

Ministry of Health and Social Services Republic of Namibia



NAMIBIA COVID-19 SITUATION REPORT NO. 158				
Outbreak Name	COVID-19 outbreak	Country affected	Namibia	
Date & Time of	23.08.2020	Investigation start	13 March 2020	
this report	20:00 hrs	Date		
Prepared by	Surveillance Team			

HIGHLIGHTS/SITUATION UPDATE (23/08/2020

- The country has been reverted back to Stage 3 of the State of Emergency (12 August 2020-28 August 2020).
- Walvis Bay, Swakopmund and Arandis Local Authority areas in Erongo region are under travel restrictions.
- Windhoek, Okahandja and Rehoboth are all under travel restriction including a curfew (20h00-05h00).
- Total
 Tested 49428
 Confirmed 6030
 Active 3411
 Recovered 2563
 Death 56

Today
Tested 1214
Confirmed 176
Active 3411
Recovered 54
Death 4

Table 1: Distribution of confirmed COVID-19 cases by region, 23 August 2020

Region	Total No. of cases	Active cases	Recovered	Death	Health Care Workers
Erongo	3259	1098	2135	26	45
Hardap	63	45	17	1	6
//Kharas	93	63	29	1	3
Kavango East	20	19	0	1	2
Kavango West	2	2	0	0	0
Khomas	2256	1932	301	23	146
Kunene	2	2	0	0	0
Ohangwena	34	18	15	1	0
Omaheke	28	22	5	1	1
Omusati	19	17	2	0	3
Oshana	96	52	42	2	4
Oshikoto	57	56	1	0	2
Otjozondjupa	80	75	5	0	4
Zambezi	21	10	11	0	4
Total	6030	3411	2563	56	220

- Four (4) fatalities were recorded today from Khomas (2), //Kharas (1), and Erongo (1) regions.
- Fifty-four (54) recoveries have been recorded from 3 regions today (23/08/2020).
- To-date, 220 (3.6%) Health Care Workers have tested positive for COVID-19.
- Cumulatively, 5944 (98.6%) cases are local transmissions while 86 (1.4) are imported.
- There is evidence of a clustered community transmission in Erongo and Khomas regions (Table 1)
- More male cases 3370 (55.9%) were recorded compared to female cases 2660 (44.1%).
- All fourteen (14) regions have reported confirmed cases; with Erongo reporting the highest 3259 (54.0%) followed by Khomas 2256 (37.4%). These two regions are the epicenters for COVID-19.
- Of the total confirmed cases, 42.5% have recovered.

EPIDEMIOLOGICAL SITUATION IN NAMIBIA

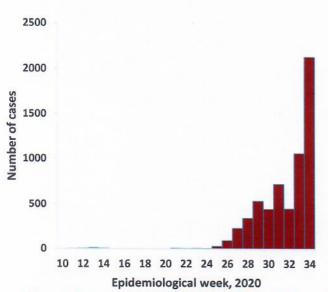


Figure 1: Epi-curve for confirmed COVID-19 cases 23 August 2020

- To date, 49428 tests have been conducted by NIP, Path-Care, NAMDEB, and UNAM laboratories (including 3401 re-tests).
- Since the beginning of the outbreak, 10830 contacts of confirmed cases have been identified, 506 new contacts were identified within the last 24 hours from 9 regions.
- Cumulatively, 4415 contacts have completed their monitoring period. While a total 538 of contacts have tested positive
- Today, 2659 (42.8%) out of 6218 active contacts were monitored.

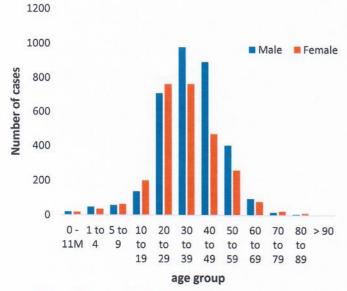


Figure 2: Age and sex distribution of COVID-19 confirmed cases As of 23 August 2020

Namibia has recorded **6030** COVID-19 cases since 13 March 2020. Up to **2123** (**35.2%**) of the total cases were recorded during week 34 (Figure 1).

- A high number of cases were recorded in the past six weeks as a result of:
 - -Spread of local transmission in Walvis Bay district and Windhoek.
 - -Enhanced Active Case Search and targeted testing daily from different districts
 - -Enhanced surveillance including active case search in health facilities
- Call center continues operation for 24 hours daily. Today, 1058 calls were answered including 14 alerts.

