



International Medical Corps staff have installed a new WASH project for COVID-19 prevention in Nigeria.

To date, there have been more than 31.6 million confirmed COVID-19 cases globally, with more than 972,000 deaths. After one month of plateauing numbers of daily new cases, the past three weeks have seen a gradual increase, to roughly 283,000 new confirmed cases per day. Though the number of daily cases has grown, the number of daily deaths has steadily declined for the last month, and sits at roughly 5,200 per day.

Though some countries' caseloads remain relatively high, the number of daily cases in the majority of the most-affected countries has begun to decline slightly, including in the USA, Brazil and Mexico. This trend does not hold true for India, which, until a few days ago, has seen sustained growth in new cases and deaths. Over the last week, India has averaged more than 90,000 new confirmed cases, and more than 1,100 deaths, per day. Since the beginning of the pandemic, the growth in India's cases and deaths has continually grown in a linear fashion, but over the last week, it seems to have experienced a peak, as numbers have declined slightly since September 17.

The US now has almost 7 million confirmed cases and more than 200,000 deaths, with more than one-quarter of a million new confirmed cases in the past week. New cases nationwide have reached a steady plateau of approximately 40,000 new cases daily. Sporadic hotspots continue to arise in the Midwest, with North and South Dakota having had the highest number of new daily cases per capita over the past weeks—shortly after the Sturges motorcycle event, where nearly 400,000 people gathered with few social-control measures in place. The steadying of new cases at approximately 40,000 per day is concerning; experts consider it a very high number entering into the winter season. Seasonal coronaviruses are known to peak in November and December, making preparation, mitigation and control strategies more important than ever. The FDA recently eased its restrictions on the level of precision (sensitivity and specificity) required for testing approval, a policy change that could greatly expand options for testing—including approval of less-sensitive home testing with immediate turnarounds, similar to pregnancy tests.

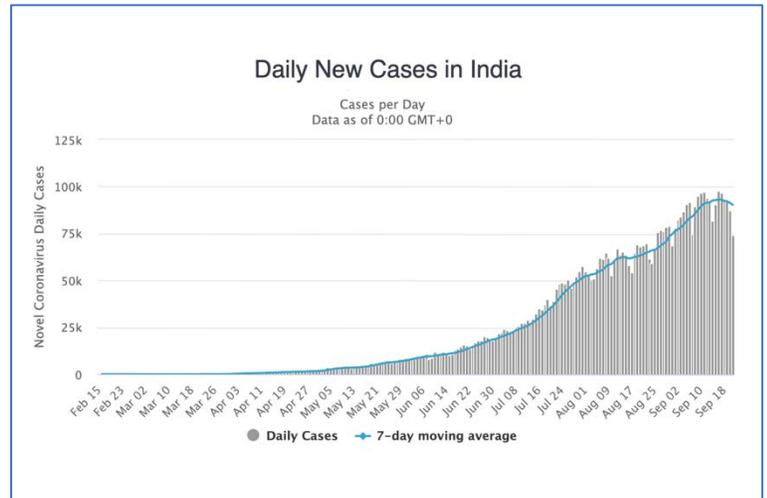
Europe is seeing a rise in cases after months of lower numbers. Confirmed caseloads in France are higher than the first wave in the spring, Spain is already past a second peak in cases, with nearly 5,000 cases per day, and the United

FAST FACTS

- According to the Johns Hopkins University tracker, which consolidates data from a range of sources, as of September 23, there have been 31,666,012 confirmed cases of COVID-19 reported in 188 countries and regions.
- In the US, we are supporting 38 hospitals across the country, including in Texas, Boston, Chicago, Detroit, Los Angeles, New York and Puerto Rico, with a range of services and equipment, including emergency medical field units, supplies and volunteer staff.
- We have screened more than 1.5 million people for COVID-19 at our global missions and have distributed more than 15.8 million pieces of personal protective equipment and infection prevention and control items to supported health facilities.
- We have trained more than 167,000 frontline healthcare professionals on COVID-19 prevention and control measures.

Kingdom's daily cases have tripled since the beginning of September. Germany and Italy are confirming new cases at levels not seen since the late spring—although their numbers are not as high as Spain and Italy's.

