International Medical Corps

SITUATION UPDATE

COVID-19
Situation Report #24
September 2, 2020

International Medical Corps staff educate members of a village in Cameroon about how to prevent and respond to COVID-19.

FAST FACTS

- According to the Johns Hopkins University tracker, which consolidates data from a range of sources, as of September 2 there have been 25,786,609 confirmed cases of COVID-19 reported in 188 countries and regions.
- In the US, we are supporting 38 hospitals across the country, including in Texas, Boston, Chicago, Detroit, Los Angeles, New York and Puerto Rico, with a range of services and equipment, including emergency medical field units, supplies and volunteer staff.
- We have screened more than 920,800 people for COVID-19 at our global missions and have distributed more than 11.6 million pieces of personal protective equipment and infection prevention and control items to supported health facilities.
- We have trained more than 12,200 frontline healthcare professionals on COVID-19 prevention and control measures.

The world has seen more than 25.7 million confirmed cases and 857,000 deaths from COVID-19. Recently, India has accounted for the largest number of new cases, with an average of more than 70,000 per day over the last week; this trend shows no sign of slowing. Also of great concern is Syria, which appears to be in the grips of an unconfirmed outbreak of the virus. More than 60 physicians have died of COVID-19 in just one month, and officials estimate there currently are more than 100 civilian deaths per day in the capital alone[1]. These outbreaks, and the situation worldwide, highlight the need for innovative solutions that will stifle outbreaks, prevent severe cases and in-crease hospitals' capacity to treat severe cases when they happen.

Though they have not been implemented at scale, several strategies appear to be valuable tools in fighting COVID. Many experts claim that a population-wide rollout of daily, cheap, rapid tests would be as effective as a vaccine. Experts have speculated that the United States could reopen the economy if every American were tested each day, at a total cost of $100 billion to $500 billion per year. These rapid tests have already been developed but are stuck in the FDA approval process, which was built for clinical diagnostics instead of public health surveillance[2]. Without a change to existing law or an emergency authorization, it is unlikely that these tests will be approved in the US.

In the absence of cheap, rapid tests, there is the possibility of utilizing group testing and wastewater testing. Group testing is conducted by collecting several samples and conducting one test on the group; if the test returns positive, each sample is tested again to identify the positive cases. In instances where COVID-19 is not widespread, group testing can significantly reduce the number of tests needed to surveil the population and can help provide early identification of cases. Wastewater testing enables officials to identify buildings, neighborhoods or city blocks in which a COVID-19 outbreak occurs. Once an outbreak is identified, individual tests can be performed, to determine the positive cases. The University

1 https://www.cbsnews.com/news/coronavirus-in-syria-deaths-cases-hidden-by-civil-war-bashar-assad-regime-blames-sanctions/
2 https://harvardmagazine.com/2020/08/covid-19-test-for-public-health

of Arizona recently used wastewater testing to identify positive cases in a dormitory[3] and claims it was able to stop the outbreak before it began.

Such innovations help to prevent outbreaks from spreading. But it's as important to treat cases when they occur. In Whiteriver, AZ, a hospital was able to cut the death rate in half compared to the rest of the state[4] by utilizing teams of public health officers who visited COVID-19 positive patients who had been identified as vulnerable based on their age and preexisting health conditions. They visited these patients' homes every day and tested their blood-oxygen levels, as well as their family members' oxygen levels, to identify hypoxia in its early stages. They brought patients identified as hypoxic to the hospital for oxygen treatment. By starting oxygen treatment early, they likely prevented intubation for many individuals, which appears to have reduced mortality rates.

International Medical Corps Response

International Medical Corps continues 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 has partnered with hospitals, clinics and nursing homes in Boston, Chicago, Detroit, Los Angeles and the Central Valley of California, New York, Texas and Puerto Rico to respond to COVID-19. To date, we have distributed more than 2 million items of PPE, including 1 million KN95 masks, 800,000 surgical masks, 200,000 isolation gowns, 100,00 N95 masks and 100,000 face shields. Additionally, International Medical Corps has focused on increasing critical-care capacity by donating medical equipment such as ICU monitors, high-flow nasal oxygen units, portable ultrasounds, defibrillators and several other types of equipment. International Medical Corps has also provided hospitals with emergency medical field units and clinical volunteers to strengthen emergency and critical-care capacity throughout the pandemic.

