



Students in the Democratic Republic of the Congo wearing their masks.

As the pandemic moves forward, the number of worldwide confirmed daily cases continues to grow, while the number of daily deaths continues to decline slowly. Over the past week, 21 states in the US reported a rise in cases, while three—Texas, Missouri and South Carolina—reported decreases and the others held steady. At the same time, case numbers in many European countries continue to increase, with no sign of slowing. To stem the growth in new cases, some countries around the world have turned to rapid tests, in the hope of quickly identifying and quarantining positive cases.

Late last week, media reports revealed a sizeable COVID-19 outbreak in the White House and among members of the Republican party. Positive cases identified so far include the President, the First Lady, three Republican senators, the president's press secretary, the president's campaign manager, multiple presidential advisors and several journalists who cover the White House, among others. Last weekend, the President was moved to Walter Reed Hospital, where he received experimental treatments for the virus. He has now returned to the White House, where he will continue to be monitored and treated. Confirmed cases in the US now exceed 7.5 million, with deaths exceeding 210,000.

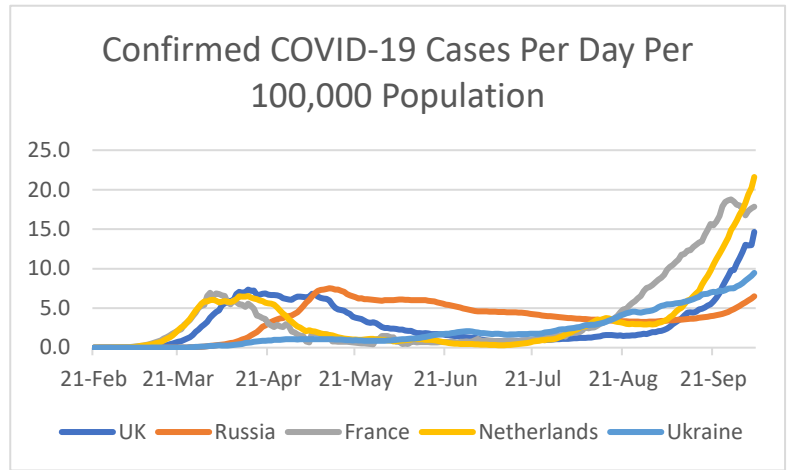
The European continent remains in the throes of a second-wave of COVID-19 infections. Governments continue attempts to balance the need for restrictions with the desire to avoid massive economic disruptions. Thus far, countries have attempted to utilize a regional approach to lockdowns and restrictions, with Spain and France both opting for localized measures in hotspots, such as Paris and Madrid.<sup>1</sup> In Paris, bars have been forced to close, and restaurants have had more stringent rules placed upon them. In Madrid and other municipalities in Spain, the populace has been placed on partial lockdown: individuals are not allowed to exit or enter these cities except through work or medical grounds. The confirmed cases in several European countries are now higher than they were in the spring, but this may be due to low testing capacity at the beginning of the pandemic and, therefore, artificially low case numbers in the beginning of the year. Still, the increased caseloads show a clear and significant spread of the virus after months of relative containment.

## FAST FACTS

- According to the Johns Hopkins University tracker, which consolidates data from a range of sources, as of October 7, there have been 35,874,626 confirmed cases of COVID-19 reported in 188 countries and regions.
- In the US, we are supporting 38 hospitals across the country, including in California, Illinois, Massachusetts, Michigan, New York, Puerto Rico and Texas, with a range of services and equipment, including emergency medical field units, supplies and volunteer staff.
- We have screened more than 1.8 million people for COVID-19 at our global missions and have distributed more than 17.4 million pieces of personal protective equipment and infection prevention and control items to supported health facilities.
- We have trained more than 17,500 frontline healthcare professionals on COVID-19 prevention and control measures.

<sup>1</sup> <https://www.theguardian.com/world/2020/oct/05/europe-struggles-to-contain-surge-of-coronavirus-cases>

The efficacy of rapid antigen tests have continued to be a topic of discussion amongst medical and public health experts. These rapid tests have a higher rate of false negatives than the standard PCR test, but are also much faster in providing results and are often cheaper. Proponents of the rapid tests say that these tests' speed and cost-effectiveness can enable more thorough surveillance of a population. Last week, the WHO announced an initiative to make 120 million rapid tests available to low- and middle-income countries.<sup>2</sup> These tests were recently rolled out in Madrid in the hope of helping to alleviate the outbreak in the city.<sup>3</sup>



## International Medical Corps Response

International Medical Corps continues to provide essential medical assistance and training in the 28 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 California, Illinois, Massachusetts, Michigan, New York, Puerto Rico and Texas to respond to COVID-19. To date, we have distributed more than 4 million items of PPE, including 1.8 million KN95 masks, 1.8 million surgical masks, 206,000 isolation gowns, 100,000 N95 masks, 100,000 face shields and 100,000 cloth face masks. 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 others. International Medical Corps has also provided hospitals with emergency medical field units, training and clinical volunteers to strengthen emergency and critical-care capacity throughout the pandemic.

