SITUATION UPDATE

The number of COVID-19 cases continues to rise, with more than 2 million cases and more than 133,000 deaths recorded globally. In Europe, as the spread of coronavirus appears to be slowing in certain areas, nations are cautiously beginning to ease restrictions on business and movement. On April 13, Spain—where more than 18,000 people have died—allowed manufacturing and construction work to resume. The lifting of restrictions comes shortly after Spain’s ministry of health reported that 517 people had died over the previous 24 hours, continuing an overall downward trend in mortality since April 2, when 950 deaths were recorded. In Italy, shops and businesses were allowed to reopen on April 14, although the prime minister has said the country’s lockdown will continue until May 3.

In Africa, there are now more than 15,000 confirmed cases across the continent. Many countries have introduced lockdowns to halt the spread, and experts warn that fragile healthcare systems in many Africa countries could be overwhelmed in the face of a severe outbreak. In response, health ministries are converting private laboratories into COVID-19 testing centers.

In the United States, the highest number of known cases in the world, with the number of cases reported across the nation and its territories totaling more than 632,000. More than 27,500 deaths have been recorded, with one-third of those in New York, the epicenter for the virus in the US. New cases continue to be reported by the thousands each day; however, daily hospital admissions have decreased.

As the number of cases continues to rise across the country, a disturbing trend has emerged in long-term care facilities. According to the New York Times, more than 2,500 nursing homes and assisted-living facilities in the US have reported

FAST FACTS

- According to the Johns Hopkins University tracker, which consolidates data from a range of sources, as of April 15 there have been 2,047,731 cases reported in 185 countries and regions.
- In the United States, we are supporting health facilities in Los Angeles, New York City, Puerto Rico and Detroit with emergency medical field units, equipment, supplies and staff, with more deployments planned in Chicago and other cities nationwide.
- International Medical Corps has screened 121,525 individuals for COVID-19 at our global missions.
- International Medical Corps has trained 6,241 frontline healthcare professionals on COVID-19 prevention and control measures, and has reached 229,069 people with communications on how to reduce risk.
coronavirus cases. Nearly half of the confirmed cases in Virginia have been linked to long-term care facilities. In New York, approximately 25% of COVID-19 related deaths are residents of nursing homes and adult-care facilities.¹

Though the precise number of nursing homes with COVID-19 cases and the total number of cases and fatalities within those facilities is unknown, estimates are that more than 21,000 residents and staff members at care facilities have contracted the virus, and that more than 3,800 residents have died. Currently, neither the CDC nor the Centers for Medicare and Medicaid Services is tracking the number of long-term care facilities with confirmed cases or the total number of cases and deaths recorded at those facilities. According to the CDC, approximately 1.3 million people live in the nation’s 15,600 nursing homes.² The vulnerable population and chronic shortages of nurses in these facilities have made it easy for the virus to wreak havoc.

INTERNATIONAL MEDICAL CORPS RESPONSE

Globally, International Medical Corps is focused on ensuring continuity of operations throughout its programs and operations, to ensure that patients and other beneficiaries continue to receive essential healthcare services without disruption.

COVID-19 RESPONSE: UNITED STATES

In the United States, International Medical Corps has partnered with hospitals in Los Angeles, New York, Puerto Rico and Detroit to provide medical surge support, including emergency medical field units, personal protective equipment (PPE) and other medical equipment and supplies, and clinical volunteers.

- In Los Angeles, International Medical Corps has partnered with the Martin Luther King, Jr. Community Hospital (MLKCH), LAC + USC Medical Center and Olive View-UCLA Medical Center to supply emergency medical field units to alleviate pressure and decongest their emergency departments. At MLKCH, the units will also provide additional space for screening and triage of patients. At LAC + USC Medical Center and Olive View-UCLA Medical Center, the units will be used to provide long-term care for patients with acute needs. Moving forward, International Medical Corps is working with each hospital to source critical equipment and supplies to strengthen hospital capacity to respond to COVID-19. Additionally, International Medical Corps has identified four additional hospitals for support.

- In New York City, International Medical Corps has partnered with seven hospitals in high-risk areas, including Brooklyn, Queens and the Bronx. In collaboration with MediSys Health System, International Medical Corps has provided emergency field units at Flushing Hospital Medical Center and Jamaica Hospital Medical Center, both of which are in Queens. The shelters provide extra capacity for the overwhelmed emergency departments, enabling the hospitals to better manage triage and patient flow. Both hospitals have seen a surge in COVID-19 cases over the past several weeks, and these facilities will allow them to better serve patients during the pandemic. International Medical Corps has also deployed volunteers to support MediSys Health System and Maimonides Medical Center. Volunteers include nurse practitioners, registered nurses, critical care physicians and paramedics. The first team of volunteers were deployed on April 6, with a second team deploying on April 14.

² https://www.cdc.gov/nchs/fastats/nursing-home-care.htm
In Detroit, International Medical Corps has partnered with Henry Ford Health System to support the Henry Ford Hospital in downtown Detroit and Henry Ford West Bloomfield Hospital. International Medical Corps deployed a team of logisticians and a clinician to Detroit to support the development of configurations for the emergency medical field units and to discuss critical staffing and equipment needs. The team deployed the field units in downtown Detroit on April 14 and in West Bloomfield on April 15. International Medical Corps is also in discussions with Detroit Medical Center and plans to provide clinical surge support and essential PPE to support hospital activities.

