COVID-19 has continued to spread around the globe, with more than 3.6 million cases and more than 252,000 deaths confirmed worldwide. While the overall numbers are increasing, the world is experiencing a plateau in the growth of new cases. The past four weeks have seen very little change in the number of weekly confirmed cases, with an average of roughly 570,000 per week. The transition from exponential to linear growth is a welcome change, but it remains to be seen if the trend will hold. As new cases remain steady in the United States and continue to drop in Europe, new hot spots are beginning to emerge around the world. Russia, Brazil and India have documented significant growth in their confirmed cases. Still, a lack of widespread testing in the latter two countries makes the exact spread of the virus impossible to ascertain.

In many parts of the world, the lack of testing capacity creates the possibility of unconfirmed or undercounted outbreaks. In Africa, more than 43,000 cases have been confirmed, along with more than 1,700 deaths. The bulk of the confirmed cases lie in a handful of countries, with South Africa, Egypt, Morocco and Algeria accounting for more than half of the confirmed cases on the continent. Each of these four nations can test relatively large numbers of suspected COVID-19 cases, while many other countries on the continent are incapable of completing such widescale testing. For example, though official reports from Somalia show fewer than 50 deaths, medics and burial workers are reporting a large increase in the number of deaths in Mogadishu, with the majority of fatalities coming from elderly men who died after a short, undiagnosed illness. Even with these unconfirmed outbreaks, it appears that the peak has yet to arrive for

much of Africa, as Egypt, South Africa, Algeria, Nigeria, Ghana, Cameroon, Guinea, Senegal and others have all reported their highest daily total of confirmed new cases in just the past week.

The United States has almost precisely one-third of the total confirmed cases of COVID-19 in the world, with more than 1.2 million cases and more than 70,000 deaths. The growth of the virus in the US has plateaued over the last month, with the five-day moving average of new cases on April 4 and May 3 being separated by only 1.1%. Even with the persistence of new cases, many hospitals in heavily affected cities are experiencing an easing of the strain on their intensive-care units. As the first wave of COVID-19 wanes, some data appear to indicate that there may have been a significant undercount in the death toll from the virus. Historical CDC data shows that even when accounting for documented COVID-19 deaths, the death rate in many hard-hit states is considerably higher than the last five years. Further analysis is ongoing, but initial findings suggest the possibility that more than 9,000 additional deaths could be attributed to COVID-19 across seven states.

Most European countries have continued to observe a decrease in confirmed new cases, and many have begun to plan the reopening of their respective countries. Austria, Belgium, Czech Republic, France, Germany, Greece, Italy, the Netherlands, Portugal, Spain and Switzerland have all begun to reopen or have announced plans to reopen. On the opposite end of the spectrum, Russia has the fastest-growing number of COVID-19 cases in Europe, with new cases continuing to increase each day. Though the situation in the United Kingdom remains serious, growth in new cases has plateaued, with roughly 5,000 daily new cases over the last month.

Though we continue to learn about the novel coronavirus at a rapid pace, many unknowns remain. A handful of antibody studies in the US raised the possibility that many more individuals were infected with COVID-19 than had been confirmed through traditional testing. Though the information from these studies is potentially useful, some scientists have pointed to the fact that such tests are often inaccurate and should not be used to drive policy decisions. The World Health Organization (WHO) has stated that “we expect that most people who are infected with COVID-19 will develop an antibody response that will provide some level of protection. What we don’t yet know is the level of protection or how long it will last.” Another uncertainty is whether children will begin to spread the virus once schools in many countries in Europe start to reopen this month. A study by Dr. Christian Drosten, one of Germany’s top coronavirus experts, has shown that although children have exhibited few symptoms from the virus, they are equally as likely as adults to spread the illness. These uncertainties, and many more, are expected to remain for some time as scientists learn more about the coronavirus and the disease it causes, COVID-19.

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, Chicago and Detroit. We are providing medical surge support, including emergency medical field units, personal protective equipment (PPE) and other medical equipment and supplies, and clinical volunteers. The grim situation at many nursing homes is becoming clearer over time, with new data showing that at least one-quarter of the deaths in the

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4 https://twitter.com/WHO/status/1254160937805926405
United States have occurred at nursing home facilities. More than 5,000 nursing home facilities in 46 states have confirmed that either a resident or staff has become infected with COVID-19.

