



Ministry of Health and Social Services
Republic of Namibia

NAMIBIA COVID-19 SITUATION REPORT NO. 71			
Outbreak Name	<i>COVID-19 outbreak</i>	Country affected	Namibia
Date & Time of this report	<i>28.05.2020 21:00 hrs</i>	Investigation start date	13 March 2020
Prepared by	<i>Surveillance Team</i>		

1. SITUATION UPDATE / HIGHLIGHTS

- One (1) new confirmed case was recorded today (28 May 2020).
- Cumulatively, 23 confirmed cases have been reported in the country,
- Regions affected; Khomas (12), Erongo (6), //Karas (3) and Hardap (2)
- Of the 23 confirmed cases, fourteen -14 (60.9%) have recovered.
- Twenty -20 (87%) of the confirmed cases are imported while 3 (13%) are local transmissions.
- No death has been recorded, **case fatality rate is 0%**
- There is no evidence of community transmission in the country at the moment.
- The National Rapid Response Teams (RRT) deployed to give technical support to Hardap and //Karas Regions trained the Regional RRTs on surveillance, lab management, case management and IPC.
- Today (28 May 2020) His Excellency, The President of the Republic of Namibia announced a transition of all the regions (with exception of the Walvis Bay Local Authority Area) from stage 2 of lockdown to stage 3 with effect at midnight 01 June 2020 until 29 June 2020.

- Stage 3 of lockdown covers a period of 28 days/ two incubation periods.
- Due to the two recent confirmed cases in Walvis Bay District, The Walvis Bay Local Authority Area will revert to stage 1 of lockdown with effect from 19h00, 28 May 2020 until midnight, 08 May 2020.
 - The decision was made to facilitate the process of identifying and tracing contacts of the two latest confirmed cases.

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.
- On 28 May 2020, Namibia recorded a new case in Khomas Region, bringing the total number of confirmed cases to 23.
 - The case a 38 year old Namibian woman who travelled from Tanzania on 23 May 2020. She was put under mandatory quarantine and got tested on 27 May after alerting the quarantine monitoring team that she had COVID-19 related symptoms when she was in Tanzania.
- On 26 May 2020, Namibia recorded a new case in Erongo Region, Walvis Bay District.
 - The case is a 63 years old Namibian male who was part of eight (8) crew members on a fishing vessel that departed the shores of Walvis Bay on 25 April 2020 to DRC.
 - The case did not disembark the vessel in DRC but Congolese nationals have entered the vessel. He was released from the vessel into Namibia on 8 May 2020 after he complained of shoulder pain to his GP who then motivated his immediate release from the vessel. He went home for self monitoring. He was never seen by a doctor
 - On 24 May 2020, he developed difficulties in breathing. He got tested for COVID-19 and results came out positive.

3. EPIDEMIOLOGY

Since 14 March, 2020 when the COVID-19 outbreak was declared in Namibia, a total of 23 cases have been confirmed. As of today, four (4) Regions have been affected, of which Khomas region recorded the highest number of cases; **12 (52.2%)**, while Hardap region recorded the least number of cases; **2 (8.7%)**. The distribution of confirmed cases by region is presented in figure 1 below.

