



Ministry of Health and Social Services
Republic of Namibia

Situational Report No.4 for COVID-19 Namibia			
Outbreak Name	COVID-19	District Region Country affected	Windhoek district Khomas Region, Namibia
Date & Time of report	20 March 2020 21:00	Investigation start date	13 March 2020
Prepared by	Surveillance team		

1. SITUATION UPDATE / HIGHLIGHTS

- Two index confirmed cases of COVID-19 were reported in Windhoek on 13 March 2020. A 35-years-old male and a 25 years-old female, both Romanians tested positive on 14/03/2020
- A third confirmed case was recorded on 19.03.2020; a 61 years old male, a Germany national with travelling history via Amsterdam, Zimbabwe, Cape Town and then Windhoek. He visited a private hospital on 17 March 2020 with complaints of fever (>38°C), chills and body pains, the specimen was taken the same day by Path-Care and sent to NICD in South Africa which tested positive on 19.03.2020
- Overview of numbers of cases: to date 141 suspected cases were reported with samples collected
- Contacts: 43 people have been listed as contacts so far, with more to be identified.
- Key laboratory results: 3 confirmed cases RT-CRP for COVID-19
- COVID-19 thematic area response meetings continue to be held daily, started on 14/03/2020
- MoHSS received a donation of POC/RDTs for COVID-19 on 18 March 2020, treasury approval is underway and the kits have been delivered to NIP for quality and validation.
- A test result of high risk contact of the third confirmed COVID-19 case came out inconclusive, it will be repeated 21 March 2020.
- Anticipating arrival of 160 returning Namibians this morning 10am. Measures are in place to quarantine them.
- **Key Challenges include:**
 - Inadequate isolation and quarantine facilities, human resources and material supplies including PPE, ICU units and ventilators.
 - Insufficient budget for the response.

2. BACKGROUND

▪ Description of cases

- Index cases: Two confirmed cases of COVID-19 were reported from Windhoek district to MoHSS National level on 13 March 2020. The patients are a married couple; a 35-year-old, male and a 25-year-old female, both Romanians who have permanent residence in Spain, with a travel history from Madrid, Spain, via Doha, Qatar. They arrived in Namibia via Hosea Kutako International airport on 11 March 2020. The couple tested positive for COVID-19 on 13 March 2020. They have been in Isolation facility since the 14 March 2020 in stable condition.
- A third confirmed case was recorded on 19.03.2020; a 61-year-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. The onset of symptoms was on 10th March 2020 while in Zimbabwe. He visited Lady Pohamba private hospital on 17 March 2020 with complaints of fever (>38°C) and chills, the specimen was taken the same day by Path-Care and sent to NICD in South Africa. The result came out positive on 19.03.2020. He was admitted at Lady Pohamba Private Hospital on the 18.03.2020 and was transferred to Windhoek Central Hospital on 19th.03.2020 where he is currently receiving care in an isolation unit.

▪ 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.
- According to WHO, for the latest update of case burden and affected countries refer to <https://www.who.int/emergencies/diseases/novel-coronavirus-2019>.
- **Mode of transmission:** The main driver of 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 patients 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 of the pandemic in Namibia: 14 March 2020

3. EPIDEMIOLOGY & SURVEILLANCE

o Descriptive Epidemiology

- Number of Laboratory confirmed cases: 3
- Alive and dead: 0 death and 3 cases alive
- Case characteristics (age, sex, and occupation): The persons affected are a married Romanian couple (a 35 year-old male and 25 year-old female) from Madrid, Spain. The new case is 60-year-old male from Germany.
- Time trends: The couple were tested on 11 March 2020 and confirmed on 13 March 2020. The new case was tested on 17 March 2020 and confirmed on 19 March 2020. All specimens were tested at NICD in South Africa.
- Clinical description:
 - The couple were taken to a local private doctor on 11 March 2020 with a history cough and fever for the male and fever only for the female.
 - The new case presented at private hospital on 17 March 2020 with complaints of fever , chills and body pains

Contact Tracing Summary

Table 1: Contacts tracing summary as of 20.03.2020

Variables	Index cases (couple)				3 rd case				Grand Total
	High risk	Medium risk	Low risk	Total	High risk	Medium risk	Low	Total	
Contacts listed in last 24 hrs.	1	3	22	26	5	7	15	27	53
Number of contact trace in last 24hrs	0	2	16	18	1	4	15	20	38
Number of pending contacts	1	1	6	8	4	3	0	7	14
Health care workers contacts	1	0	1	2	0	2	5	7	9
Number of symptomatic contacts	0	1	5	6	0	0	0	0	6
Contacts completed 14 days	0	0	0	0	0	0	0	0	0
Total follow up for tomorrow	1	3	22	26	5	7	15	27	53

