



GET US PPE SHORTAGE INDEX

AUGUST 2020

All information in this index is derived from Get Us PPE's database of PPE requests unless otherwise stated.

MEDIA CONTACTS:

Amanda Peery-Wolf, Stephanie Zeller

PHONE: +1 (631) 853-9164

EMAIL: media@GetUsPPE.org

Get Us PPE Shortage Index

TABLE OF CONTENTS

| | |
|---|---|
| Demand, Donations, Distributions | 2 |
| Total PPE Requests | 3 |
| Change in Requests, Select States | |
| Top 3 Most Requested Items Nationally, August | 4 |
| PPE Supply Remaining | |
| Supply Remaining by PPE Type | |
| % Requests from Hospitals vs. Non-Hospitals | |
| Top PPE Items Requested Nationally by Month | 5 |
| Most Requested PPE Item by Month by State | |
| PPE Requests x COVID-19 Caseload..... | 6 |
| Regional Data | 7 |
| About the Data | 8 |

ABOUT GET US PPE

Get Us PPE is a grassroots movement founded by emergency physicians on the front lines of the COVID-19 pandemic and driven by volunteers across the country. Get Us PPE's mission is to equitably provide donated PPE to the people and organizations with the greatest need. Since March, Get Us PPE has expanded and evolved to meet the challenges of the ongoing PPE crisis. With over 16,000 registered requests for PPE, Get Us PPE has amassed the largest non-governmental database of PPE shortages in the United States.

The Get Us PPE Shortage Index is a monthly collection of proprietary summary metrics derived from this database.

AUGUST KEY DATA TAKEAWAYS

- The United States is still facing serious PPE shortages in many parts of the nation.
- While large hospital systems are beginning to benefit from a recovering PPE supply chain, smaller, non-hospital facilities are still facing acute PPE shortages.
- There is a strong correlation between PPE requests submitted to Get Us PPE and new COVID cases reported per state during August.
- The PPE shortage is becoming an equity crisis and is far from over.



Get Us PPE Shortage Index

August, 2020
By The Numbers



DEMAND

The number of units of PPE requested, shown below, represents one week's worth of PPE for the facilities that have registered requests in our database. Although our goal is to capture all PPE needs nationwide, but there are likely many facilities facing PPE shortages that have not registered their needs in our database. The total PPE demand in the US is almost certainly much greater than our current estimate.

16,404
Requests

21+ million
Units Requested

DONATIONS

Our work is funded by generous financial contributions from individual donors, small businesses, corporations, and grants.

42,600
Donations

The number to the left is the total number of individual financial donations we have received since our founding in mid-March.



DISTRIBUTIONS

The PPE we distribute to requesters is either donated or purchased from vetted suppliers using donated funds. We distribute this equipment free of charge to facilities facing shortages. The need is so great that we have been able to fulfill only 10% of requests in our database to date.

