



GET US PPE SHORTAGE INDEX

JANUARY 2021

All information in this index is derived from Get Us PPE's database of requests for Personal Protective Equipment (PPE) unless otherwise stated.

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Get Us PPE Shortage Index

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ABOUT GET US PPE SHORTAGE INDEX

Founded by emergency physicians in March 2020, Get Us PPE is the largest national nonprofit getting personal protective equipment (PPE) to healthcare and other essential workers, free of charge. Our mission is to equitably provide PPE to the people most in need. To request PPE donations, frontline workers register their PPE needs on our site. This information has allowed us to amass the most comprehensive nongovernmental 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.

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PPE SHORTAGE INDEX KEY TAKEAWAYS

January 2021

1 Requests for PPE increased by 48% between December 2020 and January 2021

2 Out of facilities in need of N95 masks in January, 86% were re-using N95s, often for a week or more. 82% of facilities in need of nitrile gloves were forced to reuse gloves because of shortages

3 The average cost for a single N95 mask before the pandemic was \$0.40. Now it is \$4-7 — a 1,300% price increase

4 The average cost for a pair of nitrile gloves before the pandemic was \$0.05. Now it is \$0.30-0.40 — a 600% price increase

5 Our data shows that a wide range of frontline facilities across many sectors urgently need PPE, but the previous administration collected data only on PPE needs in hospitals and long term care facilities



EXECUTIVE DIRECTOR DR. SHIKHA GUPTA NAMED TIME100 NEXT HONOREE

Get Us PPE's Executive Director, Shikha Gupta, M.D., was recently chosen as a 2021 TIME100 Next honoree, one of "100 rising stars who are shaping the future," in the words of TIME's Editor-in-Chief and CEO.

"In extraordinary times, ordinary people, driven by service, can do extraordinary things," Congressman Andy Kim wrote in his profile of Dr. Gupta. "Their fight, like this pandemic, is not done. But across the country, millions of people working to save lives can do so with confidence because of Gupta and her colleagues' small acts and incredible impact."

Follow Dr. Gupta at [@shikgupta](https://twitter.com/shikgupta).



GET US PPE SHORTAGE INDEX BY THE NUMBERS

<15%
requests filled

>85%
requests unfilled

20,845

total individual requests for PPE since March 2020. Get Us PPE has only fulfilled <15% of requests due to limited supply

REQUESTS FOR PPE INCREASED 48% BETWEEN DEC. 2020 AND JAN. 2021

90+ million
7.3 million

pieces of PPE requested to fill need for just one week

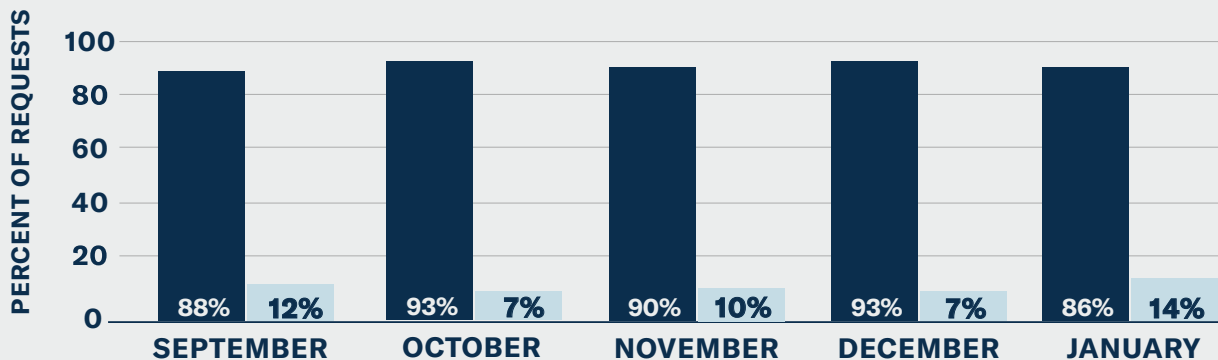
pieces of PPE delivered to frontline workers

% REQUESTS FROM HOSPITALS VS OTHER FACILITIES

Non-Hospitals*

Hospitals

*Such as nursing homes, home health aide agencies, clinics, group homes, shelters, and COVID-testing facilities. Data has been updated to reflect improvements to our methodology for categorizing facilities.



