SITUATION UPDATE

The number of COVID-19 cases continues to climb, with more than 1.5 million cases and almost 88,000 deaths reported globally. Approximately 60% of the fatalities reported have come from four European countries: Italy, Spain, France and the United Kingdom. There are tentative hopes that the coronavirus outbreak in Europe could be decelerating, as the rate of new infections and deaths has started to slow in Italy, Spain and France. Italy, which was the epicenter of Europe’s pandemic before the drastic increase of cases in Spain, reported its lowest daily COVID-19 death toll in more than two weeks. On April 6, Spain also reported fewer deaths, indicating a possible downward trend.

In Africa, there are now more than 10,000 cases, with infections in every country but Comoros and Lesotho. As the number of confirmed cases has increased in the last few days, clusters are evident in northern and eastern Africa. Given the rapid spread of the virus, experts are concerned that the continent is at a tipping point, as they expect to see more local transmission as case numbers increase.

In the United States, the number of confirmed cases has almost reached 425,000, with more than 14,500 deaths recorded. The death toll, which now exceeds the number of people known to have died from the virus in China, doubled from 5,000 to 10,000 in fewer than five days. The increase in deaths comes as hospitals continue to face severe shortages in testing and personal protective equipment (PPE) for medical staff working to combat the virus. According to a report released by the Inspector General of Health and Human Resources, one of the most significant challenges faced by hospitals is testing and caring for patients with known or suspected COVID-19 while keeping staff safe. The report, 

FAST FACTS

- According to the Johns Hopkins University tracker, which consolidates data from a range of sources, as of April 8 there have been 1,504,971 cases reported in 184 countries and regions.
- In the United States, International Medical Corps currently is supporting three health facilities in Los Angeles, two facilities in Puerto Rico and two facilities in New York City with emergency medical shelters, equipment and supplies, with more support planned in New York, Detroit, Chicago and New Orleans.
- International Medical Corps has screened more than 85,000 individuals for COVID-19 at our global missions.
- International Medical Corps has trained more than 5,000 frontline healthcare professionals on COVID-19 prevention and control measures, and has reached more than 170,000 people with communications on how to reduce risk.

International Medical Corps team sets up emergency medical field units at LAC + USC Medical Center in Los Angeles, CA.
which is based on interviews with 323 hospitals from 46 states, as well as the District of Colombia and Puerto Rico, highlights the need for basic supplies and equipment—including thermometers, disinfectants, linens and toilet paper—along with medical equipment, including ventilators. Hospitals are also facing shortages of specialized providers who can support the increased patient load.

As the crisis has expanded across the country, administrators are struggling with the steep increase in prices for PPE, including masks, gloves and face shields. The lack of testing, unavailability of testing materials and extended wait times for test results have strained hospital resources. Hospitals are being forced to extend the stays of suspected COVID-19 patients, pushing facilities beyond their bed capacity. Many hospitals have had to expand their facilities to accommodate the surge in patients.

**INTERNATIONAL MEDICAL CORPS RESPONSE**

Globally, International Medical Corps is focused on ensuring continuity of operations throughout its programs and operations, to ensure that patients and other beneficiaries continue to receive essential healthcare services without disruption.

International Medical Corps’ country missions are taking decisive action to prepare for and respond to COVID-19 cases. As of April 1, International Medical Corps had screened more than 85,000 individuals for COVID-19 at our supported clinics, primary healthcare facilities and hospitals. Of those screened, 156 patients were identified as suspected COVID-19 cases. The majority of screenings have been conducted in Iraq, Jordan, Lebanon and Syria.

**COVID-19 RESPONSE: UNITED STATES**

In the United States, International Medical Corps has partnered with hospitals in Los Angeles, New York and Puerto Rico to provide medical surge support, including emergency medical shelters, PPE, equipment and medical volunteers.

In Los Angeles, International Medical Corps partnered with the Martin Luther King, Jr. Community Hospital (MLKCH), LAC + USC Medical Center and Olive View-UCLA Medical Center to set up emergency medical field units. MLKCH is using the field units to alleviate the pressure on its emergency department, and for additional spaces for screening and triage. At LAC + USC Medical Center and Olive View-UCLA, the field units will be used to decongest emergency departments and enable long-term care for patients with acute needs.