Table 2: COVID-19 specimen recorded at the Laboratories as of 23 August 2020

VARIABLES	TOTAL
Total sample received by the Laboratory	49546
Total sample tested	46027
Total sample re-tested	3401
Total positive results	6030
Total negative results	39978
Total sample discarded	76
Invalid results	1
Total pending results	41
Indeterminant/Inconclusive	19
Suspected cases in 24 hours (excludes re-tests)	1176

- The 20-49 years age- brackets constitute **75.5%** of the confirmed cases, followed by a sizable proportion of the 50-59 age group **(11.0%)**.
- Among those aged 30-39, a significant proportion of males (16.2%) are infected more than females (12.5%).
- The under 5 make up 120 (2.0%) of the total cases.
- Aged 60 years and above constitute **231** (**3.8%**) of the confirmed cases.

Table 3: Fatality summary as of 23 August 2020

Region	Cumulative no. of deaths	Death in 24 hours	Cumulative with co-morbidities
Erongo	26	1	21
Hardap	1	0	1
//Kharas	1	1	0
Kavango East	1	0	1
Khomas	23	2	23
Ohangwena	1	0	0
Omaheke	1	0	1
Oshana	2	0	2
Total	56	4	49

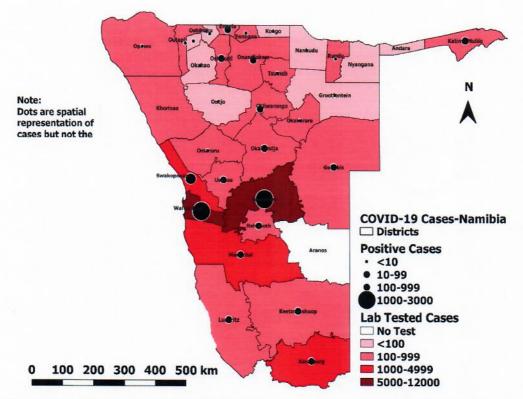


Figure 3: Distribution of suspected and confirmed COVID-19 cases in Namibia by District as of 23 August 2020

Table 4: Number of people in mandatory quarantine facilities, 23 August 2020

Region	Newly quarantined 24 hours	Cumulative number	Number discharged	Number in quarantine now	Truck Drivers (24 Hours)
Erongo	0	1965	1823	142	0
Hardap	7	450	378	72	0
Kavango	0	332	252	80	0
Khomas	4	1906	1552	354	0
//Kharas	0	1229	1072	157	0
Kunene	22	264	203	61	0
Ohangwena	0	416	385	31	0
Omaheke	0	528	459	69	0
Omusati	1	225	191	34	0
Oshana	1	218	190	28	0
Oshikoto	0	263	158	105	0
Otjozondjupa	1	633	588	45	0
Zambezi	4	682	605	77	0
Total	40	9111	7856	1255	0

- Since March 2020, 9111 people have been placed into supervised quarantine facilities around the country.
- A total of 1255 people are currently in quarantine with 40 new admissions in the past 24 hours.

Table 5: Distribution of truck drivers coming into Namibia from neighbouring countries and destination regions on 23 August 2020

Destination

- A total of 380 trucks entered the country through various ground crossing points in the last 24 hours.
- Of these trucks, 38.2% were heading to Khomas, 24.5% to Erongo while 18.7% were heading to //Kharas region.
- Botswana Angola Zimb Tanzania Zambia Total RSA abwe //Kharas Khomas Omusati Oshana Otjozondjupa Kavango Ohangwena Hardap Kunene Omaheke Oshikoto Zambezi Erongo Total

PUBLIC HEALTH ACTION

- Recruitment of local volunteers into the response in the districts and regions is ongoing.
- Continuous support to the regions by the national level.
- Guidelines on COVID-19 exposure in public and work environment issued to the general public.
- Testing by UNAM (School of Medicine), NAMDEB and Oshakati NIP laboratories to enhance testing capacity.

CHALLENGES

- Inadequate phones for contact monitoring.
- Large data backlog awaiting entry into excel data base and DHIS2.
- Inadequate medical officers, specialists and epidemiologists especially in the regions.
- Inadequate ICU facilities and ICU equipment at referral hospitals and high care units in the districts.
- Inadequate ambulances and isolation units, at health facilities in the regions.
- Backlog of specimens to be tested at NIP, overwhelming the laboratory and delaying turnaround time.

RECOMMENDATIONS

- Fast tracking of efforts to use GoData app and DHIS2.
- Other technical experts from other sectors need to join the healthcare sector in the response.
- Provision of fully equipped ICU facilities at referral hospitals and high care units in the districts.
- Establish fully equipped isolation units at health facilities in the regions.
- > Strengthen close monitoring and coordination of the flow of the specimen from all districts.

Approved

Incident Manager 23 August 2020 Secretariat

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