TOP 3 MOST REQUESTED TYPES OF PPE, JANUARY 2021



DISINFECTING WIPES



NITRILE GLOVES



N95 MASKS



THE N95 AND NITRILE GLOVE SHORTAGE, JANUARY 2021

N95 MASKS

\$0.38*

PRE-PANDEMIC PRICE PER MASK

\$4-7.00**

AVG. PANDEMIC PRICE PER MASK

1,300% ↑

INCREASE IN N95 PRICE

NITRILE GLOVES

\$0.05*

PRE-PANDEMIC PRICE PER PAIR

\$0.30-.40

AVG. PANDEMIC PRICE PER PAIR

600% ↑

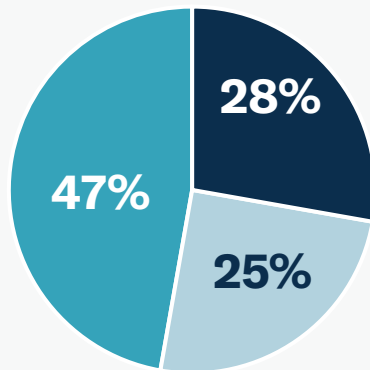
INCREASE IN GLOVE PRICE

* According to a Society for Healthcare Organization Procurement Professionals report

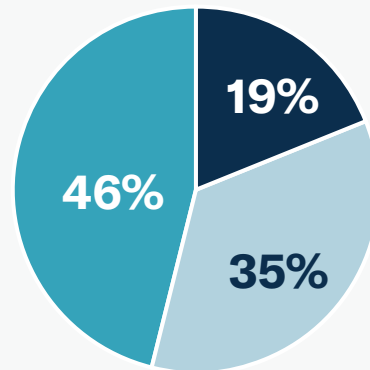
** For individual/small batch orders; bulk orders often have lower unit prices

TIME UNTIL FACILITIES REQUESTING N95s AND NITRILE GLOVES RUN OUT OF SUPPLY

■ Facilities out of supply ■ Facilities with < 7 days' supply ■ Facilities with ≥ 7 days' supply