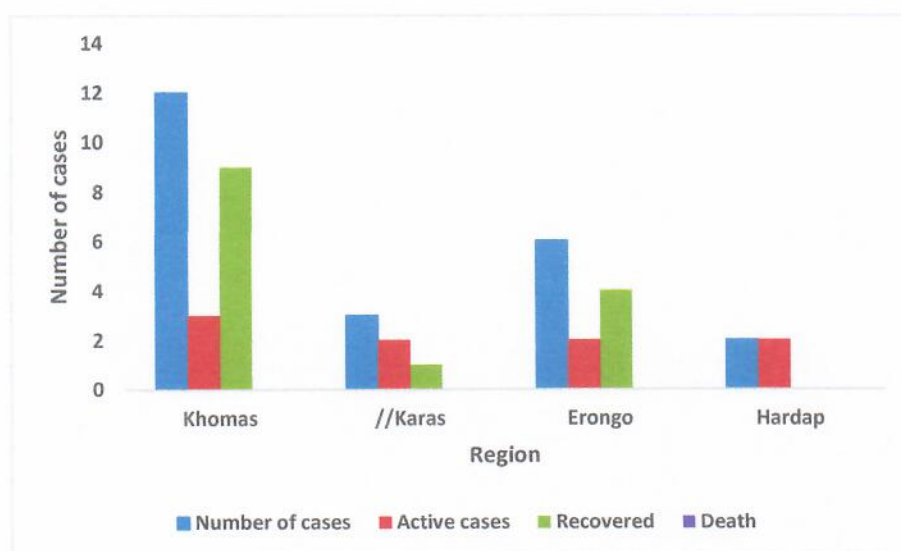


Figure 1 Distribution of Confirmed COVID-19 cases in Namibia, by region as of 28 May 2020

As presented in figure 2 below, Namibia recorded its cases of COVID-19 during epidemiological weeks 11, 12,13, 14, 21 and 22, where most cases (7) were recorded during epidemiological week 13.

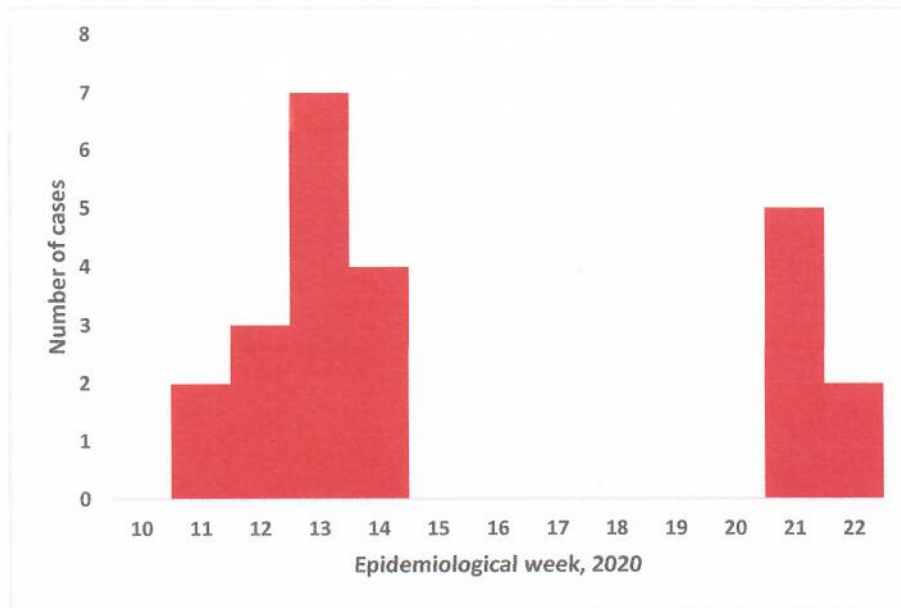


Figure 2: Epi-curve for confirmed COVID-19 cases in Namibia as of 28 May 2020

Of the 23 confirmed cases, more males; **16 (69.6%)** are affected compared to their female counterparts; **6 (26.1%)**. The age group 15-34 is more affected (**9 cases**) than all the other age groups. The age and sex distribution of confirmed COVID-19 cases is presented in figure 3 below.

