



**Ministry of Health and Social Services
Republic of Namibia**

NAMIBIA COVID-19 SITUATION REPORT NO.32			
Outbreak Name	<i>COVID-19</i>	Country affected	Namibia
Date & Time of report	<i>19 April 2020 20:00</i>	Investigation start date	13 March 2020
Prepared by	<i>Surveillance Team</i>		

Date of outbreak declaration in Namibia: 14 March 2020.

1. SITUATION UPDATE / HIGHLIGHTS

- No new confirmed case was reported in the last 14 days (5 – 19 April 2020).
- Cumulatively, 16 confirmed cases have been reported in the country, to date.
- Six (6) confirmed cases have recovered and discharged, to date
- Supervised quarantine for all Namibians arriving from abroad for 14 days is ongoing.
- The lockdown has been extended until 4 May for entire country, as announced on 14 April 2020 by His Excellency, the President of the Republic of Namibia
 - 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 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 19 April 2020

Reporting region	Total Cases	New cases	Active cases	Recovered	Death
Khomas	11	0	5	6	0
//Karas	1	0	1	0	0
Erongo	4	0	4	0	0
Total	16	0	10	6	0

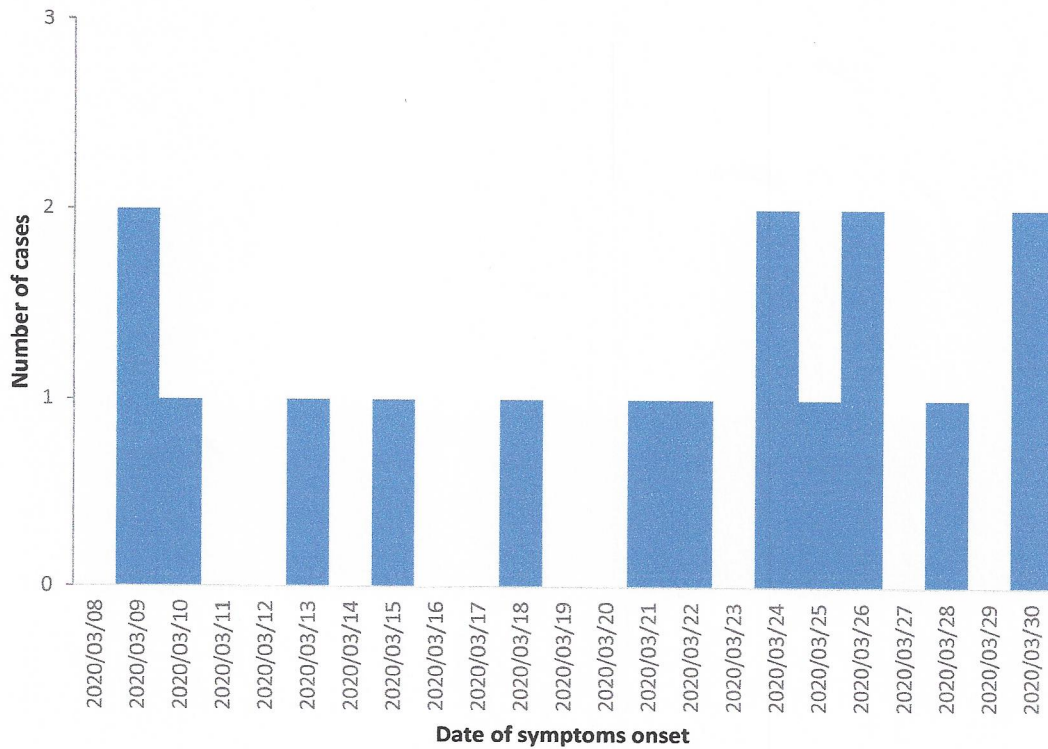


Figure 1: Epi-curve for COVID-19 confirmed cases in Namibia as of 19 April 2020

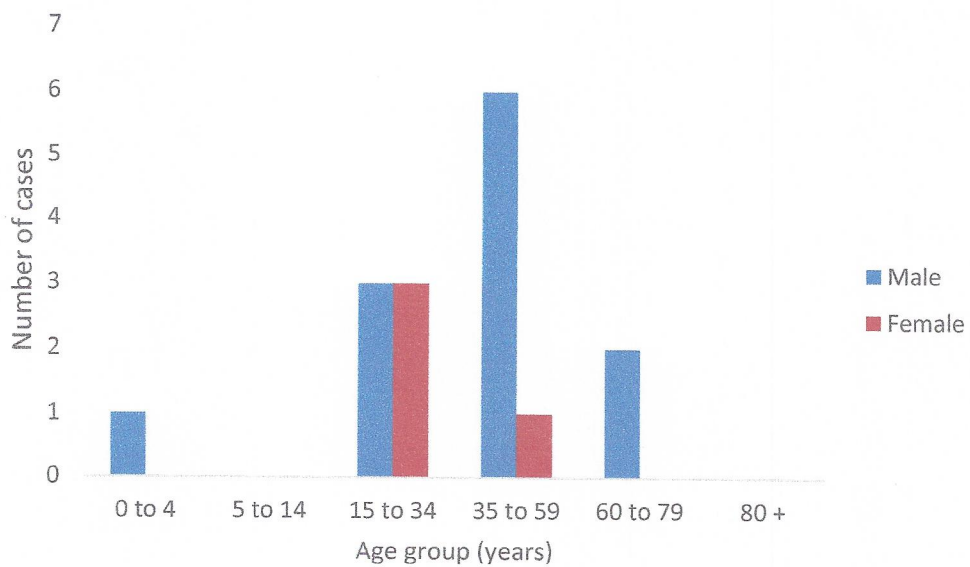


Figure 2: Age and sex for COVID-19 confirmed cases in Namibia as of 19 April 2020

