OFFICE OF THE PERMANENT SECRETARY

PRESS STATEMENT ON HEPATITIS E OUTBREAK UPDATE
AND
RAPID ASSESSMENT SURVEY ON KNOWLEDGE, ATTITUDE AND PRACTICES
AMONG RESIDENTS OF HAVANA AND GOREANGA INFORMAL
SETTLEMENTS TOWARD HEPATITIS E DURING THE ONGOING OUTBREAK

1. INTRODUCTION

The Ministry of Health and Social Services herewith wishes to update the nation of the current situation on the Hepatitis E outbreak in the country. On 14 November 2017, an outbreak of Hepatitis E was declared in Windhoek, Khomas Region. Since then, cases have been reported in 6 other regions namely Erongo, Omusati, Oshana, Ohangwena, Oshikoto and Kavango East. Over 80% of cases recorded in the above-mentioned regions were linked to Havana and Goreangab informal settlements in Windhoek by travel history. Havana and Goreangab are collectively the outbreak’s epicenter.

The main drivers that were identified for the Windhoek Hepatitis E outbreak include; open defecation, poor sanitation and hygiene practices. This calls for behavioural change of affected community members. Previous epidemiological studies determined that the areas/sections within the affected informal settlements with inadequate water and sanitation infrastructure (e.g. communal taps, public toilets, latrines) were hardest hit by the outbreak. These settings are similar to Swakopmund’s DRC informal settlement where majority of HEV cases were recorded.

2. GENERAL INFORMATION

Typical signs and symptoms of hepatitis E include:

- An initial phase of mild fever, anorexia (reduced appetite), nausea and vomiting, lasting for a few days; some persons may also have abdominal pain, itching (without skin lesions), skin rash, or joint pain.
- Jaundice (yellow discoloration of the skin and sclera of the eyes), with dark urine and pale stools, and
- A slightly enlarged, tender liver (hepatomegaly)
Acute hepatitis E can be severe, and results in fulminant hepatitis (acute liver failure); these patients are at risk of death. Fulminant hepatitis occurs more frequently when hepatitis E occurs during pregnancy. Pregnant women with hepatitis E, particularly those in the second and third trimesters of pregnancy

### 3. CURRENT SITUATION

As at 25 November 2018, the situation in the whole country was as follows:

- **3973** Cumulative Hepatitis E cases
- **34** Deaths, including **16** Maternal deaths
- **522** Laboratory confirmed
- **2817** Epidemiologically linked
- **634** Suspected cases

<table>
<thead>
<tr>
<th>Region</th>
<th>Khomas</th>
<th>Erongo</th>
<th>Omusatı</th>
<th>Ohangwena</th>
<th>Oshana</th>
<th>Oshikoto</th>
<th>Kavango</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>District</td>
<td>Windhoek</td>
<td>Omaruru, Swakopmund, Usakos, Walvis Bay</td>
<td>Okahao, Oshikuku, Outapi, Tsandi</td>
<td>Eenhana, Engela</td>
<td>Oshakati</td>
<td>Omuthiya, Onandjokwe, Tsumeb</td>
<td>Andara, Rundu</td>
<td></td>
</tr>
<tr>
<td>Laboratory</td>
<td>127</td>
<td>174</td>
<td>72</td>
<td>31</td>
<td>64</td>
<td>39</td>
<td>15</td>
<td>522</td>
</tr>
<tr>
<td>Confirmed</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Epi-linked</td>
<td>2342</td>
<td>471</td>
<td>1</td>
<td>0</td>
<td>3</td>
<td>0</td>
<td>0</td>
<td>2817</td>
</tr>
<tr>
<td>Suspected</td>
<td>279</td>
<td>234</td>
<td>69</td>
<td>10</td>
<td>12</td>
<td>8</td>
<td>22</td>
<td>634</td>
</tr>
<tr>
<td>Cumulative HEV cases</td>
<td>2748</td>
<td>879</td>
<td>142</td>
<td>41</td>
<td>79</td>
<td>47</td>
<td>37</td>
<td>3973</td>
</tr>
</tbody>
</table>

