



Ministry of Health and Social Services
Republic of Namibia

| Situational Report No.7 for COVID-19 Namibia | | | |
|--|---------------------|----------------------------------|-------------------------|
| Outbreak Name | COVID-19 | District Region Country affected | Windhoek Khomas Namibia |
| Date & Time of report | 24 March 2020 19:30 | Investigation start date | 13 March 2020 |
| Prepared by | Surveillance team | | |

1. SITUATION UPDATE / HIGHLIGHTS

- Two new cases reported today the 24 March 2020
- Cumulative 6 confirmed cases (RT-CPR for COVID-19) and one inconclusive (probable case), four are in isolation, last two cases confirmed on 24 March 2020 to be admitted at isolation facility
- To date, 179 suspected cases were reported with samples collected
- A total of 77 contacts have been identified to date
- Thematic group meetings continue to be held daily, since the 14 March 2020
- His Excellency announced COVID-19 lockdown, which includes) 30 days international travel ban; ii) All borders closed except Hosea Kutako International airport and essential supplies from neighbouring countries; and iii) 21-day travel restriction (27 March-16 April 2020) in Khomas and Erongo regions.
- **Key Challenges include:**
 - Inadequate isolation and quarantine facilities, human resources and material supplies including PPE, ICU units and ventilators.
 - Inadequate infrastructure at some key points of entry (working space for port health staff, equipment and supplies):
 - Private testing facility not reporting or delaying reporting to MoHSS resulting in delayed start to contact tracing
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2. BACKGROUND

▪ Description of 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 February 2020.
- A third confirmed case was recorded on 19.03.2020; a 61 years old male, a Germany national with travelling history via Amsterdam on 26 February 2020 and Zimbabwe on 4th March 2020 and arrived in Namibia on 13 March 2020 by Air from Cape Town.
- A close contact of the third case (above) has been tested twice and received inconclusive results. This **probable** case is in self-quarantine and contacts have been listed.

- The Fourth case was confirmed on 23rd March 2020, a 19-year-old Namibian male, who returned from London, UK on the 18th March, 2020 and got tested on the 19th of March 2020.
- The fifth case is a 44-year-old male Namibian citizen with no travelling history. The onset of signs and symptom was on 13 March 2020, and he visited 3 health care facilities in Windhoek on 17, 20 and 21 March 2020. The result was reported on 24 March 2020.
- A sixth case is a 21 years old male Namibian with a history of travelling from South Africa. The onset of symptom was on 15 March 2020 in South Africa. A sample was collected in South Africa on 17 March 2020 and the patient flew to Namibia on 20 March 2020 and received positive result on 23 March 2020.
- All the first four cases are at the isolation facility at Hosea Kutako International Airport, while arrangements are being made to transport the latest two cases to the isolation facility.
- **Description of disease burden globally:**
 - On 4th February 2020, the World Health Organization declared Coronavirus Disease (COVID-19) outbreak a Public Health Emergency of International Concern (PHEIC) and on 11th March 2020 was declared as a Pandemic.
 - As of 23 March 2020 (WHO SITREP), 332 930 confirmed cases globally with 14 510 deaths,
- **Mode of transmission:** The main transmission based on currently available data, is symptomatic cases.
- **Source:** Based on current information, an animal source seems the most likely primary source of this outbreak. Detailed investigations are ongoing to determine it.
- **Severity:** Current information suggests that the virus can cause mild, flu-like symptoms as well as more severe disease. Patients infected with the disease are presenting with a wide range of symptoms. Most seem to have mild disease, and about 20% appear to progress to severe disease, including pneumonia, respiratory failure and in some cases death.
- **Incubation period:** 1-14 days, based on current information
- **Description of disease burden in the country (Namibia):** This is a new strain of coronavirus and has never been reported in Namibia. These are first cases of COVID-19 in the country.
- Date of outbreak declaration in Namibia: 14 March 2020

3. EPIDEMIOLOGY & SURVEILLANCE

- Number of Laboratory confirmed cases: 6; and 1 probable case
- Alive and dead: 0 death and 6 cases alive

