



****Extraordinary Assumptions:** There are many different data sources in this report and not all of them match. This document is informational purposes only, the goal is to provide an overall picture of the current situation.

Situation Summary

Friday, January 21, 2022 - Day 681 of the Pandemic

As of 2:30 PM

COVID-19 by the Numbers

01/21/2022	Riverside	Imperial	Kern	Los Angeles*	Orange	San Bernardino	San Diego	San Luis Obispo	Santa Barbara	Ventura	California	United States	Global
Total Cases	503,575	45,156	160,747	2,251,718	468,460	487,846	614,709	41,374	68,531	144,738	6,993,508	68,671,563	336,790,193
Total Cases Per Capita	20,403	23,562	17,336	21,952	14,510	22,001	18,238	14,837	15,016	16,973	17,427	20,562	4,253
% of Total Cases/Population	20.40%	23.56%	17.34%	21.95%	14.51%	22.00%	18.24%	14.84%	15.02%	16.97%	17.43%	20.56%	4.25%
Recovered*	400,823	37,770	161,198	Not Reported	323,606	442,487	Not Reported	39,427	68,932	131,962	2,936,418	44,047,799	275,354,408
% of total recovered/population	16.24%	19.71%	17.38%	Not Reported	10.02%	19.96%	Not Reported	14.14%	15.10%	15.47%	7.32%	13.19%	3.48%
Total Deaths	5,604	820	395	27,934	5,943	6,265	4,553	382	586	1,234	37,889	856,288	5,560,718
Deaths Per Capita	227.05	427.87	42.60	272.33	184.08	282.54	135.09	136.99	128.40	144.71	94.42	256.39	70.22
% of Total Deaths/Population	0.23%	0.43%	0.04%	0.27%	0.18%	0.28%	0.14%	0.14%	0.13%	0.14%	0.09%	0.26%	0.07%
% of State's Cases	7.20%	0.65%	2.30%	32.20%	6.70%	6.98%	8.79%	0.59%	0.98%	2.07%	10.18%	20.39%	
Total Hospital Beds	3,547	194	1,143	19,289	6,041	3,692	6,548	455	604	1,239	118,895		
Currently in Hospitals	1,076	103	314	4,814	1,183	1,251	1,303	54	150	354	15,393		
Hospital Beds Available**	2,471	91	829	14,475	4,858	2,441	5,245	401	454	885	103,502		
Total Hospital ICU Beds**	215	30	75	1,151	339	304	368	26	23	87	3,817		
Currently in ICU	154	30	55	758	199	226	214	11	14	63	2,467		
ICU Beds Available	61	0	20	393	140	78	154	15	9	24	1,350		
Case Fatality Rate	1.11%	1.82%	0.25%	1.24%	1.27%	1.28%	0.74%	0.92%	0.86%	0.85%	0.54%	1.25%	1.65%
Population***	2,468,145	191,649	927,251	10,257,557	3,228,519	2,217,398	3,370,418	278,862	456,373	852,747	40,129,160	333,976,981	7,918,710,000
% of State Population	6.15%	0.48%	2.31%	25.56%	8.05%	5.53%	8.40%	0.69%	1.14%	2.13%	12.02%	4.22%	

Sources: CDPH, WHO, CDC, Local County Data, LA Times

The date for which case statistics and hospital data were reported. Hospital COVID data are self-reported through a portal managed by the California Hospital Association and pulled at 2pm. COVID case statistics are reported by local health departments to CalREDIE and are pulled at 2pm. Hospital data and case statistics are integrated by the California Department of Technology and made available through the Open Data Portal the following morning. CA Open Data Portal is at least 24 Hours behind although a backlog of new case reports at the State level has ostensibly been cleared, some County dashboards still contain notes that indicate data are missing. (*Many County sites do not report recovery rates or are only updating once a week)(** based on calculation)(***California Demographics from State Database Blueprint Data Chart 12-15-20 & census.gov)

News

More detail on page 2

Global Data

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US Data

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State Data

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County of Riverside

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RCCD Dashboard

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News – The collection of news articles are related to COVID-19. The inclusion or order of articles is not intended to reflect their importance, nor is it intended to endorse the political viewpoints or affiliations included in news coverage.

Beijing Olympics, closed to general public amid pandemic, allowing tickets to ‘selected’ spectators only

- Beijing had already announced that no fans from outside the country would be permitted at the events, and had not offered tickets to the general public.
- Monday’s announcement posted on the organizing committee’s website confirmed Only “selected” spectators will be permitted at next month’s Beijing Olympics because of the coronavirus pandemic, and that venues would be under even more strict conditions than imposed during last year’s Summer Olympics in Tokyo.
- In its statement, the organizing committee said its measures were intended to “create a pleasant environment for the holding of the Games.”
- “Given the difficult and complicated work of controlling the epidemic, and to protect the health and safety of those involved with the Games, the original plan of offering tickets to the general public has been altered toward spectators from selected groups,” the statement said.

<https://ktla.com/sports/beijing-olympics-closed-to-general-public-amid-pandemic-will-allow-tickets-to-selected-spectators-only/>

Hong Kong to kill 2,000 small animals after hamsters get COVID-19

- Hong Kong authorities said Tuesday that they will kill about 2,000 small animals, including hamsters, after several tested positive for the coronavirus at a pet store where an employee was also infected.
- The city will also stop the sale of hamsters and the import of small mammals, according to officials from the Agriculture, Fisheries and Conservation Department. The pet shop employee tested positive for the delta variant on Monday, and several hamsters imported from the Netherlands at the store tested positive as well.
- “We cannot exclude the possibility that the shopkeeper was in fact actually infected from the hamsters,” said Edwin Tsui, a controller at the Centre for Health Protection.
- Leung Siu-fai, director of the Agriculture, Fisheries and Conservation Department, said during a news conference that owners should keep hamsters at home, and not take them out. “All pet owners should observe good personal hygiene, and after you have been in contact with animals and their food, you should wash your hands,” he said.
- “Do not kiss your pets,” he added.

<https://ktla.com/news/nationworld/hong-kong-to-kill-2000-small-animals-after-hamsters-get-covid-19/>

SARS-CoV-2 may cause fetal inflammation even in the absence of placental infection

- A small NIH study 23 pregnant women contributes to understanding of COVID-19 during pregnancy. Researchers describe unique maternal, fetal, and placental immune responses among pregnant women with COVID-19 in a study led by NIH’s Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD).
- The findings detail changes in antibodies, immune cell types and inflammatory markers in maternal blood, umbilical cord blood and placental tissues. The study is published in the journal Nature Communications.

<https://www.nih.gov/news-events/news-releases/sars-cov-2-may-cause-fetal-inflammation-even-absence-placental-infection>

Study: <https://www.nature.com/articles/s41467-021-27745-z>

Supreme Court blocks OSHA's COVID-19 vaccine ETS

- OSHA's COVID-19 vaccination emergency temporary standard (ETS) for employers with 100 or more employees was blocked Jan. 13 by the U.S. Supreme Court, but a vaccine mandate on healthcare workers at certain facilities was allowed to move forward.
- The Occupational Safety and Health Act did not grant OSHA the authority to institute a mandate forcing 80 million workers to either vaccinate against COVID-19 or wear masks and be tested weekly, the court states.
- In the 6-3 vote to block the ETS, the court said OSHA's mandate "draws no distinctions based on industry or risk of exposure to Covid-19" and is "a significant encroachment into the lives — and health — of a vast number of employees," according to the New York Times.
- While Congress didn't authorize OSHA to wield an ETS as a "blunt instrument" for enforcement, the court said regulations tailored to specific industries may be lawful since "most lifeguards and linemen face the same regulations as do medics and meatpackers."

<https://www.safetynewsalert.com/articles/supreme-court-blocks-oshas-covid-19-vaccine-ets/>

New York Times: <https://www.nytimes.com/2022/01/13/us/politics/supreme-court-biden-vaccine-mandate.html>

Where are you most likely to catch COVID? New study highlights high risk locations

- What are the odds of catching COVID-19 after a night at the movie theater? How about an afternoon at the gym, unmasked? Or an early morning jog in a neighborhood park? a new study takes away much of the guesswork, offering clear estimates instead.
- The percentage isn't a perfectly accurate estimate, but it helps answer several complex questions: In what situations am I mostly likely to catch COVID-19? Least likely? And how likely is "likely?"
 - Go into a crowded movie theater with poor ventilation and a mostly unmasked audience, and there's a 14% chance of being infected, assuming everyone in the room is silent before, during and after the movie, according to the study data.
 - But if there are people talking throughout — potentially launching viral particles into the air as they do — the odds of infection when unmasked jump to 54%.
 - If the crowd is masked, the risk of infection drops to 5.3% without talking and 24% with talking.
- Given that COVID-19 spreads primarily through airborne particles, masks, ventilation, the number of people in a room or building and time spent in that space all factor heavily in the equation.
- "With good ventilation, the concentration of virus particles in the air will be lower and they will leave your home faster than with poor ventilation," The Centers for Disease Control and Prevention says.
- But researchers concluded that many indoor facilities, businesses, schools, houses of worship — the buildings where we spend our daily lives — are not adequately designed or equipped to handle the pandemic.
- The CDC also said "We urgently need to improve the safety of the air that we breathe across a range of environments," researchers wrote in their paper. "Data from COVID-19 outbreaks consistently show that a large fraction of buildings worldwide have very low ventilation rates despite the requirements set in national building standards."

<https://www.yahoo.com/news/where-most-likely-catch-covid-192734642.html>

STUDY: <https://pubs.acs.org/doi/pdf/10.1021/acs.est.1c06531>

CDC Improving Ventilation in Your Home: <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/improving-ventilation-home.html>

RELATED: Solutions and Resources to Address COVID-19 in Schools: Establishing Lasting Improvements to Ventilation and IAQ

Thursday, February 10, 2022 | 1:00 – 2:30 PM ET

REGISTER: https://register.gotowebinar.com/register/3588072998388220685?utm_content=&utm_medium=email&utm_name=&utm_source=govdelivery&utm_term=

Garbage, recyclables pile up as omicron takes its toll on sanitation workers

- The omicron variant is sickening so many sanitation workers around the U.S. that some cities have had to delay or suspend garbage or recycling pickup, angering residents shocked that governments can't perform this most basic of functions.
- Cities including Atlanta, Nashville and Louisville are so shorthanded they have temporarily stopped collecting things like recyclable bottles, cans, paper and plastic, yard waste or oversized junk to focus on the grosser, smellier stuff. The delays are more than an annoyance to residents, creating problems such as clogged storm drains and blocked sidewalks.
- The garbage crisis is actually the third of the pandemic. The first happened in the spring of 2020, when COVID-19 took hold in the U.S. Problems arose again as the delta variant spiked over the summer.
- The Solid Waste Association of North America warned government officials and trash haulers in December to "plan now for staffing shortages."
- New York City, which boasts the largest municipal sanitation force in the world, had around 2,000 of its 7,000 workers out because of the latest round of the coronavirus
<https://ktla.com/news/coronavirus/garbage-recyclables-pile-up-as-omicron-takes-its-toll-on-sanitation-workers/>

Army Corps of Engineers gets \$14B to help ease supply chain problems

- The Biden administration on Wednesday announced the release of \$14 billion to the Army Corps of Engineers to fund 500 projects, with a focus on easing supply chain problems and addressing climate change. largely from Presidents \$1 trillion infrastructure deal, and the administration is trying to show how the projects will improve supply chain backlogs.
<https://ktla.com/news/nationworld/army-corps-of-engineers-gets-14b-to-help-ease-supply-chain-problems/>
White House fact sheet: <https://www.whitehouse.gov/briefing-room/statements-releases/2022/01/19/fact-sheet-biden-harris-administration-announces-historic-investment-to-americas-port-and-waterway-infrastructure/>

U.S. allows teens to drive big rigs in new pilot program

- A federal plan to let teenagers drive big rigs from state to state in a test program. Supported by the American Trucking Associations(ATA) to help with a shortage of drivers. The ATA estimates that the nation is running over 80,000 drivers short of the number it needs, as demand to move freight reaches historic highs.
- Currently, truckers who cross state lines must be at least 21 years old, but an apprenticeship program required by Congress to help ease supply chain backlogs would let 18-to-20-year-old truckers drive outside their home states.
- But safety advocates say the program runs counter to data showing that younger drivers get in more crashes than older ones. They say it's unwise to let teenage drivers be responsible for rigs that can weigh 80,000 pounds and cause catastrophic damage when they hit lighter vehicles.
- The pilot program, detailed a proposed regulation from the Federal Motor Carrier Safety Administration, would screen the teens, barring any with driving-while-impaired violations or traffic tickets for causing a crash.
- Under the apprenticeship, younger drivers can cross state lines during 120-hour and 280-hour probationary periods, as long as an experienced driver is in the passenger seat. Trucks used in the program have to have an electronic braking crash mitigation system, a forward facing video camera, and their speeds must be limited to 65 mph.
- After probation, they can drive on their own, but companies have to monitor their performance until they are 21. No more than 3,000 apprentices can take part in the training at any given time.
<https://ktla.com/news/nationworld/u-s-allows-teens-to-drive-big-rigs-in-new-pilot-program/>

Rising costs add to pandemic pain for small businesses

- Higher costs are yet another challenge thrown at business owners by the global pandemic. The unpredictability of shipping, labor and the coronavirus itself have created an environment where owners are often left guessing about when products might arrive and how much they'll cost. The Labor Department said Thursday that prices at the wholesale level rose a record 9.7% in December from a year ago.
- In just two weeks, the cost of pecans has surged nearly 40% “We can’t absorb that cost and still meet wage demands, increased cost of goods in our tins and boxes, and afford to live as a family,” co-owner Rebecca Miller of Peggy Jean’s Pies in Columbia, Missouri, said.
- “There’s a tremendous amount of not just risk — risk you can calculate — but uncertainty. We just don’t know what’s going to happen.” said Ray Keating, chief economist with the Small Business & Entrepreneurship Council. “Consumer demand is there, but there are just enormous supply chain constraints. All of this is feeding into price increases.”
- In response, owners are raising prices, cutting staff hours, dropping some goods and services and nixing free shipping in a delicate balancing act. But with low visibility into how long the higher inflation will last, some owners are increasingly worried about keeping their doors open in the long run.

