

Map showing distribution of COVID-19 as of March 7. Source: World Health Organization

FAST FACTS

- As of March 10, Johns Hopkins University reports 115,977 confirmed cases of COVID-19, in 115 countries and territories.
- 4,087 deaths have been reported, with 3,024 occurring in the People's Republic of China (PRC).
- Though the increase in new cases in the PRC has slowed, cases are rapidly increasing in other countries, with major clusters in South Korea, Iran and Italy.

SITUATION UPDATE

Confirmed cases of COVID-19 continue to rise in countries around the world, with significant increases in North America, Europe, South America and Asia over the weekend. As of March 10, 115,977 people have been confirmed to have contracted COVID-19 since the beginning of the outbreak, while 4,087 people have reportedly died, across 115 countries and territories.

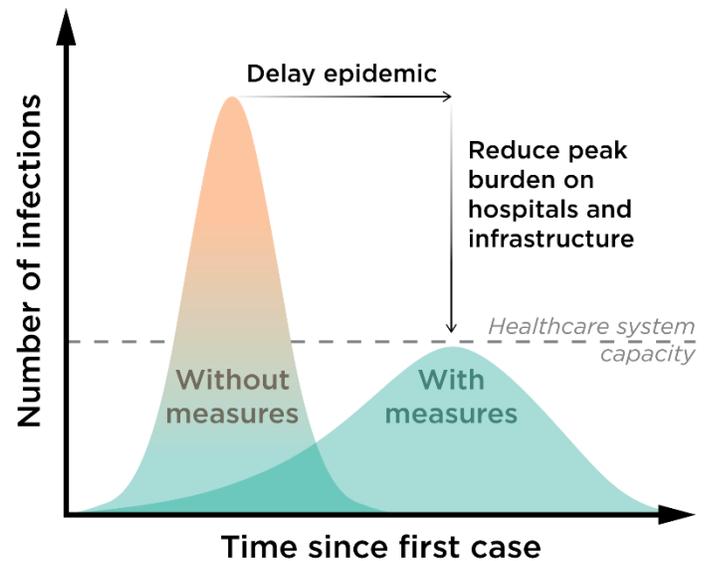
The number of new confirmed cases in the People's Republic of China (PRC) have dropped to double-digit figures, and are rising at their slowest rate since the beginning of the epidemic. The vast majority of new cases reported within the past 24 hours occurred outside of the PRC and are clustered in South Korea, Iran and Italy. According to the World Health Organization (WHO), the COVID-19 death rate is approximately 3.4% globally, and stable for the moment. However, the exact case-fatality rate is still difficult to assess with precision, because the number of people who had asymptomatic infections or who did not seek medical care is unknown. Such information would tend to push mortality to a lower rate.

The WHO increased its risk assessment of the impact and spread of COVID-19 to "very high" at the global level—its top level of risk assessment. It continues to stress that there is still a chance of containing the virus if its chain of transmission can be broken through a combination of public health measures, such as rapid identification, diagnosis and management of the cases; identification and follow up of the contacts; infection prevention and control in healthcare settings; implementation of health measures for travelers; awareness-raising in the population; and risk communication. Though these efforts may not completely interrupt the chain of transmission, they will "flatten" the extent of human and economic damage caused by the epidemic. With so many countries and territories affected by COVID-19—including the majority of the industrialized world—the WHO has resisted describing the crisis as a pandemic. However, as the virus appears in more and more countries, we are continuing to move in that direction.

Authorities focusing on keeping the virus out of the United States must now give equal weight to strategies to address a virus that is now circulating and transmitting unexpectedly in many locations within the United States. The strategy should now include efforts to identify those who are ill, ensure timely testing and follow up, and provide isolation and/or treatment if a patient is identified as positive. Testing has been the missing link that enables epidemiologists to trace the course of disease transmission.

To keep this in perspective, the United States is also in the midst of a seasonal influenza epidemic. The Centers for Disease Control and Prevention (CDC) reports that 18,000 people in the USA may have already died from the flu this season. In comparison, COVID-19—now a worldwide epidemic, with local transmission in many locations—has registered nearly 4,100 deaths. Given that the epidemic in the PRC seems to be in its final phases, there is hope that the worldwide death toll will end up less than expected.

Impact of protective measures



INTERNATIONAL MEDICAL CORPS RESPONSE

International Medical Corps is providing a global emergency response to COVID-19, engaging all of its mission countries through its a global taskforce of more than 7,000 staff members spanning 30 countries. International Medical Corps is positioning 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, and who have experience working on the SARS and Ebola epidemics.

Due to the global impact of COVID-19 on manufacturing and supply chains, only about one-third of our missions have all the necessary personal protective equipment (PPE) needed to manage an ongoing emergency response. As a result, International Medical Corps is faced with the difficult task of ensuring safety while maintaining the standard of care. Staff members are working assiduously to develop lists of priorities, facilitate the exchange of stock between programs, solicit and manage gifts-in-kind and conduct spot emergency purchases, while our global procurement operation continues to search for larger and longer-term solutions. We are committed to maintaining frontline worker safety throughout this epidemic while addressing the medical needs of the most vulnerable populations.

International Medical Corps has been assessing the progress of the epidemic within the countries where we operate using information based on total COVID-19 cases, deaths and transmission status, coupled with a country's Global Health Security Index (GHSI), a measure of a country's capacity to respond. A combination of high transmission/burden of COVID-19 disease and a low GHSI score (less than 40) indicates that a country has a high risk for continued spread of COVID-19 and a low capacity to respond. Notably, at this time, based on this type of risk analysis, the Middle East (especially Iraq) and, arguably, Venezuela are priority regions and countries.

Given the scope of our work in difficult and dangerous environments around the world, International Medical Corps is working to address COVID-19 in conflict zones and in areas already at risk for Ebola. Global shortages of PPE require extra efforts to secure and shepherd these items to the right locations, to ensure access by frontline medical providers. It will likely be many more months before the virus is curtailed and the global supply chain recovers.

Technical Guidance

WHO, Technical Guidance: <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance>

WHO, Training on Novel Coronavirus: <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/training>

WHO, Infection Prevention and Control COVID-19 Training : <https://openwho.org/courses/COVID-19-IPC-EN>

CDC, COVID-19 guidelines: <https://www.cdc.gov/coronavirus/2019-ncov/index.html>

UK outbreak information: <https://www.gov.uk/government/publications/wuhan-novel-coronavirus-background-information>