



Ministry of Health and Social Services
Republic of Namibia

Situational Report No.26 for COVID-19 Namibia			
Outbreak Name	COVID-19	Country affected	Namibia
Date & Time of report	13 April 2020 17:40	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 9 days (5 – 13 April 2020).
- Cumulatively, 16 confirmed cases have been reported in the country, to date.
- Three confirmed cases have recovered and discharged
- Supervised quarantine for all Namibians arriving from other countries for 14 days is ongoing.
- Partial lockdown of Erongo and Karas 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.
 - All other prevention measures are applicable to the entire country

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 March 2020.
- Total number of imported cases currently stands at 13 and 3 cases local transmission.
- There is no evidence of community transmission in the country at the moment.

Table 1: Confirmed cases by region as of 13 April 2020

Reporting region	Total Cases	New cases	Active cases	Recovered	Death
Karas	11	0	8	3	0
//Karas	1	0	1	0	0
Erongo	4	0	4	0	0
Total	16	0	13	3	0

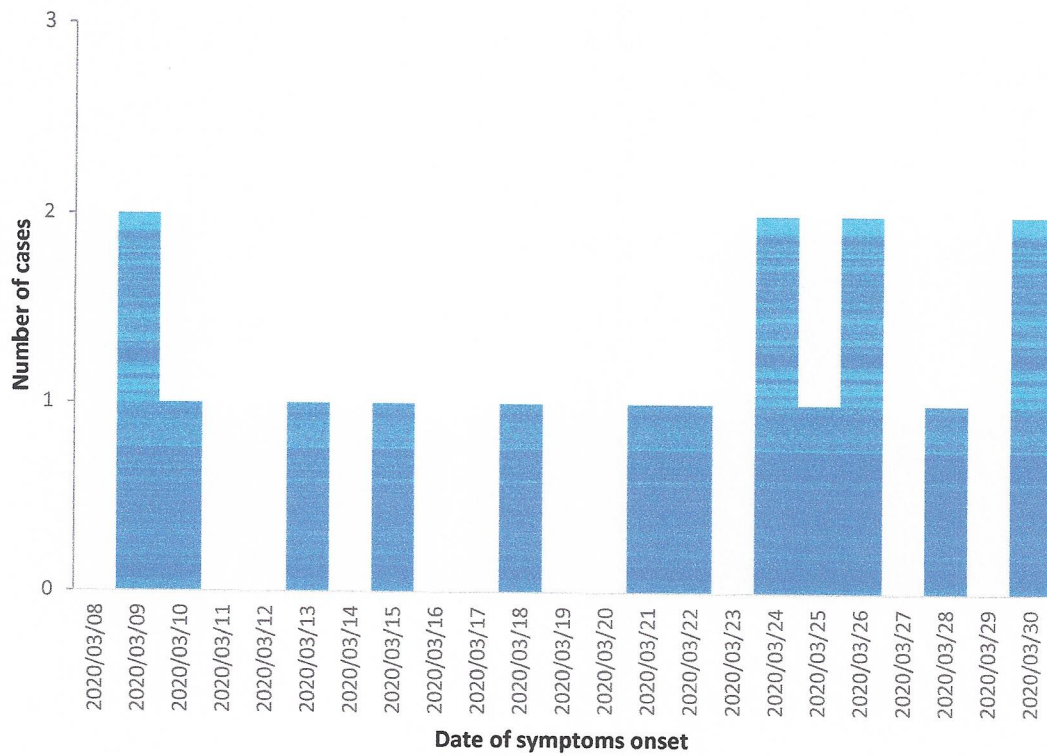


Figure 1: Epi-curve for COVID-19 confirmed cases in Namibia as of 13 April 2020

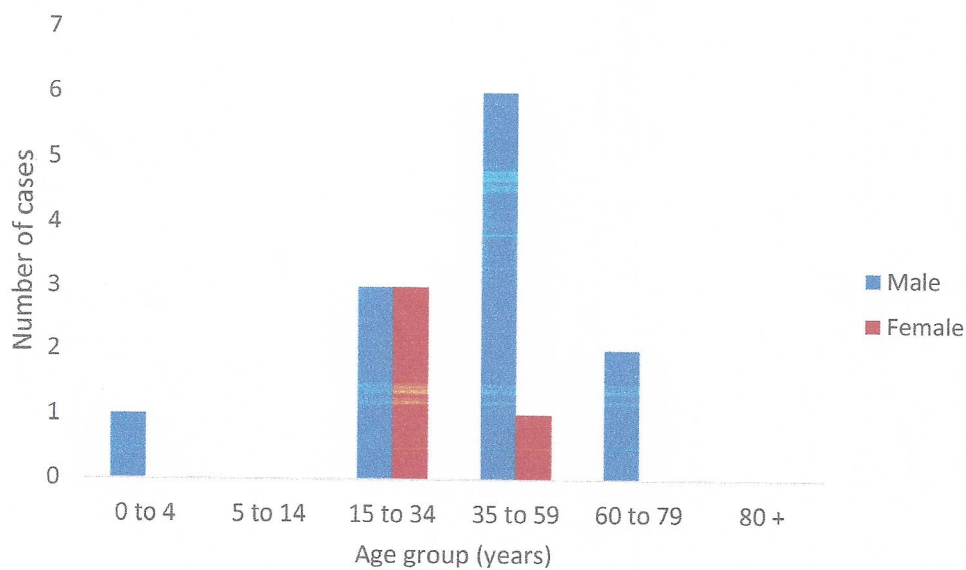


Figure 2: Age and sex for COVID-19 confirmed cases in Namibia as of 13 April 2020

