SITUATION UPDATE

COVID-19
Situation Report #33
February 10, 2021

International Medical Corps staff in the Jalalabad telehealth call center advise patients about COVID-19 and home-based isolation.

FAST FACTS

- According to the Johns Hopkins University tracker, which consolidates data from a range of sources, as of February 10, there have been 107,105,704 confirmed cases of COVID-19 reported in 192 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 4.6 million people for COVID-19 at our global missions and have distributed more than 23.4 million pieces of personal protective equipment and infection prevention and control items to supported health facilities.
- We have trained more than 22,000 frontline healthcare professionals on COVID-19 prevention and control measures.

Today, 11 months after the WHO declared the COVID-19 outbreak a pandemic, the world's largest and fastest vaccine rollout in history is ramping up. Thus far, the world has seen more than 107 million confirmed cases of COVID-19, and more than 2.3 million deaths.

Though 138 million doses of COVID vaccines have been administered throughout the world, we are currently in a race against time, as new variants of the coronavirus arise.[1] Initial evidence suggests that some of these new variants are more contagious and deadlier; at least one evades many of the approved vaccines to some extent. Each day that COVID-19 spreads provides another opportunity for the virus to mutate into a new and more troubling form.

One such mutation of concern is the South African variant. Nearly all of the approved vaccines appear to be less effective at containing this variant. Recently, the country of South Africa stopped using the AstraZeneca vaccine due to findings that it did not stop mild and moderate cases of COVID-19 in the local variant of the virus. There currently is no data on whether the AstraZeneca vaccine is effective at preventing severe cases, but the government has left open the possibility of reintroducing the vaccine if it is found to prevent hospitalizations and deaths.[2] In response to this new threat, at least one vaccine maker, Moderna, is already working on a new booster shot for their vaccine that would protect against the South African mutation.[3]

Another COVID-19 variant of concern, the UK variant, has shown evidence of being both more contagious and more deadly than the original virus.[4] New studies in the United States indicate that the number of new infections attributed to the UK variant in the country are doubling every 10 days.[5]

[1] https://www.bloomberg.com/graphics/covid-vaccine-tracker-global-distribution/
[2] https://www.bbc.com/news/world-africa-55975052
[3] https://www.nytimes.com/live/2021/01/25/world/covid-19-coronavirus
[4] https://www.bbc.com/news/health-55768627
[5] https://www.nytimes.com/2021/02/07/health/coronavirus-variant-us-spread.html?referringSource=articleShare

These new variants, and the high likelihood of additional variants in the future, show that no one will be safe from COVID-19 until everyone in the world has access to effective vaccines. At any moment, another variant could appear that completely evades the current vaccines, which would effectively put the world back at square one. There are other reasons to prioritize an equitable distribution of vaccines as well. According to the Rand Corporation, though it would cost roughly $25 billion to supply enough vaccines for lower-income countries, it will cost high-income countries $120 billion per year in lost GDP if this is not done. In other words, if high-income countries were to pay for the supply of vaccines for lower-income countries, they would receive a return on investment of $4.80 for every dollar they invested.[6]

Thus far, the case for self-interested action by the richest nations has fallen on deaf ears. According to WHO Director-General Tedros Adhanom Ghebreyesus, the world is on the brink of a "catastrophic moral failure." In January, he said, "More than 39 million doses of vaccine have now been administered in at least 49 higher-income countries. Just 25 doses have been given in one lowest-income country. Not 25 million; not 25 thousand; just 25." This unequal spread of vaccines has largely occurred because rich countries and pharmaceutical companies have prioritized bilateral vaccine deals over honoring their pledges to the WHO-backed COVAX facility, which was created to ensure equal access to COVID-19 vaccines.[7]

To overcome this inequity, the African Union and individual countries have sought to strike their own bilateral deals. For example, in January, the African Union signed two deals for AstraZeneca vaccines, totaling more than 650 million doses to be delivered in 2021.[8]

There is hope that more equitable access to vaccines will be available in the near future and that this access will show immediate results. COVAX recently announced that it will release 337.2 million vaccine doses to approximately 140 countries in the first half of 2021.[9] Once vaccine campaigns begin in these countries, there is evidence that hospitalizations and deaths will begin to decrease. Trials conducted by manufacturers of five of the top vaccines—Pfizer, Moderna, AstraZeneca, Johnson & Johnson and Novavax—found that out of 75,000 vaccinated individuals, none died and only a handful were hospitalized. Compared to a random subset of 75,000 Americans, in which 150 would have died and hundreds more would have been hospitalized from COVID-19, the vaccines appear incredibly affective at preventing death and hospitalization.[10]

Though not yet approved by the WHO, Russian and Chinese vaccines also appear primed to be major players in the vaccine landscape. According to a new study published in *The Lancet*, the Russian Sputnik V vaccine is 91.6% effective against COVID-19.[11] According to analysis by the Duke Global Health Innovation Center, the Chinese Sinovac vaccine is 51% effective, with 84% protection against cases needing treatment and 100% protection against severe cases.[12] Based on the large number of bilateral deals that countries have already struck to acquire both of these vaccines, it is likely that many millions of people will receive each of these vaccines in the near future.