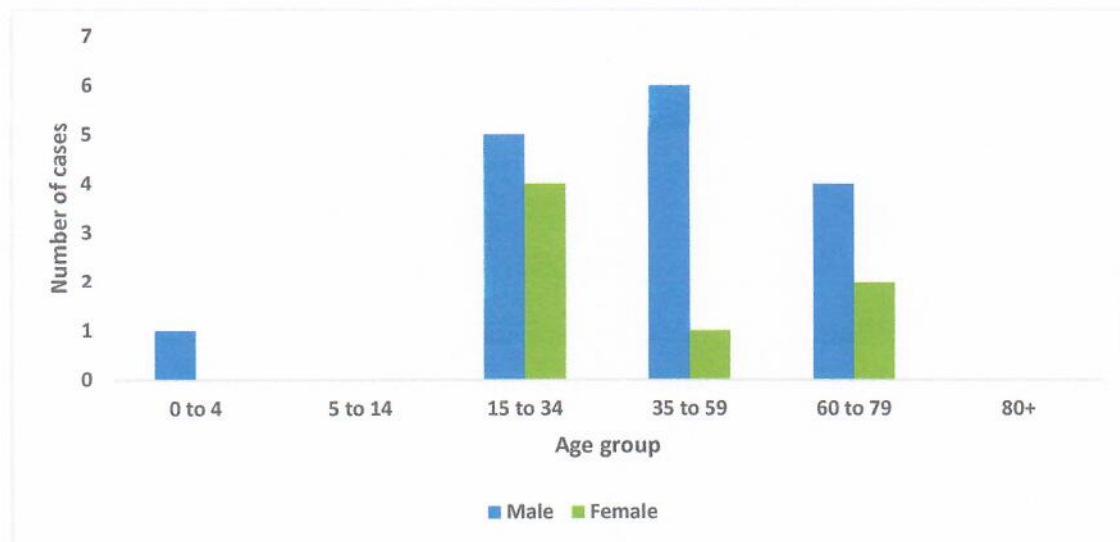


Figure 3: Age and sex distribution of COVID-19 confirmed cases in Namibia as of 28 May 2020

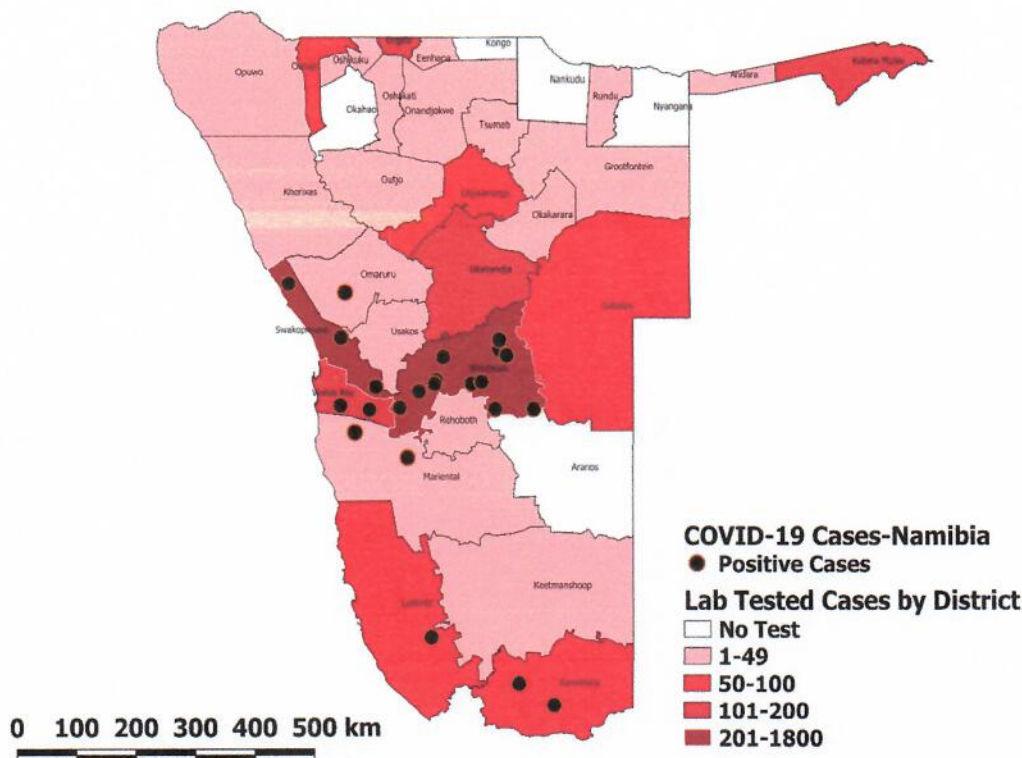


Figure 3: Suspected and confirmed COVID-19 cases in Namibia per District, 28 May 2020

4. PUBLIC HEALTH ACTION / RESPONSE INTERVENTIONS AND SURVEILLANCE

- **Case definitions as of 20 March 2020:**

Suspected 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 as of 20 April 2020**

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 in the past 7 days.

