

REPUBLIC OF NAMIBIA



STATEMENT BY DR. KALUMBI SHANGULA, MINISTER OF HEALTH AND SOCIAL SERVICES ON THE COVID-19 SITUATION IN NAMIBIA

31 JULY 2020

WINDHOEK

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Against Delivery

Your Excellency, Comrade President
Your Excellency, Vice President
Right Honourable Prime Minister
Deputy Prime Minister
Honourable Minister
Media Practitioners
Fellow Namibians

I take the floor to provide more details on the issues as announced by His Excellency, the President as part of our national COVID-19 response and preparedness. Before I do so, I wish to provide context and background to these interventions. On the 28th July 2020, during the daily briefing on COVID-19 at the Communication Centre, I delivered a statement in which I laid out the need for Namibians to take the evolving COVID-19 pandemic in our country more seriously. That statement has been placed in local newspapers and placed on other media platforms. I urge all Namibians to read it and to heed the advice contained therein.

As I stated then, I wish to once again say the evolving pandemic, as witnessed by increasing cases and loss of life, calls for greater vigilance and personal responsibility of each and every Namibian. We must do our part to stop the spread of this disease in its tracks. And, yes, it can be done. In order to protect ourselves, our families, and our communities from illness and prevent loss of life, we must:

- Wear face masks each time we go out in public,
- We must practice prescribed social distancing protocols,
- We must avoid crowded places and public gatherings,
- Practice hand hygiene, by using alcohol-based sanitizer or washing hands with soap and water for at least twenty seconds,
- Avoid going out in public, unless it is absolutely necessary,
- Avoid large gatherings, especially those held indoors, and
- We must avoid unnecessary travel, especially from region to region.

These are the realities of our times. The only way Namibia can suppress the spread of the disease is by following and complying with these measures without fail, at all times, and by everyone.

I now wish to provide details on the interventions just announced.

Isolation and Quarantine

As it was announced on the 29th June 2020, steps will be taken to build in more flexibility into the quarantine and isolation protocols in Namibia. This is to be guided by the evolving scientific and epidemiological information about the COVID-19 pandemic. It is critical that our policies are driven by scientific evidence, and informed by expert views and knowledge. In our decision making, we make use of the best information available to us, both in our country and from across the globe. On this basis, a decision was taken to bring changes in our policies on quarantine and isolation for people suspected or found to be infected with the coronavirus. The science is now clear: there is no evidence of risk that somebody can infect another person with the virus after 10 days of infection, if their symptoms have gone away.

This means that our numbers of recoveries will rise quickly. This is to be expected. It is because we now know that recovery should be based on resolving symptoms, and counting at least 10 days after infection started. It has been proven that a person may test positive for COVID-19, for many more weeks after the symptoms have resolved. However, this does not mean such person is still infective or poses a risk to infect others.

Changing the policy for quarantine and de-isolation is the right thing to do, because we now have the scientific and medical evidence that this is safe and longer quarantines and isolations are not necessary. This is what our neighboring countries have done. It is what many other countries around the world have done, and it is what the WHO and the CDC now recommend.

This also affects our policy for quarantine, which can be shorted. A single test for the coronavirus on the seventh day of quarantine will be done, and if it is negative, then the quarantine can end. This will help people get back to their normal lives sooner, it will decongest the quarantine facilities, and it still keeps us safe according to all of the latest science.

In terms of details, it has been decided that Quarantine Protocol, adopts a 3-tiered structure.

Tier 1: where there is no community transmission, which is most of Namibia at the present time. The duration of quarantine is reduced from 14 to 7 days in approved facilities. All to be tested at the end of the quarantine on day 7 and released on negative PCR. If a positive, the person goes into isolation.

Tier 2: where there is established community transmission, the length of quarantine is proposed to be a minimum of 7 days. Contacts would all be tested at the end of the quarantine on day 7 and released once a negative result is obtained. If a positive result is obtained, they would enter into isolation. Contacts would be allowed to quarantine at home if their home is suitable.

Tier 3A: Travelers arriving in Namibia. The length of quarantine is reduced from 14 days to 7 days in approved facilities. Travelers are expected to arrive with negative PCR-based results, not older than 7 days. They would only be tested on day 7 and discharged with negative results.

Tier 3B: Special dispensation under the “Tourism Revival Initiative”. The length of quarantine is 7 days in approved facilities. Travelers are expected to arrive with negative PCR-based results and tested within 7 days of arrival in Namibia. They will be tested on Day 5 and discharged on negative results.

It has been decided that **Isolation Protocol** in Namibia, will adopt a 3-part threshold system:

Threshold 1: when more than 60% of health facility bed capacity dedicated to COVID-19 are available, ALL positive cases are managed in isolation units at COVID-19 designated health facilities regardless of severity of illness.

Threshold 2: when more than 60% of the health facility bed capacity dedicated to COVID-19 are occupied by confirmed and suspected cases, only SEVERE and CRITICAL cases and those at higher risk of developing severe disease or complications due to co-morbidities will be managed at health facilities. All other cases will be managed in other designated and repurposed COVID-19 non-healthcare isolation facilities. Currently, Erongo and Khomas Regions are in Threshold 2.

Threshold 3: isolation in health facilities would only be used for severe cases. Non-severe cases, or cases at higher risk of developing severe disease due to comorbidities will be managed in repurposed facilities. All other cases/persons who have living spaces that are amenable for home isolation would be allowed to do so.

COVID-19 non-health isolation facilities and home isolation will follow strict criteria outlined clearly in the Case Management SOP.

After COVID-19 epidemic review of all available data, Case Management experts recommend a pivot in Namibia's de-isolation criteria. Currently, for de-isolation, Namibia uses a test-based approach and requires two negative PCR tests taken at least 24 hours apart.

Namibia moves to a revised **de-isolation protocol** as follows:

Asymptomatic patients will be discharged from isolation 10 days after the positive test for SARS-CoV-2.

Symptomatic patients to be discharged from isolation 10 days after onset of symptoms, with at least 3 additional days without symptoms.

All patients will have a test conducted on Day 10 after the initial test, for asymptomatic or Day 10 after symptom onset for symptomatic. If the test is positive, the patient will be instructed to exercise additional caution with physical distancing, wearing of mask, and hand hygiene for the next 10 days.

These recommendations are in line with the newest WHO and CDC guidance. Any confirmed COVID-19 case that has been de-isolated according to the aforementioned criteria will be considered as having recovered. Thus, recovery would no longer be based on re-testing negative on PCR.

Risk categorization and quarantine of health workers

Current evidence suggests that SARS-CoV-2 is transmitted between people through close contact and droplets. Aerosol-generating medical procedures are also associated with increased risk of infection. Against this background, the Ministry of Health and Social Services developed a framework to classify Health Care Workers into either High or Low Risk, depending on the context of their work environment and the level and nature of possible exposure to infection. Those regarded as **High Risk HCWs are required to be quarantined** in line with the SOPs and those regarded as **Low Risk HCWs are NOT required to quarantine**. The risk categorization is conducted by the Infection, Prevention and Control Experts to ensure objectivity.

The message cannot be re-emphasised. Let us protect ourselves individually. Let us protect our neighbours. Let us protect our communities. Let us protect our country. Together, we can vanquish COVID-19.

I thank you.