In New York City, International Medical Corps has partnered with seven hospitals in high risk-areas in Brooklyn, Queens and the Bronx. Our team met with local hospital administrators to finalize emergency medical shelter plans and discuss urgent PPE, equipment and medical staffing needs. Based on these discussions, International Medical Corps is deploying emergency medical shelters to support Flushing Hospital Medical Center and Jamaica Hospital Center, both located in Queens. The shelters provide extra capacity for overwhelmed emergency departments, enabling the hospitals to better manage triage and patient flow. For all hospital partners in NY, International Medical Corps is deploying volunteer teams of nurse practitioners, registered nurses, critical care physicians and paramedics to meet critical staffing needs. The first team of volunteers arrived in New York on April 6 and will provide support to Flushing Hospital Medical Center. More volunteers will be deploying to other area hospitals soon.

In Detroit, International Medical Corps has met with hospital administrators and clinicians at Henry Ford Hospital and Detroit Medical Center. Plans are underway to establish emergency medical field units at each hospital, along with providing support for PPE, equipment and medical surge staffing.

**Training:** The [COVID-19 Learning Series](https://www.imc.org/covid19-training) continues this week, with upcoming webinars on Isolation and Quarantine on Thursday, April 9, and on Medical Surge on Monday, April 13. Recordings from the first three webinars—Perspectives on
the COVID-19 Pandemic; Mental Health Considerations for Healthcare Workers; and Personal Protective Equipment (PPE) and Monitoring—are available on the International Medical Corps website.

GLOBAL RESPONSE
International Medical Corps has programs in six countries across the Middle East. In coming Situation Reports, we will highlight activities in other regions served by International Medical Corps.

In the Middle East, we are implementing business continuity and COVID-19 responses in all of our missions. Highlights include:

- In Jordan, in partnership with the Ministry of Health and the Jordanian Psychiatrist Society, International Medical Corps has established a 24/7 psychosocial support hotline. The hotline is staffing by our mental health team, consisting of psychologists, counsellors and psychiatrists. As of April 4, 125 clients have received mental health and psychosocial support (MHPSS) services via the telephone and video since the activation of the service. To ensure that patients continue to receive essential psychotropic medications, International Medical Corps is also providing partial mental health services in Mafraq, Jarash, Balqa, Tafielh, Ramtah, Hakama and Aqaba. In response to COVID-19, International Medical Corps is screening all personnel entering and exiting the Azraq camp, and is working with UNHCR to provide screenings within a public area of the camp.

- In Syria, International Medical Corps distributing hand sanitizer to beneficiaries attending awareness/prevention sessions in our facilities on COVID19, and has also provided 47,450 bars of soap to SARC Rural Damascus for immediate distribution in two affected areas within the governorate. To ensure the safety of staff, we have provided PPE and additional infection prevention and control (IPC) and cleaning materials to clinics. In addition, International Medical Corps is continuing to provide mental health case management within the clinics and by phone.

- In Yemen, International Medical Corps has trained 95 community health volunteers (CHVs), in collaboration with the Ministry of Health, on preventative and mitigation measures related to COVID-19. These CHVs will share information with their local communities—for example, they have created WhatsApp groups with community members to share educational messages on COVID-19 prevention and protection, with 229 WhatsApp groups already created in Sana’a. International Medical Corps has also created WhatsApp groups for health facility managers and health workers; the team is sharing COVID-19 case management guidelines and other educational guidance to support preparedness efforts. International Medical Corps has also distributed cleaning materials to nine health facilities in Taiz to support prevention and control activities.

- In Iraq, International Medical Corps has procured additional PPE to support frontline healthcare workers in primary healthcare clinics and hospitals serving refugees, internally displaced persons (IDPs), returnees and host communities in five governorates. IMC has provided training to healthcare workers and support staff on appropriate use of PPEs, management of symptomatic patients, referral pathways and implementation of IPC protocols, to ensure that health facilities are safe for staff and beneficiaries. In additional, International Medical Corps is expanding programming to include pandemic response health activities—including water, sanitation and hygiene (WASH) activities, scaling up community education on the importance of handwashing and procuring handwashing kits. The team is implementing communication and preparedness activities to provide frontline healthcare workers and beneficiaries with valuable information how to reduce risk of exposure and transmission, recognize the symptoms of COVID-19 and seek appropriate healthcare services.
Technical Guidance