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, 1.7 million surgical masks, 825,000 surgical gowns, 505,000 N95 masks, 121,000 face shields and 100,000 cloth face masks. We have provided support to 41 hospitals, 51 long-term care facilities, 7 health clinics and 5 community centers. In addition to procuring and donating PPE, International Medical Corps has also provided emergency medical field units to expand critical-care services and has provided surge staffing support to ensure continuity of care for COVID-19 patients. To date, we have deployed more than 70 clinical volunteers and most recently are providing additional staffing support to Martin Luther King Jr. Community Hospital (MLKCH) in Los Angeles, California, and City Hospital in White Rock in Dallas, Texas, with further staffing activities planned for Los Angeles and Chicago.

In addition to providing support for the immediate needs related to treating COVID-19 patients, International Medical Corps is working with hospital and clinic partners in Los Angeles to provide support for vaccination efforts. The vaccine rollout has had a slower-than-expected start, with many state officials and hospital leaders around the country attributing the delays to several key factors including vaccine shortages; the unpredictability of vaccine delivery, with many health

[6] https://www.rand.org/pubs/research_reports/RRA769-1.html
[7] https://www.scidev.net/global/news/catastrophic-moral-failure-risk-over-covid-shots-who/
[8] https://www.africanews.com/2021/01/28/african-union-secures-additional-400-million-vaccine-doses//
[9] https://www.who.int/docs/default-source/coronaviruse/act-accelerator/covax/covax-interim-distribution-forecast.pdf?sfvrsn=7889475d_5
[10] https://www.nytimes.com/2021/02/01/briefing/vaccination-myanmar-coup-rochester-police.html
[11] https://www.nytimes.com/live/2021/02/02/world/covid-19-coronavirus#a-peer-reviewed-study-finds-the-russian-vaccine-has-91-6-percent-efficacy
[12] http://www.sinovac.com/?optionid=754&auto_id=922

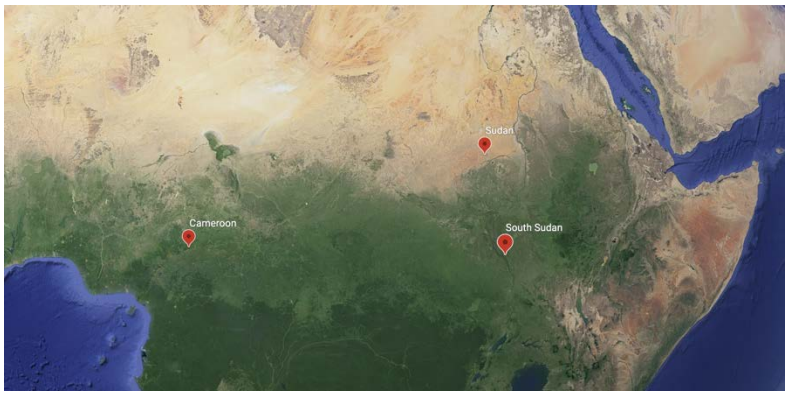
agencies receiving a different number of doses from week-to-week, making long-term planning and scheduling difficult; lack of appropriate cold-chain storage and equipment to support the distribution of the vaccine; and insufficient health staff to both treat and care for COVID-19 patients while simultaneously ramping up vaccination efforts. In response to these gaps, International Medical Corps will provide technical assistance and training, cold-chain equipment and logistics support, and volunteers wherever possible to support vaccination efforts.

United States Response				
Locations	States/Territories: 10	Hospitals: 41		Nursing homes: 56
Volunteers	MDs: 16	Nurses: 44	EMTs: 3	Paramedics: 8
Infrastructure	Field Units: 59	HVACs: 66	Generators: 5	Trailers: 4 Containers: 2
Equipment	Beds: 150	Ventilators: 7		Ultrasounds: 29
	Pulse oximeters: 269	Suctions: 9		Defibrillators: 43
	Medical consumables: 4,000	Anesthesia pumps: 1		Patient monitors: 143
PPE	K95 masks: 1,728,860	Surgical masks: 1,794,300		Surgical gowns: 825,200
	N95 masks: 505,000	Face shields: 121,200		Nitrile gloves: 952,000

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.

