



Ministry of Health and Social Services
Republic of Namibia

Situational Report No.23 for COVID-19 Namibia			
Outbreak Name	COVID-19	Country affected	Namibia
Date & Time of report	10 April 2020 21:00	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 cases were reported today (10 April 2020).
- Cumulatively, 16 confirmed cases have been reported in the country, to date.
- Supervised quarantine for all Namibians arriving from other 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.
 - All others 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 10 April 2020

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

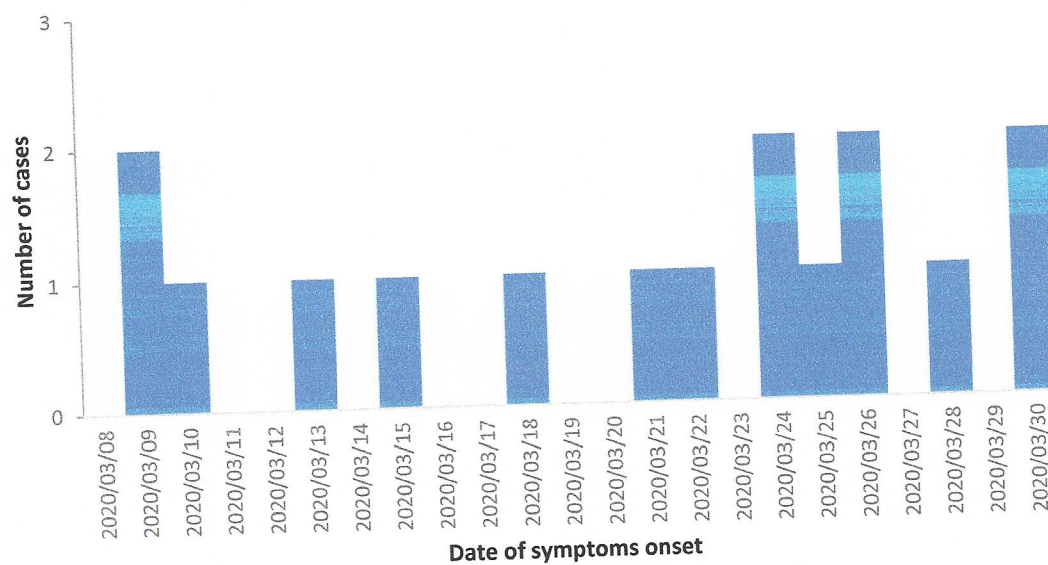


Figure 1: Epi-curve for COVID-19 confirmed cases in Namibia as of 10 April 2020

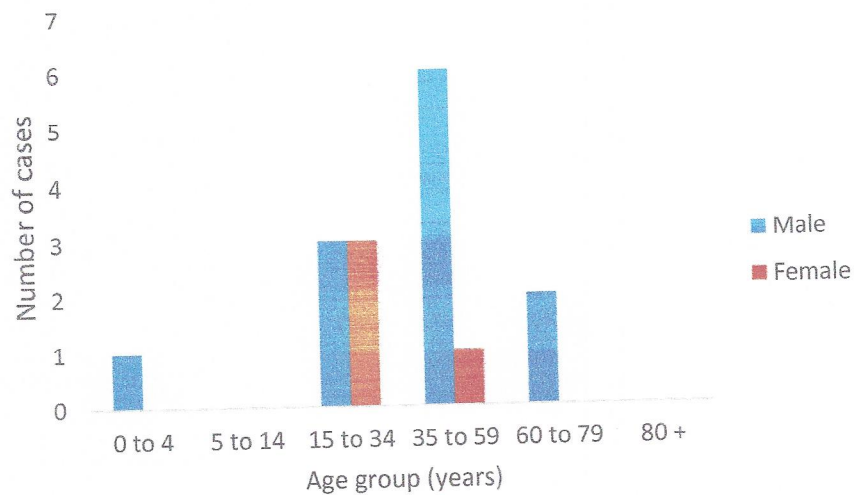


Figure 2. Age and sex for COVID-19 confirmed cases in Namibia as of 10 April 2020