<https://ktla.com/news/rising-costs-add-to-pandemic-pain-for-small-businesses/>

I'm Vaccinated, Boosted and Had COVID-19. Can I Go Back to Normal Now? - COVID Questions, TIME's advice column

- Unfortunately, the virus that causes COVID-19 is, like other coronaviruses, able to infect the same person multiple times. The body gets better at fighting it after each exposure or vaccine dose, meaning future brushes with the virus will likely be milder, but there doesn't seem to be a point at which the risk of infection completely disappears.
- “There’s probably always a level of exposure to the virus that could overcome the level of immunity you have,” says Dr. Rachel Presti, an infectious disease researcher at the Washington University School of Medicine in St. Louis. That’s especially true if you’re elderly, have underlying medical conditions or are immunocompromised.
- Even with those caveats, there’s a lot of good news for fully vaccinated and boosted people who have recovered from a recent COVID-19 infection.
- [Immunity gained from vaccines wanes over time](#), too, but [early evidence suggests](#) booster shots provide longer-lasting protection than initial shots, says Dr. Abinash Virk, an infectious disease physician at the Mayo Clinic.
- Based on what researchers know about how the immune system responds to this coronavirus and others, Virk says a fully vaccinated, boosted person who recovers from COVID-19 can feel pretty safe for the months following their breakthrough infection. “We don’t know” exactly how long protection lasts, Virk says. “But we think you will be protected for at least three to six months after your infection.”
- Still, many Americans are far more protected than they were in 2020 or even last year, thanks to vaccines and prior exposures to the virus. If you’re generally healthy, fully vaccinated and boosted and have recently recovered from a breakthrough infection, you are currently about as safe from COVID-19 as you can be.
- “For a lot of people, the risk is kind of the same as the risk of getting a cold or a mild flu,” Presti says. “We used to live with that.” And before too long, we will again.

<https://time.com/6140281/covid-19-immunity-boosted-infected-safety/>

Is It Flu, COVID-19, Allergies, or a Cold?

- Feeling sick can be especially concerning these days. Could your sniffles be caused by COVID-19? Or the flu? A cold? Or maybe allergies?
- In a monthly newsletter from the National Institutes of Health are tips on guarding against getting sick this winter.

<https://newsinhealth.nih.gov/2022/01/it-flu-covid-19-allergies-or-cold>

Comparing Cold, Flu, Allergies, and COVID-19

Symptoms	Cold	Flu	Airborne Allergy	COVID-19
Fever	Rare	Usual, high (100–102 °F), sometimes higher, especially in young children); lasts 3–4 days	Never	Common
Headache	Uncommon	Common	Uncommon	Common
General Aches, Pains	Slight	Usual; often severe	Never	Common
Fatigue, Weakness	Sometimes	Usual, can last up to 3 weeks	Sometimes	Common
Extreme Exhaustion	Never	Usual, at the beginning of the illness	Never	Common
Stuffy, Runny Nose	Common	Sometimes	Common	Common
Sneezing	Usual	Sometimes	Usual	Rarely
Sore Throat	Common	Sometimes	Sometimes	Common
Cough	Common	Common, can become severe	Sometimes	Common, dry cough
Chest Discomfort	Mild to moderate	Common	Rare, except for those with allergic asthma	Common; can cause trouble breathing or persistent pain or pressure in the chest that calls for immediate emergency care
Loss of Taste or Smell	Rarely	Rarely	Rarely	Common

Comparing Cold, Flu, Allergies, and COVID-19

	Cold	Flu	Airborne Allergy	COVID-19
Treatment	Get plenty of rest. Stay hydrated. (Drink plenty of fluids.) Decongestants. Aspirin (ages 18 and up), acetaminophen, or ibuprofen for aches and pains	Get plenty of rest. Stay hydrated. Aspirin (ages 18 and up), acetaminophen, or ibuprofen for aches, pains, and fever Antiviral medicines (see your doctor)	Avoid allergens (things that you're allergic to) Antihistamines Nasal steroids Decongestants	NIH has developed guidance on treatment of COVID-19, which is regularly updated. The FDA has approved one drug, remdesivir, to treat COVID-19.
Prevention	Wash your hands often. Avoid close contact with anyone who has a cold.	Get the flu vaccine each year. Wash your hands often. Avoid close contact with anyone who has the flu.	Avoid allergens, such as pollen, house dust mites, mold, pet dander, cockroaches.	Get the COVID-19 vaccine, recommended for everyone age 5 and older. Wear a mask in indoor public places. Avoid crowds. Wash your hands often and avoid touching your eyes, nose, and mouth. Get tested if you think you might have COVID-19.
Complications	Sinus infection middle ear infection, asthma	Bronchitis, pneumonia; can be life-threatening	Sinus infection, middle ear infection, asthma	Pneumonia, respiratory failure, acute respiratory distress syndrome (fluid in lungs), sepsis, cardiac events (e.g., heart attack and stroke), multiple organ failure, inflammation of the heart, brain, or muscle tissue, death

More than 1 million fewer students are in college. Here's how that impacts the economy

- More than 1 million fewer students are enrolled in college now than before the pandemic began. According to new data released Thursday, U.S. colleges and universities saw a drop of nearly 500,000 undergraduate students in the fall of 2021, continuing a historic decline that began the previous fall.
- "It's very frightening," says Doug Shapiro, who leads the research center at the National Student Clearinghouse, where the new data comes from. "Far from filling the hole of [2020's] enrollment declines, we are still digging it deeper."
- "The phenomenon of students sitting out of college seems to be more widespread. It's not just the community colleges anymore," says Shapiro. "That could be the beginning of a whole generation of students rethinking the value of college itself. I think if that were the case, this is much more serious than just a temporary pandemic-related disruption."
- For Brian Williams, who graduated from high school early in the pandemic, the long-term plan is to go to college.
 - He postponed enrolling in 2020 because he was tired of remote learning; instead, he got a job at a Jimmy John's sandwich store near his home in the suburbs of Houston so he could start saving up. When it was time to enroll in fall 2021 classes, he postponed again — he says he was more interested in finding a job that paid more than in giving up much of his paycheck to go to school. In August, Williams left Jimmy John's and got a job at an Amazon warehouse; his hourly earnings jumped up by \$4.50.

<https://www.npr.org/2022/01/13/1072529477/more-than-1-million-fewer-students-are-in-college-the-lowest-enrollment-numbers->

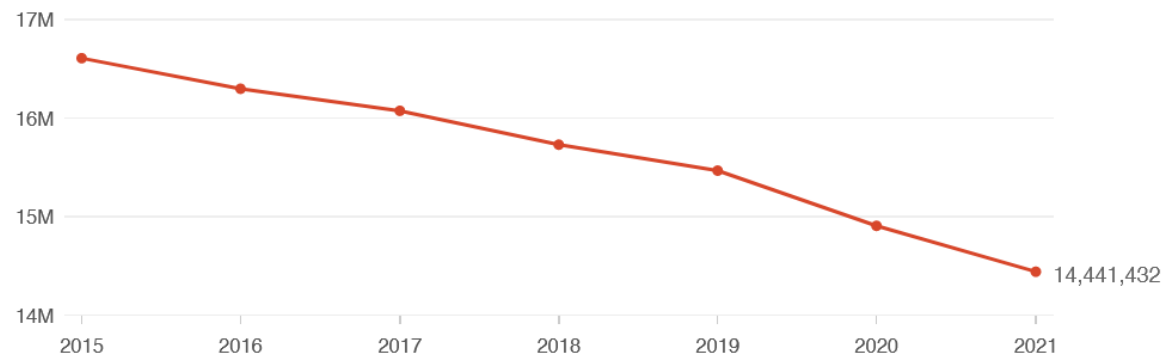
Community college enrollment is down 13% since fall 2019



Source: *National Student Clearinghouse Research Center*

Credit: *Tien Le/NPR*

Undergraduate student enrollment fell 6.6% from fall 2019



Source: *National Student Clearinghouse Research Center*

Credit: *Tien Le/NPR*

CA Hits Over 7M Coronavirus Infections, With 1M In The Past Week

- California has surpassed more than 7 million cases since the start of the pandemic.
- The state recorded 1 million new cases in just a week, the fastest accumulation of reported infections in the history of the pandemic, according to the Los Angeles Times. Even during last winter's wave, the state took just over three weeks to increase its case count by 1 million, according to The Times. In Los Angeles County, the number of new cases has increased almost tenfold in just a month.
- Last week, California state epidemiologist Dr. Erica Pan told the Los Angeles Times that hospitals are seeing "near-crisis levels" of emergency room crowding. At the same time, the surge has led to widespread staffing shortages, and forced many hospitals to postpone scheduled surgeries to accommodate the influx of new patients.
- Despite the onslaught of bad news, hopeful signs of a crest are emerging. First, officials in Santa Clara County reported that coronavirus levels in wastewater, generally an accurate harbinger of future case rates, are starting to subside. Wastewater samples around the country are showing similar results, according to a report in the Mercury News.

<https://patch.com/california/lakeelsinore-wildomar/s/i29w0/ca-hits-over-7m-coronavirus-infections-with-1m-in-the-past-week>

Mercury News: <https://www.mercurynews.com/2022/01/14/covid-there-are-signs-omicron-is-about-to-crest-in-bay-area-one-is-in-our-wastewater/>

COVID transmission rates are falling across California, bringing cautious optimism

- After weeks of an unprecedented spike in coronavirus cases that challenged hospitals, schools and other institutions, there are growing indications that the surge spawned by the Omicron variant is flattening and, in some parts of California, even beginning to wane.
- Health officials in San Francisco said Thursday they believe they've passed the peak of the latest wave. And in Los Angeles County, there's cautious optimism that the days of exponential growth may be in the rearview mirror.
- "We can now confidently say that we are on the beginning of a downward trajectory," said Dr. Grant Colfax, San Francisco's director of health. According to state data, San Francisco averaged nearly 2,700 cases a day from Jan. 3 to Jan. 9 but is now averaging about 2,000 cases a day.

<https://ktla.com/news/california/covid-transmission-rates-are-falling-across-california-bringing-cautious-optimism/>

<https://www.latimes.com/california/story/2022-01-20/coronavirus-transmission-rates-falling-across-california>

Man who groped nurse, punched 2 workers at Tustin vaccination clinic charged: OCDA

- A 44-year-old man accused of punching two medical assistants at a COVID-19 vaccination clinic in Tustin and later groping a nurse who was providing him medical care has been charged with misdemeanor battery and resisting arrest.
- "We just said, 'Please sir, calm down, put your mask on and we are just doing our jobs,' and then suddenly he just started punching," said Alexander Rossel, CEO of Families Together of Orange County. "It can happen again. My staff is afraid."
- Thomas Apollo then allegedly refused to follow commands given by Tustin police, who ultimately used a taser to subdue him so that he could be handcuffed.
- Then while at O.C. Global Medical Center, Apollo is accused of grabbing a nurse's finger and bending it and groping her breast while she was treating him for minor cuts and scrapes.