- In **Cameroon**, the COVID-19 pandemic continues to persist while the government and its response partners fight to maintain hygiene, social distancing and surveillance efforts in the face of a general perception that COVID-19 is receding. International Medical Corps has been responding to COVID-19 in Cameroon by screening patients, training healthcare workers on prevention and treatment, raising awareness in refugee camps of COVID-19 and how to prevent it, and distributing PPE to frontline health staff. Since March 2020, our team has been implementing a COVID-19 response and prevention project in the Minawao refugee camp in the Far North, which hosts more than 60,000 refugees, and where malnutrition is widespread. Recently, we installed water storage infrastructure at the regional hospital serving the camp, which will improve patient care and provide critical water access during the pandemic. In the coming months, we will rehabilitate one of the two health centers in Minawao camp, which will improve patient care for vulnerable refugees. To date, health teams have trained 60 health workers and 186 outreach



Among other countries, we are responding to COVID-19 in Cameroon, Sudan and South Sudan, shown on the map above.

volunteers in COVID-19 prevention, screened 8,988 patients for COVID-19 and reached 210,795 people with COVID-19 prevention messaging. Recently, we also trained 78 community health volunteers on infant and young-child feeding in a COVID-19 context, to strengthen the nutrition and health of children during the pandemic. The mission has distributed 47,202 hygiene and PPE items to community health workers and frontline staff in the Far North, North and East regions, including 19,827 masks and 20,275 bars of soap. In Cameroon's East region, we have trained 93 community health workers, who have reached 60,041 people in vulnerable communities with COVID-19 prevention education. In August 2020, we trained 21 staff in psychological first aid, enabling them to provide emotional and physiological support to patients and families affected by COVID-19.

- In **South Sudan**, International Medical Corps continues to lead the pandemic response, serving as co-lead of the country's COVID-19 Case Management and IPC Technical Working Group. We developed the national Case Management Strategy and a clinical management guide based on current WHO and CDC protocols. As the outbreak changed, we worked with the Ministry of Health and WHO to complete an InterAction Review of the COVID-19 response to assess progress and improvement opportunities. Our team is also contributing to the development of a transition plan to integrate the COVID-19 response into existing health services. Our country director joined the South Sudan NGO Forum Steering Committee as an advisory member, to assist the group with COVID-related advocacy, planning and preparedness. Since March 2020, we have screened 549,072 people in all three UN protection-of-civilian (PoC) sites: 307,362 in Juba, 175,992 in Malakal and 65,491 in Wau. An infectious disease unit (IDU) that we co-manage in Juba is the only medical facility in the capital—and the largest in the country—capable of treating COVID-19 patients. In addition to inpatient medical care, we provide nutritional and psychosocial support, and since March, we have trained 861 healthcare workers in IPC and clinical management. Since April, we have provided on-the-job training and supervision to almost 666 healthcare staff at the Juba IDU and PoC on case management, standard precautions of IPC, COVID-19 nutrition and anthropometry, safe patient transportation, psychological first aid, pharmaceutical dispensary, and medical and PPE logistics. We have reached 313,409 people residing at the three PoC sites with risk communication messages. We have extended COVID-19 case management intervention at the Al Muktah primary healthcare clinic in Wau, which was designated by the state Ministry of Health (MOH) to care for COVID-19 patients in Western Bahr el Ghazal. We have begun assisting the MOH in efforts to manage COVID-19 at Malakal Teaching Hospital by providing technical oversight, necessary supplies and PPE for healthcare workers. None of the healthcare workers in our COVID-19 facilities have contracted COVID-19. Finally, we deployed a team of ICU specialists to help healthcare workers provide intensive care to critical patients at the IDU and Juba Teaching Hospital.

- In **Sudan**, International Medical Corps continues to respond to COVID-related cases in five of the country's 18 states: West Darfur, South Darfur, Central Darfur, South Kordofan and Blue Nile. We continue to provide lifesaving health and water, sanitation and hygiene (WASH) services at the 52 health facilities and community-level clinics we support. We continue to support coordination meetings led by the respective state ministries of health and attended by the various stakeholders involved in the COVID-19 response. In January 2021, International Medical Corps screened 17,783 individuals for signs of the virus. Since we began our COVID-19 response in March 2020, 93,763 individuals have been screened. International Medical Corps has continued daily COVID-19 messaging at targeted health facilities. Since March 2020, we have reached more than 710,000 people directly and almost 2 million people indirectly with COVID-19 messaging, and distributed more than 88,000 PPE and IPC items. To support ongoing surveillance activities, we held training sessions for community health volunteers in all five states and provided training for 72 individuals on IPC in January, bringing the total number of people trained in this area to 1,594.

International Medical Corps' Impact at a Glance

Number of Supported Facilities Provided with COVID-19 Activities	**1015** Primary Health Facilities	**160** Hospitals	**30** COVID-19 Treatment Centers	**44** Mobile Medical Clinics
Community Members Reached Through COVID-19 Awareness-Raising Activities	**3.6M** Traditional		**2.1M** Remote	
PPE and IPC Items Distributed	**22.4M** PPE		**1M** IPC	