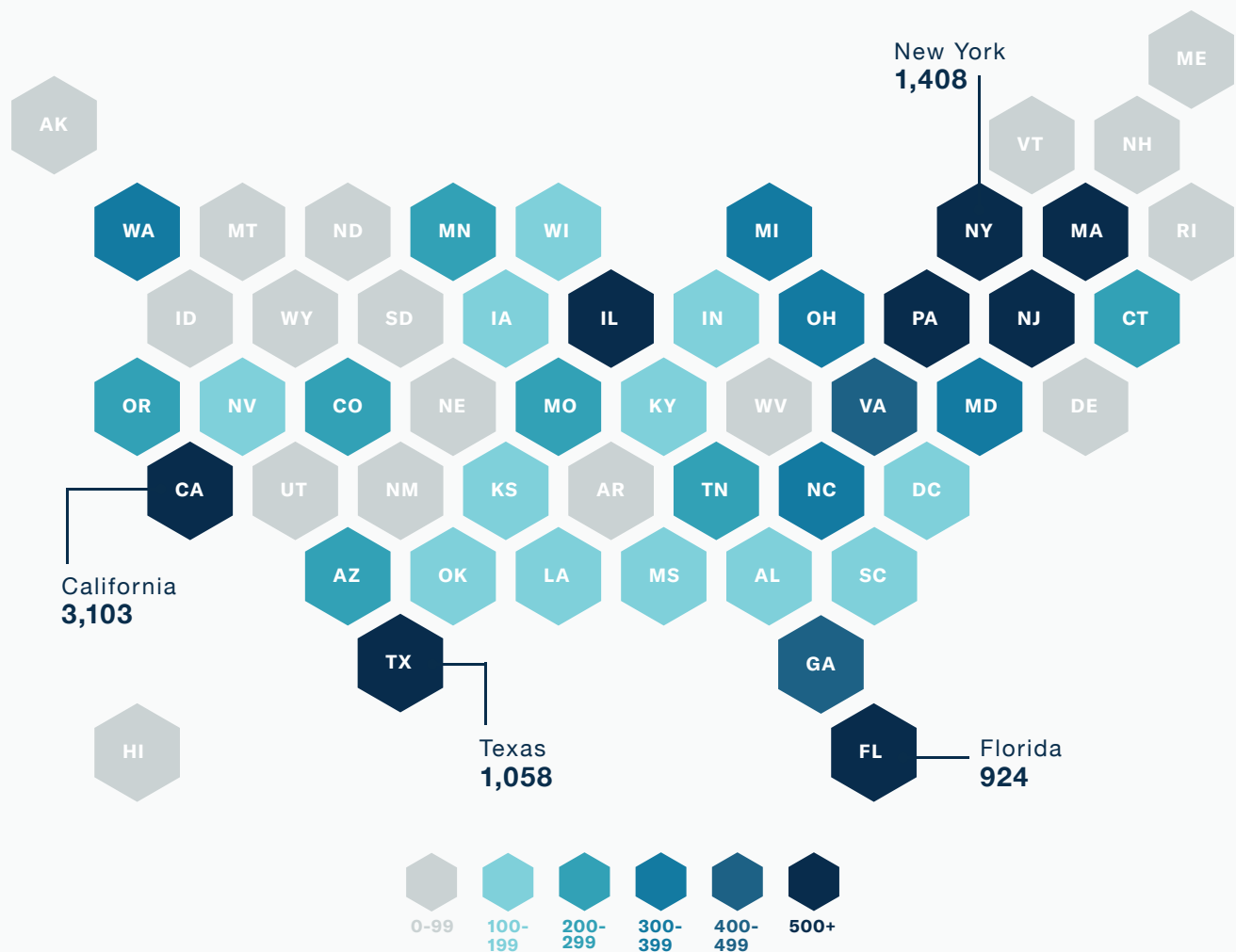
2,300,000+
Units of PPE Delivered



16,404 TOTAL PPE REQUESTS

as of August 31, 2020

This hexagon map of the United States shows the total number of individual requests for PPE received by Get Us PPE per state since late March 2020. Each color represents a request-count range, with darker colors indicating more requests (see key). We have received requests from all 50 states and some U.S. territories. California, Texas, Florida, and New York were among the states with the highest number of requesters.



CHANGE IN REQUESTS, SELECT STATES

Each card below highlights changes in the number of PPE requests over time for select states. They show the overall percent change in requests from March-August and from July-August. **One reason requests dip is that we are unable to fulfill all requests, with the majority still outstanding.**

| State | Requests | Change Since March | Change Since July |
|------------|----------|--------------------|-------------------|
| Texas | 1,058 | -89% | -52% |
| Florida | 924 | -89% | -41% |
| California | 3,103 | -88% | -40% |
| New York | 1,408 | -96% | -54% |
| Georgia | 488 | -90% | -44% |

Requests in Texas were high early in the year, peaking at 411 requests in April. They dipped in May, then doubled in June and have since begun to taper off again. This may reflect the "waves" of COVID-19 in the state.

Similar to Texas, Florida had many requests early in the year, peaking at 484 in April. Down in May, up in June, and back down in recent weeks and months, Florida continues to struggle with keeping cases under control.

Due to both size and population density, California has consistently had the highest request numbers, following the same pattern of "waves" as Texas and Florida and peaking at 1,208 requests in April alone.

New York state follows the same pattern as other states with high total requests. Its requests for PPE peaked in April at 579, despite the population density and COVID-19 case count of New York City.

Georgia, following a similar "wave" influx of requests in April and June, peaked at 231 requests in April. Despite current request numbers falling, the state continues to deal with COVID-19 outbreaks and fast spread.