<https://ktla.com/news/local-news/man-who-groped-nurse-punched-2-workers-at-tustin-vaccination-clinic-charged-ocda/>

Global Data

<https://covid19.who.int/>

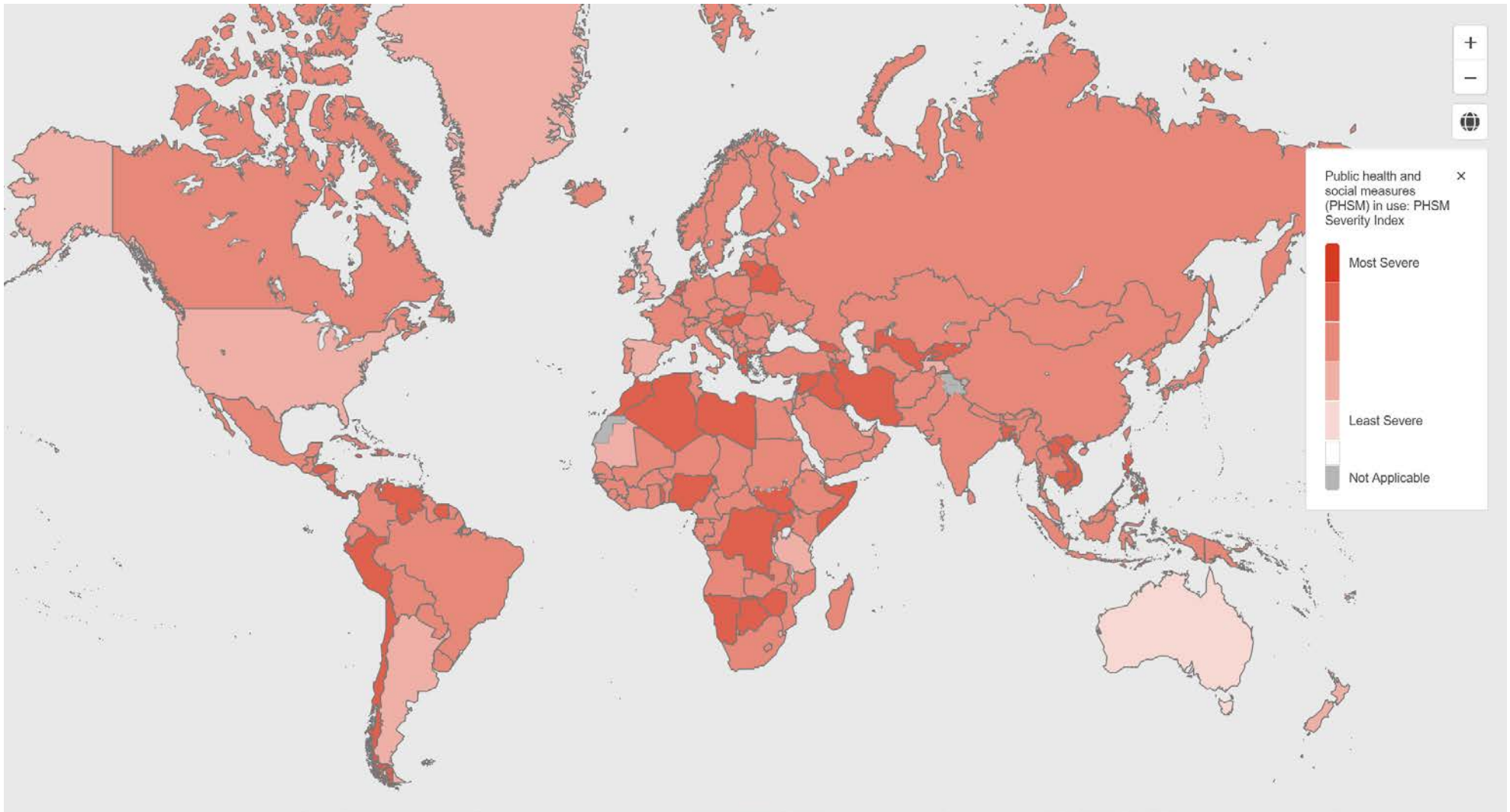
Public health and social measures (PHSM)

<https://covid19.who.int/measures>

Public Health and Social Measures (PHSM) are steps taken by countries, territories and areas that enforce rules or guidelines to limit the spread of COVID-19

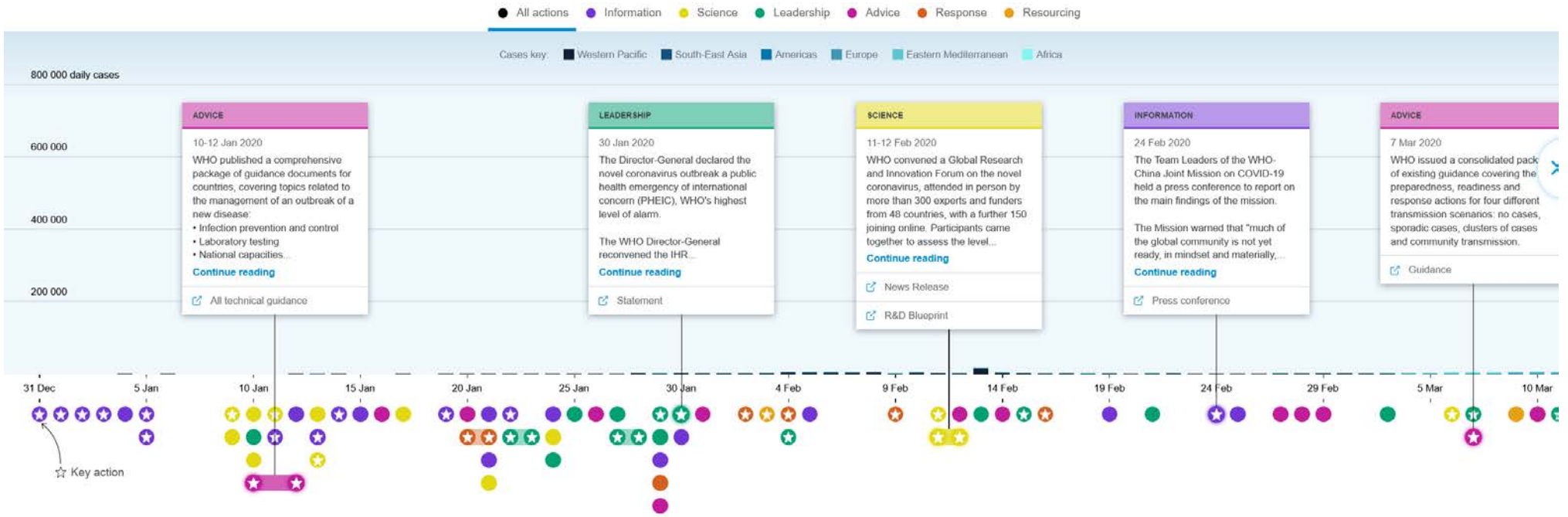
PHSM Severity Index
A composite measure of PHSM severity, based on an average of the following six measures.

Masks Facial coverings and/or mask wearing	Schools Adaptation or closure of schools	Businesses Adaptation or closure of businesses
Gatherings Limits and restrictions on public and private gatherings	Domestic Movements Restrictions on domestic movement, public transport and stay at home orders	International Travel International travel restrictions (entry restrictions, quarantining and testing)



Timeline: WHO's COVID-19 response

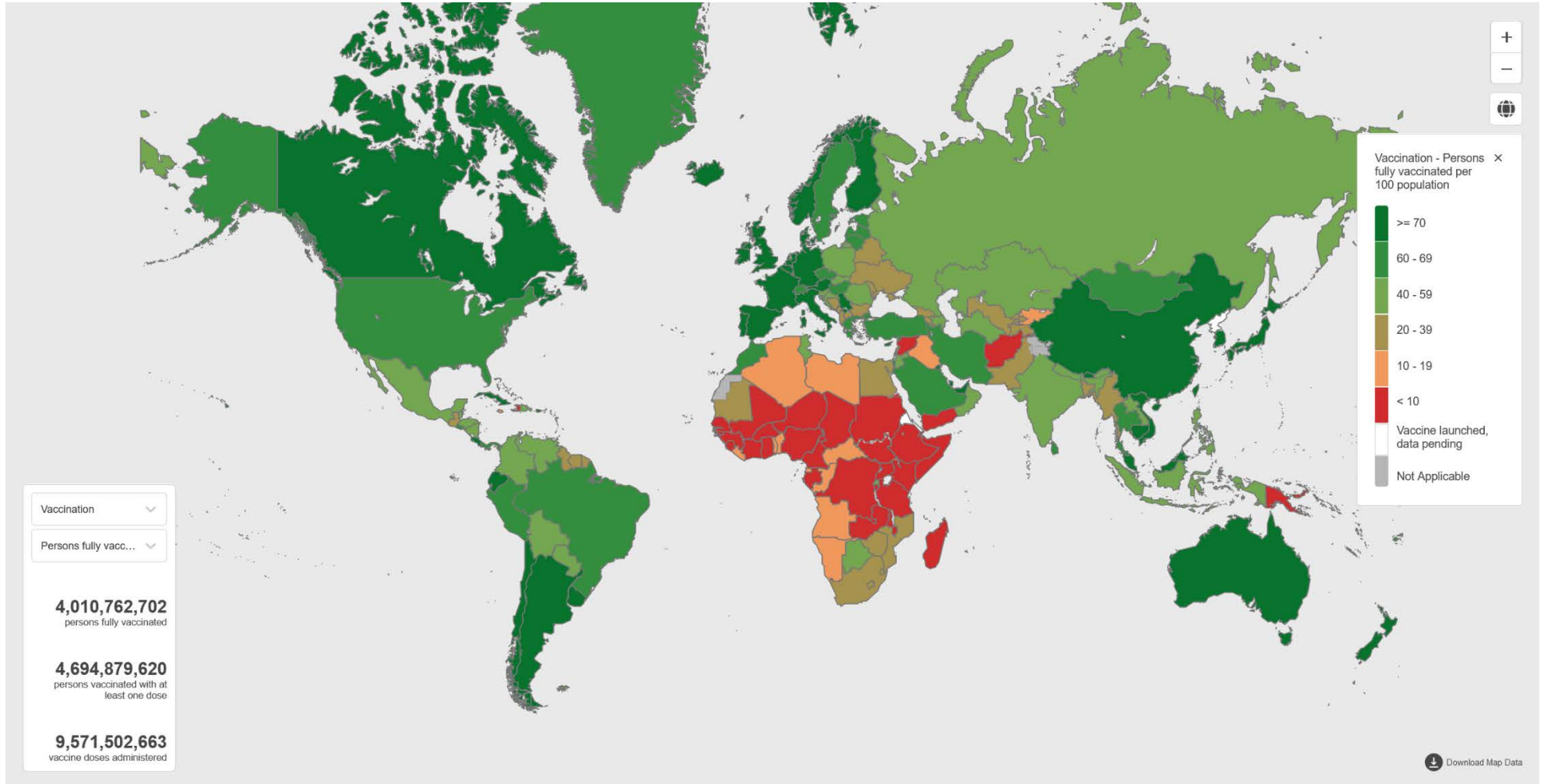
<https://www.who.int/emergencies/diseases/novel-coronavirus-2019/interactive-timeline#!>



Current timespan



Global Vaccination (persons fully vaccinated)





U. S. Data

https://covid.cdc.gov/covid-data-tracker/#cases_casesper100klast7days

United States COVID-19 Cases, Deaths, and Laboratory Testing (NAATs) by State, Territory, and Jurisdiction

Maps, charts, and data provided by CDC, updated Mon-Sat by 8 pm ET[†]

TOTAL CASES

68,671,563

+768,190 New Cases

7 DAY CASE RATE PER 100,000

1,570

TOTAL DEATHS

856,288

+2,542 New Deaths

CDC | Data as of: January 20, 2022 4:09 PM ET. Posted: January 20, 2022 6:35 PM ET

<https://covid.cdc.gov/covid-data-tracker/#vaccinations>

COVID-19 Vaccinations in the United States

Total Vaccine Doses	At Least One Dose	Fully Vaccinated	Booster Doses	Booster Eligible***
Delivered 657,122,745 Administered 532,850,229	Fully Vaccinated* People		Count	Percent of US Population
Learn more about the distribution of vaccines.	Total		210,021,766	63.3%
210.0M People fully vaccinated	Population ≥ 5 Years of Age		210,011,523	67.3%
83.0M People received a booster dose**	Population ≥ 12 Years of Age		204,408,338	72.1%
	Population ≥ 18 Years of Age		190,518,917	73.8%
	Population ≥ 65 Years of Age		48,304,166	88.2%

The percent of the population coverage metrics are capped at 95%. Learn how CDC estimates vaccination coverage.

*For surveillance purposes, COVID Data Tracker counts people as being "fully vaccinated" if they received two doses on different days (regardless of time interval) of the two-dose mRNA series or received one dose of a single-dose vaccine.

**The count and percentage of people who received a booster dose includes anyone who is fully vaccinated and has received another dose of COVID-19 vaccine since August 13, 2021. This includes people who received booster doses and people who received additional doses.