N95 MASKS



NITRILE GLOVES

PERCENT OF REQUESTERS FORCED TO REUSE N95 MASKS AND NITRILE GLOVES DUE TO LACK OF SUPPLY

86%

N95 MASKS

82%

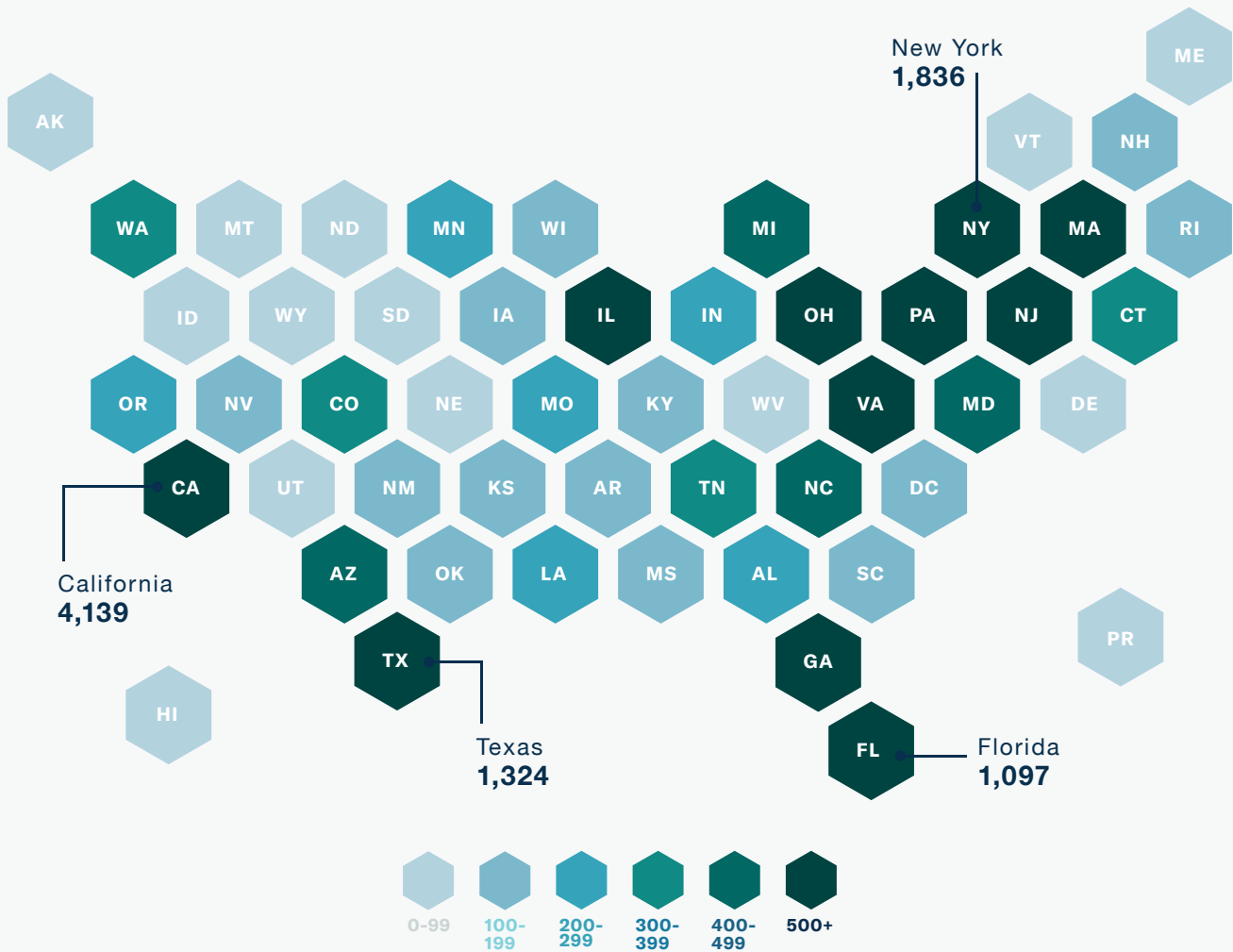
NITRILE GLOVES



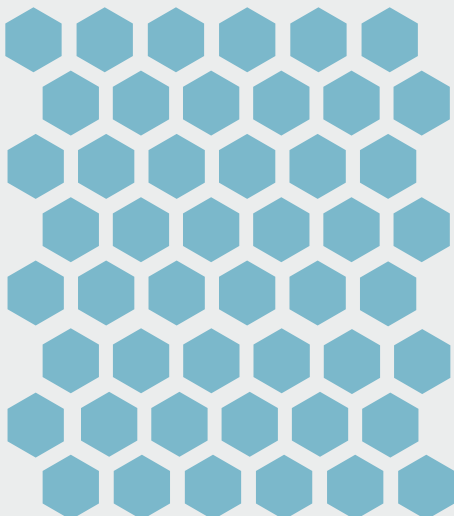
TOTAL REQUESTS FOR PPE BY STATE

as of January 2021

Since March 2020, Get Us PPE has received requests from frontline facilities in all 50 states and some US territories.



An earlier version of the map above was included on page 68 of the Biden Administration's National Strategy for the COVID-19 Response and Pandemic Preparedness.