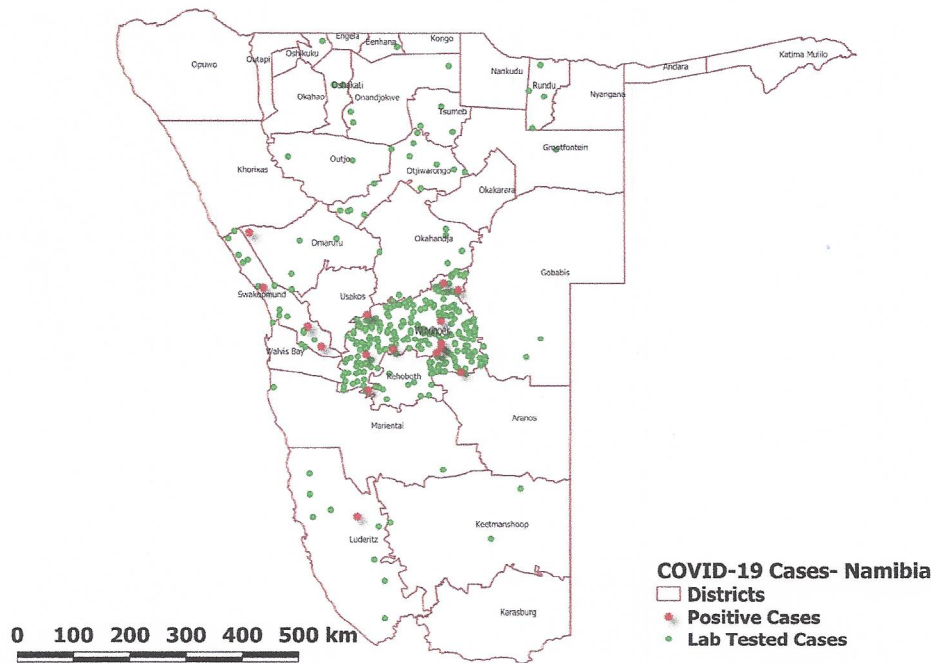


Figure 3: Suspected and confirmed COVID-19 cases in Namibia per District, 13 April 2020

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 (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.

Active surveillance suspected case definition

A patient who present with Acute Infection/Severe Acute Respiratory Infection with any of the following signs and symptoms: cough, sore throat, fever, chills, myalgia/body pains or shortness of breath

- **Surveillance activities**

- Daily pillar and intra-pillar discussions are held to deliberate daily progress, gaps and way forward;
- Call centre continue operations for 24 hours per day.
- Data entry is ongoing and data dashboards are under development.
- Active case finding is currently underway in Khomas, Erongo and Karas regions, aimed to look for possible community transmission.
- Contact tracing is ongoing (see table 3)
- People under mandatory quarantine are being monitored daily (see table 4)

Table2: Number of suspected cases of COVID-19 from active case search, 13.04.2020

Region	Number of suspected cases	Laboratory results	
		Positive	Negative
Khomas	22	0	22
Erongo	5	0	5
//Karas	2	0	2
Total	29	0	29

Contact tracing Summary

Table 3: National contacts tracing summary as of 13.04.2020

Variables	Contact risk level			
	High	Medium	Low	Total
Total Number of contacts listed (potential)	67	46	116	229
Total Number of contacts identified	66	46	100	212
Total Number of active contacts (being followed)	22	7	7	36
Number of contacts monitored/followed in the last 24hrs	22	7	7	36
Total number of Contacts completed 14-days follow up	41	36	88	165
Total Number of contacts that developed signs & symptoms	23	6	8	37
Total Number of contacts tested positive	3	1	0	4
*Total Number of contacts tested without signs and symptoms	10	1	4	15
© Total Number of contacts lost to follow up	0	2	5	7
# Total number of Contacts never reached	1	0	16	17

*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.

Seventeen contacts could not be reached as they did not provide contact numbers.