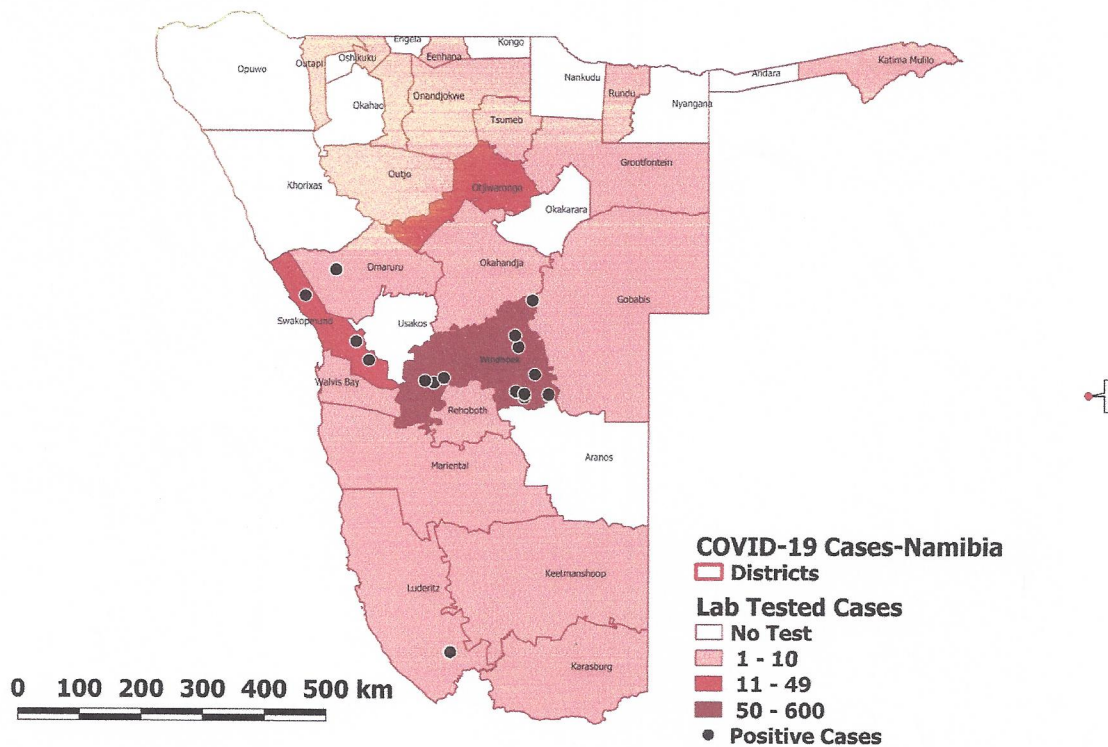


Figure 3: Suspected and confirmed COVID-19 cases in Namibia per District, 19 April 2020

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 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

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.

- **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 real data dashboard is completed to be launched early next week.
 - Active case finding is currently underway in Khomas, Erongo and Kharas regions, aimed to look for possible community transmission, and is planned to be rolled out to other regions for expanded testing.
 - Contact tracing is ongoing (see table 2) and all contacts will be tested
 - People under mandatory quarantine are being monitored daily (see table 3) and will be tested before release after 14 days

Contact tracing Summary

Table 2: National contacts tracing summary as of 19.04.2020

Variables	Contact risk level			
	High	Medium	Low	Total
Total Number of contacts listed (potential)	67	48	118	233
Total Number of contacts identified	67	48	102	217
Total Number of active contacts (being followed)	7	2	2	11
Number of contacts monitored/followed in the last 24hrs	7	2	2	11
Total number of Contacts completed 14-days follow up	57	43	95	195
Total Number of contacts that developed signs & symptoms	25	7	7	39
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	0	0	16	16

*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.

Table 3: Number of people in mandatory quarantine facility as of 19.04.2020

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Region	Newly quarantined 24hrs	Cumulative number of people	Number of people in quarantine now	Number of people discharged
Ohangwena	2	18	16	2
Hardap	0	40	0	40
Otjozondjupa	0	100	39	61
Khomas	1	152	22	130
Zambezi	3	95	27	68
//Karas	0	26	12	14
Total	6	431	116	315

LABORATORY INVESTIGATIONS

- As of 18 April 2020, a total of 527 COVID-19 specimens were tested in the two laboratories (NIP and Path Care) as per table below:

Table 4: COVID-19 specimens recorded at NIP and Path care Laboratories as of 19.04.2020

As of 19/04/2020	Laboratory			Total
	NIP	Path care	South Africa	
Total sample received by the Laboratory	439	185	-	624
Total sample tested	344	183	-	527
Total results received	344	183	-	527
Total sample re-tested	65	0	-	65
Total results positive	9	6	*1	16
Total results negative	335	177	-	512
Total sample discarded	30	2	-	32
Total results pending	0	0	-	0
Total results inconclusive/indeterminate	0	0	-	0
@Total new suspected cases in last 24 hours	0	0	-	0

*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
- 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.
- Plans to initiate National Sentinel Surveillance have been discussed and agreed with the Technical Operations Cluster (Case Management, IPC, Surveillance and National laboratory and it was agreed that testing for Seasonal Influenza will start once the laboratory receives the probes and primers.
- Consolidating IMS/EOC organogram and harmonizing SOPs and TORs from all thematic pillars for submission to IM and senior management.

- National Health Emergency Management Committee meeting on COVID-19 held on 17 April 2020
- Incident manager held a meeting with pillar leads for case management, surveillance and coordination, to deliberate on increasing the number of COVID-19 testing, in order to determine community transmission and enhance timely focused outbreak response.