- ***Surveillance activities***

- Call centre continue operations for 24 hours every day; 508 calls answered at the hotline today (28.05.2020) and 9 alerts investigated.
- Data entry is ongoing, realtime data dashboard will be launched on 1 June 2020.
- Active case search in all regions is ongoing.
- Contact tracing and monitoring is ongoing (**see Table 1**).
- People under mandatory quarantine are being monitored daily (**see Table 2**) and are being tested on day 12 before release on day 15 if they test negative.
- Plans are underway to conduct online Data management training early June.

Contact tracing Summary

As of 28 May 2020, for the 23 confirmed cases, a total number of 370 contacts have been identified. Two hundred and forty-one (241) have completed their 14 days of follow up and 106 are still active and being monitored daily for 14 days (**Table 1**).

Table 1: National contacts tracing summary for COVID-19 as of 28 May 2020

Variables	High	Medium	Low	Total
Total Number of contacts listed for follow up (potential)	105	71	210	386
Total Number of contacts identified (cumulative)	105	71	194	370
Total number of Contacts never reached	0	0	16	16
© Total Number of contacts lost to follow up	0	2	5	7
Total Number of contacts that developed signs & symptoms	26	8	7	41
Total Number of contacts that tested positive (became cases)	3	1	0	4
Number of active contacts monitored/followed in the last 24hrs	33	14	59	106
Total number of Contacts completed 14-days follow up	65	57	119	241

© Seven contacts are lost to follow up, all are non-Namibians and have travelled back to their countries of origin.

As of 28 May 2020, a total of 1850 persons have been put into supervised quarantine facilities around the country. Of the 1850, 1350 have been discharged and 500 are currently quarantined (**Table 2**)

Table 2: Number of people in mandatory quarantine facilities as of 28 May 2020

Region	Newly quarantined 24hrs	Cumulative number of people	Number of people discharged	Number of people in quarantine now
Kunene	0	52	42	10
Omaheke	0	57	44	13
Kavango	0	13	4	9
Omusati	0	81	72	9
Oshana	0	18	7	11
Ohangwena	0	138	114	24
Hardap	0	134	115	19
Otjozondjupa	2	298	215	83
Khomas	26	452	315	137
Zambezi	0	294	254	40
//Karas	0	190	99	91
Erongo	31	101	48	53
Oshikoto	0	22	21	1
Total	59	1850	1350	500

Table 3. Distribution of truck drivers who came into Namibia from neighboring countries and their destination regions on 28 May 2020.

Destination	Country of departure					Total
	South Africa	Zambia	Botswana	DRC	Angola	
Karas	47	0	0	0	0	47
Khomas	103	0	0	0	5	108
Oshana	8	0	0	0	0	8
Otjozondjupa	14	0	0	0	0	14
Kavango	1	0	0	0	0	1
Ohangwena	1	0	0	0	0	1
Hardap	4	0	0	0	0	4
Kunene	0	0	0	0	0	0
Omaheke	1	0	0	0	0	1
Omusati	1	0	0	0	0	1
Oshikoto	2	0	0	0	0	2
Zambezi	2	0	4	0	0	6
Erongo	7	40	0	5	1	53
Total	191	40	4	5	6	246

LABORATORY INVESTIGATIONS

- As of 28 May 2020, a total of **3412** (including **174 re-tests**) COVID-19 specimens were tested in the two laboratories (NIP and Path Care) as per table 5 below:

Table 5: COVID-19 specimens recorded at NIP and Path care Laboratories as of 28 May 2020