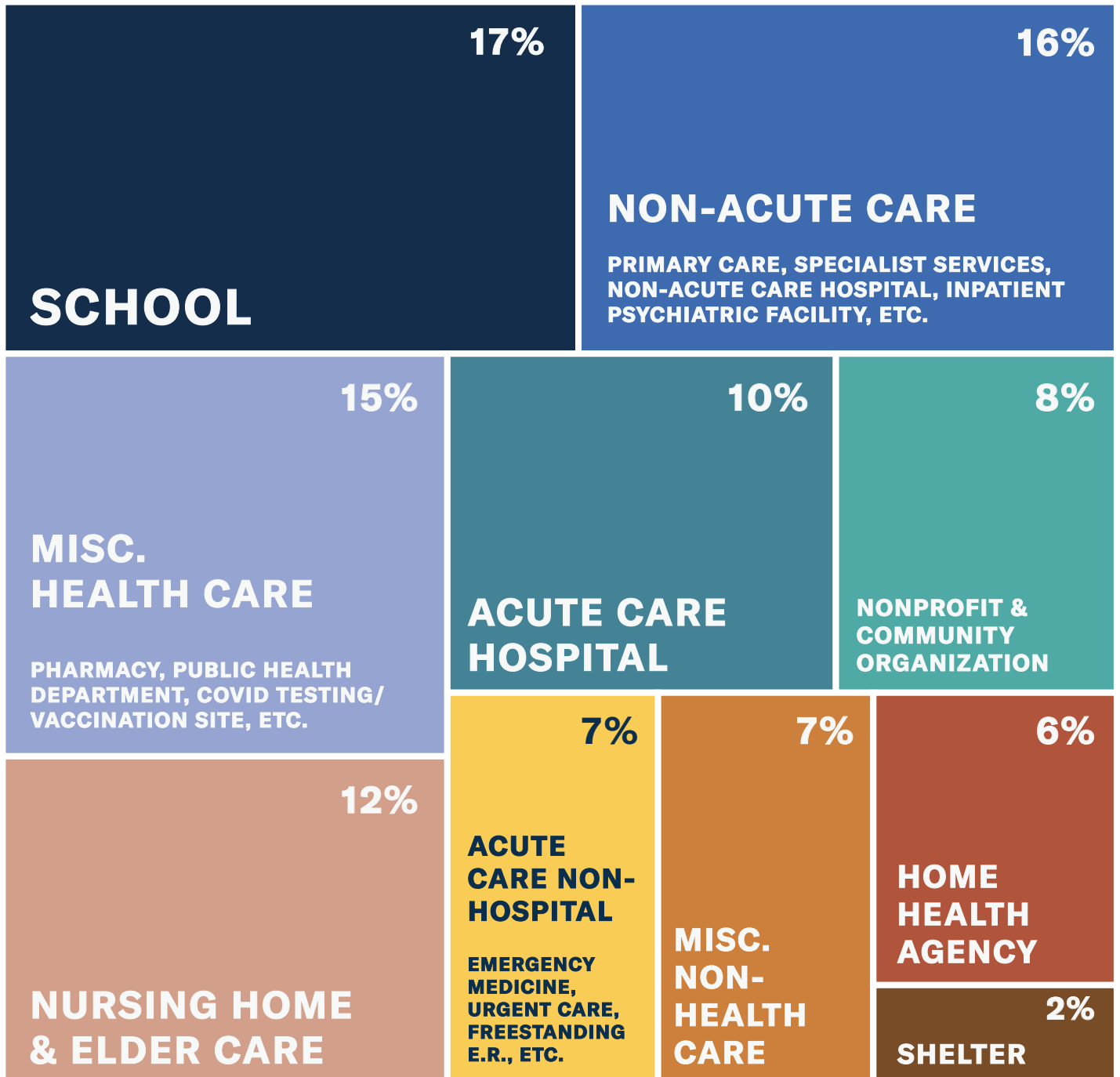
In January 2021, we received requests from

48 states +
Washington, D.C.



TYPES OF FACILITIES REQUESTING PPE NOV. 1 - JAN. 31*

Many types of frontline facilities urgently need PPE, yet the previous administration only collected data about PPE needs in hospitals and long-term care facilities.