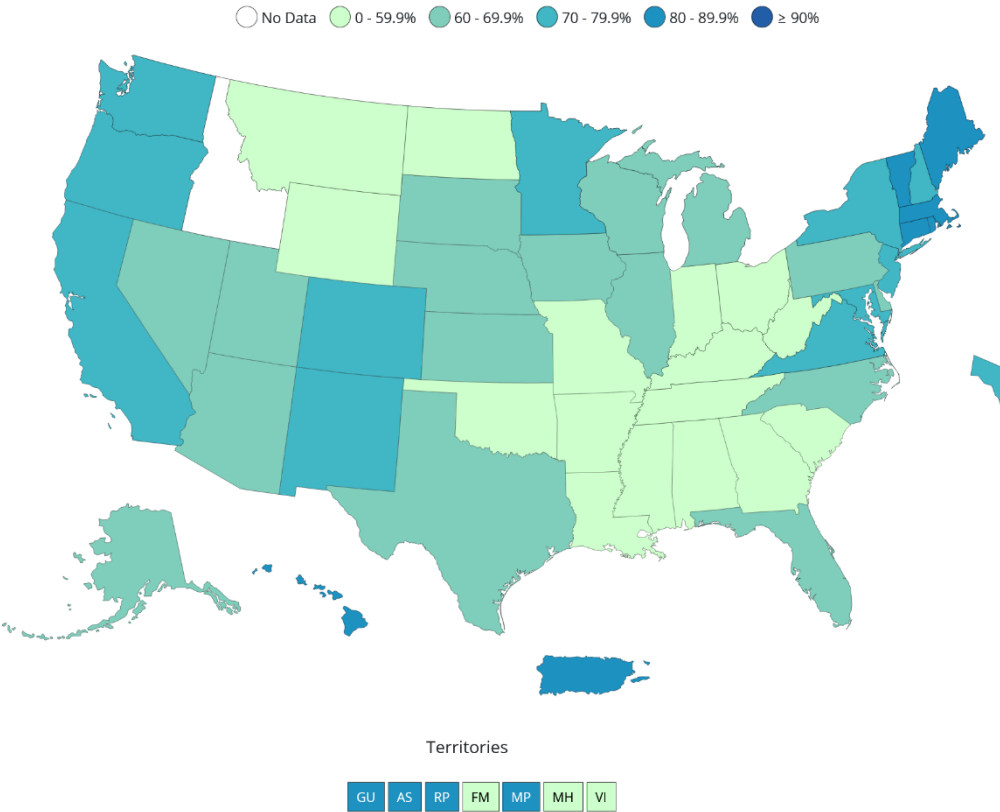
***The count and percentage of people who are eligible for a booster dose (at least 5 months since their completed Pfizer-BioNTech or Moderna primary series or at least 2 months since their completed Janssen (Johnson & Johnson) single-dose vaccine) but have not received a booster or additional dose. Booster eligibility counts and percentages exclude vaccine administrations reported by Texas because data on the primary series cannot be linked to data on booster doses in the aggregate data submitted by Texas. Criteria for booster eligibility may change over time; data will be updated to align with the current recommendations.

About these data

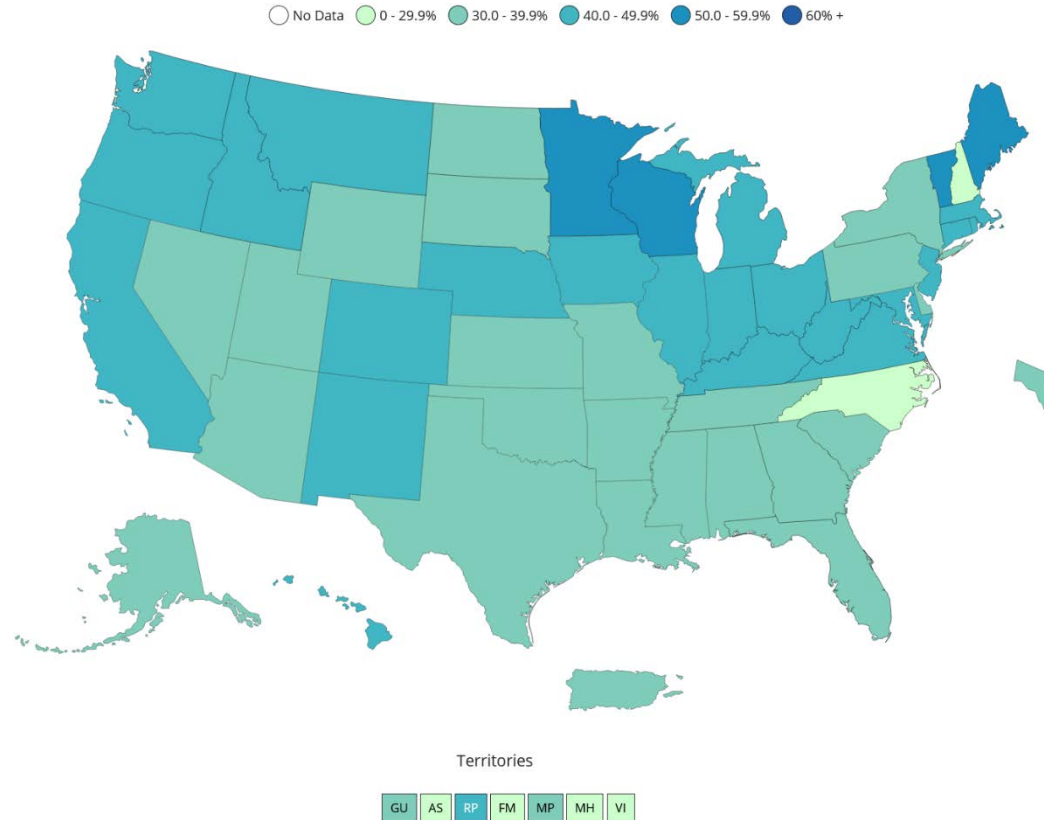
CDC | Data as of: January 20, 2022 6:00am ET. Posted: Thursday, January 20, 2022 6:35 PM ET

At Least One Dose	Fully Vaccinated	Booster Doses	Booster Eligible***
Fully Vaccinated* People with a Booster Dose**		Count	Percent of Fully Vaccinated*
Total		83,012,754	39.5%
Population ≥ 18 Years of Age		81,220,867	42.6%
Population ≥ 50 Years of Age		53,391,253	54.1%
Population ≥ 65 Years of Age		30,297,052	62.7%

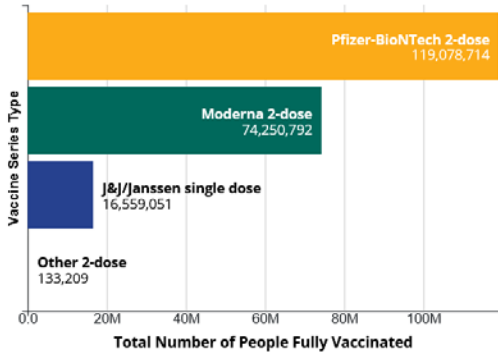
Percent of People Fully Vaccinated Reported to the CDC by State/Territory and for Select Federal Entities for the Population 5 Years of Age and Older



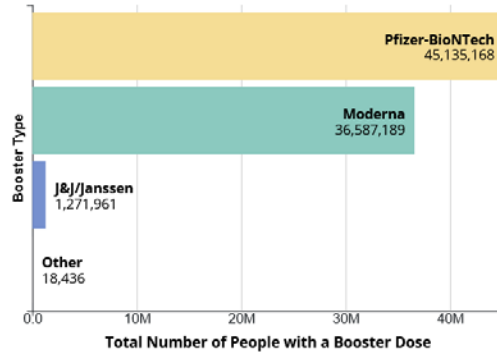
Percent of Fully Vaccinated People with a Booster Dose Reported to the CDC by State/Territory or Select Federal Entities for the Total Population



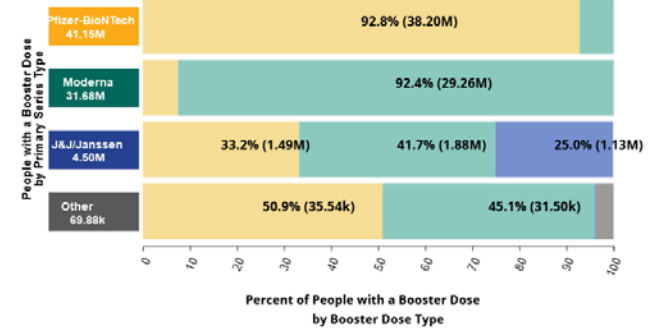
Number of People Fully Vaccinated in the U.S. by COVID-19 Vaccine Series Type



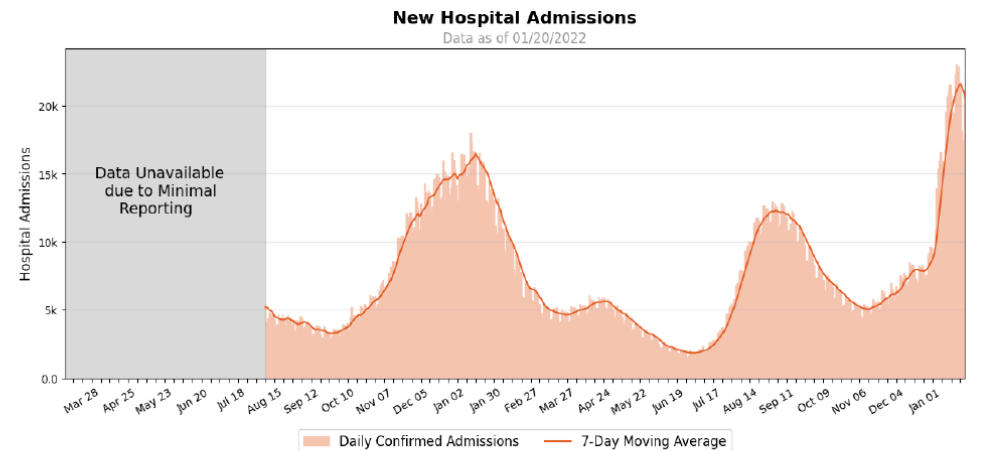
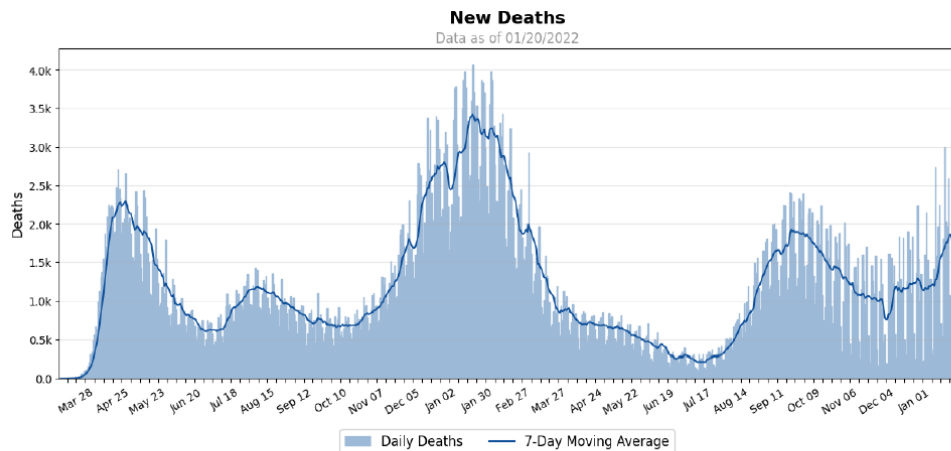
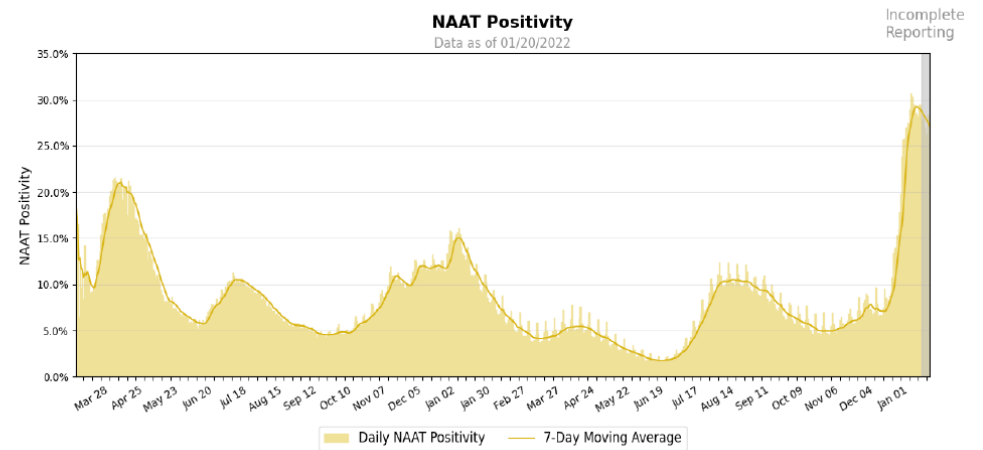
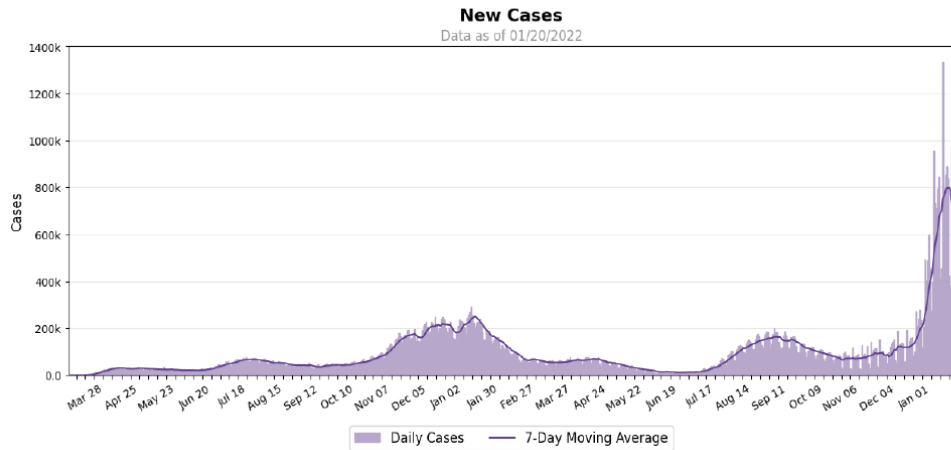
Number of People with a Booster Dose in the U.S. by COVID-19 Vaccine Type



Covid-19 Booster Dose Type by Primary Series Type



NATIONAL TIME SERIES



Source: CDC state-reported data (cases and deaths), Unified Testing Dataset, Unified Hospital Dataset.

