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by



GLOBAL HEALTH ALERTS W.H.O. TACKLES CHOLERA SURGE AND DEADLY NIPAH

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Global Health Alerts: WHO Tackles Cholera Surge and Deadly Nipah

Windhoek – *The World Health Organization (WHO) has issued a dual global health alert, detailing a massive surge in cholera cases that has strained vaccine stockpiles and the emergence of sporadic outbreaks of the rare but highly fatal Nipah virus. The global health body has launched renewed vaccination campaigns for cholera and is urging countries to enhance surveillance for both priority pathogens.*



The alerts have prompt response planning across Southern Africa, with Namibian health authorities emphasising that while the immediate risk of Nipah is low, the threat of cholera remains an active public health concern, particularly in the northern regions.

Global Cholera Crisis: Strain on Vaccine Supplies

Cholera, a severe bacterial infection caused by consuming contaminated food or water,

is experiencing a concerning resurgence. Over the past year, tens of thousands of cases have been reported across more than 30 countries, many in the African region. Factors such as climate change-induced floods and droughts, conflict, and collapsing sanitation infrastructure have created ideal conditions for the bacteria to spread.

In response, the WHO and partners are deploying renewed mass vaccination campaigns using the Oral Cholera Vaccine (OCV). However, demand is severely outstripping supply. The International Coordinating Group (ICG) on Vaccine Provision recently announced a temporary shift from a standard two-dose regimen to a single-dose strategy to stretch the limited stockpile and save more lives in the short term.

“This is a crisis of inequity,” a WHO spokesperson stated. “The tools to prevent and treat cholera—safe water, sanitation, and vaccines—exist, yet people continue to die because of where they live. We must prioritise long-term investment in water and sanitation while scaling up vaccine production.”

Nipah Virus: A Deadly Prioritised Threat

Parallel to the cholera surge, the WHO is tackling sporadic outbreaks of the Nipah virus (NiV). While cases are far fewer than cholera, Nipah causes acute respiratory illness and fatal encephalitis (brain swelling), with a staggering case fatality rate estimated between 40% and 75%.

Nipah is a zoonotic virus, transmitted to



humans from animals, primarily fruit bats of the *Pteropodidae* family. Spillover often occurs through the consumption of fruits or fruit products (like raw date palm sap) contaminated by infected bat urine or saliva. Human-to-human transmission has also been documented, particularly in healthcare settings and among family caregivers.

Nipah is currently listed on the WHO R&D Blueprint as a priority disease, meaning there is an urgent need for accelerated research into diagnostics, therapeutics, and vaccines, as none currently exist.

The Namibian Angle: Cholera Risk and Nipah Prevention

While Namibia is not currently experiencing a nationwide cholera outbreak, it remains vulnerable. The country has faced localised outbreaks in the past, often linked to flooding in the northern regions or issues with safe water access in informal settlements. Health officials are monitoring the situation closely, especially given ongoing outbreaks in neighbouring countries.

Regarding Nipah, the immediate risk of an outbreak originating in Namibia is considered low. The specific *Pteropus* fruit bats primarily responsible for major Asian outbreaks are not resident in Namibia, though other bat species exist that can harbour similar viruses. The primary risk would stem from an infected traveler arriving from an endemic area in Asia.

The Ministry of Health and Social Services has stated that it is reviewing its preparedness plans for both pathogens. "Our focus is on strengthening disease surveillance at points of entry and educating the public," a Ministry official said. "For cholera, it is about maintaining the basics of hygiene. For Nipah, it is about vigilance regarding travel history and bat exposure."

Public Guide: How to Prevent Infection

The best defence against both cholera and Nipah is prevention through awareness and hygiene.

Preventing Cholera: The 'Safe Six'

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1. **Drink Safe Water Only:** Use water that has been boiled, chlorinated, or filtered. Piped water may not always be safe.
 2. **Wash Hands Frequently:** Use soap and safe water, especially after using the toilet or changing a child, and before preparing or eating food. Alcohol-based sanitiser is a secondary option.
 3. **Cook Food Thoroughly:** Eat food that is hot and steaming. Avoid raw seafood and undercooked meats.
 4. **Peel Fruits and Vegetables:** Wash all produce well with safe water and peel them yourself.
 5. **Clean Up Safely:** Clean toilets and food preparation surfaces with disinfectant, especially if a household member is sick.
 6. **Seek Care Immediately:** If you experience sudden, severe watery diarrhoea and vomiting, seek treatment at a clinic immediately, as dehydration can be fatal within hours. Oral Rehydration Salts (ORS) are vital first aid.
2. **Wash and Peel Fruits:** Thoroughly wash all fruits and peel them before eating. Do not eat fruit that appears to have been partially eaten by animals.
 3. **Avoid Raw Date Palm Sap/Juice:** Although more relevant to Asian contexts, the principle is: avoid any raw sap or juice collected from sources exposed to bats.
 4. **Practice Hand Hygiene:** As always, wash hands with soap and water regularly.
 5. **Vigilance for Travelers:** If you have recently traveled to an area with reported Nipah outbreaks and develop fever, headache, cough, or confusion, inform a healthcare provider immediately about your travel history.
 6. **Healthcare Precautions:** Healthcare workers must adhere to strict infection control measures when treating patients with acute respiratory or neurological symptoms.

