



International Medical Corps staff and volunteers prepare vaccines at Kedren Community Health Center in Los Angeles, CA.

There have been more than 136 million confirmed cases throughout the world and more than 2.9 million confirmed deaths from COVID-19. After a month of declining cases—from mid-January to mid-February—cases around the globe have exploded again. Since February 19, cases have gone from roughly 361,000 confirmed cases per day to approximately 637,000 per day—an increase of 76%. Deaths have seen a similar increase: since March 13, daily deaths have risen from roughly 8,500 to approximately 10,800, an increase of more than 26% in less than a month. The trend for both daily cases and deaths continues to show no signs of slowing, even as the world's vaccine efforts continue to ramp up.

Thus far, about 773 million vaccine doses have been administered worldwide, with about 45% of those doses administered in two countries: the US and China.¹ This inequity has been made worse by the refusal of some of the primary vaccine-producing countries to export doses. As of March, the United States and the United Kingdom had not exported any vaccine doses; now, in response to a massive outbreak in the country, India has begun to curtail exports as well.² As one of the world's leading producers of vaccines, India's ban on exports will likely affect the availability of doses throughout the developing world.

In addition to export bans, there is concern about the type of vaccines that lower- or middle-income countries will receive. The Covax Facility—a partnership created by WHO, Gavi, CEPI and UNICEF to ensure the equitable distribution of vaccines—relies heavily on the AstraZeneca vaccine, whose administration was recently briefly halted by many countries in reaction to concerns about blood clots that the vaccine could cause. This week, the WHO released an interim statement on the safety of the AstraZeneca vaccine in which it said that a causal relationship between blood clots and the vaccine was plausible but not confirmed, and that specialized studies were needed to explore the issue more. It also stressed how

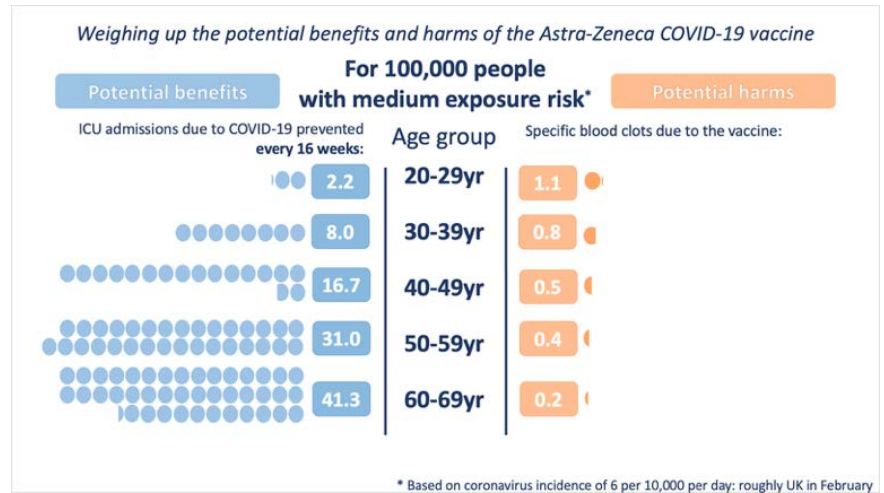
FAST FACTS

- According to the Johns Hopkins University tracker, which consolidates data from a range of sources, as of April 12, there have been 136,187,887 confirmed cases of COVID-19 reported in 192 countries and regions.
- In the US, we are supporting 43 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 5.6 million people for COVID-19 at our global missions and have distributed more than 25.2 million pieces of personal protective equipment and infection prevention and control (IPC) items to supported health facilities.
- We have trained more than 25,600 frontline healthcare professionals on COVID-19 prevention and control measures.

¹ <https://www.nytimes.com/interactive/2021/world/covid-vaccinations-tracker.html>

² <https://www.nytimes.com/live/2021/04/10/world/covid-vaccine-coronavirus-cases#india-once-a-virus-success-story-is-now-enduring-one-of-the-worlds-worst-outbreaks>

rare this issue is, with very low numbers of blood clots reported after almost 200 million doses of the AstraZeneca vaccine have been administered globally.³ The UK's Joint Committee on Vaccination and Immunisation (JCVI) said that if 10 million people were to get the AstraZeneca vaccine, it would expect to see 40 individuals develop blood clots, with 10 cases leading to fatalities, equivalent to a roughly one-in-1-million chance of death from the AstraZeneca vaccine. Both UK and EU regulators have since communicated that the benefits vastly outweigh any risks posed by the vaccine (see the chart at right). Because the risk of blood clots appears to be slightly higher for younger people, the JCVI recommended that those under 30 years old should receive a different vaccine.⁴