- Last week in **Los Angeles**, International Medical Corps provided emergency medical field units at Coast Plaza Hospital, Memorial Hospital of Gardena, East Los Angeles Doctors Hospital and Community Hospital of Huntington Park, adding to deployments already in place at Martin Luther King, Jr. Community Hospital (MLKCH), LAC + USC Medical Center and Olive View-UCLA Medical Center. We have selected partner hospitals based on the vulnerability of the population they serve and the needs arising from treating COVID-19. For example, MLKCH serves some of Los Angeles County’s most vulnerable populations, with about 30% of the population is at or below the federal poverty level, unemployment rates exceeding those of the county and state, and 75% of schoolchildren eligible for meal programs. In addition to emergency medical field units to provide surge capacity to emergency departments, we are working with each hospital to source critical equipment and supplies to strengthen the facilities’ capacity to respond to the COVID-19 pandemic. To date, we have delivered pulse oximeters, telemetry monitors, ventilators and other medical equipment critical to the care of acute respiratory illness. We also are working to provide critical PPE to first responders, including the Los Angeles Fire Department (LAFD) and Los Angeles Police Department (LAPD), as well as to long-term care facilities. Roughly 45% of coronavirus-related deaths in Los Angeles are in skilled nursing facilities and assisted-living facilities, which have struggled to obtain protective gear during the pandemic, even as they emerged as hotspots for COVID-19 outbreaks.

- In the **Chicago** area, International Medical Corps has partnered with Ingalls Memorial Hospital in Harvey, IL, and Vista East Medical Center in Waukegan. Our shelters are being used for testing and triaging of patients for COVID-19, with the Ingalls shelters providing testing for approximately 100 patients per day, and the Vista East seeing approximately 35 patients per day. Our partners are admitting a steady number of COVID-19 patients, but fewer are being moved to the ICU than in previous weeks. In addition to the shelters, we have provided more than 15 medical volunteers to staff these shelters and procured essential equipment, including patient monitors, portable ultrasounds and transport defibrillators.

- In **New York City**, International Medical Corps has partnered with 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 located in Queens, the epicenter of the COVID-19 outbreak in the city. At the height of the pandemic, the MediSys network had more than 450 patients admitted for coronavirus complications. To support both hospitals, International Medical Corps deployed more than 40 volunteers, including nurse practitioners, registered nurses, critical care physicians and paramedics. As the number of cases has decreased, we have continued to provide surge staffing support, PPE and critical care equipment. International Medical Corps also has partnered

with Maimonides Medical Center to provide critical surge staffing, and will continue to support Maimonides by sourcing and providing PPE.

- Over the weekend, **Puerto Rico** was hit by a magnitude 5.4 earthquake. Damage was reported in Ponce, the location of two of International Medical Corps’ partner hospitals, but the hospitals were unaffected. The earthquake highlights the issues facing Puerto Rico: continuing recovery from a magnitude 6.4 earthquake in January, the ongoing COVID-19 outbreak and the impending arrival of hurricane season in June. International Medical Corps has partnered with Hospital de Damas and Hospital San Cristobal in Ponce, as well as Hospital Universitario de Dr. Ramón Ruiz Arnau (HURRA) and Hospital HIMA San Pablo in Bayamón, near San Juan. We have deployed two emergency medical field units that are supporting emergency departments’ responses to COVID-19 and will deploy two more emergency medical field units in the week ahead. Moving forward, International Medical Corps will continue to help our partner hospitals source PPE and essential medical supplies.

- In **Detroit**, International Medical Corps has partnered with the Henry Ford Hospital in downtown Detroit, Henry Ford West Bloomfield Hospital and Detroit Medical Center. In early April, 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. Since our initial deployment in Detroit, the situation has improved, with 10 days of decreasing caseloads at our partner hospitals. We have focused our efforts on providing medical equipment to partner facilities, and on coordinating a roundtable webconference for clinicians at partner facilities in Detroit, Chicago and Los Angeles, enabling them to share their experiences related to diagnosing and managing acute-care patients suffering from COVID-19, from presentation through evaluation and ultimate transit to ICUs. Our shelters will remain as a safety net for a possible second of cases.

GLOBAL RESPONSE
International Medical Corps is also responding in the nearly 30 countries where we work throughout the world. Each week, we provide highlights from our response in one of our regions, which include the West, Central and Southern Africa Region; the North and East Africa, Asia and Europe Region; and the Middle East Region, which we’re focusing on this week.

