International Medical Corps

SITUATION UPDATE

COVID-19
Situation Report #42
December 9, 2021

An international Medical Corps staff member administers a vaccine in Peshawar, Pakistan.

FAST FACTS

- According to the Johns Hopkins University tracker, which consolidates data from a range of sources, as of December 9, there have been 268,059,483 confirmed cases of COVID-19 reported worldwide.
- 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 7.9 million people for COVID-19 at our global missions and have distributed more than 31.1 million pieces of personal protective equipment (PPE) and infection prevention and control (IPC) items to supported health facilities.
- We have trained more than 26,800 frontline healthcare professionals on COVID-19 prevention and control measures.

Two years after COVID-19 was discovered in China, the world has potentially entered a new phase of the pandemic. In November, a new variant of concern, dubbed Omicron by the World Health Organization (WHO), was found by scientists in South Africa. Scientists worldwide are racing to gather information about the variant, which displays some troubling characteristics.

Initial reports from South Africa suggest that the variant spreads more than twice as fast as the Delta variant—which itself spreads more than twice as fast as the original virus.[1] The growth in case numbers in South Africa highlights this new contagiousness. On November 15, South Africa was averaging less than 300 cases per day; today, roughly three weeks later, the country is averaging more than 13,000 daily cases—a number that is approximately 46 times higher.

Mutations in the virus—along with early data—suggest that the virus can, at least to some extent, evade immunity caused by previous infections and vaccines. For example, a preprint study from South Africa shows that the virus is three times more likely to cause reinfection than previous variants.[2] In addition, Pfizer released early data that shows that its two-dose regimen may not create enough antibodies to prevent infection, though it should protect against severe disease. Still, the new variant does not appear to significantly impact T cells, another important factor in immunity that should protect against severe disease. No data has yet been made available about the effectiveness of the other major vaccines against Omicron.

Though two shots of its vaccine do not appear to provide strong protection from Omicron, Pfizer's booster shots appear to create essentially the same antibody response against Omicron as two shots had created against earlier virus variants.[3] Though this is welcome news for high-income countries where boosters are available, there are many areas of the world where the vast majority of the population is yet to receive a single dose of the vaccine. This focus on booster shots in

[1] https://www.nytimes.com/2021/12/03/health/coronavirus-omicron-vaccines-contagiousness.html
[2] https://www.medicalnewstoday.com/articles/omicron-variant-may-increase-risk-of-sars-cov-2-reinfection
[3] https://www.nytimes.com/live/2021/12/08/world/omicron-variant-covid/pfizer-says-blood-samples-showed-a-third-dose-of-its-vaccine-provides-significant-protection-against-omicron

high-income countries will lead to even greater vaccine inequity and could lead to another variant as the virus spreads freely in lower-income countries, providing ample space for mutation.

Though it is too early to draw any firm conclusions, the one possible silver lining with Omicron is that its virulence could be lower than previous variants of the virus. While deaths always lag cases by several weeks with COVID-19, there has yet to be a death attributed to Omicron.[4] Doctors in South Africa have stated that, so far, the cases in hospitals appear to be less severe than previous waves of the virus.[5] A new report showed that only 106 patients were in intensive care, and many of them were admitted to the hospital for issues unrelated to COVID-19. The virus was discovered in many of these patients during mandatory testing protocols at the hospitals.[6]

Still, there are other indicators that Omicron may be much more deadly than the hospital reports suggest, with excess mortality in South Africa nearly doubling from one week to the next in last November.[7] It is far too early to say how deadly Omicron will be. Even if it proves to be less severe, it could still lead to overwhelmed hospitals due to its increased contagiousness.

International Medical Corps Response

International Medical Corps continues to provide essential medical assistance and training in the more than 30 countries where we operate. Highlights from our global response include the following.

United States Response

In the US, International Medical Corps has responded to COVID-19 by partnering with hospitals, clinics and nursing homes in Alabama, California, Florida, Illinois, Massachusetts, Michigan, New York, Puerto Rico, South Carolina and Texas. To date, we have distributed more than 6.6 million items of PPE, including 1.7 million KN95 masks, 1.8 million surgical masks, nearly 900,000 surgical gowns, more than 900,000 N95 masks, 131,000 face shields and 100,000 cloth face masks. We have provided support to 43 hospitals, 21 primary health centers, 56 long-term care facilities and five community centers. In addition to procuring and donating PPE, International Medical Corps has provided emergency medical field units to help hospitals expand critical-care services, and has provided surge-staffing support to ensure continuity of care for COVID-19 patients. In addition, we so far have deployed more than 140 clinical volunteers, more than 60 of whom have supported more than 200,000 vaccinations in efforts in Los Angeles, Puerto Rico and Texas.

United States Response				
Locations	States/Territories: 10	Hospitals: 43	Health Clinics: 21	Nursing homes: 56
Volunteers	MDs: 27	Nurses: 90	EMTs: 6	Paramedics: 10
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: 882,460	
	N95 masks: 907,399	Face shields: 131,860	Nitrile gloves: 1,100,000	

[4] https://www.theguardian.com/world/2021/dec/04/who-says-no-deaths-reported-from-omicron-yet-as-covid-variant-spreads
[5] https://www.nytimes.com/2021/12/06/world/africa/omicron-coronavirus-research-spread.html
[6] https://www.nytimes.com/2021/12/06/world/africa/omicron-coronavirus-research-spread.html
[7] https://www.bloomberg.com/news/articles/2021-12-08/s-african-weekly-excess-deaths-almost-double-amid-omicron-wave

Global Response

International Medical Corps is focused on ensuring continuity of operations in existing programming in the more than 30 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 raising 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.

