REPUBLIC OF NAMIBIA

MINISTRY OF HEALTH AND SOCIAL SERVICES

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TO: ALL DIRECTORS,
REGIONAL DIRECTORS,
DEPUTY DIRECTORS;
MEDICAL SUPERINTENDENTS;
CHIEF MEDICAL OFFICERS,
SENIOR MEDICAL OFFICERS,
OFFICIALS IN CHARGE OF HOSPITALS, HEALTH CENTRES/CLINICS, and
ALL HEALTH CARE WORKERS.

SUBJECT: REVISED GUIDANCE ON QUARANTINE AND ISOLATION OF SUSPECTED AND CONFIRMED COVID-19 CASES.

1. Purpose:

The purpose of this Circular is to provide updated guidance on quarantine and isolation of suspected and confirmed cases of COVID-19. The implementation of these new guidelines is with immediate effect.

2. Background:

Namibia's strategy for COVID-19 preparedness and response is guided and informed by evolving scientific and epidemiological information about the pandemic. As the global scientific community, international health organizations and our local experts learn more about this novel virus, our guidelines and policies are updated to ensure that the most current evidence is used to guide and inform our response. It is on these bases, that a decision was taken to bring changes to our policies and guidelines on quarantine and isolation of persons suspected or confirmed to be infected with the coronavirus.

The latest evidence from different jurisdictions support ending isolation of persons with COVID-19 using a symptoms-based approach instead of a test-based approach. Available data indicate that people with mild to moderate COVID-19 remain infectious no longer than 10 days after their symptoms began, and those with more severe illness or those who are severely immunocompromised remain infectious no longer than 20 days after their symptoms began. Recovered adults can continue to shed detectable but non-infectious SARS-CoV-2

RNA in upper respiratory specimens for up to 3 months after illness onset, albeit at concentrations considerably lower than during illness, in concentration ranges where replication-competent virus has not been reliably recovered and infectiousness is unlikely. The literature reviewed so far on the subject matter show that there is no evidence that persons classified as clinically recovered (albeit with persistence of viral RNA) have transmitted SARS-CoV-2 to others. These findings strengthen the justification for relying on a symptom-based rather than test-based strategy for ending isolation of most patients, so that adults who are no longer infectious are not kept unnecessarily isolated and excluded from work or other responsibilities. (CDC Guidelines : https://www.cdc.gov/coronavirus/2019-ncov/hcp/duration-isolation.html).

Although 14 days of quarantine is optimal, evidence support strategies to reduce the period of quarantine for contacts of persons with confirmed SARS-CoV-2 infection using symptom monitoring and diagnostic testing. With quarantine ending after Day 7 where a RT-PCR test is negative and with no symptoms reported during daily monitoring, the residual post-quarantine transmission risk is estimated to be about 5% with an upper limit of about 12%. Additionally, quarantine can end after Day 10 without testing and if no symptoms have been reported during daily monitoring. With this strategy, residual post-quarantine transmission risk is estimated to be about 1% with an upper limit of about 10%. (https://www.cdc.gov/coronavirus/2019-ncov/science/science-briefs/scientific-brief-options-to-reduce-quarantine.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fmore%2Fscientific-brief-options-to-reduce-quarantine.html). The changes to the quarantine and isolation protocol are as follows based on the local context:

3.1 Place of Quarantine

As far as feasible, contacts of confirmed cases and other suspected cases are to be placed in supervised **home quarantine.** In situations where quarantine at home (supervised home quarantine) is unsuitable (suitability is determined by way of an Objective Checklist, (see para. 2.6 below)), say where the home quarantine is not feasible, an individual will be placed in government-funded quarantine. Government-funded quarantine should be arranged by the Regional Health Directorate of the Region where quarantine is envisaged.