- In **Iraq**, the International Medical Corps team has secured and distributed additional PPE and provided COVID-19 training to supported health partners, helping to ensure the safety of staff and beneficiaries as program activities continue. We have distributed 238,000 pieces of PPE and infection prevention and control (IPC) items, and held 28 training sessions on COVID-19 prevention and control. In addition, the community outreach team is using social media and radio broadcasting to conduct risk communication and health education, reaching more than 26,000 individuals so far. Because people may experience increased mental and emotional distress while households are on lockdown and movement restrictions are in place, the mental health and psychosocial support (MHPSS) team is providing remote case management and follow up. In recognition of the increased risk of gender-based violence (GBV) affecting women and girls who may be confined at home with abusers, the Women and Girls’ Safe Spaces in the camps that we support in Mosul have remained open for case management, with measures in place to prevent transmission of COVID-19. GBV case management is also being provided remotely to survivors who consent to follow-ups via phone.

- In **Jordan**, we are continuing to operate vital lifesaving health services across the country, including services in Azraq and Za’atari Refugee Camps, as well as in Irbid. International Medical Corps is providing a range of services related to COVID-19 to an estimated 1,500 people living inside Azraq Refugee Camp, and is working with camp management to deploy a medical team to the camp’s entry and exit points to measure the temperature of anyone entering or exiting the camp. So far our team has taken more than 2,500 temperatures. In addition, we have established a 10-patient isolation area inside the camp where immediate treatment can be provided to
suspected and confirmed COVID-19 cases. We have also freed up space inside Irbid Hospital to isolate suspected cases. The health team in the camp continues to provide awareness sessions on COVID-19 to residents, as well as NGO and security staff. Working with the Ministry of Health and the Jordanian Psychiatrist Society, we have established a 24/7 psychosocial support hotline in Jordan, staffed by our mental health team, to respond to the growing mental health needs in the face of COVID-19. So far, we have served more than 200 clients via phone or video. And while curfew restrictions remain, our maternal health team is providing consultations via phone to new and expecting mothers.

- In Lebanon, our team continues to provide vital essential primary health and MHPSS services, as well as GBV assistance to Syrian refugees and vulnerable Lebanese populations. The team has developed a COVID-19 contingency plan addressing disruptions that may arise because of the outbreak and related restrictions on movement. This has involved procuring additional PPE and IPC supplies—including hand sanitizers, sterilization alcohol, gloves, masks and soap—to protect frontline workers. The team has so far distributed 535,000 PPE and IPC items. The team has also raised awareness about COVID-19 among community members and provided psychological first-aid training to frontline workers. Overall, our team has conducted more than 60 training sessions on COVID-19. International Medical Corps is also working closely with the government and with partner NGOs by participating in sub-working groups of national COVID-19 taskforces.

- In Syria, the International Medical Corps team in Damascus has distributed hand sanitizers to people who attend COVID-19 awareness sessions. To ensure the safety of staff, PPE and similar supplies are being provided to essential workers at our clinics. The team has provided thousands of bars of soap to rural areas near Damascus for immediate distribution, and are contributing to hygiene campaigns by providing vehicles and raising awareness about COVID-19. The team also is distributing cleaning tools—used for cleaning water tanks—in schools and health centers, as well as supporting disinfection activities. In addition, we are coordinating with the WASH clusters to identify and respond to further needs.

- In Turkey, we are working through our implementing partner MSYD to distribute thousands of PPE and IPC items—including gloves, masks and sanitizers—to service providers and community members. We have provided IPC training, including instructions on the proper use of PPE, to frontline workers, and conducted COVID-19 awareness activities for thousands of community members, the majority of whom attended these activities remotely. The team has also adapted some mental health and physical rehabilitation services to the pandemic—including awareness-raising activities—and is now providing them over the phone or through video calls.

- In Yemen, our health team is sharing COVID-19 case management and education guidelines with health facility staff. We have trained 190 frontline workers on COVID-19 case management and prevention methods, and provided 21 health facilities with cleaning materials—including gloves, waterproof overalls and soap—to strengthen infection control. In total, we have distributed more than 600,000 PPE and IPC items. In collaboration with the Ministry of Public Health, we also have trained community health volunteers (CHVs) on how to prevent and treat COVID-19—for example, the team has distributed materials to CHVs about how to prevent and treat COVID-19 for distribution in their communities, as well as to the health facilities that we support in Sana’a, and have created almost 300 WhatsApp groups with community members where CHVs share educational messages on COVID-19 prevention and protection.

Technical Guidance