



Leaders at the Medical Society in Mobile County, AL, pose with KN95 masks donated by International Medical Corps and The Bloomberg Foundation.

COVID-19 cases and deaths continue to soar across much the world. Currently, the world is seeing its highest rates yet of confirmed COVID-19 cases and deaths per day, with more than 550,000 and more than 8,800 daily, respectively. The seven-day moving average for deaths is currently more than 1,700 deaths higher than the peak reached in April and continues to rise. Scientists and public health experts have long warned of increasing cases and deaths in the fall and winter, and it appears we have entered the opening phases of an incredibly challenging winter.

Cases, hospitalizations and deaths are all on the rise in the United States. The country is now seeing more than 150,000 confirmed new cases per day, which is more than a four-fold increase over mid-September. Hospitalizations are also increasing drastically, after doubling over the last month. There are now roughly 70,000 COVID-19 hospitalizations across the country.¹ Deaths, which typically lag a few weeks behind infections, have risen by roughly two-thirds over the past month. In response to the significant growth in cases, hospitalizations and deaths, state and local officials in California, Pennsylvania, Illinois, North Dakota and other areas across the country have begun to reimplement restrictions on the populations to slow the spread.²

Though increases in the number of cases and deaths are extremely concerning, there are new reasons for optimism. In the past week, both Pfizer and Moderna have released preliminary data from their phase III vaccine trials showing an effectiveness rate of greater than 90%. The data are encouraging—but there still are questions left unanswered. Both the Pfizer and Moderna vaccines share a number of things in common: in addition to their 90% preliminary effectiveness, they both await final FDA approval, they both require two shots for protection, no one is certain how long protection will last after vaccination with either, and both rely on brand-new mRNA technology, meaning neither is made with the actual SARS-CoV-2 virus. One major difference between the two vaccines is that the Pfizer vaccine must be kept at ultra-cold temperatures—roughly -94 degrees Fahrenheit—while the Moderna vaccine

FAST FACTS

- According to the Johns Hopkins University tracker, which consolidates data from a range of sources, as of November 18, there have been 55,828,041 confirmed cases of COVID-19 reported in 191 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 2.8 million people for COVID-19 at our global missions and have distributed more than 18.8 million pieces of personal protective equipment and infection prevention and control items to supported health facilities.
- We have trained more than 20,500 frontline healthcare professionals on COVID-19 prevention and control measures.

¹ <https://covidtracking.com/data/national>

² <https://www.nytimes.com/live/2020/11/16/world/covid-19-coronavirus-updates>






comes frozen but can be thawed and kept in a normal fridge for 30 days. This difference will make the Moderna vaccine much easier to transport and likely bodes well for its use in the developing world and other hard-to-reach areas.³

International Medical Corps Response

International Medical Corps continues to provide essential medical assistance and training in the 27 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 5 million items of PPE, including 1.8 million KN95 masks, 1.8 million surgical masks, 1 million isolation gowns, 300,000 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 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 during the pandemic.

United States Response			
 Locations	States/Territories: 8	Hospitals: 38	Nursing homes: 51
 Volunteers	MDs: 16	Nurses: 44	EMTs: 3 Paramedics: 8
 Infrastructure	Field Units: 56	HVACs: 48	Generators: 4 Trailers: 4 Containers: 2
 Equipment	Beds: 150	Ventilators: 7	Portable ultrasounds: 16
	Pulse oximeters: 120	Suctions: 9	Defibrillators: 2
 PPE	Medical consumables:	Anesthesia pumps: 1	Patient monitors: 143
	K95 masks: 1,836,860	Surgical masks: 1,873,000	Surgical gowns: 1,004,500
	N95 masks: 300,000	Face shields: 108,000	Nitrile gloves: 2,100

In Chicago, South Texas and Puerto Rico, International Medical Corps continues to work closely with hospital leadership to provide support through innovative technical platforms, oxygen monitoring and data collection throughout the hospitals. In addition, we continue to support long-term care facilities throughout Los Angeles County by providing PPE and training on infection prevention and control (IPC) measures.

Global Response

International Medical Corps is focused on ensuring continuity of operations in existing programming in the 27 countries where we currently operate, 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 to 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 responses. Highlights from our response this week include activities in the following countries.