Variables	Laboratory			Total
	NIP	Path care	South Africa	
Total sample received by the Laboratory	2640	838	-	3478
Total sample tested	2432	806	-	3238
Total sample re-tested	150	24	-	174
Total results positive	16	6	*1	23
Total results negative	2416	800	-	3216
Total sample discarded	58	8	-	66
Total results pending	0	0	-	0
Total results inconclusive/indeterminate	0	0	-	0
Total new suspected cases in last 24 hours	57	0	-	57

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

COUNTRY COORDINATION, PLANNING AND MONITORING

- Continues with efforts to make the IM Briefing Meeting with Pillars more effective; and agreed on regular and adhoc meetings to take place between IM and the coordination pillar.
- Finalized SoPs and Organogram with inputs from pillar leads has been submitted to incident manager for further guidance and approval.
- Facilitated the finalization of the completion of updated National readiness checklist by all pillars and continue to obtain completed updated regional checklists from all 14 regions (due by 29 May 2020)
- Held a meeting with pillar leads on 28 May 2020 and discussed current challenges that are related to inadequate/lack of training on COVID-19, Coordination, Risk communication, Psychosocial Support, Quarantine facilities and general unpreparedness (readiness) for covid-19 in most regions. The meeting proposed that:
 - The National level consider urgent deployment of technical experts to address the above challenges in the following priority border regions (Erongo, Karas, Hardap, Zambezi, Omaheke, Kavango, Ohangwena, Omusati and Kunene). Khomas should not be forgotten, though.
 - An integrated team of technical experts should be representative of the key pillars – IPC/Case Management, Coordination, RCCE, Psychosocial support, PoE in addition to Surveillance/RRT, as appropriate.

CASE MANAGEMENT:

- Conducted a simulation/drill at Windhoek Central Hospital COVID-19 ICU to assess the readiness of the health care workers on 23 May 2020.
- Out of the 23 cumulative confirmed cases, 14 have recovered after testing negative twice for COVID-19 at 48 hours' interval.
- Of the 9 active cases, 1 is critically ill in ICU. The 8 are all asymptomatic.

INFECTION PREVENTION AND CONTROL:

- IPC activities are on going as part of IPC preparedness plan;
 - Distribution of PPE according to Regional plans

LOGISTICS.

- Facilitation of the allocation of quarantine facilities in the country and transportation for discharged people from quarantine facilities is ongoing.
- Provision of commodities` specifications and verification for procurement is being done regularly.
- Distribution of PPEs to the regions

POINTS OF ENTRY:

- Screening and inspection of incoming travellers and trucks at points of entry and check points is ongoing
- Plans are underway to prepare the regions to collect and submit daily reports at the points of entry.
- SOP for management and monitoring of cross border road transport at designated Points of Entry and COVID-19 checkpoints finalised

RISK COMMUNICATION AND COMMUNITY ENGAGEMENT:

- The COVID-19 Communication Center continues to update the public on the status of COVID-19, the impact on different sectors and address rumours around COVID-19.
- A total of 110 000 copies of flyers on COVID-19 facts have been printed and the distribution has commenced especially to the schools that are due to open
 - These copies are translated into 8 local languages.

PSYCHOSOCIAL SUPPORT SERVICES:

- Continuous provision of health education, psychosocial support services, as well as food to people in need of shelter.

5. CHALLENGES:

- Inadequate isolation units at health facilities in the regions.
- Insufficient PPE and swabs for sample collection from suspected cases identified through active case search in some districts.
- Inadequate nasopharyngeal swabs and appropriate transport media.

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6. RECOMMENDATIONS AND WAY FORWARD:

- Establish fully equipped isolation units at health facilities in the regions.
- Logistics pillar to continue with the procurement and distribution of sufficient PPE to the regions to ensure that response is not interrupted.
- NIP to continue sourcing for swabs and appropriate transport media for all districts.

Approved:



Incident Manager
Date: 28 May 2020



Secretariat