In the past month, the first confirmed cases of reinfection from SARS-CoV-2 took place. According to researchers at the University of Hong Kong, a man who was initially infected and hospitalized in March became infected again after traveling to Spain via the United Kingdom¹. During this second infection, he remained asymptomatic and had no known complications. In Nevada, another man was also reinfected by the virus, but in this case the second infection was more severe than the first². It is unknown if the possibility of reinfection will affect the ongoing efforts to create a vaccine for the novel coronavirus.



International Medical Corps Response

International Medical Corps continues to provide essential medical assistance and training in the 30 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 to respond to COVID-19 in Boston, Chicago, Detroit, Los Angeles and the Central Valley of California, New York, Texas and Puerto Rico. To date, we have distributed more than 2 million items of PPE, including 1 million KN95 masks, 800,000 surgical masks, 206,000 isolation gowns, 100,000 N95 masks, 100,000 face shields and 100,000 cloth facemasks. Additionally, International Medical Corps has focused on increasing critical-care capacity by donating medical equipment such as ICU monitors, high-flow nasal oxygen units, portable ultrasounds, defibrillators and several other types of equipment. International Medical Corps has also provided hospitals with emergency medical field units and clinical volunteers to strengthen emergency and critical-care capacity throughout the pandemic.

| United States Response | | | | |
|---|-----------------------|-------------------------|--------------------------|------------------------------|
|  Locations | States/Territories: 8 | Hospitals: 38 | | Nursing homes: 51 |
|  Volunteers | MDs: 16 | Nurses: 44 | EMTs: 3 | Paramedics: 8 |
|  Infrastructure | Field Units: 56 | HVACs: 48 | Generators: 4 | Trailers: 4 Containers: 2 |
|  Equipment | Beds: 150 | Ventilators: 7 | Portable ultrasounds: 12 | |
| | Pulse oximeters: 120 | Suctions: 9 | Defibrillators: 2 | |
| | Medical consumables: | Anesthesia pumps: 1 | Patient monitors: 138 | |
|  PPE | K95 masks: 1,430,680 | Surgical masks: 828,700 | Surgical gowns: 587,000 | |
| | N95 masks: 100,000 | Face shields: 108,000 | Nitrile gloves: 2,100 | |

In South Texas, International Medical Corps has completed the first four of six setups of emergency medical field units in the region and is planning the construction of the final two in early October. The technical team continues to work closely

¹ <https://www.nbcnews.com/science/science-news/hong-kong-man-was-reinfected-coronavirus-researchers-say-n1237840>

² <https://www.nbcnews.com/science/science-news/hong-kong-man-was-reinfected-coronavirus-researchers-say-n123784>

with hospital leadership to support innovative technical platforms, oxygen monitoring and data collection throughout the hospitals. We continue to provide long-term care facilities throughout Los Angeles County with PPE and training on infection prevention and control (IPC) measures. In Puerto Rico, International Medical Corps is finalizing agreements with the Cancer Center of San Juan and Good Samaritan Hospital of Aguadilla to provide emergency medical field units, medical equipment and PPE.

Global Response

International Medical Corps is focused on ensuring continuity of operations in its existing programming in nearly 30 countries 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 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 response and ensure that our staff can respond to the outbreak while continuing to deliver critical healthcare services. Highlights from our response this week include activities in the following countries.

- In **Pakistan**, International Medical Corps is at the forefront of the COVID-19 response. In early June, we edited three animated videos about COVID-19 from the WHO and the Khyber Pakhtunkhwa Provincial Health Department for local consumption, dubbing them into the local Pashtu language and providing them to gender-support groups and community volunteers for distribution through WhatsApp to local area residents. The videos will also target 10,000 individuals in seven Afghan refugee villages in three districts of Khyber Pakhtunkhwa. In July, we provided medical supplies to the Department of Health in the Khyber district for use in health facility isolation wards there, as part of our commitment to help the provincial Department of Health contribute to the COVID-19 national response plan. In August,



International Medical Corps is responding to COVID-19 around the world, including in Sudan, South Sudan and Pakistan, shown on the map above.