United States Response			
<b>Locations</b>	States/Territories: 8	Hospitals: 38	Nursing homes: 51
<b>Volunteers</b>	MDs: 16	Nurses: 44	EMTs: 3 Paramedics: 8
<b>Infrastructure</b>	Field Units: 56	HVACs: 48	Generators: 4 Trailers: 4 Containers: 2
<b>Equipment</b>	Beds: 150	Ventilators: 7	Portable ultrasounds: 16
	Pulse oximeters: 120	Suctions: 9	Defibrillators: 2
<b>PPE</b>	Medical consumables:	Anesthesia pumps: 1	Patient monitors: 143
	K95 masks: 1,836,860	Surgical masks: 1,873,000	Surgical gowns: 587,000
	N95 masks: 100,000	Face shields: 108,000	Nitrile gloves: 2,100

In South Texas, International Medical Corps recently completed six emergency medical field unit setups. The technical team continues to work closely with hospital leadership to support innovative technical platforms, oxygen monitoring and data collection throughout the hospitals. Support for long-term care facilities throughout Los Angeles County continues,

<sup>2</sup> <https://www.who.int/news-room/detail/28-09-2020-global-partnership-to-make-available-120-million-affordable-quality-covid-19-rapid-tests-for-low--and-middle-income-countries>

<sup>3</sup> <https://www.bbc.com/news/av/world-europe-54394128>

with International Medical Corps providing PPE and training on infection prevention and control (IPC) measures. In Puerto Rico, International Medical Corps is finalizing agreements with the Cancer Center of San Juan and Good Samaritan Hospital of Aguadilla to provide support with emergency medical field units, medical equipment and PPE.

## 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 **Jordan**, International Medical Corps' team continues to operate vital lifesaving health services across the country. All health services in Azraq and Zaatari Refugee Camps, as well as in Irbid, remain ongoing, with non-lifesaving services—such as outpatient sexual and reproductive health—resumed at full capacity. International Medical Corps is providing a range of services related to COVID-19 to an estimated 40,000 people living inside Azraq Refugee Camp, where cases have now been confirmed. In particular, working with camp management, International Medical Corps has deployed a medical team to the



*International Medical Corps is responding to COVID-19 around the world, including in Jordan, Lebanon and Yemen, shown on the map above.*

camp's entry and exit points to measure the temperature of anyone entering or exiting the camp. We have also established a 10-patient isolation area—and are now in the process of increasing its capacity to 50 beds—inside the camp, where immediate treatment can be provided to suspected and confirmed COVID-19 cases. In addition, the health team in the camp continues to provide awareness sessions on COVID-19 to residents, as well as to NGO and security staff. Working with the Ministry of Health and the Jordanian Psychiatrist Society, International Medical Corps has 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. As curfew restrictions now have been lifted in the country, International Medical Corps' team in Jordan has resumed face-to-face mental health consultations, as well as child protection and nutrition services, for refugees and vulnerable Jordanians. However, we continue to conduct all group psychosocial support activities remotely, in accordance with government regulations.

- In **Lebanon**, government measures taken to respond to the explosion in Beirut have caused many COVID-19 precautionary measures to be relaxed, raising the prospect of even higher transmission rates and a large caseload in the coming weeks. We are working to link our response to COVID-19 to our response to the explosion. The team delivered 26 shipments of medical supplies and PPE in the first ten days after the catastrophe—including masks, gloves, gauze, alcohol and plaster—to 19 primary healthcare centers and eight hospitals in Beirut. We also delivered PPE to more than 2,000 volunteers working to remove debris and repair damaged homes. Before the blast, our team had developed a COVID-19 contingency plan to address disruptions caused by the outbreak and related restrictions on movement. This plan involved procuring additional PPE and IPC supplies—including hand sanitizers, sterilization alcohol, gloves, masks and soap—to protect frontline health workers. The team has also raised awareness about COVID-19 among community residents and provided psychological first-aid training to frontline workers. We are collaborating closely with the government and partner NGOs, participating in sub-working groups of national COVID-19 taskforces. So far, 39 facilities that we support have screened more than 206,000 people for COVID-19 symptoms. We also have distributed more than 1.23 million PPE and IPC items to International Medical Corps-supported centers and safe spaces for women and girls. In the wake of the explosion, we distributed 319,450 PPE items to primary health clinics, hospitals and mobile medical units. In Tripoli and Akkar, we are the health lead for the Rapid Response Teams, an initiative coordinated by UNHCR that works to mitigate the spread and damage of the virus among refugee communities. Our team is also developing activities and guidance for MHPSS support during the pandemic and continues to attend national COVID-19 taskforce meetings.
- In collaboration with the Ministry of Public Health and Population in **Yemen**, our healthcare team is sharing COVID-19 case management and education guidelines with health facility staff. We have trained 431 frontline health workers,



community health volunteers and staff on COVID-19 case management and prevention methods, and provided 23 health facilities with cleaning materials—including gloves, waterproof overalls and soap—to strengthen infection control. In collaboration with the Ministry of Public Health, we also have trained community health volunteers (CHVs), and have provided them with materials on how to prevent and treat COVID-19 to distribute in their communities, reaching more than 850 residents, as well as to health facilities that we support in Sana'a. Despite the global shortage of protective equipment, our team in Yemen has been able to source and distribute more than 700,000 PPE and IPC items—including masks, gloves, gowns, sanitizers and soap—to health facilities, health workers and other staff members. In addition, we donated 16,000 N95 masks to an NGO that runs treatment centers for moderate to severe COVID-19. These centers had been in danger of shutting down operations due to the lack of PPE. We are supporting the efforts of the Danish Refugee Council, an NGO, to implement an innovative concept called community shielding that will help mitigate the spread of COVID-19 in crowded conditions. It is based on social isolation principles that recognize the challenges of complying with social distancing and prevention measures in overpopulated displacement sites. All health facilities supported by International Medical Corps continue to provide care, so far screening at least 100,516 beneficiaries and referring 534 patients who fit the criteria for suspected COVID-19. Three mobile units and two ambulances deployed in the south of the country also are providing primary health services as well as COVID-19 referrals, and we continue to raise awareness about COVID-19 through a variety of means, including in-person, via radio and through print media.

