



REPUBLIC OF NAMIBIA

Ministry of Health and Social Services

Private Bag 13198
Windhoek
Namibia

Ministerial Building
Harvey Street
Windhoek

Tel: (061) 203 2054
Fax: (061) 229 225
Public.Relations@mhss.gov.na

**STATEMENT BY THE HONOURABLE
MINISTER OF HEALTH AND SOCIAL
SERVICES**

(DR. BERNARD S. HAUFIKU)

**AT A PRESS CONFERENCE ON THE
UPDATE ON THE INFLUENZA A H1N1 AND
HEPATITIS E**

WINDHOEK

05 JULY 2018

PRESS BRIEFING ON
INFLUENZA A (H1N1)pdm 09 AND HEPATITIS E OUTBREAK

05 July 2018

SECTION A

Influenza A (H1N1)pdm09

1. INTRODUCTION

The Ministry of Health and Social Services herewith wishes to inform the nation of the current situation on the influenza A (H1N1)pdm09 cases. Influenza-like viruses circulate and change over time, and when new strains emerge, they have the likelihood of causing outbreaks and pandemics. Over a period when the strains become part of the circulating seasonal flu viruses, they usually do not cause outbreaks and pandemics anymore. The influenza A(H1N1)pdm09 originally emerged in 2009 as an emerging strain which caused a pandemic including cases in Namibia. Influenza A(H1N1)pdm09 is now a seasonal influenza virus which has been circulating over the past 9 years globally including the Southern African region. It is no longer referred to as “Swine flu”, but the influenza A(H1N1)pdm09. The influenza A(H1N1)pdm09 strain is included in the seasonal flu vaccine which is available in Namibia.

On 22 June 2018, a confirmed case of Influenza A(H1N1)pdm09 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 A(H1N1)pdm09 on 22 June 2018. So far, 16 laboratory confirmed cases and 2 deaths have been reported.

Cases peak during the winter season and thus, 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

2. 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. MODE OF TRANSMISSION AND PEOPLE AT RISK

Influenza A(H1N1)pdm09 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

4. PREVENTION MEASURES

- Get vaccinated against seasonal influenza.
- 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.

5. 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, **the country is not having an outbreak of Influenza A(H1N1)pdm09**. The country is currently in the process of establishing an influenza sentinel surveillance to enable the country to determine its endemic levels, thresholds and detection of circulating and emerging strains.

SECTION B

HEPATITIS E OUTBREAK UPDATE

1. INTRODUCTION

The Ministry of Health and Social Services herewith wishes to inform the nation of the current situation on the Hepatitis E outbreak in the country. The outbreak was first declared in Windhoek on 14 December 2017, and since then, sporadic cases were being reported throughout the country. Omusati and more recently, Erongo Region have declared outbreaks of Hepatitis E. The extensive spread of the outbreak to other parts of the country are attributed to cases from the epicentre (Havana and Goreangab) travelling and thereby spreading the infection to at risk populations. The National Health Emergency Management Committee has urged all the Regions to implement preparedness, prevention and control measures, as such reports of more cases are expected throughout the country.

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. 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. Ongoing vandalism and theft of implemented water and sanitation infrastructure are some of the major challenges which are preventing the effective containment of the Hepatitis E outbreak in Windhoek.

Table 1: Summary of Hepatitis E cases in Namibia

Region	Cumulative cases	Lab confirmed cases	Cumulative deaths
Khomas	1695	116	6 - Maternal 9 - others
Omusati	85	16 (11 linked to Windhoek)	2 - Maternal
Erongo	73	23	0
Oshana	2	2	0
Ojondupa	5	4	0
Oshana	2	2	0
Oshikoto	1	1	0
Karas	1	0	0
Hardap	2	2	0
Total	1867	147	17

2. CASE DEFINITION:

Standard case definition

Suspected Case: Any person with acute illness with evidence of jaundice (yellow colouration of eyes and skin), preceded by a few days of “flu like” symptoms such as low-grade fever, loss of appetite, general body weakness, fatigue, nausea and/or vomiting.

Confirmed Case: Laboratory confirmation by detection of Hepatitis E Ig M antibodies in serum.

Epidemiologically linked Case: Any person suspected with Hepatitis E, who has been linked to a confirmed case, OR resides in the locality of the outbreak eg. Havana or Goreangab.

3. MODE OF TRANSMISSION AND PEOPLE AT RISK

- Through faecally contaminated water
- Environmental contamination due to poor sanitation

Pregnant women and immunocompromised individuals are more at risk.

4. PREVENTION MEASURES

- Boil /purify drinking water
- Practice proper hand washing using soap and 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

5. ADVICE TO THE PUBLIC

- Refrain from vandalism and theft of water and sanitation facilities
- Report those who engage in vandalism activities
- Observe good personal hygiene practices at all times

/end/