In the Chicago area, International Medical Corps is partnering with Ingalls Memorial Hospital in Harvey, IL, and Vista East Medical Center in Waukegan. A team of logisticians and clinicians will travel to the area later this week to develop the configurations for the emergency medical field units to support both facilities and to identify critical staffing and equipment needs.

Training: The COVID-19 Learning Series ended this week. Recordings from all five webinars—Perspectives on the COVID-19 Pandemic; Mental Health Considerations for Healthcare Workers; Personal Protective Equipment (PPE) and Monitoring; Isolation and Quarantine; and Medical Surge—are available on the International Medical Corps website.

GLOBAL RESPONSE

International Medical Corps is also responding in the nearly 30 countries where we work. Each week, we provide highlights from our response in one of our regions. This week, highlights from our East Region include:

In Afghanistan, International Medical Corps is currently implementing programs in 12 of the country’s 34 provinces, with a focus on gender-based violence (GBV) protection and prevention. While maintaining pre-COVID-19 activities, we are adopting new strategies to ensure the safety of all staff and beneficiaries within the realities of a new COVID-19 world. Arrangements to minimize the risk of infection include schooling far smaller groups of beneficiaries—ranging from four to 10 people seated 1 meter apart from each other—during sessions in women- and girl-friendly spaces (WGFS), as well as for men and women during meetings at local community centers. All staff members wear PPE at such events and we undertake a risk assessment before any contact with beneficiaries. Issues for discussion at gatherings include infection prevention and control, COVID-19 symptoms, duration of incubation period, how to prevent spread of the virus, how to wash hands and why it is so important to do so. We have also added a phone counseling option, enabling GBV survivors unable to leave their homes due to COVID-19 restrictions to reach assistance.

In Ethiopia, International Medical Corps installed handwashing stations and provided supplies, including hand sanitizer, to refugee camps, as well as to host communities in Gambella, Dollo Ado and Awbere. In the Dollo Ado area, we installed washing facilities in refugee camps, military and government outposts, police stations, prisons and the community. International Medical Corps also installed handwashing facilities in Gambella in our centers and in the Awbere Refugee Camp. International Medical Corps has also provided community awareness activities around COVID-19, as well as mental health support, for refugees and host communities. We also provided a vehicle to the government to support rapid-response teams in Gambella and East Haraghe. The teams have been deployed to establish isolation centers and to identify suspected COVID-19 cases.

In Libya, International Medical Corps trained rapid response teams working for the National Center for Disease Control (NCDC) as soon as it became apparent that COVID-19 was becoming a pandemic. Training included
information about the virus, as well as about prevention, transmission, treatment, contact tracing and the proper use of Personal Protective Equipment (PPE). In addition, International Medical Corps is the first NGO in the country to support the NCDC with donations of PPE for its rapid response teams. International Medical Corps also provided key mental health and psychosocial support (MHPSS) messages for frontline workers, and has a newly trained team of mental health counselors who are supporting primary healthcare teams in the field in three locations across Libya, in addition to preparing culturally contextualized COVID-19 MHPSS messages for an online awareness-raising campaign. Finally, the team is launching a support hotline to provide psychological first aid to the general public.

- **In Pakistan**, International Medical Corps is continuing to provide MHPSS services, assistance to survivors of gender-based violence (including case management and individual counseling) and health activities within our supported health centers. Additionally, International Medical Corps has secured PPE for the Ministry of Health (MoH), as well as information, education and communication materials to support COVID-19 awareness and training in support of MoH activities.

- **In the Philippines**, International Medical Corps has supported the Department of Health in training and capacity building, instructing physicians, nurses and local non-governmental partners on infection prevention and control procedures, providing guidance on the epidemiology of COVID-19, and establishing isolation and quarantining procedures and the appropriate use of PPE. The team is also supporting surge operations in two hospitals, establishing triage units and establishing patient flow. International Medical Corps has also secured PPE and hygiene kits to support COVID-19 activities and to safeguard frontline healthcare workers.

- **In Somalia**, the second death from coronavirus has been recorded, and a nighttime curfew has been imposed in Mogadishu. International Medical Corps is continuing to provide emergency healthcare to internally displaced populations and has secured PPE to protect healthcare workers.

- **In South Sudan**, International Medical Corps is the lead health partner in the two Protection of Civilian Camps (POCs) in country’s capital, Juba. To help the country prepare for the threat of Ebola coming in from neighboring Democratic Republic of the Congo, International Medical Corps already has provided training on infection prevention and control measures, active case finding, seclusion protocols for suspected cases and risk communication. We are using this same infrastructure to scale-up activities supporting case management and risk communication related to COVID-19. Additionally, we are procuring additional PPE, medical supplies and essential medicines as part of a readiness and response strategy.

- **In Sudan**, International Medical Corps supports and operates 88 health facilities. In response to COVID-19, we have secured additional PPE to support response activities and have implemented training and risk-communication activities, to protect frontline healthcare workers and to share updates and water, sanitation and hygiene information with the broader community.
• In Ukraine, International Medical Corps is continuing to provide MHPSS services both directly and in coordination with local partners. In response to COVID-19, the team has developed a hotline to provide support to those in need. Under our USAID/OFDA-funded MHPSS program, the outreach team has modified the Self Helps Plus (SH+) training to be delivered remotely and also has delivered printed booklets to the different field sites so those without smartphones can participate. International Medical Corps and the MHPSS Technical Working group also participated in the translation to Ukrainian of How Kids Can Fight COVID-19, a story book for children published by the Inter-Agency Standing Committee.

Technical Guidance