CASE MANAGEMENT

- Out of the 16 cumulative confirmed cases, 6 recovered, and have been discharged, after testing negative for COVID-19 at 48 hours interval.
- The other 10 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 to be completed on 22 April 2020.
- A 12-bed Isolation Unit has been constructed at WCH, furnishing and equipping of the facility to be finalized on 20 April 2020.
- Rhino Garments' building renovation to be repurposed as an isolation facility.
 - The memorandum of understanding between MoHSS and private hospitals are being prepared on the renovation and operation of the facility.
- Katutura State Hospital (KSH) TB ward being re-purposed into a COVID-19 ward.
- Four Private hospitals in Windhoek (Mediclinic, Lady Pohamba, Rhino Park, and Roman Catholic private hospital) have been designated as the private hospitals for the response of COVID-19 with a combined total of 8 ICU beds and 32 beds 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 is conducted daily 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.
- Distributed a total 1256 PPE to regions,
- Provision of commodities' specifications and verification for procurement is being done regularly
- Three hundred and thirty one (331) personnel appointed since 13 March 2020.
- ED approved appointments scanned and emailed to various offices in respect additional staff to assist in the response are as follow; 258 community health workers, 6 emergency care practitioners, 38 enrolled nurses, and 5 medical officers.
- Appointment letters to be mailed/ delivered on 20 April 2020.

RISK COMMUNICATION AND COMMUNITY ENGAGEMENT:

- The communication hub continues to give updates on COVID-19 and also clarify miscommunications on a daily basis this is done concurrently with the social media updates.
- Distribution of printed IEC materials to the regions is ongoing.
- A mass media campaign on lockdown has commenced with updates of previously produced materials on lockdown.
- Media cards with messages on why an extension of a lockdown is developed and shared on social media.
- The RCCE is discussing the impact of COVID-19 on different thematic social welfare areas such as stigma & discrimination, GBV, child rights etc. The idea is to identify the appropriate messages to targeted groups.
- The RCCE continues to share messages on Covid-19 prevention measures

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 of regional social workers on their role in the COVID-19 response continues in order to guide them in activities to be conducted.
- A total of 398 persons in need of shelter housed at two sites
- Health education, psychosocial support services provided, as well as food and other material distributed at places where persons in need of shelter are placed is ongoing.
- MTC continue to provide lunch for the persons without shelter at the two sites in Windhoek
- Total of 160 persons in need of shelter still to be placed, due to the fact that they refused to be moved. Consultation with City of Windhoek is ongoing.
- Assessment of persons in need of shelter commenced on 16 April and will continue until 20 April 2020. A total of 123 needs assessment forms were completed by 19 April 2020.
- Consultative meetings with the Regional Governor and CEO of the City of Windhoek on the planning for services to persons in need for shelter after the COVID-19 outbreak are on going.
- Conducted and ongoing consultative meetings with the Regional Governor and CEO of the City of Windhoek on the planning for services to persons in need for shelter after the COVID-19 outbreak.
- Installed Tippy Taps for persons living under bridges.
- Five telephonic and 19 face to face counselling sessions were conducted.

POINTS OF ENTRY:

- The roadblock of Okahandja-Otjiwarongo to be moved out of town as it is too closed to Okahandja town.
- Provisional tippy taps are being installed at all the roadblocks around Khomas.
- Continuing to work on the training content of the planned integrated training for COVID-19 response.
- A concept note on establishing truck ports in major towns and along the borders have been finalized.

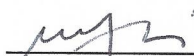
4. CHALLENGES

- Inadequate and at some places lack of isolation units at health facilities and at points of entry in the regions.
- The COVID-19 response team inadequately staffed
- Unavailability of probes and primers for NIP laboratory to start testing for Seasonal Influenza (H1N1) from beginning May 2020.
- Inadequate swabs for COVID-19

5. RECOMMENDATIONS

- Establish fully equipped isolation units at health facilities and at points of entry in the regions.
- Fast track procurement process laboratory testing kits (probes and primers) for Seasonal Influenza (H1N1) testing
- Continue to build capacity of response workers.
- Conduct a need assessment to identify the readiness of all regions in terms of equipped isolation facilities IPC, PPEs, and adequate response task force.

Approved:



Incident Manager
Date: 19.04.2020



Secretariat