3.2 Individuals who need to Quarantine

Individuals who had close contact with someone confirmed to be positive for COVID-19
Close contact includes:

- Within 1-2 meters of someone who has COVID-19 for a total of 15 minutes or more
- Provided care at home to someone who is sick with COVID-19
- Had direct physical contact with person with COVID-19
- Shared eating or drinking utensils with person with COVID-19
- Exposed to sneeze, cough or respiratory droplets from person with COVID-19

Individuals who do NOT need to quarantine after close contact:

- Fully vaccinated (2 weeks after 2nd dose) with Government-approved and/or WHO-approved COVID-19 vaccine
- Recovered from COVID-19 infection within past 3 months

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If an individual fully vaccinated or recovered from COVID-19 infection within the past 3 months develop symptoms, he/she should get tested and isolate.

Contacts of a contact do not need to quarantine. However, if you are a contact and you have family members in your household who cannot keep separate from you while you quarantine, they should also quarantine. For example, if you were exposed at the workplace and you have small children in your household, your children should quarantine with you if you do not make alternative arrangements for their living arrangements during your period of quarantine.

3.3 Duration of Quarantine

There are two options for duration for quarantine:

1. Exposed people (contacts) of confirmed COVID-19 cases to be quarantined for a minimum of 7 days from the last date of exposure. All contacts should be swabbed on day 7 and quarantine to be discontinued **ONLY** when the test result comes out negative. Contacts who had been continuously exposed like spouses, **MAY** be swabbed immediately after positive results are received. However, if they test negative, they **should** continue being in quarantine and re-swabbed again on day 7. Quarantine should not be discontinued earlier than day 7. You must have a negative result before ending quarantine. Persons living with the COVID-19 positive person and unable to separate themselves adequately should start their quarantine for at least 7 days from the last day of isolation of the COVID-19 positive person.

2. Quarantine can end after Day 10 from the last date of exposure without testing and if no symptoms have been reported during daily monitoring. Persons living with the COVID-19 positive person and unable to separate themselves adequately should start their quarantine for at least 7 days from the last day of isolation of the COVID-19 positive person.

3.4 Place of Isolation

As far as practically possible, **asymptomatic and mild COVID-19** cases will **isolate at home** (supervised home isolation) and will be managed as per the *MOHSS Home-Based Care SOP*. In situations where home isolation (supervised home isolation) is deemed as unsuitable as per the objective Checklist (see para. 2.6 below), an individual will be placed in government funded isolation. Government-funded isolation should be arranged by the Regional Health Directorate of the Region where isolation is envisaged.

As admission and hospitalization of COVID-19 cases in both state and private health facilities have increased in recent weeks, focus will be on the care and treatment of **CRITICAL and SEVERE** cases. **MODERATE** cases at higher risk of developing severe disease or complications due to co-morbidities will also be managed **at health facilities.**

3.5 Duration of Isolation

Following below are the adjusted Guidelines regarding the duration of isolation of confirmed COVID-19 cases:

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a) Asymptomatic: Where a confirmed COVID-19 patient remains **asymptomatic** following the collection of specimen, such a person may discontinue isolation, **10 days** after the **date of specimen collection** of positive SARS-CoV-2 results.
b) **Mild to moderate COVID-19:** Where symptoms such as fever resolves or clears from a confirmed mild to moderate COVID-19 patient, such formerly **symptomatic** patient may discontinue isolation **10 days** after **onset of symptoms and resolution of fever** for at least 24 hours, without use of fever-suppressing medications, and with **improvement of other symptoms.** If the fever persists, and there is no improvement of the other symptoms, the patient should continue to isolate.
c) **Severe/Critical COVID or severely immunosuppressed (chemotherapy or AIDS with CD4 <200):** Where symptoms such as fever resolves or clears from a confirmed severe/critical COVID-19 patient or severely immunosuppressed, such formerly **symptomatic** patient may discontinue isolation **20 days** after **onset of symptoms and resolution of fever** for at least 24 hours, without use of fever-suppressing medications, and with **improvement of other symptoms.** If the fever persists, and there is no improvement of the other symptoms, the patient should continue to isolate.
d) Taking into account the increased workload at the laboratories and in light of evolving scientific and epidemiological data, **a test to discontinue isolation is no longer recommended or required.** This means that employees, learners or any other persons are not required to test for COVID-19 prior to returning to the workplace or school.