TOP 3 MOST REQUESTED ITEMS NATIONALLY, AUGUST



FILTERING FACEPIECE RESPIRATORS (N95 respirators)



DISINFECTING WIPES

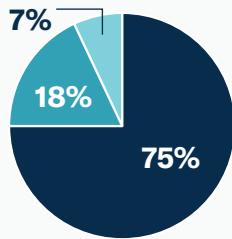


SURGICAL/PROCEDURE MASKS

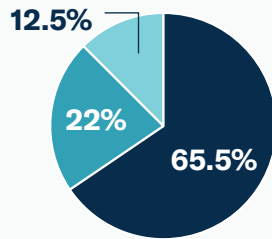
PPE SUPPLY REMAINING

The charts below show the supply of PPE remaining for requesters that reported their needs in our database nationwide between May and August. This month, 77% of requests indicated they had no supply remaining for one or more types of PPE.

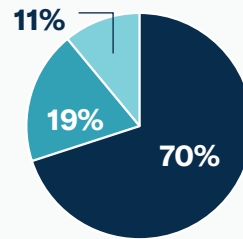
■ no supply remaining
 ■ >= one week remaining
 ■ < one week remaining



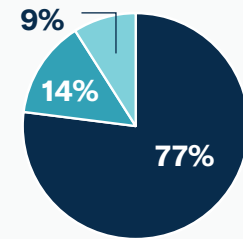
MAY



JUNE



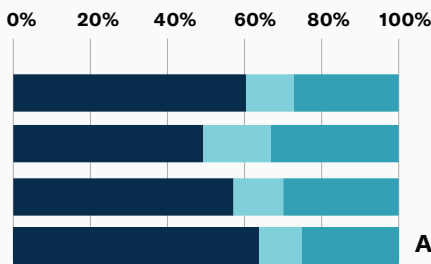
JULY



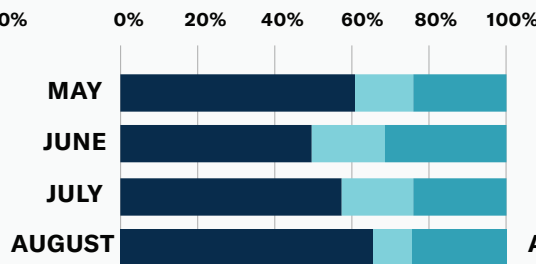
AUGUST

SUPPLY REMAINING BY PPE TYPE

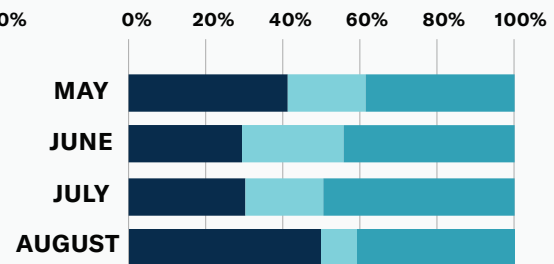
FILTERING FACEPIECE RESPIRATORS



DISINFECTING WIPES

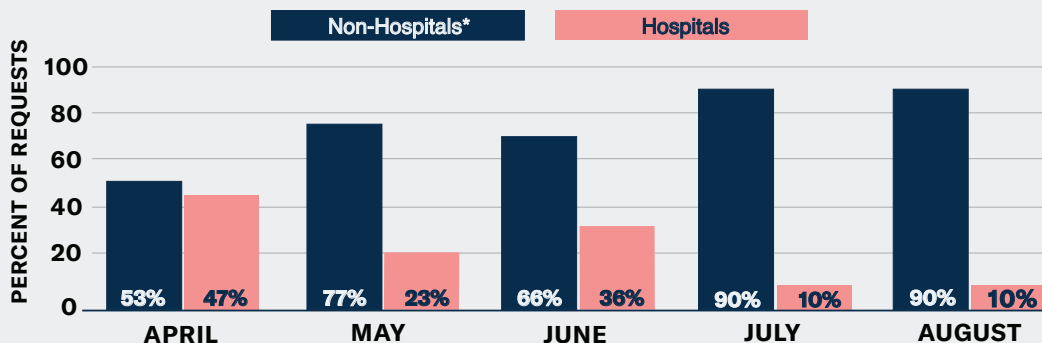


SURGICAL/PROCEDURE MASKS

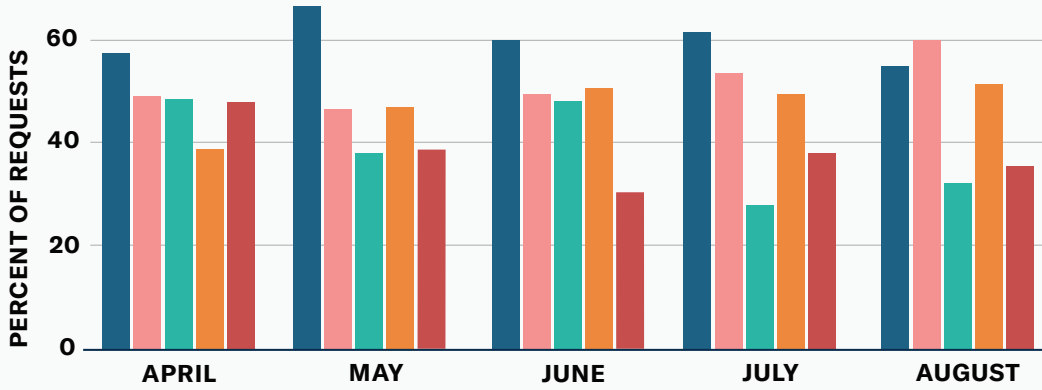


% REQUESTS FROM HOSPITALS VS NON-HOSPITALS

*Such facilities include homeless shelters, dental clinics, nursing homes, social services, and more. Some facilities fall into more than one category, and are therefore counted once in each category.