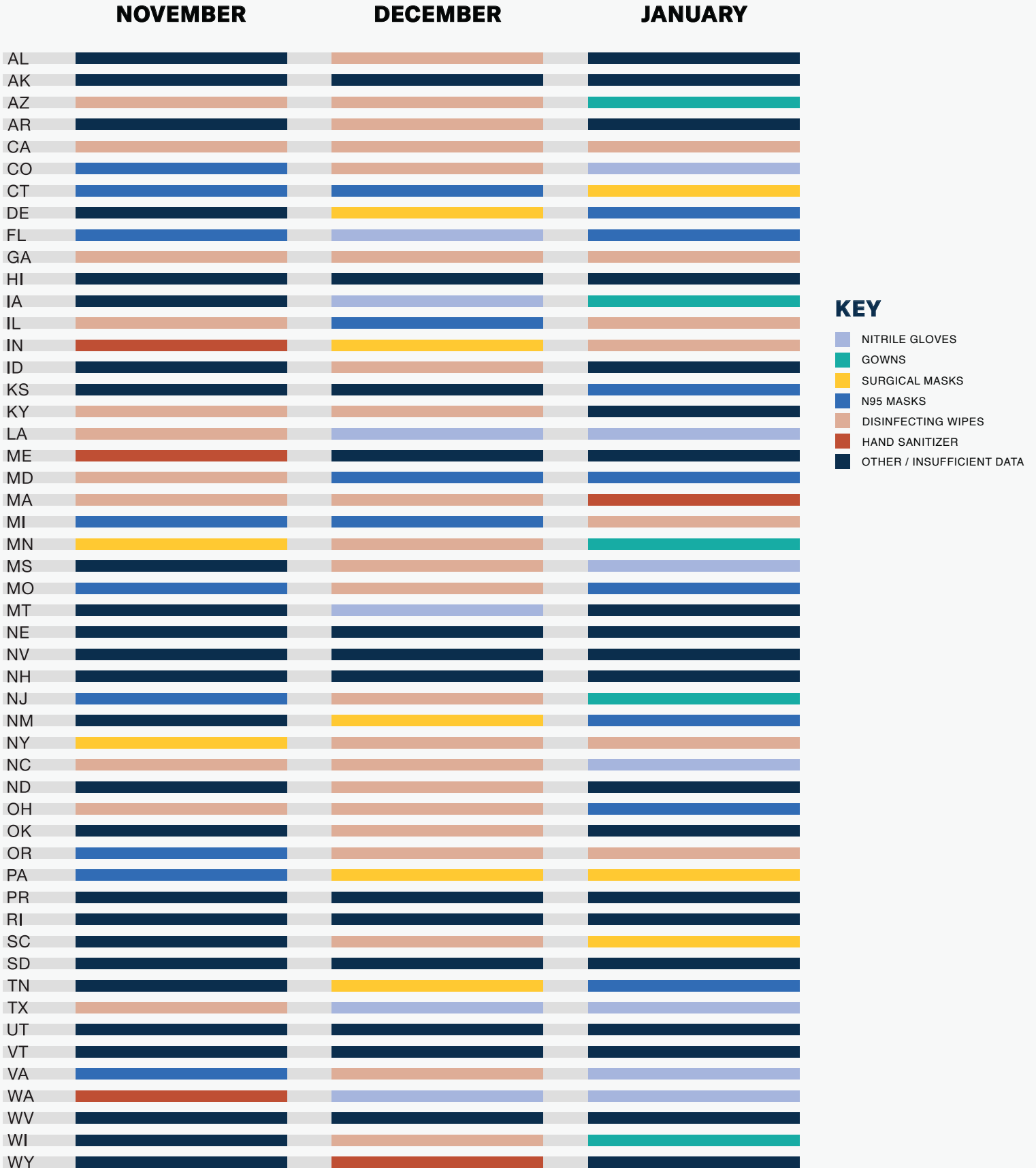


*Our outreach efforts impact this data. In particular, an email sent to a listserv of school nurses encouraging them to request PPE increased the percentage of requests from schools.