Table 4: Number of people in mandatory quarantine facility as of 13.04.2020

Region	Newly quarantined 24hrs	Cumulative number of people	Number of people who developed signs & symptoms and tested	Test results	Number of people discharged
Ohangwena	0	12	0	0	1
Hardap	0	40	0	0	40
Otjozondjupa	0	61	0	0	39
Khomas	0	142	5	5 -ve	125
Zambezi	0	86	3	1 -ve 2 discarded	55
//Kharas	0	1	0	0	0
Total	0	343	8	6	260

LABORATORY INVESTIGATIONS

- As of 13 April 2020, a total of 508 COVID-19 specimens (including 27 retest) were recorded for testing in the two laboratories (NIP and Path Care) as per table below:

Table 5: COVID-19 specimens recorded at NIP and Path care Laboratories as of 13.04.2020

As of 13/04/2020	Laboratory			Total
	NIP	Path care	South Africa	
Total sample received by the Laboratory	333	175	-	508
Total sample tested	276	173	-	449
Total results received	276	173	-	449
Total results re-test	27	0	-	27
Total results positive	9	6	*1	16
Total results negative	267	167	-	434
Total sample discarded	29	2	-	31
Total results pending	0	0	-	0
Total results inconclusive/indeterminate	0	0	-	0
@Total new suspected cases in last 24 hours	10	2	-	12

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

@ Total new suspected cases laboratory results received within 24 hours

COORDINATION AND LEADERSHIP:

- Daily feedback meetings between pillar leads, coordination team and Incident manager ongoing, to share daily accomplishments and to address key challenges
- Monitoring at road blocks, quarantine and isolation facilities being conducted regularly to ensure smooth coordination of COVID-19 interventions.
- Efforts to increase isolation and quarantine facilities are ongoing.
- Finalizing needs assessment and integrated capacity training plans for the responders at National and regional levels.

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- Consolidating and harmonizing SOPs and TORs from all thematic pillars for submission to IM and senior management.
- Issues regarding HR and risk allowance for clinicians are being deliberated on

CASE MANAGEMENT

- Out of the 16 cumulative confirmed cases, 3 recovered, and have been discharged, after testing negative for COVID-19.
- The other 13 confirmed cases are in stable condition and all are asymptomatic.
- Conversion of casualty department at Windhoek Central Hospital (WCH) into a highly infectious referral ICU underway.
- A 12-bed Isolation Unit has been constructed at WCH, awaiting inauguration.
- Ramatex renovation underway to be repurposed as an isolation facility
- Katutura State Hospital (KSH) TB ward being re-purposed into a COVID-19 ward.
- Four Private hospitals in Windhoek (Mediclinic, Lady Pohamba Private Hospital, Rhino Park Private Hospital, and Roman Catholic Hospital) have been designated as the private hospitals for the response of COVID-19 with a combined total of 8 ICU beds and 32 for moderate to severe cases.
 - COVID-19 patients with health insurance cover are eligible to access care in any of the 4 designated facilities
- Training of Health care workers (from different wards and from private facilities) on case management and IPC occurs every day at WCH, KSH, and Robert Mugabe Clinic.
- Bi-weekly ZOOM training sessions for Health Care Workers is ongoing.
- Revised SoP (version 2) was released for circulation.
- Plan to visit Regions to assess readiness is underway.
- PPE available in stock: 616

LOGISTICS:

- Facilitation of the allocation of quarantine facilities in the country and transport for discharged people from quarantine facilities is ongoing.
- Procurement of PPE, Medical suppliers and pharmaceuticals is ongoing
- Provision of commodities' specifications and verification for procurement is being done constantly

RISK COMMUNICATION AND COMMUNITY ENGAGEMENT:

- The communication hub continues to give updates on COVID 19 and also clarify miscommunications on a daily basis.

- The IEC materials printed has been distributed to the regions namely Khomas, Omusati, Oshana, Ohangwena, Karas, Zambezi and Kunene.
- The COVID-19 backdrop and two pull-up banners has been erected at the communication hub.
- The Risk Communication and Community Engagement committee continues to give support to the institutions involved in COVID-19 message development.
- A pamphlet designed for the san communities is being translated.
- Radio schedules for live studio interviews, and the airing of jingles and live read has been concluded and implementation is expected to start soon.
- IEC materials have been submitted to UNDP for reprint.

PSYCHOSOCIAL SUPPORT SERVICES:

- Health education, psychosocial support and post counselling services to people under quarantine, COVID-19 confirmed cases and their families are ongoing
- Daily orientation to regional social workers on their role in the COVID-19 response continue
- Health education and psychosocial support services at places where persons in need of shelter are placed is ongoing
- "Tippy taps" erected at sites where persons in need of shelter are placed
- Conducted radio talks on COVID-19 and psychosocial support services available
- Equipped persons at the sites for persons in need of shelter in doing their own laundry and cooking

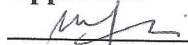
4. CHALLENGES

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

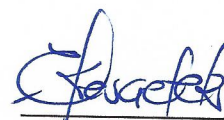
5. RECOMMENDATIONS

- Identify and costed urgent needs e.g. PPE to submit to the management to ensure health care workers are protected from infections when handling suspected and confirmed cases
- 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.
- Continue to build capacity of response workers.

Approved:


Incident Manager

Date: 13.04.2020


Secretariat