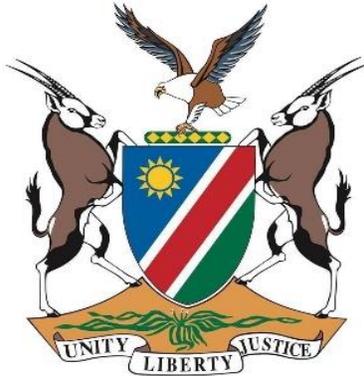


REPUBLIC OF NAMIBIA



MINISTRY OF HEALTH AND SOCIAL SERVICES

**STATEMENT BY DR KALUMBI SHANGULA (MP), MINISTER OF HEALTH AND
SOCIAL SERVICES
AT A PRESS CONFERENCE
TO ANNOUNCE
THE CONFIRMATION OF TYPHOID FEVER CASES IN GOREANGAB LOCATION,
IN WINDHOEK, NAMIBIA
AND
THE END OF HEPATITIS E OUTBREAK IN NAMIBIA AND CONFIRMED**

2 MARCH 2022

WINDHOEK

**Check Against Delivery*

Director of the Proceedings, Mr Ben Nangombe, Executive Director: MOHSS
Honourable Deputy Minister of Health and Social Services, Dr Esther Muinjangué
Representatives of UN Agencies
Country Director of the Centres for Disease Control and Prevention
Esteemed Invited Guests
Members of the Media
Ladies and Gentlemen!

1. I welcome you to this press conference. I thank you for making time to join us this morning. Namibia appears to have a high propensity to disease outbreaks. The country has experienced disease outbreaks in recent years, including plague, Hepatitis E, Covid-19, malaria and of late, typhoid fever. I will share with you and through you, the broader public the confirmation of typhoid fever in the country. I shall also announce the end of Hepatitis E outbreak in Namibia.
2. The first matter I wish to share related to the detection and confirmation of Typhoid Fever cases in Namibia. On 27 January 2022, the Ministry of Health and Social Services confirmed a case of Typhoid Fever from Windhoek District. Following the report of the first case, nine (9) contacts, including three (3) close contacts, were traced and tested for typhoid fever. Among the three (3) close contacts, two (2) tested positive.
2. Typhoid fever remains a serious public health problem throughout the world. The World Health Organization estimated incidences of 16 to 33 million typhoid fever cases globally every year, with 500 000 to 600 000 deaths and case fatality rate of between 1.5% and 3.8%. With more than 80% of global cases, South Asia is the most commonly reported region for the occurrence of typhoid fever.
3. In the last outbreak in the Democratic Republic of the Congo, between 27 September 2004 and early January 2005, no less than 42 564 cases of typhoid fever were reported, including 214 deaths and 696 cases of peritonitis and intestinal perforation. Cases of Typhoid Fever have been reported previously in Namibia, especially in Kavango East and Kavango West regions due to the use of river water. Windhoek district in Khomas recorded only one (1) case of typhoid fever in the past five years between 2017-2021.
4. Typhoid fever is transmitted through food and water contaminated by faeces and urine of an infected person. Polluted water is the most common source of typhoid transmission. Food such as raw vegetables and fruits, contaminated milk products usually from hands of typhoid fever carriers and flies, are common source of infection. People can transmit the disease as long as the bacteria remain in their body. Most people are infectious prior to and during the first week of recovery, but 10% of untreated patients will discharge bacteria for up to three months. Typhoid fever can be treated with antibiotics. However, resistance to common antimicrobials is widespread.

5. Persons with typhoid fever carry the bacteria in their bloodstream and intestinal tract. Symptoms include prolonged high fever, fatigue, headache, nausea, abdominal pain, and constipation or diarrhea. Some patients may have a rash. Severe cases may lead to serious complications or even death.
6. Common risk factors in the development of typhoid fever are travel to typhoid fever endemic areas; poor hygiene practices; lack of sanitation facilities; proximity to flying insects feeding on faeces; contact with someone who recently suffered from typhoid fever; recent use of antibiotics and low immunity due to Diabetes Mellitus, uncontrolled HIV/AIDS and other immunosuppressive conditions.
7. A diagnosis of typhoid fever can be confirmed by analyzing samples of blood, faeces, or urine. These will be examined under a microscope for the *Salmonella typhi* bacteria that cause this condition.
8. The public is urged to exercise the following measures:
 - Maintain good hygiene and sanitation, including hand washing
 - Ensure drinking safe water or boil water before consumption
 - Food should be carefully prepared and food handlers need to be especially vigilant with regard to hand washing and wearing gloves.
 - Avoiding raw and uncooked food can also prevent the spread of typhoid fever. Food that has been left over from a previous meal should be re-heated adequately before being eaten.
 - If you are a close contact of a typhoid case and showing the symptoms, seek medical help without delay.
9. According to the World Health Organization (WHO), a disease outbreak is the occurrence of disease cases in excess of normal expectancy. So far, the reported cases do not meet the WHO definition to be classified as an outbreak. However, further investigations are ongoing. The three detected cases are in a stable condition and are undergoing medical treatment.
10. The Ministry of Health and Social Services has learned through social media about the possible association of Typhoid fever cases in Windhoek and Swakopmund to the Typhoid fever cases reported in South Africa. Typhoid fever is one of the priority diseases under our national surveillance system. So far, we have only confirmed the cases described above, but we remain vigilant to be able to detect Typhoid fever cases through our surveillance system. The public is urged to remain calm and comply with the control measures put in place in order to contain and prevent further spread of the infection. The second matter I wish to discuss this morning relates to the Hepatitis E in our country.