- **Discarded**
  - 42
  - 21
  - 125
  - 36
  - 10
  - 13
  - 34
  - 281

- **Total cases presented with Acute Jaundice Syndrome (AJS)**
  - 2790
  - 900
  - 267
  - 77
  - 89
  - 60
  - 71
  - 4254

- **Maternal cases reported**
  - 171
  - 33
  - 13
  - 3
  - 2
  - 4
  - 0
  - 226

- **HEV deaths**
  - 26
  - 3
  - 2
  - 0
  - 2
  - 1
  - 0
  - 34
  - CFR 0.9%

- **Maternal deaths**
  - 11
  - 2
  - 2
  - 0
  - 1
  - 0
  - 0
  - 16

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*a* Excludes discarded and cases with unassigned classification, and includes only lab confirmed, epi-linked, and suspected cases

*b* Includes lab confirmed, epi-linked, suspected, discarded, and unclassified cases

*c* Maternal cases include those lab confirmed, epi-linked, or suspected cases reported as pregnant, miscarriage, or postpartum. Discarded or cases with unassigned classification cases are excluded.

*d* HEV deaths include those reported among lab confirmed, epi-linked, or suspected cases. Discarded cases are excluded.

*e* Case fatality rate is calculated using the number of lab confirmed, epi-linked, or suspected cases who died divided by the cumulative number of lab confirmed, epi-linked, or suspected cases. Discarded cases are not
included in the calculation as they have been ruled out as cases of hepatitis E infection, and unassigned are not included as they have not been ruled in as a case.

4. MODE OF TRANSMISSION AND PEOPLE AT RISK

Hepatitis E virus is transmitted mainly through the faecal-oral route due to faecal contamination of drinking water. The risk factors for hepatitis E are related to poor sanitation, allowing the hepatitis E virus excreted in the faeces of the infected people to reach drinking water supplies.

High risk groups include:

- Children under the age of 5 years
- Elderly people (over age of 65 years)
- Pregnant and Post-partum women (within 6 weeks of delivery)
- Immuno-compromised individuals, e.g. people living with HIV/AIDS, TB patients, diabetic patients etc.
- Chronic underlying medical conditions

5. PREVENTION MEASURES

At the population level, transmission of hepatitis E disease can be reduced by:

- Maintaining quality standards for public water supplies
- Establishing proper disposal systems for human faeces

At an individual level, infection risk can be reduced by:

- Boiling/purifying drinking water
- Practicing proper hand washing using soap and running water
  - Before preparing food
  - Before eating
  - After using the toilet
  - After changing a baby’s nappy
  - After shaking hands
  - After handling waste material
- Safe disposal of faecal matter
- Keep toilet facility clean
- Keep your surrounding clean

6. ACTIONS TAKEN SO FAR

- An incident manager has been assigned by the National Health Emergency Management Committee (NHEMC) to lead and coordinate the outbreak response process, along with WHO and CDC technical support. Regional and district Health emergency committees have been activated in all the affected regions/districts.
- NHEMC reviewed and completed a budgeted national level response plan which includes partners and national budget.
- Partner organizations are providing in-country technical assistance (WHO and CDC).
- WHO is supporting MoHSS in coordination, data analysis, report writing, surveillance, risk communication, and social mobilization. Besides technical support, WHO is providing financial support to strengthen coordination, surveillance, and social mobilization at national and regional levels.
• MoHSS and WHO traveled to affected regions in the country and supported the district/regional emergency response committees, including participation in the cross-border collaboration meeting with Angola and the report was shared at NHEMC meeting.

• WHO has started training, and deploying multipurpose community volunteers who will conduct social mobilization, community surveillance, and WASH promotion in affected communities.

• CDC supported MoHSS to review, standardize, and update the hepatitis E line lists to be used at the district, regional, and national levels. To date, CDC staff provided training on the standardized line list to 58 district, regional, and national MoHSS staff.