MOST REQUESTED PPE TYPE BY STATE

Based on requests from frontline facilities in each state



KEY

- NITRILE GLOVES
- GOWNS
- SURGICAL MASKS
- N95 MASKS
- DISINFECTING WIPES
- HAND SANITIZER
- OTHER / INSUFFICIENT DATA



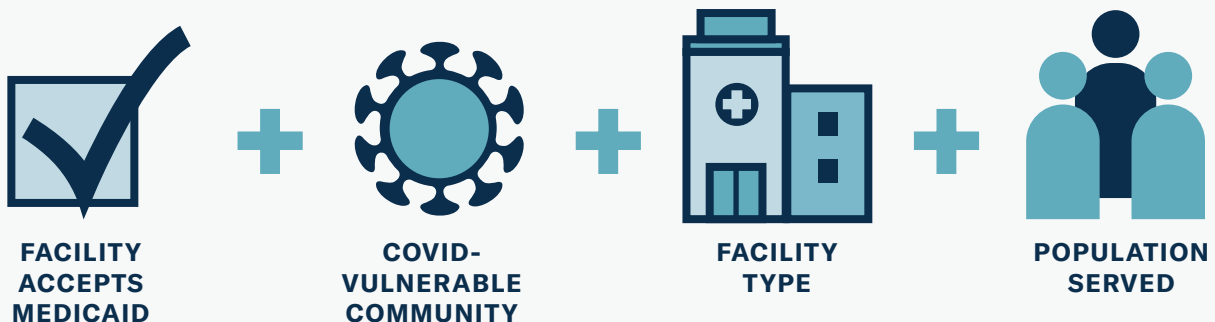
GET US PPE'S FAIR DISTRIBUTION ALGORITHM*

OPTIMIZING BOTH EFFICIENCY & EQUITY

Get Us PPE has developed a first-of-its-kind algorithm that systematizes health equity as a central tenet of crisis response. We receive far more PPE requests than we can fill, and the algorithm allows us to distribute our scarce supply both efficiently and equitably. It uses the technology behind Uber's rider-driver matching system to match our supply of donated PPE with the frontline facilities most in need.



PRIORITIZES HEALTH EQUITY THROUGH METRICS INCLUDING:



CHANGING THE FUTURE OF CRISIS RESPONSE

Our highly customizable AI matching algorithm...

- allows for real-time integration and optimization of multiple user-generated objectives (e.g. equity, cost, time to delivery)
- could be the basis for a new generation of equitable crisis resource distribution systems that prioritize communities disproportionately impacted by disasters
- can be used to distribute other scarce resources like vaccines, food, and water in any future crisis scenario

*This page first appeared in the December 2020 Get Us PPE Shortage Index. Get Us PPE's Fair Distribution Algorithm was developed in consultation with health equity experts, by a dedicated team of engineers at Project Stanley led by Ram Bala, PhD and faculty member at Santa Clara University Leavey School of Business.



ABOUT THE DATA

Get Us PPE is driven by hundreds of dedicated volunteers, and though we maintain a commitment to equity as a central value, our perspectives are still limited. Here, we explain our methods for data collection, the limitations of the data, and the individuals involved at each step.

This data is derived from PPE requests entered into the request form on our website. We accept requests from a range of frontline organizations, including healthcare facilities and organizations, natural disaster relief groups, homeless shelters, social services organizations, and many more. On our request form, we capture information on the location, size, and scale of each requesting facility and 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, while taking into account logistical factors for PPE deliveries. Finally, we collect information on need—types of PPE needed, amount needed per week, how the requester/institution is currently using PPE (normally? rationing?), and how long until PPE runs out.

We maintain a large store of need and supply-related data. This data is provided by individuals and institutions across the United States in critical need of PPE. In order to ensure we have the most up-to-date information, we clean the data by removing duplicate requests and ensuring requesting facilities are only counted once.

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—before another group would solve the PPE crisis. 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.

One of the largest factors driving the data we chose to compile and visualize in this index is the qualitative data obtained through numerous outreach projects to facilities nationwide. Hundreds of Get Us PPE volunteers called or emailed facilities, especially those in under-served communities and recorded their comments, many of which provide anecdotal evidence for types of shortages that may remain hidden in large datasets. The data in this document, pulled from our database, tells many of these stories quantitatively. 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.

This data is as accurate as possible at the time of publication.

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