TOP PPE TYPES REQUESTED NATIONALLY BY MONTH

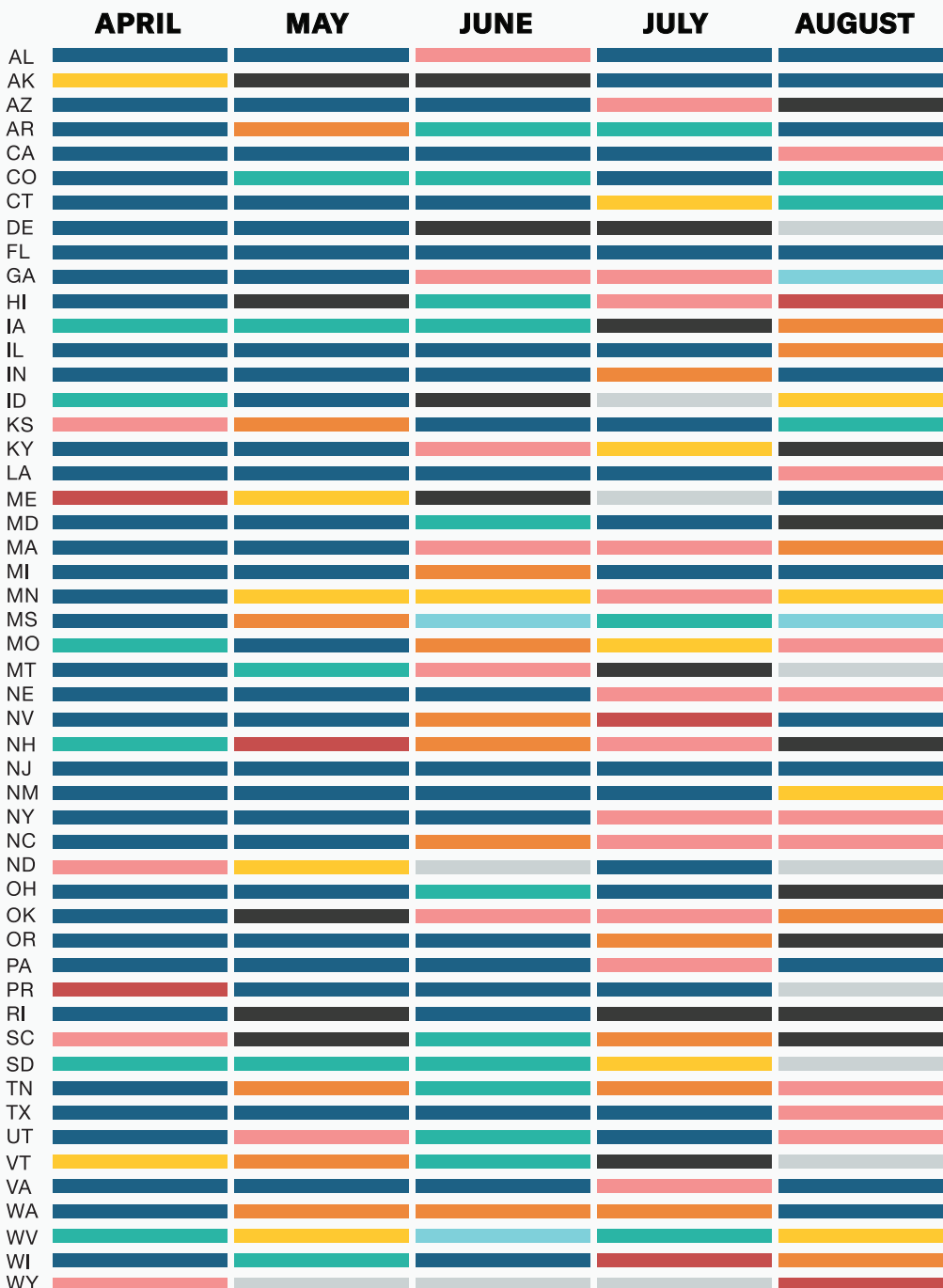


KEY

- FILTERING FACEPIECE RESPIRATORS
- DISINFECTING WIPES
- GOWNS
- MASKS (SURGICAL/PROCEDURE)
- FACE SHIELDS

This graph shows the percentage of requests each month that indicated need for the top 5 most in-demand types of PPE. Each facility may request more than one type of PPE; therefore, the monthly percentages sum to over 100%.

MOST REQUESTED PPE TYPE BY MONTH BY STATE



KEY

- NITRILE GLOVES
- GOWNS
- MASKS (HANDMADE)
- MASKS (SURGICAL/PROCEDURE)
- NO DATA
- FILTERING FACEPIECE RESPIRATORS
- DISINFECTING WIPES
- FACE SHIELDS
- OTHER

Using the same color key as above, with the addition of a few of the next most in-demand types of PPE—handmade (non-medical grade) masks and nitrile gloves—this chart shows the most-requested type of PPE per state per month. The most requested type of PPE in Florida, for example, has been filtering facepiece respirators (N95s and equivalent) every month since April. Facilities in New York, however, requested more disinfecting wipes than respirators over the last few months.

*'No Data' indicates zero requests from a given state that month.



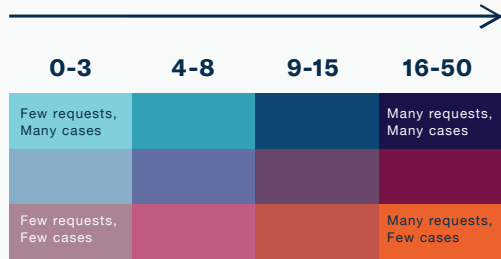
PPE Requests x COVID-19 Caseload

August, 2020

The hexagon map of the United States below shows two variables: volume of PPE requests received per state, and volume of new COVID-19 cases (new confirmed and probable cases over the course of this month according to the CDC). While we saw a high correlation between COVID-19 caseloads and the number of requests received by Get Us PPE during the month of August, we cannot assume direct causation. This map simply allows us to visualize the two variables and their relationship to one another.