<https://wintoncentre.maths.cam.ac.uk/news/communicating-potential-benefits-and-harms-astra-zeneca-covid-19-vaccine/>

In other vaccine news, the EU's drug regulator is investigating a possible link between the Johnson & Johnson vaccine and four cases of rare blood clots, one fatal. Johnson & Johnson and regulators are working through the data to identify any causal relationship.⁵

International Medical Corps Response

International Medical Corps continues to provide essential medical assistance and training in the 29 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 6.5 million items of PPE in the US, including 1.7 million KN95 masks, 1.8 million surgical masks, 860,000 surgical gowns, more than 600,000 N95 masks, 121,000 face shields and 100,000 cloth face masks. We have provided support to 43 hospitals, 21 primary health centers, 56 long-term care facilities, seven health clinics and five community centers. In addition to procuring and donating PPE, International Medical Corps has 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 90 clinical volunteers; most recently, we provided 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 additional staffing activities planned for Chicago.



A view of the Vaccine Center at Kedren Community Health Center.

In addition to providing support for 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 in the US had a slower-than-expected start, with many state officials and hospital leaders around the country attributing delays to several critical factors, including vaccine shortages; the unpredictability of vaccine delivery, with many health agencies receiving a different number of doses from week to week, making long-term planning and scheduling difficult; lack of appropriate cold-chain storage 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 has provided technical and logistical assistance, cold-chain equipment, emergency medical field units, PPE and staff to support vaccination efforts to two Los Angeles facilities.






³ <https://www.who.int/news/item/07-04-2021-interim-statement-of-the-covid-19-subcommittee-of-the-who-global-advisory-committee-on-vaccine-safety>

⁴ <https://www.bbc.com/news/explainers-56665396>

⁵ <https://www.theguardian.com/world/2021/apr/09/eu-agency-examines-reports-of-blood-clots-with-ji-covid-vaccine>

At Kedren Community Health Clinic in South Central Los Angeles, we are providing volunteer vaccinators to support the rollout of the vaccine in one of the hardest-hit and underserved areas of California. Our volunteers, who are providing essential backstopping for exhausted clinical workers, have since March 1 administered more than 47,000 vaccines alongside Kedren’s team. Our volunteers rotate between seven vaccination areas and two draw stations where the Johnson & Johnson, Moderna and Pfizer-BioNTech vaccines are drawn into syringes. In addition to vaccinators, we supplied Kedren with materials and shelters that more than doubled the square footage of its vaccine program, making it one of the country’s largest walk-in ambulatory vaccination sites. Kedren’s work with this underserved population is drawing attention from both state and national governments. In March, the Vaccines Director at Kedren, Dr. Jerry Abraham, testified in front of the US Senate Committee on Health, Education, Labor and Pensions about Kedren’s successful campaign to provide vaccines to a population that typically lacks access to healthcare services. Additionally, California Governor Gavin Newsom and LA Mayor Eric Garcetti have visited the site on multiple occasions to highlight the achievements at the facility.

At Martin Luther King, Jr. Community Hospital, International Medical Corps has supplied two vans to support the hospital’s mobile vaccination efforts, as well as with cold-chain equipment, medical staffing support and PPE. We have erected two emergency medical field units at the hospital’s static vaccination site.

United States Response				
 Locations	States/Territories: 10	Hospitals: 43	Health Clinics: 21	Nursing homes: 56
 Volunteers	MDs: 20	Nurses: 57	EMTs: 5	Paramedics: 8
 Infrastructure	Field Units: 70	HVACs: 66	Generators: 5	Trailers: 4 Containers: 2
 Equipment	Beds: 150	Ventilators: 22	Ultrasounds: 34	Patient monitors: 143
	Pulse oximeters: 269	Suctions: 9	Defibrillators: 51	Medical consumables: 65,000
 PPE	K95 masks: 1,730,460		Surgical masks: 1,882,300	Surgical gowns: 858,460
	N95 masks: 614,800		Face shields: 121,860	Nitrile gloves: 1,100,000