United State Response				
Locations	States: 8	Hospitals: 38	Nursing homes: 51	
Volunteers	MDs: 16	Nurses: 44	EMTs: 3	Paramedics: 8
Infrastructure	Field Units: 56	HVACs: 42	Generators: 4	Trailers: 7 Containers: 2
Equipment	Beds: 150	Ventilators: 7	Portable ultrasounds: 12	
	Pulse oximeters: 105	Suctions: 9	Defibrillators: 2	
	Medical consumables:	Anesthesia pumps: 1	Patient monitors: 38	
PPE	K95 masks: 1,430,680	Surgical masks: 828,700	Surgical Gowns: 581,000	
	N95 masks: 100,000	Surgical masks: 108,000	Nitrile Gloves: 2,100	

The US now has more than 6 million confirmed cases and almost 185,000 confirmed deaths, accounting for roughly 25% of all COVID-19 cases despite making up only 4% of the world's population. Though new cases nationwide are declining, new hotspots continuing to emerge, with increasing numbers of new cases in the Midwest and Hawaii. Case counts also remain stubbornly high in southern states and California. The US still is showing high lab positivity rates, with more than 30 states greater than 5%. Continued vigilance is needed.

In response to the high burden of cases in southern states, International Medical Corps has partnered with six hospitals in south Texas to increase their capacity to respond to and care for COVID-19 patients. These counties in south Texas have

3 https://www.nbcnews.com/health/health-news/how-university-arizona-used-no-2-solve-its-no-1-n1238756
4 https://www.nejm.org/doi/full/10.1056/NEJMc2023540

some of the highest poverty rates in Texas, and average 50% or more Hispanic in population. Five metropolitan areas here have the highest infection-per-capita rates in the nation, with such factors as low socioeconomic status and high rates of population migration seen as primary drivers.

The team continues to work with long-term care facilities throughout Los Angeles County, to provide healthcare workers and residents with PPE, adequate training on the usage and management of PPE, and proper infection prevention and control (IPC) measures. These efforts remain critical, as COVID-19 spreads most aggressively in nursing home facilities. More than 40% of California's COVID-related deaths are estimated to come from nursing home facilities.

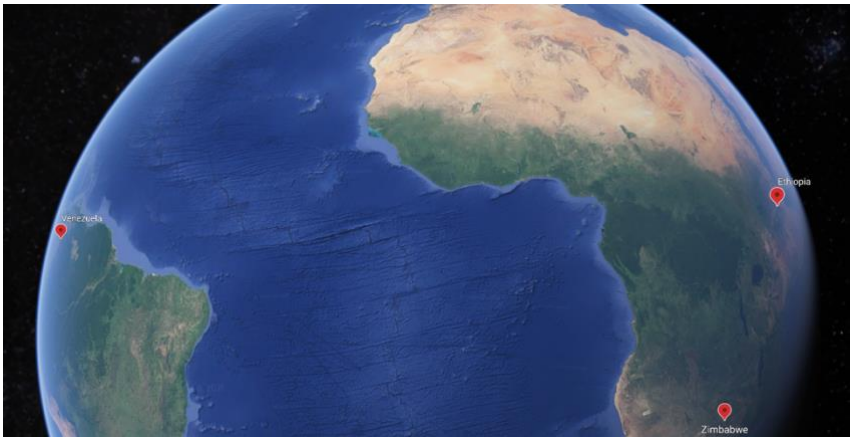
In Puerto Rico, daily cases appear to be on a slow decline, but still affect some of the most vulnerable populations in the nation. In response, International Medical Corps is in initial talks to partner with the Cancer Center of San Juan and Good Samaritan Hospital of Aguidilla. Planned activities include expanding surge space with emergency medical field units, and providing PPE and respiratory critical-care equipment.

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 also is 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.