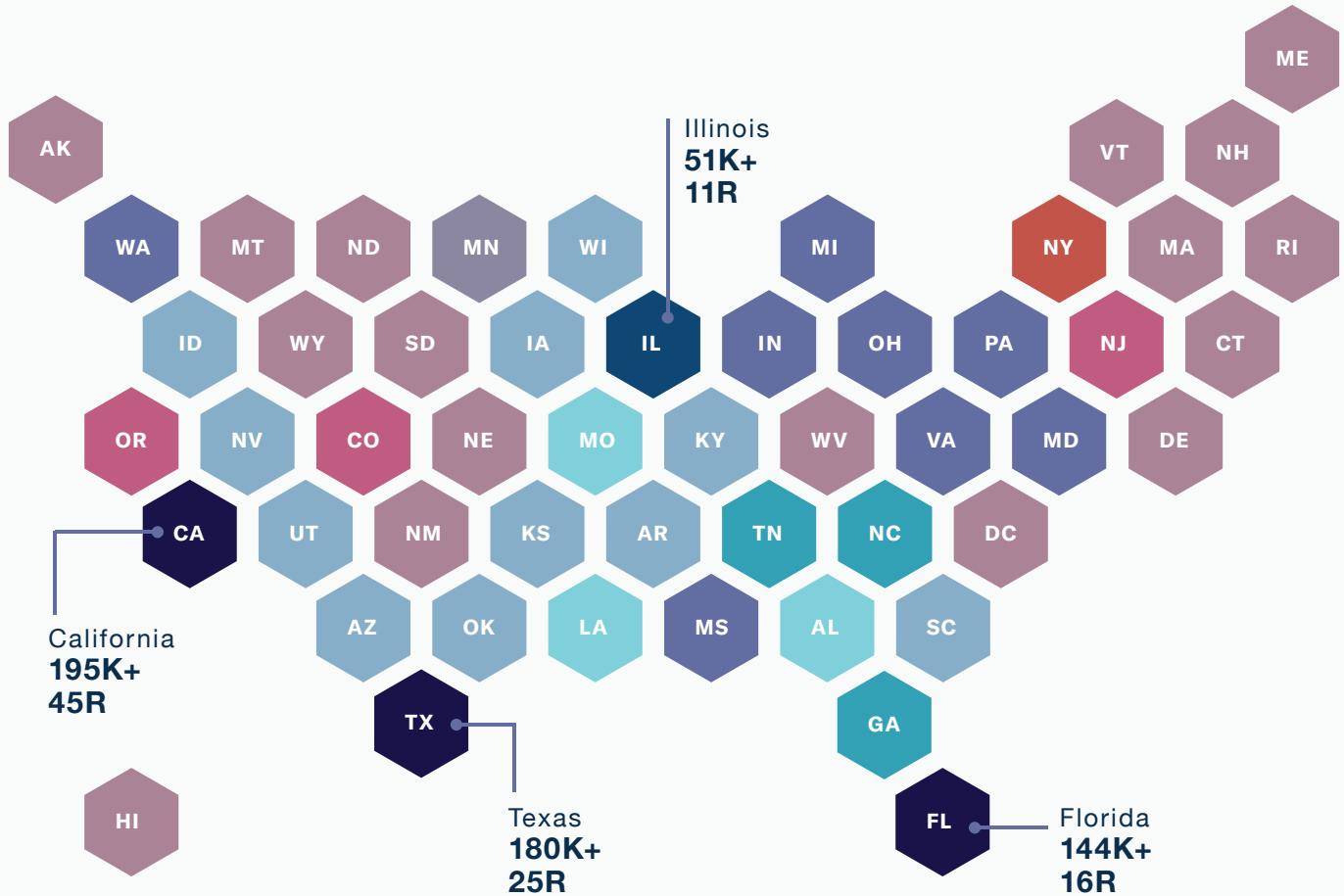
REQUESTS THIS MONTH (R)

Individual requests may account for any number of units needed by the requestor



NEW COVID CASES THIS MONTH

This scale shows the number of new cases total this month per state, according to the CDC, and does not include any case numbers from previous months



