES:

- Inadequate isolation units at health facilities in the regions.
- Insufficient PPE and swabs for sample collection from suspected cases identified through active case search in some districts.
- Inadequate nasopharyngeal swabs and appropriate transport media.


5. RECOMMENDATIONS AND WAY FORWARD:

- Establish fully equipped isolation units at health facilities in the regions.
- 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 and appropriate transport media for all districts.

Approved:



Incident Manager
Date: 26 May 2020


Secretariat