Preventing Nipah Virus: Avoid Exposure

As a zoonotic and potentially human-to-human disease, prevention centres on avoiding the source.

1. **Avoid Bat Exposure:** Do not touch or get close to fruit bats, especially their roosting sites. If you have bats on your property, take care when cleaning areas where droppings may be present (wear a mask and gloves).



More Than Just 'Thin-Skinned': Understanding Rejection Sensitivity in a Changing Namibia

WINDHOEK – In the bustling streets of Windhoek or the close-knit communities of our rural towns, "belonging" is a core part of the Namibian identity. We are a people of community, family, and social circles. But for some, the mere hint of being left out of a Sunday braai or receiving a minor critique from a supervisor at work doesn't just sting—it feels like a devastating blow.



Recent psychological insights, highlighted in international health reports, are shedding light on a condition known as **Rejection Sensitivity (RS)**. While often dismissed as being "too sensitive" or "thin-skinned," experts suggest that for many, this is a deep-seated psychological pattern that can derail careers and destroy relationships.

What is Rejection Sensitivity?

Rejection Sensitivity is not a clinical diagnosis on its own, but rather a personality trait characterised by the anxious expectation, ready perception, and intense overreaction to rejection.

For a person with high RS, a late reply to a WhatsApp message isn't just a sign of a busy friend; it is interpreted as a sign that the friendship is ending. A "let's discuss this later" from a boss is perceived as a sign of an impending firing. The emotional pain is not just "in the head"—research shows it activates the same parts of the brain as physical pain.

The ADHD Connection

Crucially, the German research points to a strong link between Rejection Sensitivity and neurodiversity, particularly ADHD (Attention Deficit Hyperactivity Disorder). In these cases, it is often called **Rejection Sensitive Dysphoria (RSD)**.

In Namibia, where awareness of ADHD in adults is still growing, many may be suffering in silence. They might experience sudden "emotional crashes" or outbursts of anger when they feel criticized, leading to a cycle of shame and isolation.

Why Does It Happen?

Psychologists point to two main pillars:

1. **Early Experiences:** Childhood experiences play a massive role. In many Namibian households, "tough love" is common. However, for a child who experienced bullying at school or inconsistent emotional support at home, the brain's "alarm system" for rejection becomes permanently set to high alert.
2. **Genetics:** Some people are simply born with a more reactive nervous system.

The Impact on Namibian Society

In our "Who-knows-who" society, social standing is vital. Rejection Sensitivity can lead to two extremes:

- **The People Pleaser:** Individuals who work themselves to exhaustion to



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- ensure everyone is happy, fearing that one "no" will result in abandonment.
- **The Social Withdrawer:** Those who stop trying for promotions or dating altogether because the risk of being told "no" is too painful to bear.



How to Heal

The good news is that Rejection Sensitivity is manageable. Local mental health advocates suggest a few key steps:

- **The "Reality Check":** When you feel rejected, ask yourself: "What evidence do I actually have that this person dislikes me?" Often, our brains fill in the gaps with the worst-case scenario.
- **Self-Compassion:** We are often our own harshest critics. Treat yourself with the same kindness you would offer a friend.
- **Professional Help:** Cognitive Behavioural Therapy (CBT) is highly effective. Windhoek and Swakopmund have a growing number of psychologists trained in helping patients reframe these intrusive thoughts.
- **Medication:** If the sensitivity is linked to ADHD, consulting a psychiatrist for medication can often "lower the volume" of the emotional pain.

Breaking the Stigma

As Namibia continues to modernise, our conversation around mental health must evolve. Understanding Rejection Sensitivity allows us to move away from labelling people as "weak" and instead offer them the tools to navigate our social world with confidence.

If you find yourself constantly bracing for a "no," remember: your value is not defined by the opinions of others, but by the resilience you show in standing back up.

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Health & Safety - Mental Health, The New Safety Gear for Namibian Job sites

WINDHOEK – *In the demanding world of Namibian construction, mining, and industrial sectors, "safety first" has traditionally meant hard hats, steel-toed boots, and fall protection. However, a growing global shift—recently highlighted in occupational health reports—is redefining what it means to keep a workforce truly safe. The focus is moving toward the "invisible" hazard: mental health.*



According to recent industry insights from *Occupational Health & Safety (OH&S)*, mental health toolkits for job site supervisors are becoming essential equipment. Psychological strain is no longer seen as a personal matter but as a significant risk factor for job site incidents. In Namibia, where high-pressure environments can lead to burnout and

stress, local experts are urging companies to treat mental wellness with the same urgency as physical safety.

Supervisors: The First Line of Defence

A supervisor's role is evolving. Beyond monitoring work quality and safety compliance, they are now being equipped to recognise early warning signs of mental distress, such as sudden irritability, withdrawal from colleagues, or inconsistent performance.

