A cluster of pneumonia cases with unknown etiology were reported from Wuhan, People’s Republic of China (PRC), on December 31, 2019. The etiology was later determined to be a novel coronavirus now called SARS-2 CoV, which causes COVID-19 disease. According to Johns Hopkins University, since the start of the outbreak, 88,253 confirmed cases of COVID-19 have been recorded in 67 countries, with the PRC accounting for roughly 90% of these cases and about 92% of deaths attributed to the virus.

There has been a steady decline of new cases in the PRC over the last two weeks, while more countries have become affected by the outbreak. Of the new cases reported over the last 24 hours, approximately 25% were in the PRC. More than 90% of all new cases outside the country were reported from South Korea, Iran and Italy. With the confirmation of a COVID-19 case in Brazil, the outbreak now spans six continents. Most of the new cases originating in 17 countries outside of the PRC have no direct linkage with cases there, suggesting local transmission.

**SITUATIONAL ANALYSIS OF THE EPIDEMIC LANDSCAPE**

The surge in deadly COVID-19 cases outside the PRC signals that the virus is no longer contained and will affect additional countries. The addition of new disease hotspots—within South Korea, Iran and Italy—has significantly added to the challenge of preventing the global spread of COVID-19. Local transmission within the United States without any connection to the epidemic in the PRC has now been documented, as has the country’s first death from the disease. Eleven states now have confirmed cases of COVID-19. With the WHO raising the level of risk from “high” to “very high” globally for many locations, the world is on the verge of a pandemic.

Due to geopolitical instability in the region, the continued local transmission in Iran is of utmost concern. Years of protracted crises in the region has led to disruption of health systems, severely hampering public health efforts, including surveillance, case management and coordination of activities in disease control. For example, cases have already been transported to neighboring countries, including Pakistan, Afghanistan, Lebanon and Iraq, among others. This demonstrates that other countries outside of the PRC can effectively sustain and expand the epidemic.
New Cases of COVID-19 Outside of China Are on the Rise

Health systems globally need to brace for impact. The public health measures for epidemic control and the clinical care required for patients need to intensified, while simultaneously ensuring that services required for other health needs remain intact. This is of paramount importance for countries with limited health resources that are already struggling to provide basic primary healthcare to their populations—a challenge that has only been compounded by a worldwide shortage of personal protective equipment (PPE).

Countries with below-par epidemic preparedness are geographically spread across west and central Africa, and southwest and southeast Asia. These countries are prone to disease emergence, and have limited local capacity and poor health infrastructure. International Medical Corps is operational in most of these countries due to ongoing emergencies related to armed conflict, lack of sanitation and epidemics (e.g., Ebola, cholera); these conditions are usually coupled to large population displacements, which further raises the risk of COVID-19 transmission.

INTERNATIONAL MEDICAL CORPS RESPONSE

International Medical Corps is providing a global emergency response to COVID-19, is engaging all of its mission countries through its a global task force of 7,000+ staff members spanning more than 30 countries, and has positioned itself strategically to support global, regional and local preparedness and response efforts in coordination with the WHO, national ministries of health and the global humanitarian community. Our team includes former CDC epidemiologists and public health experts who have worked throughout the INGO and governmental spectrum, including those who worked on the SARS epidemic in 2003. Our response strategy for COVID-19—which is being implemented in each of our country missions, starting in Asia with the Philippines—focuses on the following:

- efforts to protect frontline healthcare workers;
- training for critical staff members and partner organizations;
- ensuring appropriate and adequate PPE for our health programs;
- providing technical assistance to countries on case management and infection control and prevention;
- rapid development of screening and triage stations (COVID-19 Outbreak Response Plan);
• risk communications and community engagement, utilizing local means of mass communications; and
• an Epidemic Strike Team comprising clinicians, logisticians, and sanitation experts on standby for the WHO.

International Medical Corps also is working with the private sector to provide real-time consultation with world-class epidemiologists experienced in both epidemic control and business continuity. Common issues being addressed include travel and telework guidelines, hygiene in the workplace, staff safety and appropriate technical information. Partners include organizations in the travel, retail, manufacturing and financial sectors. Our basic advice to any organization is to implement their business-continuity operations now and adapt them to this epidemic.

In the Philippines, International Medical Corps is supporting the Department of Health in training and capacity-building, based on training for infectious disease hospitals developed by our experts. Given the intrinsic vulnerabilities in sub-Saharan Africa, we also are supporting ministries of health in all of our country programs there, focusing on key areas of their contingency plans. In South Sudan and Burundi, our teams are preparing to support the ministries of health in case management. In Ethiopia, Nigeria and the Democratic Republic of the Congo (DRC), International Medical Corps is supporting capacity building for healthcare staff and addressing strategic areas critical to disease control, such as case management and disease surveillance.

In summary, International Medical Corps is addressing the safety and resource needs of our missions and the populations they serve on an unprecedented global scale. For example, throughout the Middle East, we have missions fighting this epidemic between intermittent periods of “lock-down” due to security concerns along the Iranian border. Along the Turkish/Syrian border, almost 1 million people are on the move due to significant escalation in the regional conflict, meaning the geographic coverage of our medical programs in one of the largest operations and dangerous environments of the past year has rapidly expanded. And over the past two days, Central and South America have registered confirmed cases of COVID-19. If countries there become the next hotspots, it will have direct and immediate implications for the United States.

What Does International Medical Corps Believe Will Happen Next with This Epidemic?
Our experts believe that our current preparedness and response efforts will save lives and flatten(or reduce) the adverse effects of this epidemic, domestically and abroad. However, as the epidemic picks up momentum, we must accelerate our efforts to match this pace. The absence of a coronavirus vaccine or any specific medications to treat this disease highlight the importance of efforts to rapidly identify and isolate infected patients, while preparing healthcare facilities for patient-surge conditions.

Technical Guidance