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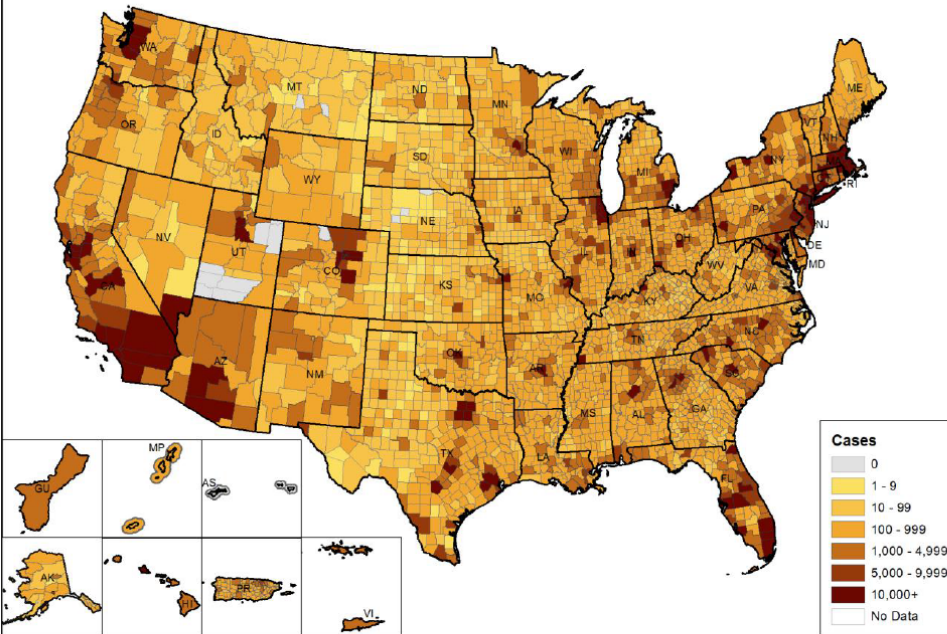
NUMBER OF NEW CASES AND DEATHS IN THE LAST 7 DAYS

Total Cumulative Cases: 63,397,935
New Cases in Last 7 Days: 5,479,359
Percent Change from Previous 7 Days: +33.2%

Total Cumulative Deaths: 842,873
New Deaths in Last 7 Days: 12,105
Percent Change from Previous 7 Days: +36.8%

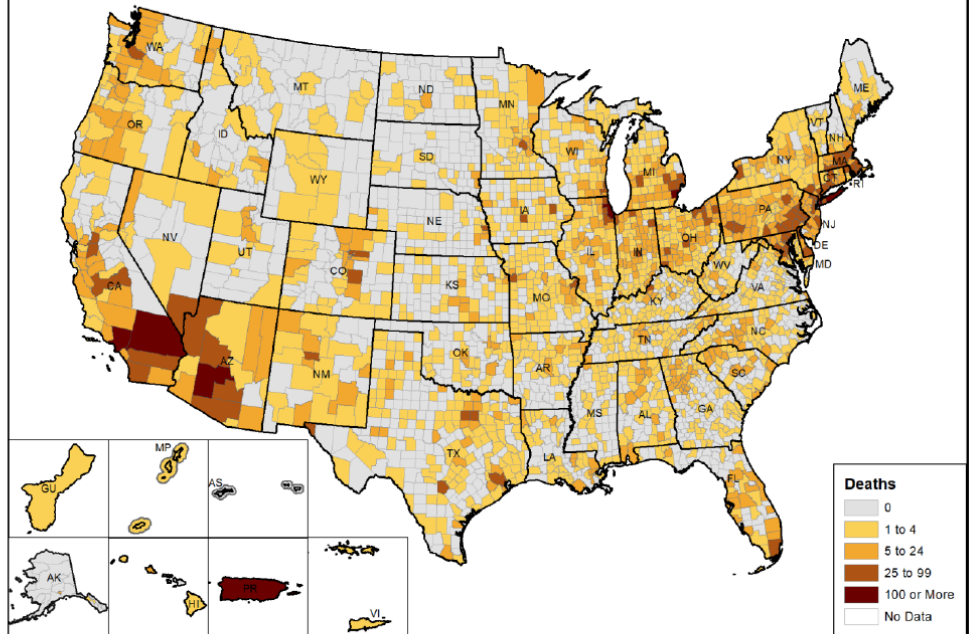
Date: 1/13/2022
 Source: CDC Aggregate
 County Data, CDC State-
 Reported Data (Territories)

Cases by County
 in the Week 06JAN2022-12JAN2022



Date: 1/13/2022
 Source: CDC Aggregate
 County Data, CDC State-
 Reported Data (Territories)

Deaths by County
 in the Week 06JAN2022-12JAN2022



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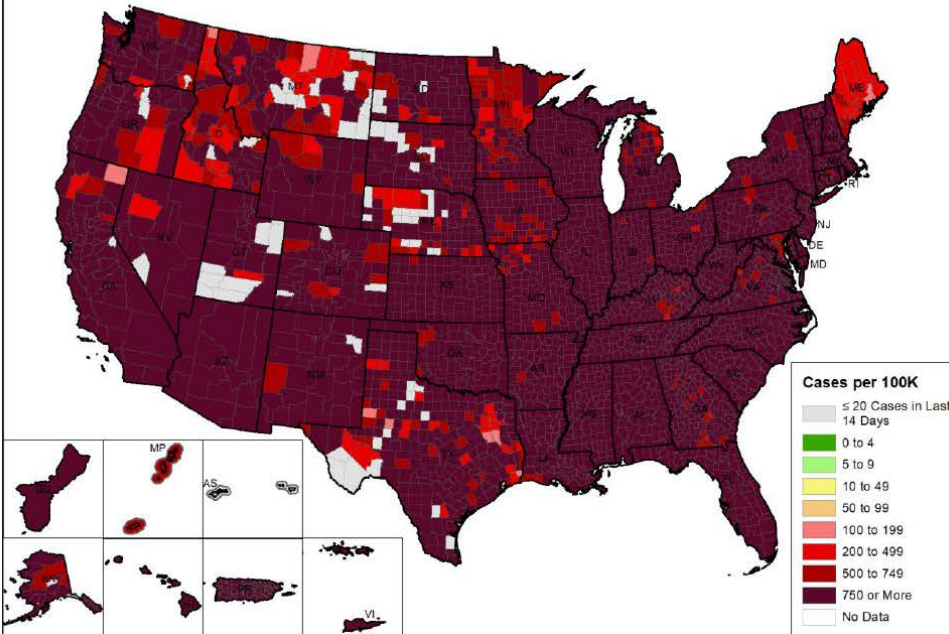
CASE INCIDENCE IN LAST 7 DAYS AND COMPARISON TO THE PREVIOUS 7 DAYS

Incidence Rate in the Last 7 Days: 1,569.9 per 100,000

Percent Change from Previous 7 Days: -5.0%

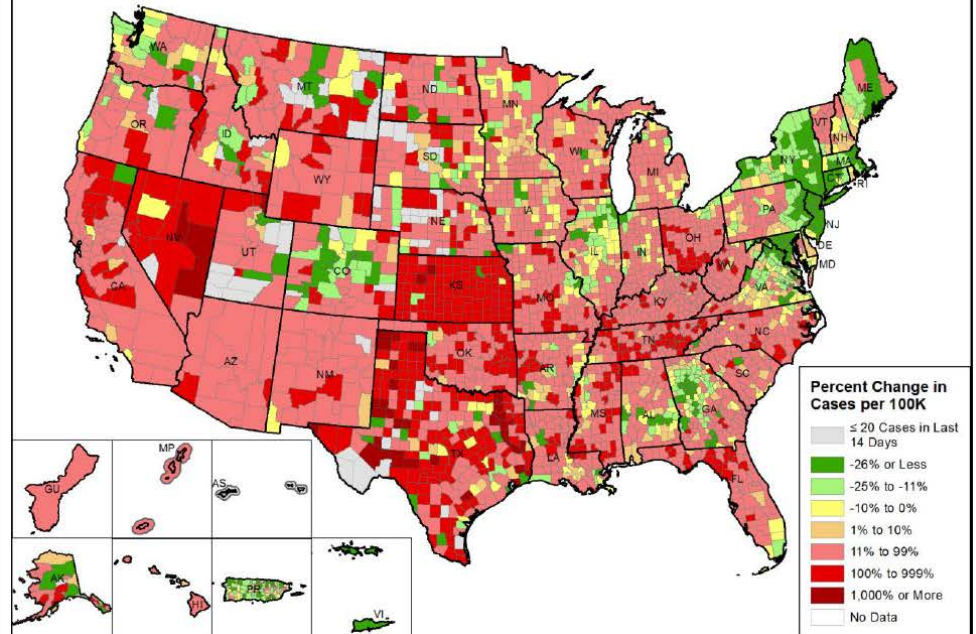
Date: 1/20/2022
Source: CDC Aggregate
County Data, CDC State-
Reported Data (Territories)

Cases per 100K by County
in the Week 13JAN2022-19JAN2022



Date: 1/20/2022
Source: CDC Aggregate
County Data, CDC State-
Reported Data (Territories)

Percent Change in Cases per 100K by County
in the Week 13JAN2022-19JAN2022



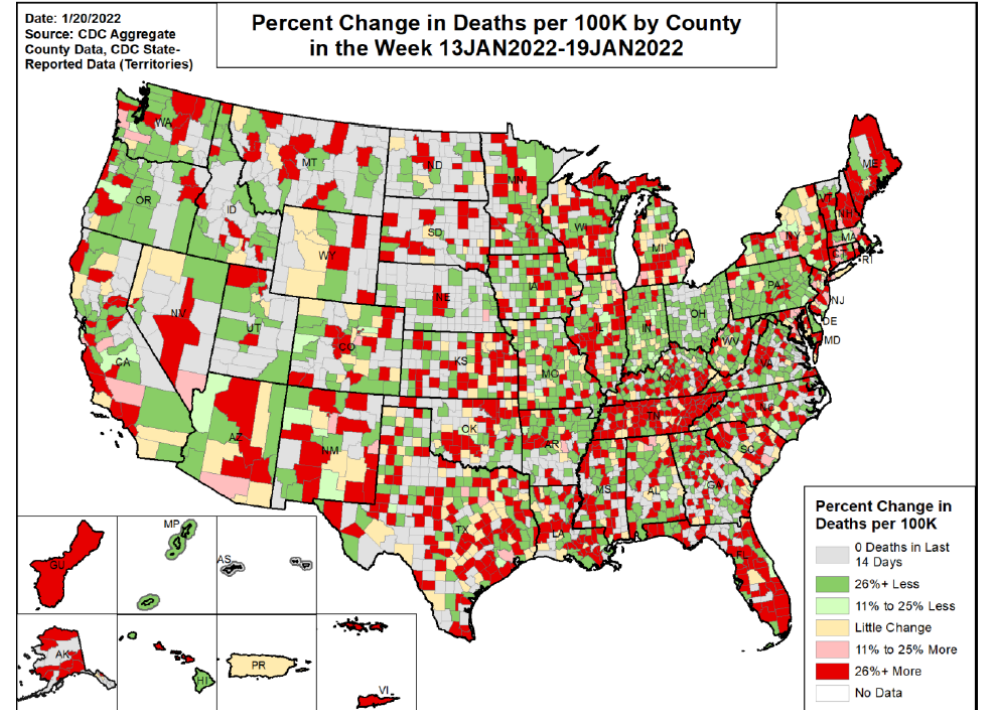
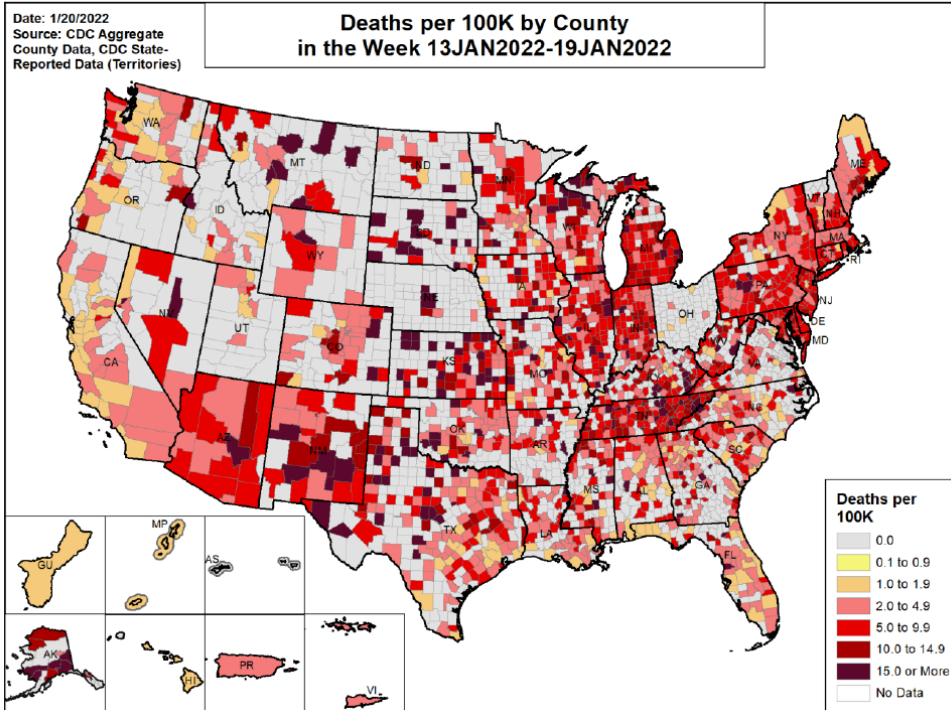
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MORTALITY RATE IN THE LAST 7 DAYS AND COMPARISON TO THE PREVIOUS 7 DAYS