• Regional and District surveillance teams continue to conduct health education, contact tracing, mapping and reporting of HEV cases weekly.

• About 600 rapid diagnostic kits have been donated by CDC and are in the process of distribution to health facilities and laboratories.

• Hepatitis E educational materials (including posters for patients, educational materials specifically for pregnant women and treatment algorithms for providers) were printed with the support of UNFPA and distributed to the affected regions.

• WHO is supporting MoHSS to print additional hepatitis E educational materials for distribution to affected regions.

• Community meetings are used as a platform to sensitize communities.

• Hepatitis E information is shared on the Otjiherero radio on a weekly basis by the City of Windhoek (CoW).

• WHO and MoHSS have visited Erongo and five northern regions of Omusati, Oshana, Ohangwena, Oshikoto and Kavango in mobilizing, engaging, and sensitizing communities on Hepatitis E prevention.

• WHO has engaged Namibia Red Cross Society volunteers and other community health workers for hygiene, social mob and community disease surveillance activities.

• With support from WHO, TV and radio jingles and spots are being aired for public awareness.

• Regular water testing by municipalities is being done in Khomas and Erongo (Swakopmund) informal settlements.

• Swakopmund municipality provided 11 water taps and 30 mobile toilets to "new DRC," part of the most affected informal settlement in Erongo region.

• Rapid Assessment Survey: Knowledge, Attitudes and Practices (KAP) in Windhoek is underway. It will be led by FELTP with assistance from CDC.

• UNICEF has donated a second freight of Water Purification tablets (51 496 PAC) and Hand washing soap bars (8000 PAC) worth N$ 629 756.05 which will be distributed to the affected regions.

7. RAPID ASSESSMENT SURVEY: KNOWLEDGE, ATTITUDE AND PRACTICES

• The Ministry of Health and Social Services in collaboration with the US Centers for Disease Control and Prevention Country Office and the Namibia Statistics Agency, hereby informs your good office on the undertaking of a Rapid Assessment survey on Knowledge, Attitude and Practices (KAP) of residents of Havana and Goreangab informal settlements on Hepatitis E virus during the ongoing outbreak.

• Despite the ongoing implementation of control measures toward containing the current HEV outbreak, new cases are being reported on a weekly basis. There is a need to understand the knowledge, attitude and practices (KAP) of the affected community towards hepatitis E, in order to guide the implementation of appropriate response interventions. The objectives of the Rapid Assessment include:

  • To determine the current status of the knowledge, attitude and practices (KAP) toward Hepatitis E among residents living in the epicenter of the outbreak (Havana and Goreangab informal settlements)
• To describe the current water, sanitation situation in Havana and Goreangab informal settlements
• To determine whether associations exist between level of knowledge, attitude and practices and socio-demographic characteristics

• A team of 13 data collectors, 6 field supervisors and 3 drivers are expected to cover 640 households in Havana and Goreangab informal settlements over the 9 day period (except Sundays).
• The Rapid Assessment KAP survey is expected to commence on the 3rd – 11th December 2018 in Havana and Goreangab informal settlements as they are collectively the epicenter of the Hepatitis E outbreak.
• The consent form and survey tool have been translated into three widely spoken local dialects (Oshiwambo, Otjiherero and Afrikaans) in order to overcome anticipated language barriers among the study population.
• The findings of this Rapid Assessment KAP survey will be communicated to the public on an appropriate forum.

8. ADVISE TO THE PUBLIC

• As we are approaching the festive season we anticipate frequent large public gatherings and festivities. Organizers and hosts of such gatherings should ensure provision of safe drinking water, hand washing facilities with soap and running water, adequate ablution facilities with hand washing stations and adhering to the World Health Organization’s food safety practices.

• The Ministry of Health and Social Services hereby requests the cooperation of the public, during the Rapid Assessment KAP survey which is currently underway in Havana and Goreangab informal Settlements

Issued by:

[Signature]

MB. BEN NANGOMBE
PERMANENT SECRETARY