These adjustments are in line with the latest WHO and CDC recommendations and guidance on quarantine and isolation of suspected and confirmed COVID-19 cases. Any confirmed COVID-19 case that has been de-isolated according to the afore-mentioned criteria will be considered as having recovered.

3.6 Certification of Completion of Quarantine/Isolation

Persons who have completed their quarantine/isolation period may (on request) be issued with a Certificate of Completion of the Quarantine or Isolation by the Regional Health Directorate. This may be used as proof that they are fit to resume normal daily activities such as going back to work.

3.7 Workplace leave during Quarantine/Isolation

Workplaces should consider offering special leave wherever possible for Quarantine and Isolation. If special leave is not offered, the labor law rules on sick leave should apply.

3.7 Assessment of Premises for Home Quarantine/Isolation

In determining whether a person qualifies for quarantine or isolation at home, the following criteria must be taken into account (at least one of the following factors should apply to determine unsuitability of the home for quarantine or isolation).

a) There are persons who are sixty (60) years or older in the house/premises where quarantine/isolation is envisaged, and such persons are unable to separate temporarily from the suspected or confirmed case who is the subject of

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quarantine or isolation.

b) The subject of quarantine or isolation will have contact with persons who are diagnosed with cardiac or pulmonary comorbidities that are **uncontrolled** and may be compromised by COVID-19.
c) The subject of quarantine or isolation will have contact with persons who are diagnosed with debilitating and **uncontrolled** comorbidities (e.g. cancer, diabetes, auto-immune diseases etc.).
d) The subject of quarantine or isolation is unable to contact the COVID-19 Toll-Free Number 0800 100 100, and does not have the means or ability to safely and readily access or reach a healthcare facility in case of a deterioration in his or her health condition due to COVID-19 or other infection/ailment.

3.8 Requirements and Conditions for Supervised Home Quarantine/Isolation

Individuals placed under supervised home quarantine or isolation must at all times, comply with the following requirements and conditions:

a) **Stay at home for the entire period of quarantine/isolation, unless urgent health care is required.**
b) Never use public transport or taxis when going to a health facility.
c) When in a vehicle, wear a face mask correctly. The driver and any other person in such a vehicle should also wear face masks correctly during the entire period of the journey. The windows of the vehicle must as far as practical remain open to allow for free circulation of air.
d) Minimize the time spent in shared spaces and common areas such as living rooms, the kitchen, etc.
e) Persons under quarantine/isolation are encouraged and advised to spend more time outdoors than indoors.
f) **Always** wear a face mask when in shared spaces/common areas with other people.
g) Keep a minimum distance of 1 meter between themselves and others when in shared spaces/common areas.
h) Subjects of quarantine and isolation should use separate utensils and crockery. They should never share utensils and crockery.
i) Keep the rooms well-ventilated by opening windows to allow free circulation of fresh air
j) Take their temperature reading twice a day, in the morning and evening and at any other time that they think they may have a fever. Where body temperature which is higher than 38°C is recorded, inform the health care team).
k) When available- it is encouraged to use portable pulse oximeters at home to monitor oxygen saturation levels and rapidly detect deterioration in clinical status *(for more details refer to the MOHSS Home-Based Care Monitoring SOP)*
l) Whenever the clinical/health condition deteriorates during the quarantine/isolation period, please contact Ministry of Health and Social Services, or the COVID-19 Toll Free Hotline at 0800-100-100, or a clinic, health center or any health professional immediately.

4. Implementation of Revised Quarantine/Isolation Guidelines:

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The implementation of the revised/updated guidelines on quarantine and isolation is with immediate effect.

5. Health Service Managers should ensure that the content of this Circular is disseminated to all Health care workers in the country. **Please take note that this circular replaces all previous circulars under the same subject.**

Yours sincerely,

BEN NANGOMBE
EXECUTIVE DIRECTOR

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