The "toolkit" approach encourages supervisors to foster a culture of care. This includes regular "toolbox talks" that incorporate stress management, using non-judgmental conversation starters, and ensuring that seeking help does not threaten an employee's job security. By normalising these conversations, Namibian job sites can reduce the stigma that often prevents workers from speaking up before a crisis occurs.

OSH-Med International: Leading the Charge in Namibia

As the conversation around mental health in the workplace gains momentum, local industry leader **OSH-Med International** is already at the forefront of providing the necessary tools and training to the Namibian market.

Recognising that physical and mental health are inseparable, OSH-Med International offers a comprehensive suite of services designed to meet legal requirements while going beyond the basics. A standout feature of their



curriculum is the **First Aid Level A** training. Unlike traditional courses, OSH-Med's Level A training explicitly integrates **Mental Health components**, ensuring that first responders on-site are equipped to handle psychological emergencies and provide initial support for trauma and stress.

"Occupational safety deals with all aspects of physical, mental, and social health," the organisation states. This holistic approach is vital for the Namibian workforce, particularly in high-risk industries like mining and manufacturing where the mental "load" can be just as heavy as the physical one.

Comprehensive Solutions for a Safer Workforce

Beyond specialised First Aid, OSH-Med International (www.osh-med.pro) provides a variety of services to assist Namibian companies in achieving total safety compliance:

- **OSH Training:** Specialized courses for OSH Representatives, Supervisors, and Officers.
- **Life Training:** Programs focusing on Stress Management, Trauma Healing, and "Care for the Caregiver."
- **Legal Compliance:** Ensuring businesses meet the requirements of the Namibian Labour Act and are accredited by the Ministry of Health and Social Services.

A Safer Future

As Namibia continues to develop its industrial landscape, the integration of

mental health into standard safety protocols is no longer optional. By utilizing the expertise of local providers like OSH-Med International, Namibian employers can ensure their teams are not just physically protected, but mentally resilient.

When supervisors are trained to listen and systems are in place to support, the entire jobsite becomes safer, more engaged, and better prepared to thrive.

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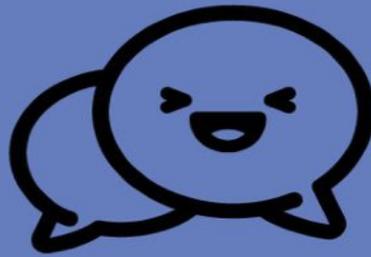
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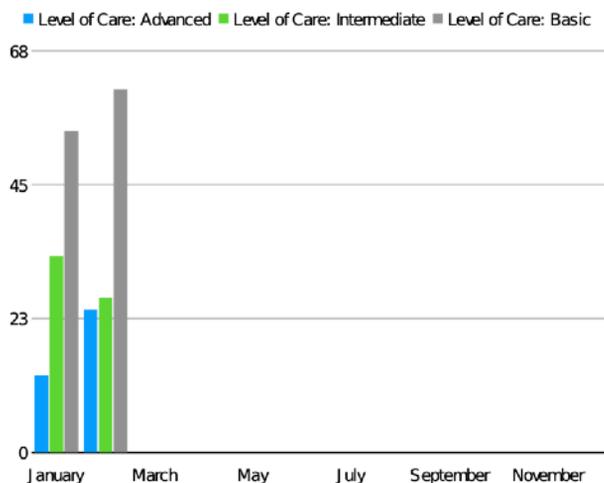
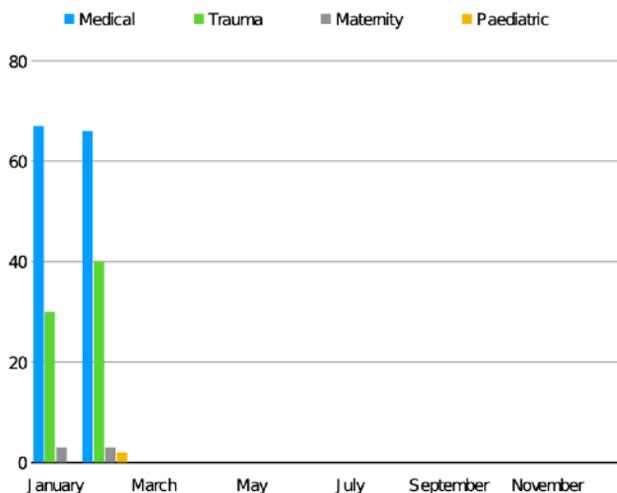
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March	0	0	0	0	0	0	0
April	0	0	0	0	0	0	0
May	0	0	0	0	0	0	0
June	0	0	0	0	0	0	0
July	0	0	0	0	0	0	0
August	0	0	0	0	0	0	0
September	0	0	0	0	0	0	0
October	0	0	0	0	0	0	0
November	0	0	0	0	0	0	0
December	0	0	0	0	0	0	0
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