Among other countries, we are responding to COVID-19 in the Central African Republic, Pakistan and Sudan, as shown on the map above.

- Since the **Central African Republic (CAR)** stopped testing for COVID-19 in September 2021, COVID-19 statistics have been decoupled from the reality of the pandemic on the ground. Since March 2020, we have been supporting the country's COVID-19 response, after being asked by the USAID Bureau for Humanitarian Assistance (BHA) to lead CAR's Community Engagement Committee, a consortium that also includes Oxfam, the Danish Refugee Council and Concern Worldwide. Activities began in Bangui and its major corridors, targeting more than 373,500 community members to strengthen response capacity for COVID-19 detection at the primary healthcare level, improve community hygiene activities and improve psychosocial support for infected patients and their communities. The program also targeted children who live on the streets, benefitting a very large and vulnerable portion of CAR's urban youth. International Medical Corps has so far supported nine treatment centers in hospital settings, distributed 157,044 pieces of PPE and reached 990,088 community members through COVID-19 awareness-raising activities, all through traditional, face-to-face methods. We have screened 407,953 patients for COVID-19, with 3,730 patients identified as suspected COVID-19 cases. In addition, since the pandemic began, we have trained 594 frontline health workers and supported 14 health facilities and six response coordination bodies. Activities also began on a program aiming to build upon existing local-response capabilities to ensure coordinated and complementary activities for the community and most vulnerable. These include preparedness and response support for COVID-19 health services at the Bria, Bambari and Birao health centers and hospitals by setting up a screening room for triage and isolation of patients, providing case management through a 20-bed inpatient facility at each hospital, and procuring PPE, pharmaceuticals, and medical supplies and equipment. In addition, our team is supporting the cold-chain capacity of the Ministry of Health (MoH) for vaccine storage by providing 28 solar fridges, and is preparing to support the MoH with its third vaccination campaign.

- Since March 2020 in **Pakistan**, International Medical Corps has provided information to 189,119 community residents in our areas of operation about the symptoms and treatment of COVID-19, as well as how to protect against infection. We also have screened 17,695 patients for COVID-19. Our female doctors and health workers continue to offer essential sexual and reproductive healthcare in five public healthcare facilities in Khyber Pakhtunkhwa province to women and girls needing urgent care, and our psychosocial counselors and gender-based violence (GBV) case managers located in Haripur, Lower Dir and Mansehra districts continue to provide both mental health and psychosocial support (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 provided support to 1,512 people through 2,554 counseling sessions, including psychological first aid (PFA) and telephone counseling. Working with a consortium of partners, International Medical Corps is implementing "Improving National Capacity to Respond to COVID-19 Pandemic in Pakistan (Cap-COVID)," under which we have conducted 62 training sessions on COVID-19 for healthcare providers, multi-disciplinary responders and staff from our partner organizations in Sindh, Balochistan, Punjab and Khyber Pakhtunkhwa provinces. We have conducted 24 sessions for healthcare providers, 15 sessions for outreach workers and 23 sessions focused on remote PFA, training 1,134 participants. In November, we provided four refresher training sessions on COVID-19 basics to healthcare providers. International Medical Corps also is working with the Medical Emergency Resilience Foundation (MERF) to implement a new project to improve COVID-19 vaccination coverage in Peshawar district. In November, this project reached 41,236 people who received their first vaccine dose and 20,898 people who received their second dose. In addition, International Medical Corps distributed 65,513 medical equipment items (syringes, thermal guns, vaccine carriers, cold boxes and safety boxes) to support the government's COVID-19 vaccination efforts, and we have so far supported the administration of 62,134 vaccine doses.

- 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 November 2021, International Medical Corps screened 6,831 people for signs of the virus, and since March 2020 have screened 206,276 people. International Medical Corps continues daily COVID-19 messaging at targeted health facilities. Since March 2020, we have reached more than 1.4 million people directly and almost 2 million people indirectly with COVID-19 messaging, and distributed 256,855 PPE and IPC items. We have provided training sessions on various topics related to COVID-19, including surveillance, IPC and case management to 1,908 people. In addition, International Medical Corps is helping the state Ministry of Health in South Darfur to roll out COVAX initiatives. Our support includes transporting COVID-19 vaccines, providing cold-chain support, training vaccinators and mobilizing the community. So far, 3,672 people have recieved a dose of the vaccine through five International Medlical Corps-supported health facilities in South Darfur.

International Medical Corps' Impact at a Glance				
Number of Supported Facilities Provided with COVID-19 Activities	**1,288** Primary Health Facilities	**203** Hospitals	**39** COVID-19 Treatment Centers	**94** Mobile Medical Clinics
Community Members Reached Through COVID-19 Awareness-Raising Activities	**6.7M** Traditional		**2.7M** Remote	
PPE and IPC Items Distributed	**29.6M** PPE		**1.5M** IPC	