11. Namibia declared Hepatitis E outbreak on 14 December 2017. By 4 February 2022, a total of **8 092** Hepatitis E cases were reported, of which **2 124** or 26.2% were laboratory confirmed and **4 738** or 58.6% were epidemiologically linked to the confirmed cases. A total of **1 230** cases or 15.2% were classified as suspected cases. A total number of **2 435** specimens tested negative for Hepatitis E and were therefore discarded.
12. A total of **66** Hepatitis E deaths were recorded nationally with a Case Fatality Rate (CFR) of **0.8%** since the outbreak began up to September 2020. Among the recorded deaths, **27** were maternal deaths, representing **41%** of the total Hepatitis E deaths and **6.2%** of all the reported maternal Hepatitis E cases. Four (4) Hepatitis E deaths were recorded in 2020 of which two were maternal deaths. The first one occurred in February 2020 and the last one occurred in September 2020. No Hepatitis E deaths were recorded since then.
13. Hepatitis E cases have significantly dropped in all regions since the last quarter of 2020. The last few cases were reported in Windhoek, Walvis Bay and Okahao Districts. The acute phase of a virus outbreak is defined by the propagation of the virus within communities through transmission of the virus from one person to another. With respect to Hepatitis E, this phase is considered to have been interrupted when no confirmed cases are detected for a period of 20 weeks or two times the maximum incubation period for Hepatitis E infections, following the last potential exposure to the last case had occurred.
14. For endemic conditions, an outbreak ends when the number of new reported illnesses drops back to the number ordinarily expected. The Hepatitis E epidemiological curve in Namibia shows that Hepatitis E cases have consistently declined. In the last 20 weeks, which is equivalent to double the incubation period of this virus, 33 cases presented with acute jaundice syndrome, of which 24 were discarded, and nine were suspected to have Hepatitis E. Out of the 9 cases, 6 have developed symptoms within the last 20 weeks. Three (3) were from Windhoek and one each from Walvis Bay, Usakos and Okahao Districts. None of these cases were laboratory confirmed, neither were they epidemiologically linked.
15. **With the above background, it is my pleasure to inform the nation and to declare that the Hepatitis E outbreak in Namibia has ended.**
16. It is however, important to emphasize that the Hepatitis E surveillance system remains in the state of heightened alertness and vigilance in order to pick up any rise in the number of cases anywhere in the country. Should new cases occur, they will be promptly and thoroughly investigated in order to respond appropriately and in line with the prescriptions of public health.

17. Out of abundance of caution, the following districts will continue to submit their line list as from today according to the timelines indicated below, after which they may discontinue, if no cases are suspected during that period:
- Windhoek District: up to 16 March 2022
 - Usakos District: up to 31 March 2022
 - Walvis Bay District: up to 19 April 2022 and
 - Okahao District: up to 24 June 2022.
18. Hepatitis E continues to be part of weekly Integrated Disease Surveillance and Response (IDSR) reporting system from all Districts. The Ministry of Health and Social Services expresses gratitude to the following stakeholders for the concerted efforts to bring the Hepatitis E outbreak in our country to an end. Office of the Prime Minister (OPM); Offices of the Governors and Regional Councils in all affected regions; Ministry of Agriculture Water and Land reform; Ministry of Information and Communication Technology, (MICT); Ministry of Education Art and Culture (MoEAC); Embassy of the Government of Japan in Namibia; The World Health Organization (WHO); United Nations Development Programme (UNDP); United Nations Children's Fund (UNICEF); United Nations Population Fund (UNFPA); US Centres for Disease Control & Prevention (CDC); City of Windhoek (CoW) and other local authorities; Namibia Institute of Pathology (NIP); University of Namibia (UNAM); Namibia Red Cross Society (NRCS); Media houses; Coca Cola Company Namibia; Development Workshop Namibia (DWN); Ecabiotec (German), 'anosan' and All other stakeholders.
19. Namibia has a good track record in eradicating or eliminating outbreaks. Among them are plague, Crimean-Congo Haemorrhagic fever, polio and now Hepatitis E. This gives me confidence and optimism that the same fate will befall Covid-19 as long as we get vaccinated and observe public health measures as announced from time to time.
20. I acknowledge with gratitude the efforts of our health care workers in ending Hepatitis E in Namibia. I thank the public for support and cooperation and for complying with our messages. We have eradicated polio in Namibia a decade ago through mass vaccination. We can do the same with Covid-19. Have faith in your government. Let us get vaccinated in order to return Namibia to normal life.

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