4. LABORATORY INVESTIGATIONS

- Index cases samples were taken on 11 March 2020 and tested positive on 13 March 2020. The new case was tested on 17 March 2020 and confirmed on 19 March 2020. All specimens were tested at NICD in South Africa.
- As of 20/03/2020 a total of 141 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 19.03.2020

As of 20/03/2020	Laboratory		Total
	NIP	Path Care	
Total sample sent to the Laboratory	30	111	141
Total sample tested	25	51	76
Total results positive	0	3	3
Total results Negative	25	34	59
Total results pending	5	60	65

We have realized with concern that there is a degree of clinicians not following the case definition for COVID-19 to classify cases as suspects, particularly by the private clinicians and laboratories. The Case Management and Surveillance teams are working on this.

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.
 - Declaration of the outbreak was done through a press conference by Hon. Minister of Health on 14 March 2020 and planned to be conducted weekly.
 - Incident Management System activated and Incident Manager for COVID-19 have been appointed and on board.
 - Sub-committees, including coordination, logistics, laboratory, surveillance, points of entry, community engagement, case management and infection prevention and control, have been activated and hold daily meetings.
 - A high-level meeting was held at the State House with President and precautionary measures were taken.
 - Namibia COVID-19 response plan being updated to include regions and newly identified needs
 - President declared State of Emergency today, 17 March 2020 and additional measures have been identified and communicated for implementation.
 - Country anticipating arrival of 160 returning Namibians from COVID-19 affected countries in Europe this morning 10am. Measures are in place to quarantine them.

○ **SURVEILLANCE:**

- Case contact tracing commenced on 14 March 2020 and is ongoing on a daily basis.
- A telephone hotline center has been activated and staffed with responders to address concerns from the general public operating 24 hours.
- Daily meetings are held to discuss daily progress, gaps and way forward
- SOPs are finalized and shared with coordination for finalization.

- **Case definitions:**

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 with no other aetiology that fully explains the clinical presentation AND a history of travel to or residence in a country/area or territory reporting local transmission (See situation report) 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 COVID19 case (see definition of contact) in the last 14 days prior to onset of symptoms;

OR C. A patient with severe acute respiratory infection (fever and at least one sign/symptom of respiratory disease (e.g., cough, shortness breath) AND requiring hospitalization AND with no other etiology 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 laboratory has capacity for local testing and has limited tests for COVID-19.

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

- All 3 cases are admitted in isolation wards and managed as per WHO recommendations. Of the 2 index cases, 1 is asymptomatic and the other has mild symptoms but is clinically improving. The 3rd case is classified as mild-moderate and needed close monitoring
- As of 20 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
- Intergrated case management and IPC Plan is available for distribution.

○ **Points of Entry**

- Port Health services (screening) has been intensified at major points of entry

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

- Risk communication by Office of President and Executive director of Ministry of Health has been conducted
- Risk communication SOPs in draft

- Risk Communication Strategy being developed
- RCCE sub-committee expanded to include other ministries, UN agencies and CSOs
- Social media plan under the leadership of the PROs MoHSS activated with support from Ministry of Information, Communication and Technology
- 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
- IEC materials developed and printed, translations is in process, plans to print more are in place
- 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 supplementary needed items has been compiled and submitted for procurement; PPE, Masks, gloves, etc.
- Modification of the entrance/exit of existing the designated isolation facility at Robert Mugabe clinic is ongoing. It is expected this will be a screening facility.

6. CHALLENGES

- Coordination and communication related challenges for implementing IMS
- Lack of fully equipped isolation facilities in the Country
- Insufficient Personal Protective Equipment/clothing
- Insufficient trained personnel
- Insufficient funding for the response plan

7. RECOMMENDATIONS & PRIORITY FOLLOW UP ACTIONS

○ **COORDINATION AND LEADERSHIP:**

- Need for technical support in coordination, case management and IPC, surveillance and POE, risk communication and community engagement
- 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
- MoHSS to accelerate to officiate requests of government Ministries who have indicated they are having staff to support the outbreak response.

○ **SURVEILLANCE:**

- Intensify 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
 - Advocate and request for more staff to support contact tracing and hotline
 - Submit the final budget for additional resources needed to enhance response
- **LABORATORY:**
- Utilise Namibia Institute of Pathology for local testing
 - Improve communication and share SOPs of results for notifiable disease by private laboratories (Path Care) 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
- **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.



Incident Manager



Secretariat

Date: 26/03/2020