



## MINISTRY OF HEALTH AND SOCIAL SERVICES

### PRESS STATEMENT ON INFLUENZA A/ H1N1 UPDATE

28 June 2018

#### 1. INTRODUCTION

The Ministry of Health and Social Services herewith wishes to inform the nation of the current situation on the Influenza A H1N1 cases. On 22 June 2018, a confirmed case of Influenza A H1N1 was reported by a private health facility in Windhoek. The index case is a 6-month-old male, who was admitted and treated for a flu-like illness and later tested positive for Influenza A H1N1 on 22 June 2018. Thus far, 5 laboratory confirmed cases have been reported.

Influenza A H1N1 previously known as “Swine flu”, has been **reclassified as a seasonal influenza virus** after the 2009 pandemic. This has been circulating globally in the last decade, all year round, however, cases peak during the winter season. This means it is expected that there will be people getting ill with flu from this particular strain.

The signs and symptoms include:

- Fever above 38 °C
- Cough
- Sore throat
- Runny or stuffy nose
- Watery, red eyes
- Body aches
- Headache
- Fatigue
- Diarrhea
- Nausea and vomiting

Namibia experienced a large-scale H1N1 outbreak in 2009-2010, where over 8000 cases were reported out of which 102 cases tested positive. The highest burden of epidemiologically linked cases was experienced in the northern regions of Ohangwena and Omusati, as well as the of //Karas.

## 2. GENERAL INFORMATION AND CASE DEFINITION:

### Standard case definition:

**Suspected Case:** Influenza like illness with fever (defined as body temperature  $\geq 38^{\circ}\text{C}$ ) plus cough and with onset within the last 10 days.

**Confirmed Case:** Any suspected case which is laboratory confirmed.

**Epidemiologically linked Case:** A suspected case who has been linked to a confirmed case.

## 3. DESCRIPTIVE EPIDEMIOLOGY

Thus far, 5 Influenza A/H1N1 cases have been laboratory confirmed, of which 4 (four) are from Rehoboth and 1 (one) from Windhoek. They are 2 females and 3 males aged between 6 months – 45 years. Currently, four (4) of the cases are admitted in hospitals.

## 4. MODE OF TRANSMISSION AND PEOPLE AT RISK

H1N1 is primarily transmitted via coughing and sneezing (air droplets) or direct contact with surfaces contaminated with infected droplets.

High risk groups include:

- Children under the age of 5 years
- Elderly people (over age 65 years)
- Pregnant women
- Immunocompromised individuals e.g. people living with HIV/AIDS, TB patients, diabetic patients etc.
- Chronic underlying medical conditions

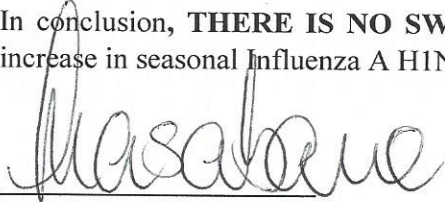
## 5. PREVENTION MEASURES

- Get vaccinated against Influenza A H1N1. The seasonal influenza vaccination is the best protection available against flu. The Influenza A H1N1 strain is included in the seasonal flu vaccine which is available in Namibia.
- Practice respiratory hygiene by covering your nose and mouth with a tissue when you cough or sneeze or cough in your cubital fossa (triangle of elbow) instead of your hands. Throw the tissue in the bin after use.
- Drink plenty of fluids to avoid dehydration.
- Wash your hands often with soap and water. If soap and water are not available, use an alcohol-based hand rub.
- Avoid touching your eyes, nose and mouth. Germs spread that way.

**6. ADVICE TO THE PUBLIC**

- Given that we are in the flu season, it is expected that there will be more cases of flu and people should also note that this is self-limiting, meaning it will resolve by itself.
- People exhibiting sign and symptoms of the disease should have bed rest, take plenty of fluids and manage fever and cough with over the counter medication
- **Seek medical attention only if you have severe flu-like illness**
- If infected, limit contact with others to prevent the spread of the infection.

In conclusion, **THERE IS NO SWINE FLU OUTBREAK IN NAMIBIA** but rather an increase in seasonal Influenza A H1N1 cases.



**Ms. Petronella Masabane**  
**Acting Permanent Secretary**