Global Response

International Medical Corps is focused on ensuring continuity of operations in existing programming in the 29 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 light of recent displacement camp closures, International Medical Corps’ team in **Iraq** has implemented new routes to access those in need. The team is providing frontline health workers with PPE, ensuring their safety as they continue delivering primary healthcare services to IDPs and host populations in camp and non-camp settings across the country. We distributed 847,156 PPE and IPC items to International Medical Corps-supported centers, safe spaces for women and girls, and camps. In camps in Ninewah and Anbar provinces, our medical teams monitored new arrivals and isolated suspected COVID-19 patients in designated quarantine areas. The team has also secured additional PPE and is delivering training to frontline health workers on COVID-19 prevention and management, to ensure the safety of staff and the people we serve as program activities continue. So far, 24 facilities that International Medical Corps supports have screened more than 260,307 people for COVID-19





symptoms. Additionally, the team has conducted 168 training sessions—both in-person and virtually—for more than 1,504 participants. The community outreach team is using in-person sessions, social media and radio broadcasting to raise awareness about the risks of COVID-19 and how to prevent it. Through these activities, the team has reached 142,073 beneficiaries with COVID-19 awareness messaging. To improve the well-being of those affected by the pandemic, our mental health and psychosocial support (MHPSS) team is remotely conducting case management and follow-up, including awareness about how to cope with stress. To reach as wide an audience as possible, our MHPSS teams are using social media platforms to disseminate key messages. With the increased risk of gender-based violence (GBV) for women and girls who may be confined at home with abusers, the women and girls' safe spaces in the camps that we support in Mosul have remained open, with physical distancing and hand hygiene measures in place to help prevent transmission of COVID-19. GBV case management is also being provided remotely via phones or WhatsApp to survivors who consent to such follow-ups.



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

- International Medical Corps' team in **Jordan** continues to operate vital lifesaving health services across the country. The team is playing a central role in coordinating vaccination efforts now underway in Azraq and Zaatari refugee camps, including registration, medical pre-screening and transportation, as well as raising awareness about the vaccine among refugee communities. Relevant medical staff has also received the training required to carry out vaccinations, should we be asked to do so by the Ministry of Health. All other health services in Azraq and Zaatari, as well as in Irbid, remain ongoing, with non-lifesaving services—including outpatient sexual and reproductive health—resumed to full capacity. International Medical Corps is also providing a range of COVID-19-related services to an estimated 40,000 Azraq Refugee Camp residents, where cases have now been confirmed. In particular, working with camp management, International Medical Corps has deployed a medical team to the camp's entry and exit points to measure the temperature of all entering or exiting. Since March 2020, we have screened 326,682 people. In addition, our teams have distributed 1,585,988 PPE and IPC items to staff and the people we serve using International Medical Corps facilities. Within Azraq, International Medical Corps has established a 50-patient isolation area and has created an area where immediate treatment can be provided to suspected and confirmed COVID-19 cases. In addition, our health team in the camp continues to provide awareness sessions on COVID-19 to residents, reaching more than 88,492 community residents as well as NGO and security staff. Working with the Ministry of Health and the Jordanian Psychiatrist Society, our mental health team has established a 24/7 psychosocial support hotline in Jordan to respond to the growing mental health needs in the face of COVID-19. As curfew restrictions now have been lifted in the country, our team in Jordan has resumed in-person 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.
- International Medical Corps continues to lead the pandemic response in **South Sudan**, 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 April 2020, we have screened 900,922 people (603,274 temperature-screened at entry gates and 297,648 triaged at health facilities) in all three UN protection-of-civilian (PoC) sites. 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; since March, we have trained 988 healthcare workers in IPC and clinical management. Since April, we have provided on-the-job training and supervision to almost 1,351 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 378,466 people residing at the three PoC sites with risk communication messages. We established a Level 1 Intensive Care Unit (ICU) at the IDU, the first ever ICU accessible to the general public in the country. We are supporting COVID-19 case management 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. At Malakal Teaching Hospital, we have begun helping the MoH manage COVID-19 by providing technical oversight, supplies and PPE for healthcare workers. We are currently coordinating vaccine deployment preparedness efforts with the MoH and other stakeholders in Upper Nile and Western Bahr El Ghazal states, and are supporting the MoH's COVID-19 vaccination plan by helping healthcare workers with registration, training and community outreach in the same states.

International Medical Corps' Impact at a Glance				
Number of Supported Facilities Provided with COVID-19 Activities	1,461 Primary Health Facilities	179 Hospitals	39 COVID-19 Treatment Centers	51 Mobile Medical Clinics
Community Members Reached Through COVID-19 Awareness-Raising Activities	 4.2M Traditional		 2.4M Remote	
PPE and IPC Items Distributed	 24.2M PPE		 1M IPC	