



International Medical Corps' staff deploy an emergency medical field unit at Barstow Community Hospital, in Barstow, California, in the high-desert region of the San Bernardino Valley northeast of Los Angeles.

Over the last year, roughly 92 million confirmed cases of COVID-19 and almost 2 million confirmed deaths from the virus have occurred across the world. The concurrence of two counteracting realities defines the current phase of the pandemic: the somber reflection that, after a year of death, morbidity and economic hardship, the world is now experiencing the most daily deaths and cases yet seen in the pandemic, paired with the hope brought by the first rollout of effective vaccines against the virus, and the return to normalcy that they promise.

Currently, more than 730,000 confirmed cases and more than 12,800 deaths are happening every day across the world—easily the most since the beginning of the pandemic, and much higher than the outbreak in the spring. The United States continues to lead the world in cases and deaths, due to massive outbreaks stemming from holiday gatherings and the increased caseloads that experts expected to accompany the colder months. According to the [COVID Tracking Project](#), Arizona had the most per-capita cases (126 cases per 100,000 people) from January 3–10, followed by Utah (104), Arkansas (103), California (102) and Oklahoma (99). But the entire country is suffering, with significant outbreaks occurring throughout numerous states and regions in the country, with nearly 30,000 Americans dying during the first 10 days of January.

In the last month, a handful of vaccines have been approved and begun rolling out in numerous countries. The Pfizer and Moderna vaccines—which rely on similar mRNA technology and present challenging cold-chain requirements—were the first to be approved for emergency use. Both vaccines are approved in the US, Canada and the European Union, with the Pfizer vaccine also approved in Mexico, parts of Central America, South America, the Middle East and Asia. More recently, the Oxford-AstraZeneca vaccine was approved in the United Kingdom, India, Mexico, El Salvador, the Dominican Republic and Morocco¹. Though not as effective as the Moderna and Pfizer vaccines, according to Phase III

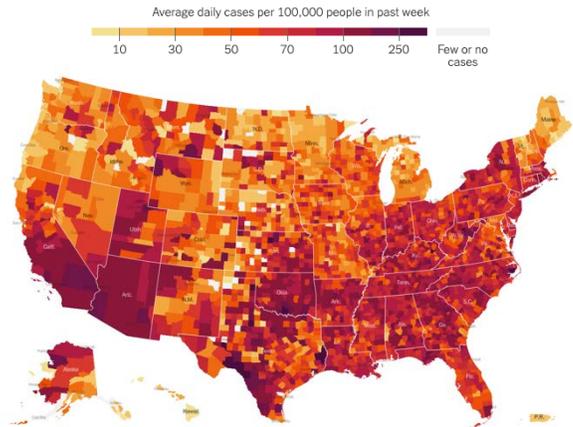
FAST FACTS

- According to the Johns Hopkins University tracker, which consolidates data from a range of sources, as of January 13, there have been 91,923,640 confirmed cases of COVID-19 reported in 191 countries and regions.
- In the US, we are supporting 41 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 4.0 million people for COVID-19 at our global missions and have distributed more than 20.5 million pieces of personal protective equipment and infection prevention and control items to supported health facilities.
- We have trained more than 16,900 frontline healthcare professionals on COVID-19 prevention and control measures.

¹ <https://www.nytimes.com/interactive/2020/science/coronavirus-vaccine-tracker.html>

trial data, the AstraZeneca vaccine is primed for a large rollout due to its much lower price, its ability for manufacturing to be scaled up quickly, and its ability to be transported and stored at higher temperatures than the mRNA vaccines. AstraZeneca has agreements in place with multiple manufacturers throughout the world, one of which—the Serum Institute of India—will soon be manufacturing 100 million doses per month, with the first few months of supply to be used exclusively within India.²

Though the three vaccines mentioned above currently are the most prominent in the COVID-19 vaccine landscape, other vaccines could be approved broadly soon, with Chinese and Russian vaccines already being used in some countries. Johnson & Johnson will likely release the results from its Phase III trials this month. If the Johnson & Johnson vaccine is approved, it will bring an enormous logistical breakthrough in COVID-19 vaccines, as the first single-shot COVID-19 vaccine—although the company is also running a second trial to test the efficacy of two doses. The Chinese Sinopharm vaccine, which shows 79% effectiveness, has been approved by the Ministry of Health in China and a handful of Middle Eastern countries. Still, this vaccine's positive data has been overshadowed by a lack of full clinical-trial data transparency, which will likely keep many countries from approving the vaccine until more data is released.³ The Russian Sputnik V vaccine faces similar transparency issues as the Sinopharm vaccine while showing a 91.4% efficacy rate in the limited data that has been released. Even with this limited transparency, the Russian and Chinese vaccines have received large orders from numerous countries worldwide. At least one other vaccine creator, AstraZeneca, is actively working with the Russian vaccine creator: in December, AstraZeneca and the Gamalaya Center—the creator of the Sputnik V vaccine—agreed to run a trial to test the efficacy of combining their vaccines to increase the effectiveness of the AstraZeneca vaccine.



A map of the United States showing the average daily cases per 100,000 people in different regions. (<https://www.nytimes.com/interactive/2020/us/coronavirus-us-cases.html>)

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 Alabama, California, Florida, Illinois, Massachusetts, Michigan, New York, Puerto Rico, South Carolina and Texas to respond to COVID-19. To date, we have distributed more than 5 million items of PPE -- including 1.7 million KN95 masks, 1.8 million surgical masks, 700,000 isolation gowns, 500,000 N95 masks, 111,000 shields and 100,000 cloth face masks. Additionally, International Medical Corps has focused on increasing clinical care capacity by deploying nearly 60 emergency medical field units to overwhelmed healthcare facilities to expand patient care space; and by procuring and donating medical equipment – such as ICU monitors, high-flow nasal oxygen units, portable ultrasounds and defibrillators. We have also deployed more than 70 clinical volunteers and trained more than 500 frontline healthcare staff on proper infection control and prevention procedures.