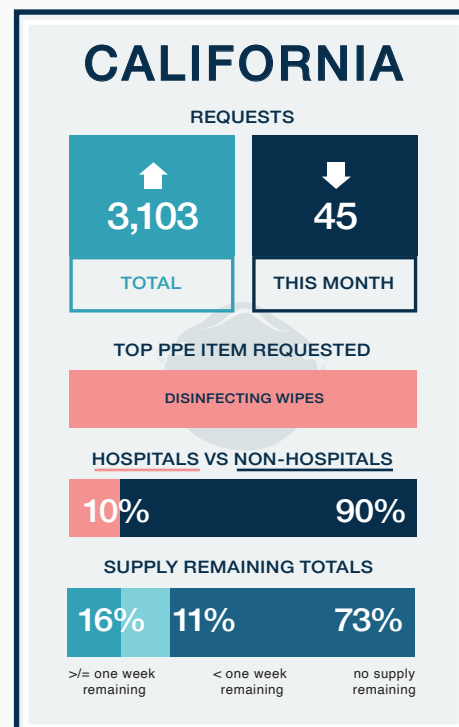
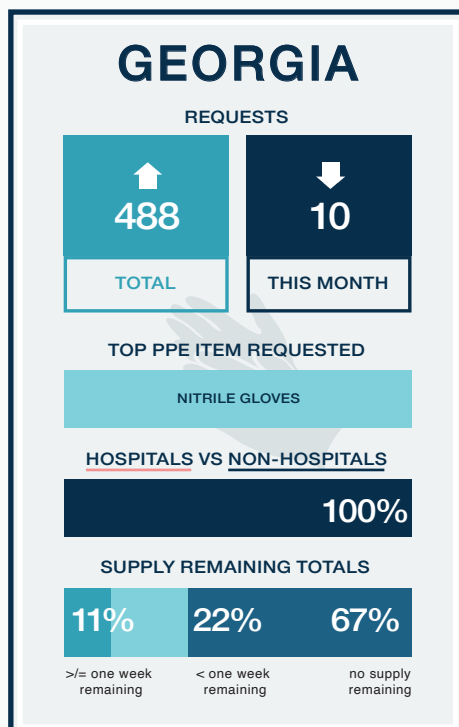
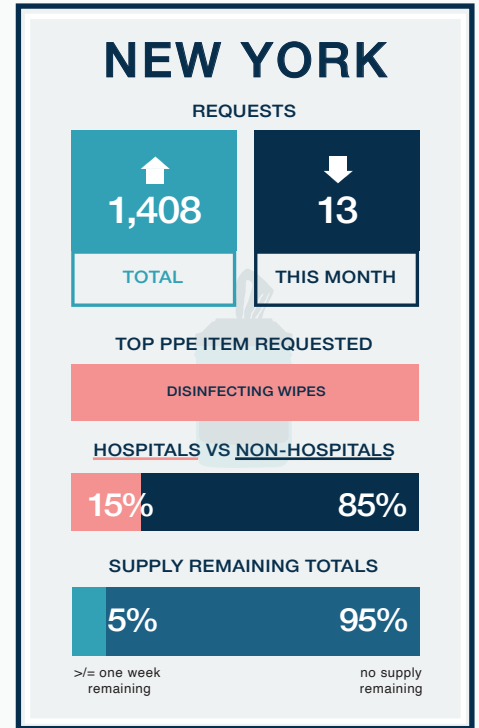
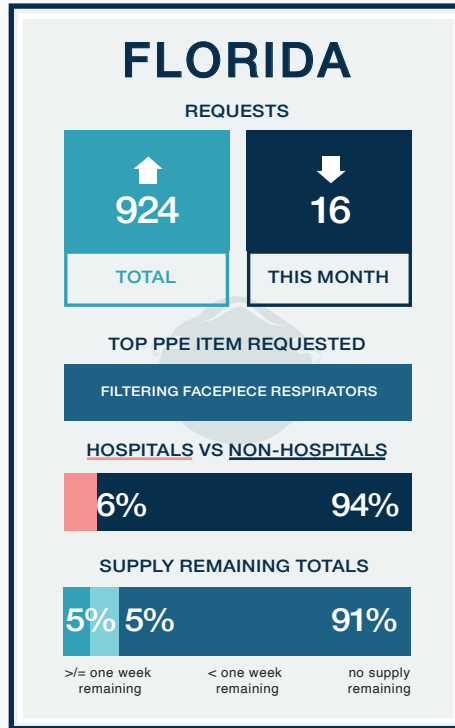
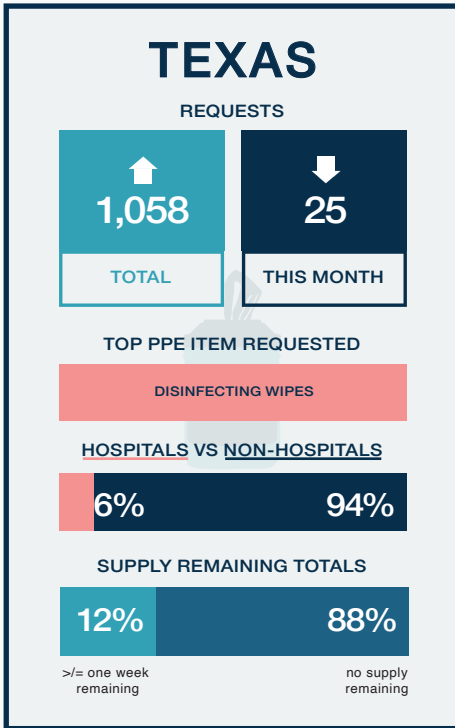
This data was taken from two sources: Get Us PPE's request database and the Centers for Disease Control and Prevention's COVID Data Tracker: United States COVID-19 Cases and Deaths by State Over Time. Total cases are based on aggregate counts of COVID-19 cases reported by state and territorial jurisdictions to the Centers for Disease Control and Prevention (CDC) since January 21, 2020, with the exception of persons repatriated to the United States from Wuhan, China, and Japan. The numbers are confirmed and probable COVID-19 cases as reported by U.S. states, U.S. territories, New York City, and the District of Columbia.



Regional Data

TX, FL, NY, GA, CA — August 2020

This page shows data specific to selected states that have demonstrated high need during the previous month or expected high need in the upcoming month. In August, we focused on five states with especially high PPE needs: Texas, Florida, New York, California, and Georgia. Each card below shows localized metrics based on this month's PPE requests: the percentage change in overall requests since March and since May, the top PPE type requested, the percentage of requests that came from hospitals versus non-hospital facilities, and the overall supply remaining, for each state.