- International Medical Corps organized a day-long training course for 71 staff members from six partner organizations of Concern Worldwide that are supporting Pakistan's COVID-19 response in Sindh, Baluchistan and Khyber Pakhtunkhwa provinces. We conducted the training under the terms of a technical support memorandum of understanding (MOU) we have with Concern Worldwide that will strengthen the technical capacity of medical and non-medical staff engaged in COVID-19 response activities in Pakistan. We plan more training sessions in the three provinces under the same MOU for government and Concern frontline health workers and staff, as well as other staff working to contain the spread of the virus in Pakistan.
- In **South Sudan**, International Medical Corps continues to strategically help lead the pandemic response, serving as co-lead of the country's COVID-19 Case Management and IPC Technical Working Group. We were a major contributor in developing the national Case Management Strategy and a clinical management guide, and have continued to upgrade it based on current WHO and CDC protocols suited to the South Sudanese context, among other tasks. Our country director also has joined the South Sudan NGO Forum Steering Committee as an advisory member to assist the group with COVID-related advocacy, planning, and preparedness. An infectious disease unit (IDU) in Juba that we opened in July and continue to co-manage is the sole medical facility in the capital as well as the biggest in the country capable of treating COVID-19 patients. The facility was built in 2018 and handed over to International Medical Corps the following year to prepare for a possible spread of Ebola from the neighboring Democratic Republic of the Congo. However, with the onset of the pandemic, it was reconfigured and expanded to handle COVID-19 patients. This facility, which has a staff of more than 100, has since admitted and managed 118 suspected and confirmed COVID-19 patients. In addition to inpatient medical care, the staff provides nutritional and psychosocial support, and trains South Sudan healthcare workers on IPC and clinical management of COVID-19 patients, training more than 320 healthcare workers since March. International Medical Corps also is looking into building a Level III intensive-care unit (ICU) at the Juba IDU, in response to a formal request from South Sudan's Ministry of Health and the WHO. If completed as envisioned, the facility would be the first of its kind in the country that would be fully accessible to the public and capable of providing comprehensive critical care, including life-support

systems. It would also allow for eventual teaching and researching components. In other areas, we are screening all entrants to protection-of-civilian (PoC) camps in Juba, Malakal and Wau. Since the start of our COVID-related work in South Sudan last April, through September 20, we have screened 104,852 people in all three camps. In addition, we have put in place an adapted triaging system at the PoCs to pre-sort patients symptomatically, to reduce transmission in the health facility. Since April, we have provided on-the-job training and supportive supervision to more than 340 healthcare staff at the Juba IDU and PoCs on a wide range of COVID-related issues. As of September 20, we had reached 90,612 people residing at the three PoCs with risk-communication messages, which mainly focused on IPC and behavioral change. Working remotely, we also provide home care for COVID-19 patients with mild and moderate disease in the towns where we operate, as well as all three of the country's PoCs. As requested by the Ministry of Health, we are now providing COVID-19 case management to Al Muktah primary healthcare center in Wau, which was designated by the State Ministry of Health to care for COVID-19 patients in Upper Nile State. Finally, to improve the capacity of South Sudan to care for patients requiring an ICU, we are working with the Ministry of Health and the WHO to deploy a team of ICU specialists to train healthcare workers to provide intensive care to critical patients at the Juba Teaching Hospital.

- In **Sudan**, International Medical Corps continues to respond to COVID-19-related cases in five of the country's 18 states, including 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, adhering to government guidelines and protocols established for dealing with COVID-related issues. We continue to participate in coordination meetings led by the respective state ministries of health, and attended by many of the stakeholders involved in the COVID-19 response. In Central Darfur, in collaboration with the state's Ministry of Health, we have recruited and trained 150 community volunteers to conduct surveillance within their communities. In South Kordofan, we are targeting areas served by 10 health facilities in four localities to conduct COVID-19 mitigation activities. In Blue Nile, we are working in the catchment areas of six health facilities to strengthen COVID-related intervention. We have completed the recruitment of 60 community volunteers and plan to begin their training soon. In West Darfur, the selection process of community volunteers is also complete and plan to start training soon. Throughout the five states we serve, we recently provided several training sessions on how to conduct COVID-19 medical triage and screening for triage staff, medical assistants and nurses. During two weeks in mid-September, we screened 968 people for signs of the virus and continued daily COVID-19 messaging at targeted health facilities, reaching an estimated 46,412 individuals directly and another 246,348 indirectly. We also distributed 2,279 PPE and IPC items.

| International Medical Corps' Impact at a Glance | | | | |
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| Number of Supported Facilities Provided with COVID-19 Activities | 833 Primary Health Facilities | 144 Hospitals | 30 COVID-19 Treatment Centers | 38 Mobile Medical Clinics |
| Community Members Reached Through COVID-19 Awareness-Raising Activities |  1.5M Traditional |  648K Remote | | |
| PPE and IPC Items Distributed |  15.4M PPE |  479K IPC | | |