With coronavirus cases surging in southern California, International Medical Corps has secured and deployed additional resources to support facilities in the region. On January 6, International Medical Corps deployed a team of logisticians to set up an emergency medical field unit at Barstow Community Hospital—a facility that was at nearly twice its capacity. The field units will provide much-needed relief to the hospital's emergency department and will be used to improve patient management and flow. At Martin Luther King, Jr. Community Hospital (MLKCH)—where last week's positivity rate hovered around 51%, an all-time high—the hospital's gift shop, chapel and waiting room have all been converted to patient-care spaces. The five donated emergency medical field units in the hospital's parking lot are continuing to serve as triage and intake units. In addition, to help the hospital meet the severe increased demands, International Medical Corps has procured additional equipment—including ventilators—and is providing funds to support clinical surge staffing.

In addition to meeting immediate needs related to treating COVID-19, International Medical Corps is working with our hospital partners, as well as state and local agencies, to assist with the rollout of vaccination efforts. Activities will include technical assistance, training, cold-chain management and implementation via fixed and mobile teams.

² <https://time.com/5925495/oxford-astrazeneca-vaccine-approval/>

³ <https://www.nytimes.com/2020/12/30/business/china-vaccine.html?referringSource=articleShare>

United States Response

 Locations	States/Territories: 10	Hospitals: 41	Nursing homes: 56
 Volunteers	MDs: 16	Nurses: 44	EMTs: 3
 Infrastructure	Field Units: 59	HVACs: 66	Generators: 5
 Equipment	Trailers: 4 Containers: 2	Ultrasonics: 29	Defibrillators: 43
	Beds: 150	Ventilators: 7	Patient monitors: 143
	Pulse oximeters: 269	Suctions: 9	Surgical gowns: 711,800
	Medical consumables: 4,000	Anesthesia pumps: 1	Nitrile gloves: 608,800
	K95 masks: 1,728,860	Surgical masks: 1,794,300	Face shields: 111,400
 PPE	N95 masks: 505,000	Face shields: 111,400	Nitrile gloves: 608,800

Global Response

International Medical Corps is focused on ensuring continuity of operations in existing programming in the 28 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.

- International Medical Corps' team in **Ethiopia** continues to provide programs to beneficiaries in the Gambella, Oromia and Somalia regions covering health; nutrition; water, sanitation and hygiene (WASH); gender-based violence (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. Since March, facilities we support have screened 270,506 patients for the virus, and identified 807 suspected cases. We continue to participate in national COVID-19 coordination meetings with different groups, including the national government and other implementing partners. We have trained 2,806 frontline workers on COVID-19 modules. In addition, we have supported 76 government health facilities and reached more than 11,400 people with COVID-19 awareness messaging through traditional, face-to-face methods. We also reached almost 1.5 million indirect beneficiaries with COVID-19 awareness messaging.



Among other countries, we are responding to COVID-19 in Ethiopia, Nigeria and Pakistan, shown on the map above.

- In **Nigeria**, we have 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 3,467 frontline staff, screened 5,321 patients for COVID-19 and reached 90,012 people with COVID-19 messaging. The Nigeria mission has also delivered 17,125 sanitation supplies, 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 camps for internally displaced persons (IDPs). 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 program in Damboa supports WASH activities at five IDP camps, provides supplies and capacity-building support for IPC to one health facility and ensures that protection and GBV prevention are integral to all activities. Our food-security and livelihoods team continues to provide cash-based transfers and commodities to more than 130,000 people while providing education on COVID-19. In Kano, we are providing cash-based transfers to 12,700 households and supporting general food distributions provided by the government to 63,500 beneficiaries. The team also provided a refresher training of volunteer community mobilizers on COVID-19 prevention, with 72 female participants.
- In **Pakistan**, International Medical Corps has since March provided information to almost 45,000 community residents in our areas of operation about the symptoms and treatment of COVID-19, as well as how to protect against infection. We have also screened 17,695 patients for COVID-19. Our female doctors and health workers have continued to offer essential sexual and reproductive healthcare in five public healthcare facilities in Khyber Pakhtunkhwa province to women and girls in need of urgent care, and continue to provide both MHPSS and GBV case management and referral services to those in dire need, as cases of MHPSS and GBV have been increasing during the pandemic. We have 15 psychosocial counsellors and GBV case managers located in five districts: Khyber, Peshawar, Haripur, Mansehra and Khyber Pakhtunkhwa province. Working with a consortium of partners, International Medical Corps will soon implement a project that will respond to the pandemic through four main components: helping to provide healthcare facilities with supplies, including PPE and non-medical equipment and supplies; designing communications materials for awareness-raising campaigns; providing training and capacity-building to healthcare providers and others on medical services and psychological first aid; and providing MHPSS services to people in health centers as well as people who are isolated and quarantined.

International Medical Corps' Impact at a Glance

Number of Supported Facilities Provided with COVID-19 Activities

573
Primary Health
Facilities

172
Hospitals

32
COVID-19
Treatment
Centers

35
Mobile Medical
Clinics

Community Members Reached Through COVID-19 Awareness-Raising Activities



2.5M Traditional



2.0M Remote

PPE and IPC
Items Distributed



19.6M PPE



971K IPC