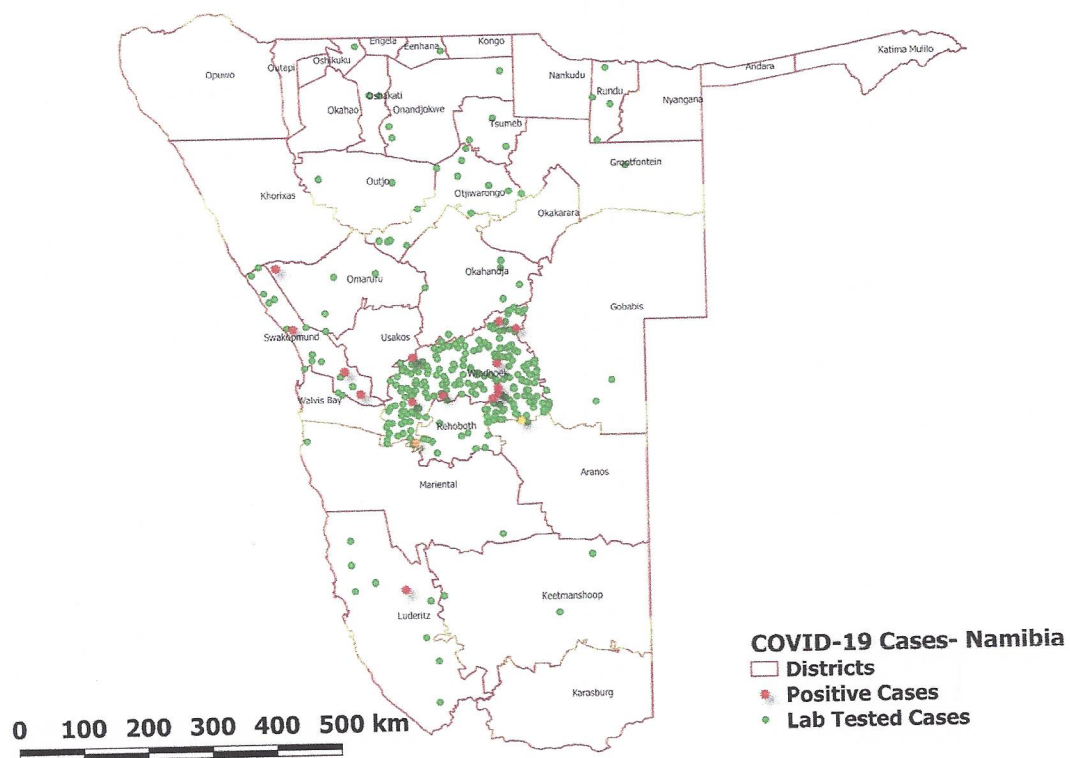


Figure 3: Suspected and confirmed COVID-19 cases in Namibia per District, as of 10 April 2020

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.

- **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 using existing platforms.
- Project Active Case Finding (ACF) is currently underway in Khomas, Erongo and Karas regions, aimed to look for possible community transmission.
 - All 29 specimens have tested to-date are negative (see table 2).
- Training of 10 administration officers from the MoHSS occurred on 9 April 2020, and they have been placed on the call-centre already.
- Contact tracing is ongoing (see table 3)
- People under mandatory quarantine are being monitored daily (see table 4)

Table 2. Number of suspected cases from project active case search, 10.04.2020

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 10.04.2020

Variables	Contact risk level			
	High	Medium	Low	Total
Total Number of contacts listed	71	49	119	237
Total Number of contacts identified	70	49	101	220
Total Number of active contacts (being followed)	33	11	10	54
Number of contacts monitored/followed in the last 24hrs	33	11	9	53
Total number of Contacts completed 14-days follow up	34	34	88	156
Total Number of contacts that developed signs & symptoms	23	6	7	36
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 (highly exposed) 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 10.04.2020

District	Name of the Facility	Cumulative number of people	Number of people who developed signs & symptoms and tested	Test results	Number of people discharged
Mariental	Hardap Resort	40	0	0	40
Okahandja	Rock Lodge (Debmarine)	39	0	0	39
	Gross Barman	22	0	0	0
Windhoek	*Other places in Windhoek	142	5	5 Negative	103
Katima mulilo	Zambezi Waterfront park	86	3	3 Negative	18
Karasburg	Orange river lodge	1	0	0	0
	Total	330	8	8	200

*Pandeinge guesthouse, Rio guest house, Moringa gues thouse, Carrolus guest house, okapuka, Sun Karros,

LABORATORY INVESTIGATIONS

- Stock level of testing kits at NIP is currently 1300
- As of 10 April 2020, a total of 488 COVID-19 specimens were recorded for testing in the two laboratories (NIP and Path Care) as per table below:

Table 5: COVID-19 specimens recorded in at NIP and Path care as of 10.04.2020

As of 10/04/2020	Laboratory			Total
	NIP	Path care	South Africa	
Total sample received by the Laboratory	315	173	-	488
Total sample tested	259	171	-	430
Total results received	259	171	-	430
Total results positive	9	6	*1	16
Total results negative	250	165	-	415
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	19	0	-	19

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

@ Total new suspected cases laboratory results were 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.
- Members from coordination team have been allocated to support/coordinate pillar activities, by participating in their respective pillar meetings, when possible.
- Many 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.
- Consolidating and harmonizing SOPs and TORs from all thematic pillars for submission to IM and senior management.

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. Case #10 requires significant psychological counselling and support.

- Conversion of casualty department at Windhoek Central Hospital (WCH) into a highly infectious referral ICU underway.
- A 12-bed Isolation Unit is under construction in the final stage of completion at WCH.
- Ramatex renovation underway to be repurposed as an isolation facility
- Katutura State Hospital (KSH) TB general ward being re-purposed into a COVID-19 ward.
- More screening sites have been identified in the regions and NGOs have been contacted to assist in setting up sites for screening and testing.
- 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.

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 supplies 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.
- A total of 75500 posters and leaflets have been printed. These materials on COVID 19 patient management and they are to meant for health workers. Distribution is being sorted out for all health facilities (both public and private) in all regions.
- The Development Workshop Namibia has delivered printed information, education and communication materials in 4 languages: English, Oshiwambo, Otjiherero and Silozi.
- Regions continue to distribute messages at community level. Special attention is given to vulnerable members of the society such as people living with disability and those with minimal access to media.

PSYCHOSOCIAL SUPPORT SERVICES:

- Health education, psychosocial support and post counselling services offered 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 screenings conducted at all sites where persons in need of shelter were placed
- Conducted assessment of vulnerable persons at the dumpsite in Windhoek and provided food.
- Health education and psychosocial support services at places where persons in need of shelter are placed is ongoing
- “Tippee taps” installed at sites where persons in need of shelter are placed
- Facilitated release of 75 persons who were under mandatory quarantine at Heja Lodge, Swiss Chalets and Kahmo Guesthouse. No one showed any signs and symptoms.

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
- Need for health information and education materials in multiple languages.

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: 10.04.2020



 Secretariat