Ministry of Health and Social Services
Republic of Namibia

Situational Report No.13 for COVID-19 Namibia

<table>
<thead>
<tr>
<th>Outbreak Name</th>
<th>District Region Country affected</th>
<th>Windhoek Khomas Namibia</th>
</tr>
</thead>
<tbody>
<tr>
<td>COVID-19</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date &amp; Time of report</th>
<th>Investigation start date</th>
<th>Prepared by</th>
</tr>
</thead>
<tbody>
<tr>
<td>31 March 2020 22:00</td>
<td>13 March 2020</td>
<td>Surveillance team</td>
</tr>
</tbody>
</table>

Date of outbreak declaration in Namibia: 14 March 2020.

1. SITUATION UPDATE / HIGHLIGHTS

- One case recovered and discharged, tested negative twice at 48 hours interval.
- No new confirmed cases have been reported on 31 March 2020
- Cumulatively, 11 confirmed cases reported; 10 are travel related; while one is being investigated if its imported or local.
- Thematic group meetings continue to be held daily, since the 14 March 2020
- Supervised quarantine for all Namibians arriving from affected 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.
- The Honourable Deputy Prime Minister visited the Emergency Operation Center,

- Key Challenges include:
  - Inadequate isolation and quarantine facilities, human resources and material supplies including PPE, ICU units and ventilators.

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 February 2020.
  - Case number 10, is a 41-year-old female Namibian citizen, who traveled from Dubai, Ethiopia via South Africa, on 17 March 2020. She was tested on 26 March 2020 at Robert Mugabe Clinic with the following symptoms: fever, cough, sore throat, shortness of breath, vomiting, and myalgia.
Case number 11, is a 69 years-old Namibian male, traveled from South Africa on 12 March 2020, tested at Omaruru medical practice on 25 March 2020 complaining of chills, cough and body pains (no fever). The sample was sent to NIP in Windhoek on 27 March 2020. He tested positive on 28 March 2020.

Table 1: Confirmed cases by region as of 31 March 2020

<table>
<thead>
<tr>
<th>Reporting region</th>
<th>Total Cases</th>
<th>New cases</th>
<th>Active cases</th>
<th>Recovered</th>
<th>Death</th>
</tr>
</thead>
<tbody>
<tr>
<td>Komas</td>
<td>8</td>
<td>0</td>
<td>7</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Karas</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Erongo</td>
<td>2</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>11</strong></td>
<td><strong>0</strong></td>
<td><strong>10</strong></td>
<td><strong>1</strong></td>
<td><strong>0</strong></td>
</tr>
</tbody>
</table>

One case recovered and discharged.

Figure 1: Suspected and confirmed COVID-19 cases in Namibia per District, as of 31 March 2020
3. EPIDEMIOLOGY & SURVEILLANCE

Contact Tracing Summary

Table 2: Contacts tracing summary as of 31.03.2020

<table>
<thead>
<tr>
<th>Variables</th>
<th>High</th>
<th>Medium</th>
<th>Low</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contacts identified</td>
<td>23</td>
<td>24</td>
<td>95</td>
<td>142</td>
</tr>
<tr>
<td>Number of contact traced to-date</td>
<td>19</td>
<td>16</td>
<td>41</td>
<td>76</td>
</tr>
<tr>
<td>Number of contact monitored today</td>
<td>18</td>
<td>12</td>
<td>35</td>
<td>65</td>
</tr>
<tr>
<td>Contact completed 14 days follow up to-date</td>
<td>4</td>
<td>11</td>
<td>42</td>
<td>57</td>
</tr>
<tr>
<td>Number of contact that developed signs &amp; symptoms tested</td>
<td>5</td>
<td>1</td>
<td>4</td>
<td>10</td>
</tr>
<tr>
<td>*Number of contact without signs and symptoms tested</td>
<td>3</td>
<td>0</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>© Number of contact lost to follow up</td>
<td>0</td>
<td>2</td>
<td>5</td>
<td>7</td>
</tr>
<tr>
<td># Contacts never reached</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>2</td>
</tr>
</tbody>
</table>

*Number of (highly exposed) contact 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.
# Two contacts could not be reached as they did not provide contact numbers

4. LABORATORY INVESTIGATIONS

- One result inconclusive (indeterminate) on 30 March 2020, confirmation result is still awaited.
- Stock level of testing kits at NIP is low, only 525 laboratory extraction phase (Qiagen Mini Spin columns) available.
- As of 31 March 2020, a total of 304 COVID-19 specimens were recorded in the two laboratories (NIP and Path-care) as per table below:

Table 3: COVID-19 specimens recorded in at NIP and Path care as of 31.03.2020

<table>
<thead>
<tr>
<th>As of 31/03/2020</th>
<th>NIP</th>
<th>Path care</th>
<th>South Africa</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total sample sent to the Laboratory</td>
<td>148</td>
<td>156</td>
<td>-</td>
<td>304</td>
</tr>
<tr>
<td>Total sample tested</td>
<td>109</td>
<td>154</td>
<td>-</td>
<td>263</td>
</tr>
<tr>
<td>Total results received</td>
<td>109</td>
<td>154</td>
<td>-</td>
<td>263</td>
</tr>
<tr>
<td>Total results positive</td>
<td>4</td>
<td>6</td>
<td>*1</td>
<td>11</td>
</tr>
<tr>
<td>Total results negative</td>
<td>102</td>
<td>148</td>
<td>-</td>
<td>250</td>
</tr>
<tr>
<td>Total results pending</td>
<td>19</td>
<td>0</td>
<td>-</td>
<td>19</td>
</tr>
<tr>
<td>Total results inconclusive</td>
<td>1</td>
<td>0</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>Total sample discarded</td>
<td>19</td>
<td>2</td>
<td>-</td>
<td>21</td>
</tr>
</tbody>
</table>

*1 Patient specimen collected and tested in South Africa
5. PUBLIC HEALTH ACTION / RESPONSE INTERVENTIONS

A. COORDINATION AND LEADERSHIP:
- National Health Emergency Management Committee on COVID-19 response was activated on 14 March 2020.
- Coordination meetings are held daily.
- His Excellency Dr. Hage Geingob, the President of the Republic of Namibia, declared a lockdown for 21 days for Khomas Region and Erongo Region effective as of 27 March 2020.
- A high-level meeting (chaired by secretary to the cabinet) held on 29 March 2020 discussed the implementation of lockdown guidelines and way forward.

B. SURVEILLANCE:
- Daily pillar and intra-pillar meetings are held to discuss daily progress, gaps and way forward;
- Contact tracing is ongoing
- Call centre continue operations for 24 hours.
- People under mandatory quarantine are being monitored daily.

Case definitions as of 20 March 2020:

Suspect case:
- 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.
C. CASE MANAGEMENT

- Out of eleven confirmed cases, one has been discharged after he have recovered and tested negative.
- The other ten confirmed cases are in stable conditions.
- Training on COVID-19 is ongoing, daily sessions at Robert Mugabe, WCH and KSH. Zoom meeting held weekly
- More screening sites are being assessed
- Conversion of casualty department at WCH into a highly infectious referral ICU underway (anticipated to be completed by 03 April 2020).
- A 12-bed Isolation Unit is under construction at final stage of completion at WCH.
- Roman Catholic Hospital, Mediclinic, Lady Pohamba and Rhino Park Private hospitals have screening, swabbing and isolation wards.
- Feedback from 11/14 regions on preparedness to respond to COVID19 was received.
- Erongo, Karas, Khomas, Oshana, Hardap, Omaheke, Otjozondjupa, Zambezi and Omusati regions, have established screening, swabbing and isolation facilities.

D. LOGISTICS:

- Facilitation of the allocation of quarantine facilities in the country.
- The Ministry of Information, Communication and Technology (MICT) issued identification cards to participants in COVID-19 operations

E. RISK COMMUNICATION AND COMMUNITY ENGAGEMENT:

- Educational sessions continue to be conducted in various media
- Simplified regulation messages on lockdown produced and given to different radio stations
- Psychosocial support is being offered on daily basis to people under quarantine
- Exploration of the setup of a communication hub where press conferences and live streams are to be broadcasted.
- The video clips with the special messages on COVID-19 from the Honourable Deputy Minister of MICT has been edited and ready to be submitted to NBC and one Africa TVs for airing
- The MoHSS continue to conduct press briefing as the situation progresses.

6. CHALLENGES

- Lack of isolation units at health facilities and at points of entry in the regions.
- Inadequate Personal Protective Equipments.
- Insufficient COVID-19 laboratory testing kits
7. RECOMMENDATIONS
- 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

Approved:

Incident Manager
Date: 31.03.2020

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