Mortality Rate in the Last 7 Days: 3.7 deaths per 100,000

Percent Change from Previous 7 Days: -0.3%



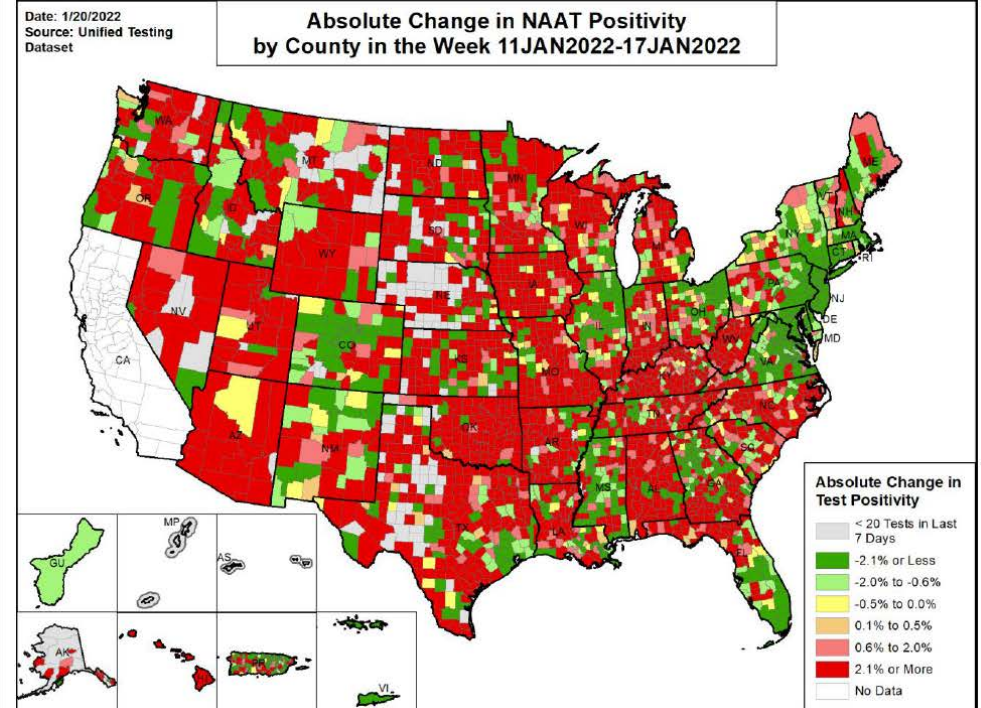
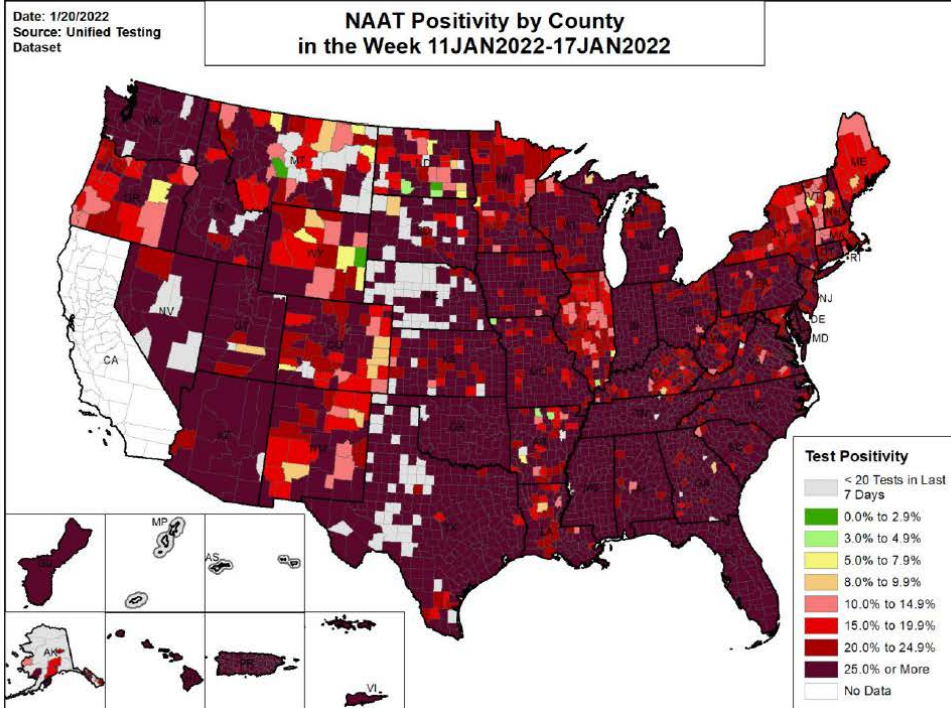
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NAAT POSITIVITY IN THE LAST 7 DAYS AND COMPARISON TO PREVIOUS 7 DAYS

NAAT Positivity in Last 7 Days: 27.3%

Absolute Change from Previous 7 Days: -1.6%



CA testing data has at least 5 days with no or minimal reporting in the last week (by the data cutoff time for this report), which may result in missing values and inaccurate test positivity.

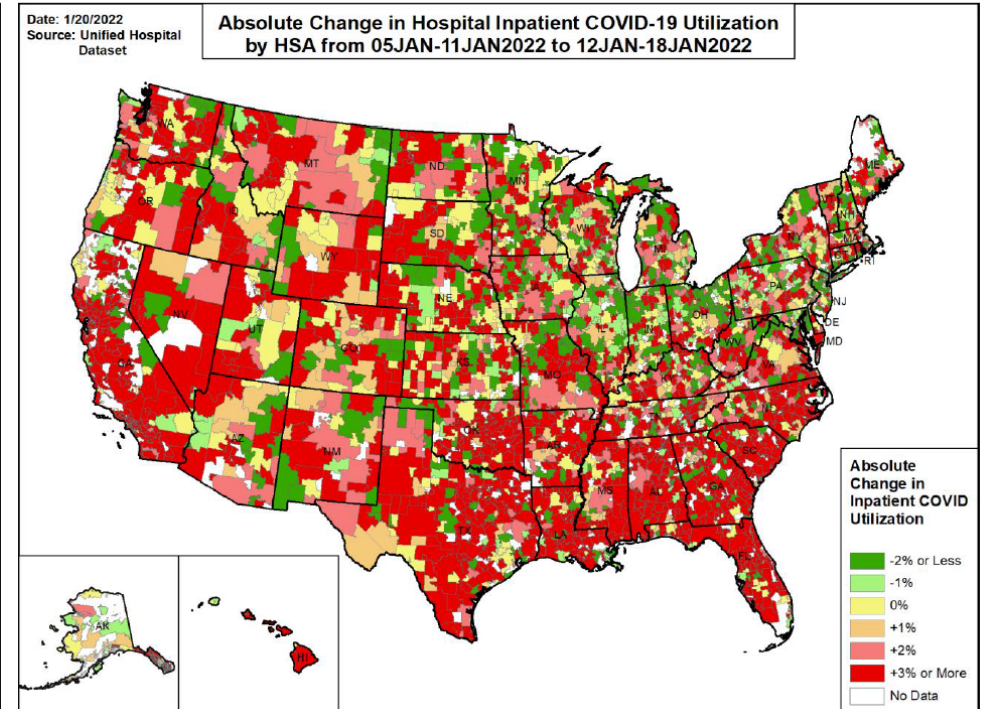
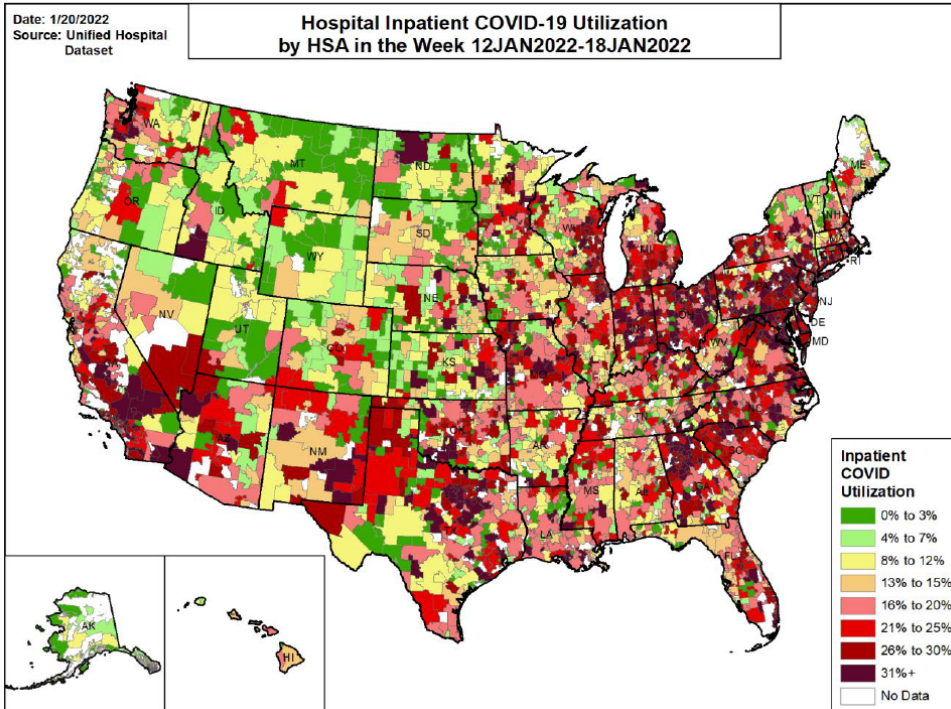
INITIAL PUBLIC RELEASE // SUBJECT TO CHANGE



HOSPITAL INPATIENT COVID-19 UTILIZATION IN THE LAST 7 DAYS AND COMPARISON TO THE PREVIOUS 7 DAYS

Average Daily COVID-19 Hospital Inpatients over Last 7 Days:
146,702

Percent Change from Previous 7 Days: +12.2%



Source: Unified Hospital Dataset, excluding psychiatric, rehabilitation, and religious non-medical hospitals. COVID-19 inpatient utilization indicates average percentage of staffed inpatient beds occupied by confirmed COVID-19 patients within the given time period. HSA indicates Hospital Service Area. Hospitals are assigned to HSA based on zip code where known. In some areas, reports are aggregates of multiple facilities that cross HSA boundaries; in these cases, values are assigned based on the zip code for the aggregate. See Data Sources/Methods slides for additional details.