Contact Tracing Summary

Table 1: Contacts tracing summary as of 24.03.2020

| Variables | Contact risk level | | | |
|---|--------------------|----------|---------|----------|
| | High | Medium | Low | Total |
| Potential number of contacts | 10 | 13 | 54 | 77 |
| Number of contact reached | 10 | 10 | 44 | 64 |
| Number of contact monitored today | 10 (100%) | 10 (77%) | 40 (74) | 60 (78%) |
| Number of contact that developed signs & symptoms | 0 | 0 | 0 | 0 |
| Number of contact with signs and symptoms tested | 1 | 1 | 3 | 5 |
| Number of contact without signs and symptoms tested | 2 | 0 | 1 | 3 |

4. LABORATORY INVESTIGATIONS

- The samples of five cases were taken by Path-Care and tested in South Africa, while one case was taken and tested in South Africa and the result was sent to Namibia. The probable case was tested at NIP. The turnaround time range between 2 to 5 days for test done by Path-care, while for test by NIP is 2 days.
- As of 24/03/2020 a total of 179 COVID-19 specimens were recorded in the two laboratories (NIP and Path-care) as per table below:

Table 2: COVID-19 specimens recorded in at NIP and Path care as of 23.03.2020

| As of 23/03/2020 | Laboratory | | Total |
|-------------------------------------|------------|-----------|-------|
| | NIP | Path care | |
| Total sample sent to the Laboratory | 44 | 135 | 179 |
| Total sample tested | 43 | 118 | 161 |
| Total results positive | 0 | 5 | 5 |
| Total results Negative | 36 | 112 | 148 |
| Total results inconclusive | 1 | 0 | 1 |
| Total results pending | 7 | 18 | 25 |
| Discarded | 0 | 1 | 1 |

The sixth case was tested in South Africa (not included on the table).

5. PUBLIC HEALTH ACTION / RESPONSE INTERVENTIONS

○ COORDINATION AND LEADERSHIP:

- National Health Emergency Management Committee special committee on COVID-19 response was activated 14 March 2020 and chaired by the Hon. Minister of Health. The last meeting was held on the 20 March 2020 chaired by the Incident Manager.
- The outbreak was declared by Hon. Minister of Health on 14 March 2020.
- The Ministry continue to conduct press briefing as the situation progress. Last press briefing conducted on 24 March 2020
- On the 23rd March 2020, Dr Bernard Haufiku was appointed as a national Coordinator for COVID-19.
- A meeting with a national coordinator was held today and recommended the lockdown of Khomas Region and Erongo Region.
- A joint press conference was held by the President of the Republic of Namibia Dr Hage Geingob and the Minister of Health and Social Services, Dr Kalumbi Shangula in which the lockdown of Khomas Region and Erongo Region was announced, with effect from 27 March 2020.

○ SURVEILLANCE:

- Training on surveillance and contact tracing planned on 25-26 March 2020 targeting Regional surveillance officer, Environmental Health Practitioners and Tutors responsible for continuous development from MoHSS training network
- Daily meetings are held to discuss daily progress, gaps and way forward, last meeting was held on 23 March 2020.
- A meeting was held between the national coordinator and the families of the 35 Namibians who arrived on 21 March 2020 and are in supervised quarantine, they are being monitored daily until 4 April 2020

▪ 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.

○ **LABORATORY:**

- Laboratory has been involved and sensitized about collecting and transporting this extreme biohazard specimen from suspected patients
- There is a system in place for shipping specimen to NICD reference laboratory in South Africa.
- NIP continue to test the collected samples and provide daily updates on the results

○ **CASE MANAGEMENT and Infection Prevention and Control:**

- Two new confirmed cases were reported today (24, March).
- All 4 cases are admitted in isolation wards and managed as per WHO recommendations. Of the 2 index cases, 1 has no more symptoms and the other one is in stable condition. The 3rd case is classified as mild-moderate and needed close monitoring.
- As of 24 March 2020, all patients are stable.
- SOP on both case management and IPC is readily available on soft copy and has been distributed to all sub-committees as well as on social media platforms but needs to periodically be revised.
- Training on case management and IPC has already begun at WCH and KIH. The plan is to tap into ZOOM platforms and have regular presentations nationwide. First ZOOM presentation was on 20/03/20 at 5PM
- Integrated case management and IPC Plan is available for distribution.
- Robert Mugabe Clinic functioning as a 24-hour screening/testing and admission facility for COVID19 cases (suspected or confirmed). WCH casualty still under renovation

○ **POINTS OF ENTRY**

- Port Health services (screening) has been intensified at major points of entry and is ongoing.

