



REPUBLIC OF NAMIBIA

MINISTRY OF HEALTH AND SOCIAL SERVICES

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Date: 28 June 2022

Enquiries: P. Endjala
Ref: 14/4/1

Circular No. 53 of 2022

**TO: LABORATORY MANAGERS
REGIONAL HEALTH DIRECTORS,
GOVERNMENT AND PRIVATE HOSPITALS MANAGERS**

RE: URGENT NOTICE ON TESTING OF MONKEYPOX SPECIMENS IN NAMIBIA

The above matter refers.

1. Monkeypox is a rare viral infection in humans which presents with an acute illness characterized by fever and general flu-like symptoms, followed by the eruption of a blister-like rash on the skin. The National Institute of Communicable Diseases (NICD), a division of the National Health Laboratory Service in South Africa confirmed the first case of Monkeypox in Southern Africa on 22 June 2022.
2. The World Health Organization (WHO) recommends increasing vigilance for Monkeypox cases with contact tracing and monitoring of laboratory-confirmed cases. The Ministry of Health and Social Services (MoHSS) thus would like to direct all testing laboratories that should they come across any suspected monkeypox cases, to send these specimens to the National Institute of Pathology (NIP) for forwarding to NICD. Arrangements have been made with the NIP and NICD to assist in the diagnosis of the disease. The specimen must be accompanied by a Case Investigation Form with full **patient details** for case surveillance to be complete.
3. The following case reporting and specimen collection procedure must be followed:
SKIN LESION material is required for all investigations. Collection of other sample types must be done in consultation with NIP. Attached is a copy of the Monkey Pox Case Investigation Form.

Specimen Collection and Submission

- a) All specimens collected for laboratory investigations should be regarded as potentially infectious and handled with caution.
- b) Rigorous adherence to infection prevention and control guidelines must be ensured during specimen collection and handling.

All official correspondence must be addressed to the Executive Director.




Materials Needed:

Four (4) Dry Swabs: sterile nylon, polyester, or Dacron swab or polyester flocked swabs with VTM.

In line with the above, I would like to assure the public of the Ministry's preparedness in case of a potential Monkey pox outbreak. I appreciate the assistance from all the relevant stakeholders in executing this directive. The combined efforts will collectively strengthen and improve the public health response in Namibia.

Yours sincerely,


BEN NANGOMBE
EXECUTIVE DIRECTOR



All official correspondence must be addressed to the Executive Director.





NAMIBIA INSTITUTE OF PATHOLOGY LIMITED

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Ministry of Health
& Social Services

MONKEYPOX CASE INVESTIGATION FORM

PATIENT DETAILS

Surname:		Name(s):	
Date of birth:	Age:	Gender Male: <input type="checkbox"/>	Female: <input type="checkbox"/>
Contact telephone number(s):		Occupation:	
Physical address:			

ATTENDING HEALTHCARE WORKER AND HEALTHCARE FACILITY DETAILS

Name of clinician:		Contact number/s of clinician:	
Healthcare facility name:		Location of healthcare facility:	
Hospital number:	Date attended (dd/mm/yyyy):	Ward:	
If admitted- Date of admission (dd/mm/yyyy):			
Is patient admitted at ICU?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Region:	

RISK FACTORS/ EXPOSURE HISTORY – during the 21 days prior to onset of symptoms

Travelled to a country endemic for monkeypox*	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unknown <input type="checkbox"/>
Close contact with suspected or confirmed case of monkeypox**	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unknown <input type="checkbox"/>
History of international travel	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unknown <input type="checkbox"/>
None of the above	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

CLINICAL INFORMATION

A. Date of onset of illness (dd/mm/yyyy):			
B. Clinical features (Tick appropriate box: Yes, No, Unknown)			
Fever	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unknown <input type="checkbox"/>
If yes, specify temperature _____ °C			
Lymphadenopathy	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unknown <input type="checkbox"/>
Headache	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unknown <input type="checkbox"/>
Muscle pain	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unknown <input type="checkbox"/>
Fatigue	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unknown <input type="checkbox"/>
Sore throat	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unknown <input type="checkbox"/>
Nausea/vomiting	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unknown <input type="checkbox"/>
Cough	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unknown <input type="checkbox"/>
Chills/sweats	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unknown <input type="checkbox"/>
Oral ulcers	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unknown <input type="checkbox"/>
Light sensitivity	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unknown <input type="checkbox"/>
Other, specify: _____			
If female, pregnant	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unknown <input type="checkbox"/>
Rash	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unknown <input type="checkbox"/>
If yes, date of onset of rash (dd/mm/yyyy): _____			
If yes, specify			
<u>Distribution of rash:</u>			
Face	<input type="checkbox"/>	Legs	<input type="checkbox"/>
Trunk	<input type="checkbox"/>	Soles of feet	<input type="checkbox"/>
Thorax	<input type="checkbox"/>	Arms	<input type="checkbox"/>
	<input type="checkbox"/>	Palms of hands	<input type="checkbox"/>
	<input type="checkbox"/>	Genitals	<input type="checkbox"/>
	<input type="checkbox"/>	All over body	<input type="checkbox"/>
<u>Type of rash:</u>			
Macular	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Maculopapular	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Vesicular	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Pustular	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Petechial	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Vasculitic	Yes <input type="checkbox"/>	No <input type="checkbox"/>	



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PAST TRAVEL HISTORY

Travel outside of Namibia in the 21 days prior to onset of illness? Yes No Unknown
If yes, provide details:

Country visited (indicate if travelled in transit through airport in another country)	Location(s) visited within country:	Date of arrival (dd/mm/yyyy):	Date of departure (dd/mm/yyyy):	Activities at the location

PAST MEDICAL HISTORY

Underlying illness*** : Yes No Unknown
If yes, provide details:

PATIENT OUTCOME STATUS

- Alive
- Died
- Unknown (lost to follow-up)

FOOTNOTES

- * Countries endemic for monkeypox:
1. Cameroon
 2. Central African Republic Congo
 3. Democratic Republic of Congo Gabon
 4. Ghana
 5. Ivory Coast
 6. Liberia
 7. Nigeria
 8. Sierra Leone
 9. South Sudan

**Initiate contact tracing in collaboration with your infection control practitioner and local communicable diseases control coordinator

*** Any immunosuppressing conditions, including active HIV disease