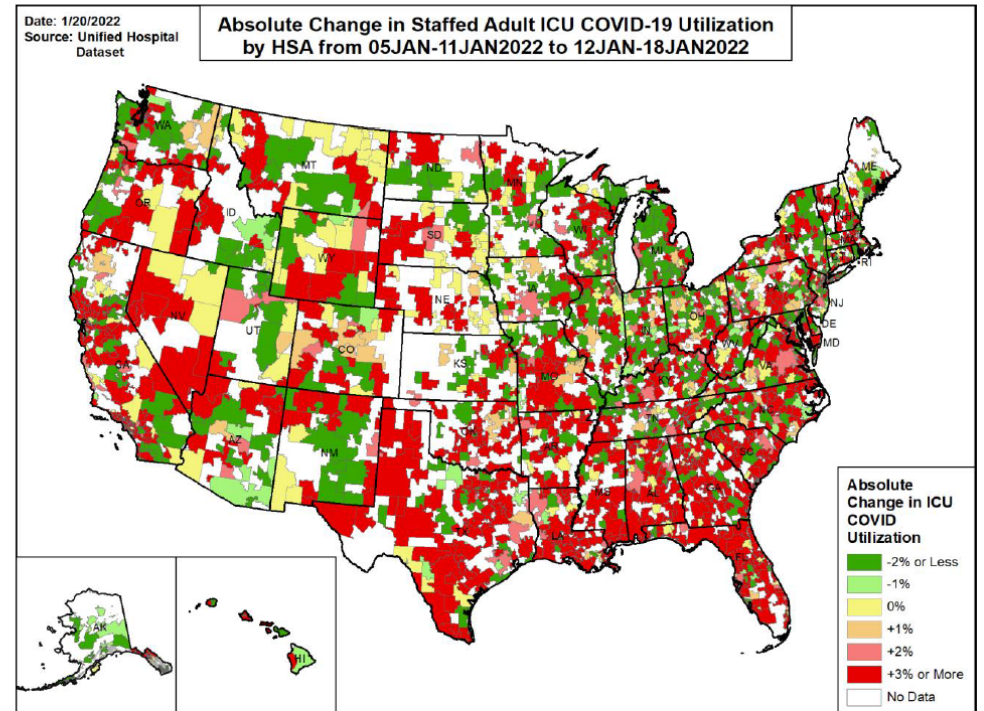
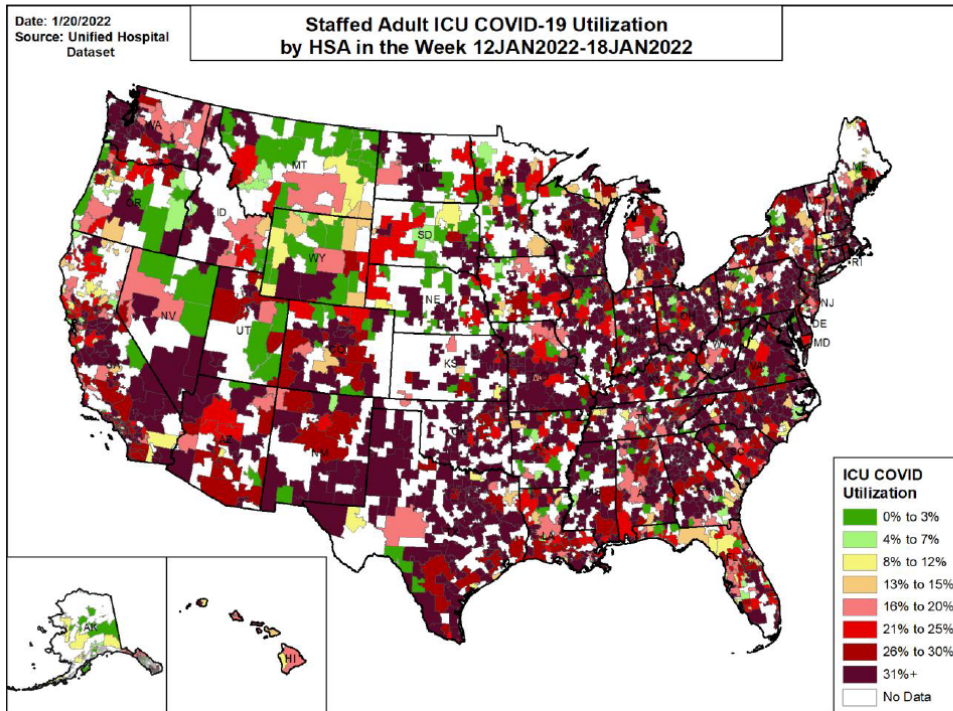
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STAFFED ADULT ICU COVID-19 UTILIZATION IN THE LAST 7 DAYS AND COMPARISON TO THE PREVIOUS 7 DAYS

Average Daily Adult ICU COVID-19 Patients over Last 7 Days:
25,467

Percent Change from Previous 7 Days: +10.8%



Source: Unified Hospital Dataset, excluding psychiatric, rehabilitation, and religious non-medical hospitals. Staffed adult ICU COVID-19 utilization indicates average percentage of staffed adult ICU beds occupied by confirmed COVID-19 patients within the given time period. HSA indicates Hospital Service Area. Hospitals are assigned to HSA based on zip code where known. In some areas, reports are aggregates of multiple facilities that cross HSA boundaries; in these cases, values are assigned based on the zip code for the aggregate. See Data Sources/Methods slides for additional details.

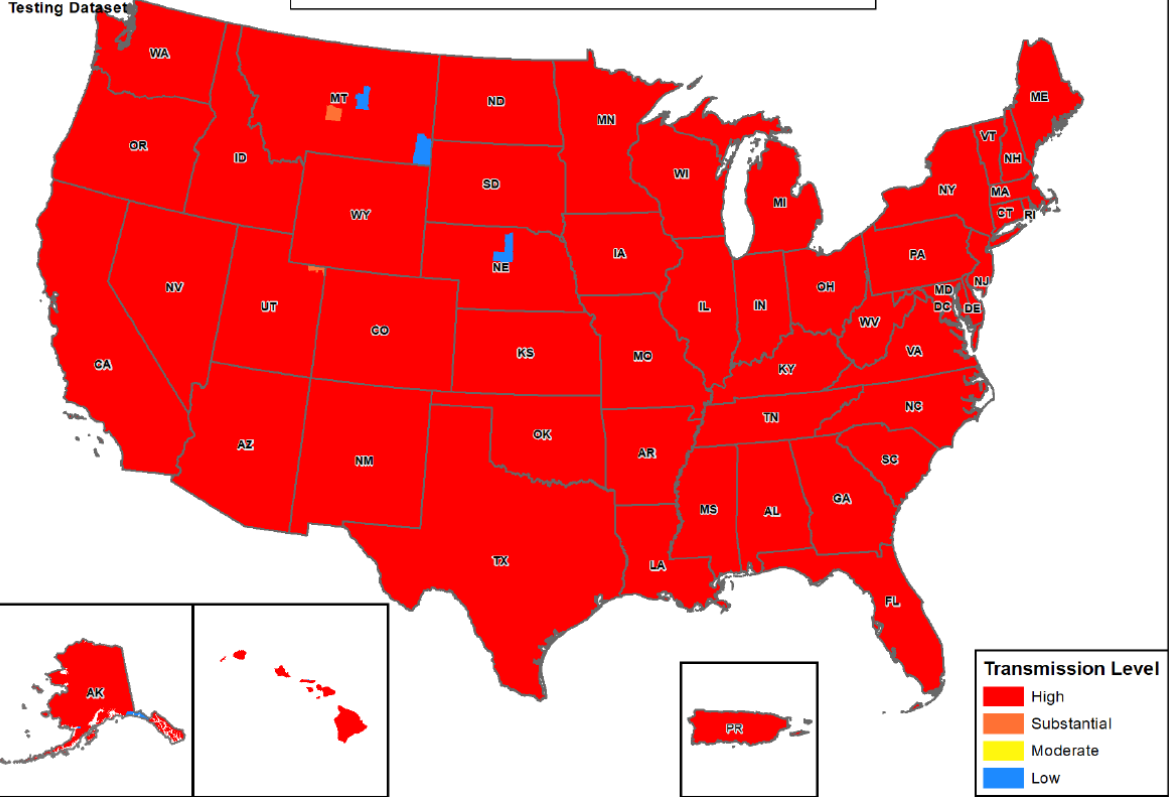
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COMMUNITY TRANSMISSION LEVEL

Date: 1/20/2022
 Source: CDC Aggregate
 County Data, Unified
 Testing Dataset

Community Transmission Level by County 19JAN2022

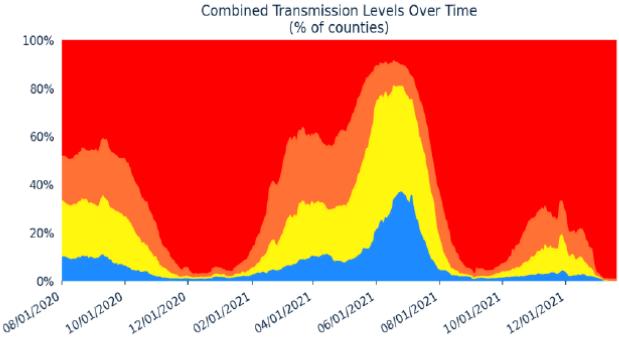


Counties by Community Transmission Indicator

Cases per 100k	0 to 9	10 to 49	50 to 99	100 +
# of counties (change)	19 (↓29)	0 (↓1)	2 (↓8)	3199 (↑38)
% of counties (change)	0.6% (↓0.9%)	0.0% (↓0.0%)	0.1% (↓0.2%)	99.3% (↑1.2%)
Test Positivity	0.0% to 4.9%	5.0% to 7.9%	8.0% to 9.9%	10.0% +
# of counties (change)	58 (↓13)	16 (↓5)	21 (↓16)	3125 (↑34)
% of counties (change)	1.8% (↓0.4%)	0.5% (↓0.2%)	0.7% (↓0.5%)	97.0% (↑1.1%)

Counties by Combined Transmission Level

Category	Low Transmission Blue	Moderate Transmission Yellow	Substantial Transmission Orange	High Transmission Red
# of counties (change)	8 (↑1)	0 (↓1)	2 (↓2)	3210 (↑2)
% of counties (change)	0.2% (↑0.0%)	0.0% (↓0.0%)	0.1% (↓0.1%)	99.7% (↑0.1%)
% of population (change)	0.0% (↑0.0%)	0.0% (↓0.0%)	0.0% (↓0.0%)	100.0% (↑0.0%)



Source: CDC Aggregate County Dataset (cases), Unified Testing Dataset (tests)
 Notes: Cases data from January 13-19, test positivity data from January 11-17. Combined Transmission Level is the higher threshold among cases and testing thresholds. See Data Sources/Methods slides for additional details.

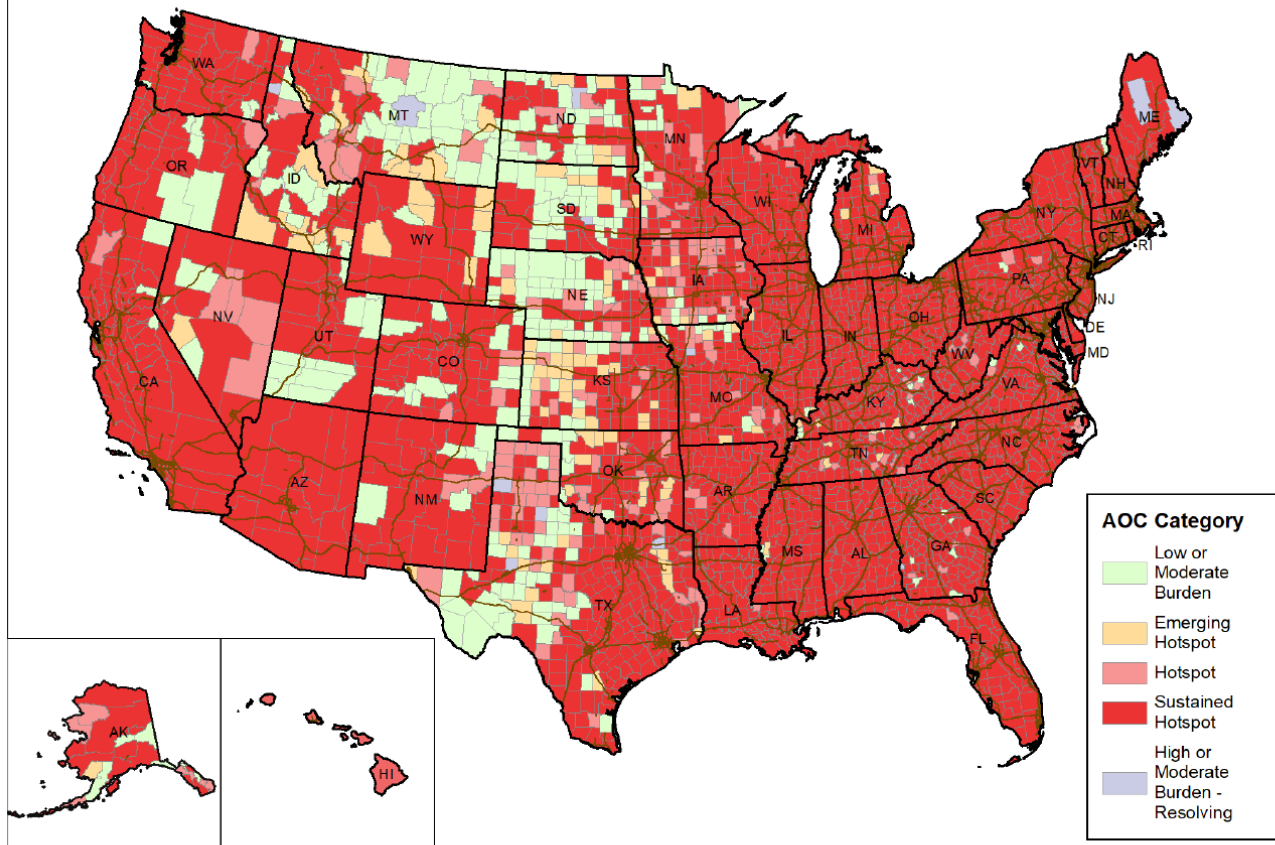
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AREA OF CONCERN CONTINUUM

Date: 1/20/2022

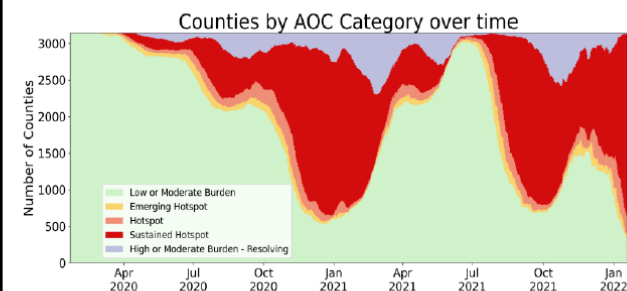
Area of Concern Continuum by County 19JAN2022



The Areas of Concern Continuum (AOCC) is used to describe communities as they progress through stages of the epidemic. There are 7 possible AOC classifications based on current and recent history of case and testing data for the location:

- (1) **Low Burden** – communities with minimal activity
- (2) **Moderate Burden** – communities with moderate disease activity
- (3) **Emerging Hotspot** – communities with a high likelihood to become hotspots in the next 1-7 days
- (4) **Hotspot** – communities that have reached a threshold of disease activity considered as being of high burden
- (5) **Sustained Hotspot** – communities that have had a high sustained case burden and may be higher risk for experiencing healthcare resource limitations
- (6) **High Burden – Resolving** – communities that were recently identified as hotspots and are now improving
- (7) **Moderate Burden – Resolving** – communities that have a moderate level of burden, but are demonstrating improvement

See Data Sources/Methods slides for more information.



