



International Medical Corps staff members display their personal protective equipment (PPE) at the ribbon-cutting event for the Infectious Disease Unit in Juba, South Sudan.

Globally, the number of confirmed COVID-19 cases has grown to more than 13.3 million, nearly 5 million of them active infections. Following a trend since early May, the past week saw another record-breaking number of new cases. In total, deaths from COVID-19 have reached more than 579,500. On July 13, following weeks of slow but steady increases, the seven-day moving average of deaths per day reached 4,966, the highest in two months.

Following an explosion in confirmed cases that began in mid-June, the United States continues to see record-breaking numbers of new cases. Over the past seven days, the US has averaged more than 60,000 cases per day, and the upward trajectory does not show signs of leveling off. Meanwhile, after more than two months of decreasing numbers of deaths, the past week has seen a 46% increase in deaths from the low seven-day average reached on July 5. As the number of cases and deaths has increased, so has the percentage of positive tests. Since the middle of June, the rate of positive tests has doubled, from 4.3% to 8.7%¹. In several states, the numbers are much worse. Since May, the percentage of positive tests in Florida, Arizona and Texas have increased by 813%, 407% and 360%, respectively. In Florida, where the last week has seen more than 10,000 cases per day, nearly half of the state's intensive-care units are more than 90% full, and more than 20% of the state's intensive care units are at full capacity².

Though the number of cases continues to increase around the world, new scientific evidence indicates that herd immunity may not be likely from a one-time infection or immunization. A new study from King's College London showed that 60% of formerly infected individuals had a potent antibody response to COVID-19, but only 17% retained their potency after three months. Over the three months, antibody levels fell as much as 23-fold, and some individuals' antibodies were undetectable. These findings suggest that individuals could be infected multiple times and that an effective vaccine program could require booster shots³. Though this research is highly relevant, more research is needed to identify the role

FAST FACTS

- According to the Johns Hopkins University tracker, which consolidates data from a range of sources, as of July 15 there have been 13,357,992 confirmed cases of COVID-19 reported in 188 countries and regions.
- In the US, we are supporting nearly 80 hospitals and long-term care facilities in Los Angeles, New York City, Puerto Rico, Chicago, Boston and Detroit with emergency medical field units, equipment, supplies and volunteer staff.
- We have screened more than 626,000 individuals for COVID-19 at our global missions and have distributed more than 9.8 million pieces of personal protective equipment and infection prevention and control items to supported health facilities.
- We have trained more than 11,746 frontline healthcare professionals on COVID-19 prevention and control measures.

¹ <https://coronavirus.jhu.edu/testing/individual-states/usa>

² <https://www.usatoday.com/story/news/health/2020/07/09/coronavirus-florida-nearly-half-states-ic-us-least-90-full/5409773002/>

³ <https://www.theguardian.com/world/2020/jul/12/immunity-to-covid-19-could-be-lost-in-months-uk-study-suggests>

that T-cells play in fighting SARS-CoV-2. Some research has indicated that individuals who recover from COVID-19 have generated T-cells that target the virus, which could offer another avenue for vaccines to create immunity. Also of interest is the fact that some uninfected individuals appear to already carry these T-cells, due to past infections with coronaviruses that cause the common cold⁴.

International Medical Corps Response






International Medical Corps is continuing to provide essential medical assistance and training in the 30 countries where we operate. Highlights from our global response include the following.

United States Response

In the US, International Medical Corps is working closely with hospitals and nursing homes in Boston, Chicago, Detroit, Los Angeles, New York and Puerto Rico to respond to COVID-19. To date, we have distributed more than 1 million KN95 masks, 700,000 surgical masks and 100,000 face shields, along with essential critical care equipment—including ventilators, portable ultrasounds, pulse oximeters and defibrillators. Additionally, International Medical Corps has provided hospitals with emergency medical field units and clinical volunteers to surge and strengthen emergency-care capacity during the height of the pandemic.

As case numbers continue to climb throughout most of the US, some states that had experienced declines or plateaus are reporting increases. For example, California—which started reopening about a month ago—is experiencing a significant uptick in cases statewide. Of the state’s 58 counties, 30 are now on the state’s watchlist for increased spread. The sharp increase in cases has led local governments to reimpose lockdown restrictions, including statewide closure of all bars and indoor operations of restaurants, wineries, gyms, salons and theaters. International Medical Corps is continuing to coordinate with our hospital partners in Los Angeles to ensure that they have the surge capacity needed to effectively respond to and provide care for COVID-19 patients. Additionally, the team is working with long-term care facilities to provide healthcare workers and residents with personal protective equipment (PPE), as well as adequate training on both proper usage and management of PPE and proper infection prevention and control (IPC). So far, the team has trained more than 200 residents and healthcare professionals within nursing homes.