³ <https://apnews.com/article/2nd-virus-vaccine-success-us-tests-5575a8a8ca3825a9bf39a5d234aba07b>

- In **Afghanistan**, International Medical Corps continues to implement programs in 12 of the country's 34 provinces, with a focus on gender-based violence (GBV) prevention and response, and psychosocial support. Since the outbreak of COVID-19, the country team has integrated COVID-19 awareness into its programming. During the first two weeks of November, our 302 trained community health workers and 160 community hygiene promoters provided information on COVID-19 symptoms and IPC measures to 49,866 beneficiaries in four districts of Nangarhar and three districts of Balkh provinces, and provided 530 families with hygiene kits. Our team also trained 77 community health workers in Balkh province. In addition, 255 individuals received COVID-19-related information from International Medical Corps' telehealth hotline at the 50-bed COVID-19 hospital in Nangarhar province. Hotline staff members work in eight-hour shifts to provide 24/7 service to the community.



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

- In **Ethiopia**, since the beginning of the pandemic, International Medical Corps' team has continued to provide programs to beneficiaries in the Gambella, Oromia and Somalia regions covering health; nutrition; water, sanitation and hygiene (WASH); GBV prevention and support; and mental health and psychosocial support (MHPSS). The mental health team has conducted stress management workshops for government staff in refugee camps, while the sexual and reproductive health program has focused on educating youth and adolescents on the virus through a variety of messages in local languages. Our GBV teams have provided briefings on how to prevent COVID-19, while ensuring safety during in-person activities, such as information sessions, group psychosocial support, skill-building sessions for survivors and others at women- and girl-friendly spaces. The nutrition team also has focused on measures to slow the spread of the virus, including frequent handwashing, maintaining physical distancing and wearing facemasks, while continuing to provide services safely. In the first two weeks of November, International Medical Corps-supported facilities screened 16,126 patients for the virus. The country team continues to participate in national COVID-19 coordination meetings with different groups, including the national government and other implementing partners. We have trained 703 non-staff frontline workers on COVID-19 case management and IPC, 500 of which were nonmedical staff and 203 were medical staff.
- 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 Somalia's Inter-Agency Risk Communication and Community Engagement Taskforce. We completed a COVID-19 isolation center within the Galkacyo South Hospital, about 500 miles northwest of Mogadishu. Elsewhere, we have donated PPE to humanitarian partners in Jowhar, and have trained more than 600 staff on IPC measures, how to recognize COVID-19 symptoms, how the virus spreads and how to use PPE. Our GBV team has conducted focus group discussions with women and girls across our four operational areas, asking what they know about COVID-19, how they receive information and what their main concerns are about the virus. We have also conducted a baseline survey of COVID-19 knowledge, attitudes and practices in our areas of work, conducting the survey remotely to prevent virus transmission. We included phone-based household questionnaires and key informant interviews with several stakeholders, including Ministry of Health staff, traditional birth attendants, traditional healers, health center committees and religious leaders. International Medical Corps-supported health facilities in four of Somalia's 18 regions continue to screen people for signs of the virus. In the first two weeks of November, we screened nearly 20,000 people for COVID-19 and reached more than 36,000 community residents through COVID-19 awareness-raising activities. In addition, we are broadcasting radio messages about COVID-19 on popular FM stations to reach as many people as possible. To help raise awareness and correct misinformation about the pandemic, we are operating toll-free phone lines at our field sites, enabling community residents to receive accurate messages and information about COVID-19. Since September, we have been supporting a popular, monthly call-in radio program, hosted by a medical doctor, to answer COVID-related questions and correct misinformation about the disease. Facebook recently began a targeted ad campaign to support our COVID-related health messaging to local markets. The campaign started on October 26, and will run for four weeks. So far, the ads have received 1.4 million impressions and 65,886 video views.

International Medical Corps' Impact at a Glance

Number of Supported Facilities Provided with COVID-19 Activities

885
Primary Health
Facilities

159
Hospitals

31
COVID-19
Treatment
Centers

39
Mobile Medical
Clinics

Community Members Reached Through COVID-19 Awareness-Raising Activities



2.4M Traditional



1.0M Remote

PPE and IPC
Items Distributed



18.0M PPE



808K IPC