○ **RISK COMMUNICATION, COMMUNITY ENGAGEMENT & SOCIAL MOBILISATION:**

- Risk communication by Office of President and the Ministry of Health has been conducted
- NBC airing health education messages related to COVID-19 on TV and all 11 Radio stations
- Namibian placing COVID—19 health education messages daily in their paper
- Risk communication team have scheduled radio talks in 11 radio languages stations of the national broadcaster.
- Media interviews with private and public media houses conducted daily
- Press Conferences and subsequent engagement with the media is frequent and facilitated by the Minister's office
- Namibia Airports Company is airing COVID-19 messages on all the screens at the airports
- Rumour management system is being set-up through media monitoring, social media posts and press conferences
- Health Education sessions on COVID-19 in workplaces is ongoing

○ **LOGISTICS:**

- List of needed items has been compiled and submitted for procurement; PPE, Masks, gloves, etc.
- Modification of the entrance/exit of existing designated isolation facility at Robert Mugabe clinic, which is now operating as screening facility is ongoing. The facility will be operating 24 hours.

C. CHALLENGES

- Country coordination and communication related challenges (beyond MoHSS) for implementing IMS and multi-sectoral coordination
- Communication information sharing related to supervised quarantine arrangements
- Lack of fully equipped isolation facilities in the regions at health facilities and points of entry in the regions
- Insufficient Personal Protective Equipment/clothing
- Insufficient trained personnel
- Delay in finalising the costed response plan
- Delay in receiving lab results sent to South Africa

D. RECOMMENDATIONS & PRIORITY FOLLOW UP ACTIONS

○ **COORDINATION AND LEADERSHIP:**

- Need for improving country coordination, planning and monitoring,
- Involve all relevant stakeholders with commitment from top management
- Finalization of all relevant SOPs per pillar
- Activation of the IMS at the national level and in regions
- Need for complete Rapid Response Team

○ **SURVEILLANCE:**

- Continue contact tracing process to identify all contacts
- Strengthen surveillance and detection throughout all districts and regions to detect suspected cases early
- Include regions and other stakeholders to support timely and effective contact tracing
- Enhance systematic approach to collecting and reporting timely surveillance data
- Conduct contact tracing via phone where possible to minimize risk of exposure for COVID-19

○ **LABORATORY:**

- Utilise Namibia Institute of Pathology for local testing
- Improve communication and share SOPs of results for notifiable disease by private laboratories (Pathcare) with MoHSS

○ **CASE MANAGEMENT:**

- Ensure all health workers involved are well trained in COVID-19
- Have clear SOPs of case management readily available
- Procure and distribute relevant equipment and materials
- Determine screening facility and direct

○ **POINTS OF ENTRY**

- Fully equip (Equipment & Human resources) all identified points of entry
- Enhance screening so persons with symptoms receive secondary screening at POE sites
- Report number of persons screened and secondary screening at POE daily to include in SITREP

○ **RISK COMMUNICATION, COMMUNITY ENGAGEMENT & SOCIAL MOBILISATION**

- Conduct regular risk communication and community engagement through IEC material, electronic media and direct engagement.

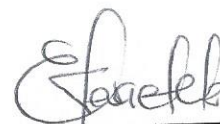
○ **LOGISTICS**

- Procurement of IPC and laboratory supplies for Emergency preparedness and response
- Strengthen participation of logistic/procurement/operations/financial experts from MoHSS, WHO, CDC, UNICEF, etc in the coordination group that coordinates these.

Cleared by: _____

Incident Manager

Date: 24.03.2020



Secretariat