In Texas, hospitalizations have surged nearly 60% over the last two weeks. As of July 14, more than 10,500 patients were hospitalized due to COVID-19, with 3,000 requiring intensive care. Many hospitals in major metropolitan areas such as Houston are no longer accepting transfers, having reached capacity, while ambulances are waiting up to 10 hours to deliver patients. To support disease-transmission prevention efforts, International Medical Corps continues to collaborate with Texas A&M University’s Coastal Bend Health Education Center to deliver virtual training sessions on IPC and medical surge. The training is targeted to healthcare professionals in Nueces County, which is currently reporting a 25%

United States Response			
 Locations	Cities: 7	Hospitals: 24	Nursing homes: 51
 Volunteers	MDs: 16	Nurses: 44	EMTs: 3 Paramedics: 8
 Infrastructure	Field Units: 56	HVACs: 42	Generators: 4 Trailers: 4
 Equipment	Beds: 150	Ventilators: 7	Portable ultrasounds: 12
	Pulse oximeters: 14	Suctions: 9	Defibrillators: 2
	Medical consumables	Anesthesia pumps: 1	Patient monitors: 60
 PPE	KN95 masks: 1,322,680	Surgical masks: 700,000	Surgical gowns: 75,000
	Face shields: 108,000		Nitrile gloves: 2,100

⁴ <https://www.the-scientist.com/news-opinion/sars-cov-2-reactive-t-cells-found-in-patients-with-severe-covid-19-67695>

positive testing rate⁵. Due to increased demand, International Medical Corps instructors also will provide training to health staff working with vulnerable populations, including staff at substance-abuse recovery centers and departments of correction. International Medical Corps also is communicating with partners in Florida to determine training needs for federally qualified health centers in highly affected areas.

Global Response

International Medical Corps is focused on ensuring continuity of operations in its existing programming in nearly 30 countries while taking decisive action to respond to COVID-19 cases. We are continuing to distribute PPE and IPC items to our supported healthcare facilities, while providing training and support to frontline healthcare workers on the proper use of such equipment and the epidemiology of COVID-19. Additionally, our facilities are continuing to screen patients for COVID-19 and raise awareness—through traditional and remote activities—throughout communities. International Medical Corps is also participating with global, regional and local coordination bodies to support their COVID-19 response and ensure that our staff can respond to the outbreak while continuing to deliver critical healthcare services. Highlights from our response this week include activities in the following countries.



International Medical Corps is responding to COVID-19 around the world, including in Nigeria, the Democratic Republic of the Congo and Somalia, shown on the map above.

- In **Nigeria**, International Medical Corps has been responding to COVID-19 by training community volunteers on IPC and referral pathways for health services, and serving on the national COVID-19 Task Force. To date, we have trained 1,873 community volunteers who are delivering health education in vulnerable communities and seven internally displaced person (IDP) camps. They have reached 87,162 people with COVID-19 messaging and delivered 1,514 sanitation items, including hand sanitizer, face masks and chlorine for water treatment. Our WASH team has collaborated with other humanitarian partners to distribute 444,940 bars of soap to households and has put in place an additional 107 handwashing stations in IDP camps. Our nutrition team continues to provide services through 15 outpatient therapeutic programs, providing COVID-19 prevention messages during nutrition screenings for 24,675 children. Our food security and livelihoods team continues to provide cash-based transfers and commodities to 130,896 people, while providing education on COVID-19. On July 1, the country team started a new COVID-19 program in Damboa that will support WASH activities at five IDP camps, provide supplies and capacity-building support for IPC to four health facilities, and ensure that protection and gender-based violence (GBV) prevention are integral to all activities. This project will target 166,000 beneficiaries, including 99,000 IDPs.
- In the **Democratic Republic of the Congo**, International Medical Corps has provided COVID-19 training for 47 healthcare personnel and 16 Ministry of Health (MoH) staff, and is training additional MoH staff at 82 health facilities on COVID-19 IPC measures. Current national COVID-19 preparedness and response activities in the DRC are centered in the capital city of Kinshasa, but International Medical Corps' network of screening and referral units (SRUs)—set up over the past 18 months to fight DRC's Ebola epidemic—have the potential to conduct wide-scale COVID-19 screenings. International Medical Corps has set up 95 such facilities in 11 health zones along the border of eastern DRC. So far, 91 International Medical Corps staff members working in SRUs in and around Goma have undergone training on COVID-19 case management and IPC measures. In addition, the team recently started a six-month COVID-19 program in three eastern provinces that seeks to strengthen screening and referral of suspected COVID-19 cases at 82 health facilities, and provide community engagement and health education for vulnerable communities, with the goal of reaching half a million people.
- In **Somalia**, International Medical Corps is coordinating its response to COVID-19 through the Ministry of Health at both the federal and regional government levels, and is a member of the Inter-Agency Risk Communication and Community Engagement Taskforce. In Galkacyo South—about 500 miles northwest of Mogadishu—we completed a COVID-19 isolation center within the Galkacyo South Hospital. Officials from the Galmudug Region's Ministry of Health presided over a formal opening of the facility in mid-June. Elsewhere, we have donated PPE to humanitarian partners in Jowhar, including humanitarian-aid organization INTERSOS, the Federal Ministry of Health in Mogadishu and COVID-19 isolation centers. In addition, we have trained 604 staff on IPC measures,

⁵ City of Corpus Christi: COVID19 Updates Dashboard, accessed at: <https://corpus.maps.arcgis.com/apps/opsdashboard/index.html#/fe742480193d4fff98f7af38c5104cfc>

how to recognize COVID-19 symptoms, how the virus spreads and how to use PPE. Our GBV team has also conducted focus group discussions with women and girls across our four operational areas, asking what they know about COVID-19, how they receive their information and their main concerns about the virus. We also have conducted a survey of knowledge, attitudes and practices surrounding COVID-19 in four of Somalia's 18 regions. The survey included phone-based household interviews, as well as discussions with individuals and representatives of groups participating in our program, such as Ministry of Health officials, traditional birth attendants, traditional healers, health center committee members and religious leaders. International Medical Corps health facilities in the four regions continue to screen beneficiaries for signs of the virus. As of June 24, we had screened 37,980 people, and we have posted materials in Somali about COVID-19 at all our offices and in health facility waiting areas.