- In **Ethiopia**, the country team continues to participate in national and local-level COVID-19 coordination meetings with different bodies, including government agencies and other implementing partners. Between mid-April, when we began the process, and August 19, our team screened 88,228 patients for the virus in facilities we support, referring 187 suspected COVID-19 cases for further observation and possible testing. The team trained 715 frontline staff and supported 63 health facilities. Those trained included staff from International Medical Corps as well as from our partners, from Ethiopia's Administration for Refugee and Returnee Affairs (ARRA) and health workers from host communities. Our team also reached 24,649 community residents directly through COVID-19 awareness-raising activities and another 1.1 million people indirectly through mass-media campaigns that include banners, posters, fliers and radio messages. We have distributed 5,760 PPE items, including face masks and hand sanitizer. Our training has focused on COVID-19 awareness, how to identify symptoms of the disease, the proper use and handling of PPE, case management and psychological first aid (PFA). Our team in the town of Dollo, in southeastern Ethiopia near the country's border with Somalia, is screening refugee traffic at the Dollo Ado reception center for evidence of fever.

- In **Venezuela**, more than 70,000 former refugees have been forced to return to their home country in recent months due to the pandemic, with some walking for thousands of miles after facing job losses and business closures while working abroad because of national lockdowns. Upon their return to Venezuela, many are facing discrimination, accused of being "bioterrorists" and spreading COVID-19 to the country. International Medical Corps is one of only a few international non-governmental organizations (INGOs) to receive import licensing to support healthcare facilities in Venezuela. As concerns around COVID-19 have continued to grow, our team is participating in coordination meetings with UN agencies, INGOs, key health officials and mayors of municipalities. It also has been coordinating with directors of health facilities in Miranda state and will be meeting with officials in Táchira and Bolivar states. To meet growing needs, we have imported PPE—including gloves and masks—and inter-agency emergency health kits that include basic medicines, equipment and supplies to provide lifesaving services to 10,000 people for approximately three months. International Medical Corps is working to distribute nearly 50,000 gloves and more than 20,000 KN95 masks to hospitals in Miranda and Táchira, two states with the highest number of confirmed COVID-19 cases. The team has provided COVID-19 training for 69 frontline staff in three health facilities.



International Medical Corps is responding to COVID-19 around the world, including in Venezuela, Zimbabwe and Ethiopia, shown on the map above.

Since late February, our response has reached nearly 10,000 beneficiaries.

- In **Zimbabwe**, the COVID-19 situation continues to deteriorate rapidly. At first, the virus was spread by an influx of returning citizens from South Africa and Botswana, fleeing lockdown-induced economic hardships and job losses, but community transmission recently has been on the rise. Although the healthcare system was already overstretched before the pandemic, the situation has now worsened dramatically. For more than a month, 15,000 nurses have been on strike over their decreasing wages, affecting all healthcare services. International Medical Corps is implementing two COIVD-19 projects in Zimbabwe. In the first, we are providing water, sanitation and hygiene (WASH) and community-hygiene promotion activities for more than 31,000 people in Binga, one of the most impoverished, marginalized districts in Zimbabwe, which faces severe water scarcity due to years of drought. In the second, which we are implementing across three provinces, we are targeting 17 health facilities, aiming to rehabilitate WASH facilities within COVID-19 isolation areas. Through our recently completed Amalima Project, our team and partners have collaborated with the Ministry of Health and Child Care to develop educational materials for communities about the COVID-19 pandemic. The program developed 100,000 fliers and 12,000 posters for communities in Bulilima, Mangwe, Gwanda and Tsholotsho on COVID-19 prevention. Those materials have been widely distributed in partnership with more than 300 community health workers who serve in vulnerable communities. We also helped provide 300 bicycles for these community health workers—enabling them to more easily reach remote areas with COVID-19 messaging—as well as 6,000 reusable masks. International Medical Corps has supported two treatment centers and 15 hospitals, training 117 frontline staff since late February and reaching more than 703,000 people. Since early July, we have distributed more than 12,450 PPE and IPC items, including masks for healthcare workers, soap, sanitizer and gloves.

International Medical Corps' Impact at a Glance				
Number of Supported Facilities Provided with COVID-19 Activities	**461** Primary Health Facilities	**89** Hospitals	**21** COVID-19 Treatment Centers	**34** Mobile Medical Clinics
Community Members Reached Through COVID-19 Awareness-Raising Activities	 **1M** Traditional		 **350K** Remote	
PPE and IPC Items Distributed	 **11.2M** PPE		 **379K** IPC	