ABOUT THE DATA

Almost all of the members of Get Us PPE's team are volunteers, and though we maintain equity as a central value, our perspectives are still limited. Here, we hope to make our methods for data collection, cleaning, organization, compilation and visualization as transparent as possible, including the individuals involved at each step, limitations of the data, and why we made the decisions we did.

We classify the information we collect into a few major areas: personal information, facility information, and needs. We capture personal information in order to determine who to contact for communication and logistics and where to send PPE. We capture information on the facility of the requestor in order to understand the size and scale of the institution, as well as the type of care provided there. This helps us deliver the most appropriate PPE for each facility and to prioritize the most underserved, in-need communities. Finally, we collect information on need—types of PPE, the amount a requestor needs donated by week, how the requestor/institution is currently using PPE (normally? rationing?), and how long until PPE runs out—in order to get the right type and amount of PPE to the right places and in the right order.

We maintain a large store of need and supply-related data. Much of this data is provided by individuals and institutions across the United States, in critical need of PPE. However, in order to ensure we have the most up-to-date information, we stay in close contact with our local affiliates around the country who help us better understand the needs within their local communities. When we combine the requests that come in through our primary channels, such as our website, with those from our local affiliates and partner organizations, we must clean the amalgamated data by removing duplicate requests and ensuring requesting facilities are only counted once. Additionally, we may remove individuals or groups posing as “donors” from our system during this screening process, as these groups are often attempting to sell us PPE rather than actually donate. We are working to provide donated PPE to those in need, not to enable resellers.

Sometimes, individuals filling out our request form make mistakes while entering their needs and information. They may not have exact figures, or may not know answers to specific questions on the form. Our Data Verification team works to verify requesting facilities and to ensure the information they're entering is accurate.

Get Us PPE was founded quickly and scrappily. We assumed we would not be needed long—two weeks at most—and expected federal disaster relief groups to step in shortly after the crisis became clear. Yet we are still seeing PPE shortages across the country. Our original scope and mandate didn't demand sophisticated technological architecture, but we have since adjusted. We became the architects of our own technology solutions in order to meet the immense and continued need nation-wide. Over time, we have improved our request form and systems to ensure we are capturing all the information required to make the most equitable distribution choices possible. As a result, many data fields are absent from earlier requests. We are now working to fill those blanks wherever possible by retroactively providing more information about institutions requesting and their needs, allowing for improved visualization and analysis both now and in the future.

The visualization methods for this data were predicated on telling a holistic story of this crisis. We wanted to show the big picture of trends over time, and therefore often opted for percentage-wise representation rather than raw numbers in order to clarify certain issues. One of the largest factors driving the data we chose to compile and visualize is the qualitative data obtained through numerous outreach projects to facilities nationwide. Hundreds of Get Us PPE volunteers called or emailed individuals and institutions in need over a period of months (with a focus on facilities that serve underserved populations, according to the COVID-19 Community Vulnerability Index), and recorded their comments, many of which provide anecdotal evidence for types of shortages that may remain hidden in large datasets. This evidence prompted us to search for these trends in our request data, where we found much of what is presented in this document. As this crisis evolves, we will continue to employ this mixed-methods approach in order to tell the story of the PPE shortages frontline workers are experiencing on the ground every day.

Data Analysis, Design, and Visualization: Stephanie Zeller

Director, Product + Technology: Cody Reinold

Data Team Leads: Matt Rubashkin, Ph.D., Benjamin Batorsky, Ph. D., MPH; Lisa Nash, Ph.D

Internal Data Dashboard Architect: Ryan Cranfill

Data Science Team Member: Alex Chen

Public Relations Leads: Dave Close, Amanda Peery-Wolf, Stephanie Zeller

Director of Development and Communications: Shikha Gupta, M.D.

Design Team Lead: Priscilla Woo

Design and Illustration Team Member: Rebekah Sipe

Equity Lead: Joanna Calderon, Dan Lurie, Ph. D., Jacqueline Chan, MPH

Co-Founders: Jeremy Faust, M.D., MS; Esther Choo, M.D., MPH; Megan Ranney, M.D., MPH; Shuhan He, M.D.; Ali Raja, M.D., MBA; Val Griffeth, M.D., Ph.D

Board of Directors: Christopher Barsotti, M.D; Zach Peery-Wolf; Megan Ranney, M.D., MPH; Shuhan He, M.D., Shikha Gupta, M.D.

Board of Advisors: Dorothy Jones-Davis, Ph.D; Ram Bala, Ph.D; Dottie Enrico, Esther Choo, M.D., MPH