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DATA SOURCES AND METHODS – AOC CONTINUUM

The Areas of Concern Continuum is used to describe communities as they progress through stages of the epidemic. There are 7 possible AOC classifications based on current and recent history of case and testing data for the location:

Low Burden Community

Purpose: Identify communities with minimal activity.

Definition:

- <10 new cases per 100k population in the last week

Moderate Burden Community

Purpose: Identify communities with moderate disease activity.

Definition:

- Has **NOT** been identified as a Hotspot, Sustained Hotspot, or High Burden—Resolving within the last 2 weeks
AND
- Does not meet the definition for an Emerging Hotspot, Hotspot, Sustained Hotspot, or High Burden—Resolving
AND
- Does not meet the definition for being a Low Burden Community

Emerging Hotspot

Purpose: Generate early and reliable signals of communities with emerging increases in disease burden that have a high likelihood for becoming a hotspot in the next 1-7 days.

Method:

Decision tree model that leverages the following features, trained based on prior data:

Cases

- Total cases in the last week
- Total cases per 100k population in the last week
- New cases in the last week minus new cases the previous week
- Ratio of total cases in last 7 days to total cases in last 30 days

Testing

- Number of tests last week
- Difference in percent positive tests in last 7 days from last 21 days

Hotspot

Purpose: Identify communities that have reached a threshold of disease activity considered as being of high burden.

Definition:

- >100 new cases per 100k population OR >500 new cases in the past week
AND
- Number of days in downward case trajectory* ≤ 7 days
AND
- >50 cases during past week
AND
- Conditions must hold for at least 3 of the previous 5 days

Sustained Hotspot

Purpose: Identify communities that have had a high sustained case burden and are at potentially higher risk for experiencing healthcare resource limitations.

Definition:

- Either Hotspot for at least 7 preceding days or already a Sustained Hotspot on previous day
AND
- >200 new cases per 100k population OR >1,000 new cases in the past two weeks
AND
- Daily incidence rate >15 new cases per 100k population for 8 or more of the last 14 days OR test positivity >8% over last 14 days
AND
- >100 cases during the last two weeks
AND
- Conditions must hold for at least 3 of the previous 5 days

Data Sources: CDC Aggregate County Data; Unified Testing Dataset; US Census 2019

High Burden - Resolving

Purpose: Identify communities that were recently identified as hotspots and are now improving.

Definition:

- Identified as a Hotspot or Sustained Hotspot within the last 2 weeks
AND
- Not currently a Emerging Hotspot, Hotspot, or Sustained Hotspot
AND
- >100 new cases per 100k population OR >500 new cases in last week
AND
- Number of days in downward trajectory* ≥ 7
AND
- >50 cases during last week OR both ≥ 10 cases in last week and >8% test positivity in last week

Moderate Burden - Resolving

Purpose: Identify communities that have a moderate level of burden, but are demonstrating improvement.

Definition:

- Identified as a Hotspot, Sustained Hotspot, or High Burden—Resolving within the last 2 weeks
AND
- Does not meet the definition for an Emerging Hotspot, Hotspot, Sustained Hotspot, or High Burden—Resolving
AND
- Does not meet the definition for being a Low Burden Community

*Number of Days in Downward Case Trajectory: This field is calculated using a CDC algorithm that first fits a smooth spline curve to daily case counts, and then counts the number of days that curve has been decreasing or at a low level. More specifically, the computation is based on a cubic spline fit of the 7-day rolling average of cases. The number of days decreasing (in downward trajectory) is calculated by summing the number of consecutive days of decline or near-zero incidence. A day is considered part of a downward trajectory if it (i) was previously at elevated incidence (had a two-week incidence greater than 10 cases per 100k population), and (ii) meets one of the following three conditions: (a) had a negative slope, OR (b) was in a low-incidence plateau (two-week incidence ≤ 10 cases per 100k population and a slope ≥ 0 to < 0.1 new cases per 100k population based on a 7-day moving average), OR (c) had less than 5 cases in the past 2 weeks.

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Level of Community Transmission of COVID-19, by State/Territory

https://covid.cdc.gov/covid-data-tracker/#cases_community

UNITED STATES LEVEL OF COMMUNITY TRANSMISSION

High

7 DAY CASE RATE PER 100,000

1,532.6

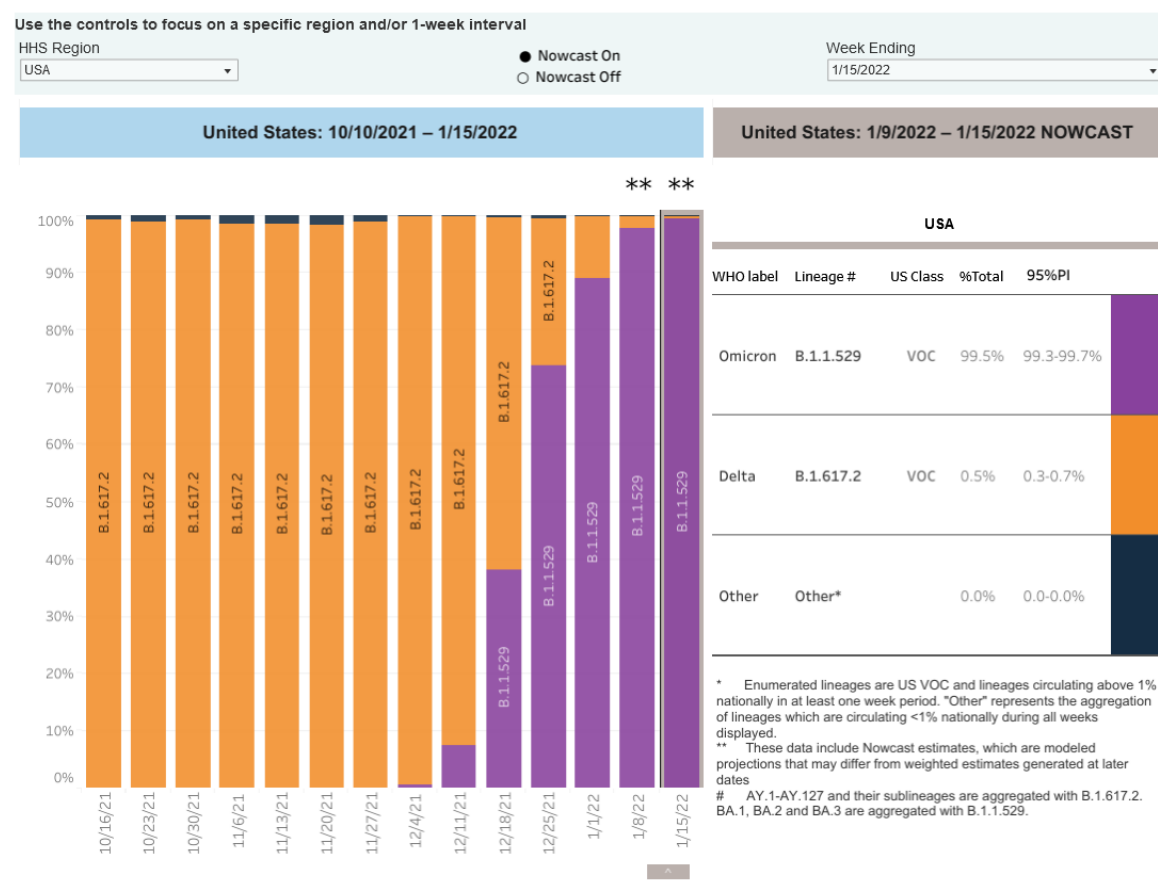
7 DAY PERCENT POSITIVITY

26.15%

CDC | Data as of: January 21, 2022 12:41 PM ET. Posted: January 21, 2022 2:30 PM ET

Variant Proportions

<https://covid.cdc.gov/covid-data-tracker/#variant-proportions>



COVID-19 By the Numbers

<https://www.cdc.gov/coronavirus/2019-ncov/cdcresponse/by-the-numbers.html>

COVID-19 RESPONSE BY THE NUMBERS As of January 18, 2022



Accessible www.cdc.gov/coronavirus/2019-ncov/cdcresponse/by-the-numbers.html

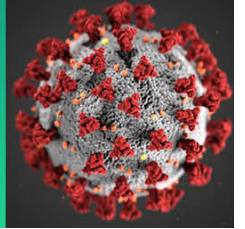
	10,000	CDC personnel supporting the outbreak response		59.01+ million	Times people have used CDC's online Coronavirus Self-Checker
	1,893	CDC deployers who have conducted 4,426 deployments to 353 cities across the United States and abroad		1.6+ million	Calls and emails to CDC-INFO
	396	COVID-19 studies published in CDC's Morbidity and Mortality Weekly Report (MMWR)		3.7+ billion	Times people have looked for information on CDC websites
	9,757	Documents providing information and guidance for government agencies, businesses, and the public		4.7+ billion	Social media impressions on 19,431 CDC response-related posts
	747+ million	COVID-19 tests conducted by public and private laboratories in the United States		98,172+	Inquiries from doctors, nurses, or other clinical staff and health departments received by CDC
	248+ million	People who have received at least one dose of a COVID-19 vaccine		208+ million	People who have been fully vaccinated with a COVID-19 vaccine

[cdc.gov/coronavirus](https://www.cdc.gov/coronavirus)

CS316565-A

COVID-19 Science Update

COVID-19 Science Update



<https://www.cdc.gov/library/covid19/scienceupdates.html?Sort=Date%3A%3Adesc>

As of December 18, 2021, CDC has paused production of the weekly COVID-19 Science Update. We anticipate that production will resume in 2022.

[COVID-19 Science Update released: December 17, 2021 Edition 117](#)

[COVID-19 Science Update released: December 10, 2021 Edition 116](#)

[COVID-19 Science Update released: December 3, 2021 Edition 115](#)

[COVID-19 Science Update released: November 19, 2021 Edition 114](#)

[COVID-19 Science Update released: November 15, 2021 Edition 113](#)

[COVID-19 Science Update released: November 5, 2021 Edition 112](#)

[COVID-19 Science Update released: October 29, 2021 Edition 111](#)

[COVID-19 Science Update released: October 22, 2021 Edition 110](#)

[COVID-19 Science Update released: October 15, 2021 Edition 109](#)

[COVID-19 Science Update released: October 8, 2021 Edition 108](#)

[COVID-19 Science Update released: October 1, 2021 Edition 107](#)

[COVID-19 Science Update released: September 24, 2021 Edition 106](#)

[COVID-19 Science Update released: September 17, 2021 Edition 105](#)

[COVID-19 Science Update released: September 10, 2021 Edition 104](#)

CDC What's New & Updated

<https://www.cdc.gov/coronavirus/2019-ncov/whats-new-all.html>

- [1/21/22 COVID-19 Travel Recommendations by Country](#)
- [1/21/22 Cases in the U.S.](#)
- [1/21/22 EARLY RELEASE: Effectiveness of a Third Dose of mRNA Vaccines Against COVID-19–Associated Emergency Department and Urgent Care Encounters and Hospitalizations Among Adults During Periods of Delta and Omicron Variant Predominance — VISION Network, 10 States, August 2021–January 2022](#)
- [1/21/22 EARLY RELEASE: COVID-19 Incidence and Death Rates Among Unvaccinated and Fully Vaccinated Adults with and Without Booster Doses During Periods of Delta and Omicron Variant Emergence — 25 U.S. Jurisdictions, April 4–December 25, 2021](#)
- [1/21/22 Overall US COVID-19 Vaccine Distribution and Administration Update as of Fri, 21 Jan 2022 06:00:00 EST](#)
- [1/20/22 COVID-19 Vaccines for People Who Would Like to Have a Baby](#)
- [1/20/22 Reporting County-Level COVID-19 Vaccination Data](#)
- [1/20/22 Reporting COVID-19 Vaccinations in the United States](#)
- [1/20/22 Different COVID-19 Vaccines](#)
- [1/20/22 Guidance for General Laboratory Safety Practices during the COVID-19 Pandemic](#)
- [1/20/22 Overview of Testing for SARS-CoV-2 \(COVID-19\)](#)
- [1/20/22 How to Select, Wear, and Clean Your Mask](#)
- [1/20/22 COVID Data Tracker Weekly Review](#)
- [1/20/22 Coronavirus Disease 2019 \(COVID-19\)](#)
- [1/20/22 Strategies to Mitigate Healthcare Personnel Staffing Shortages](#)
- [1/20/22 CDC Statement on MMWR: COVID-19 Cases and Hospitalizations by COVID-19 Vaccination Status and Previous COVID-19 Diagnosis — California and New York, May–November 2021](#)
- [1/20/22 Notes from the Field: Early Evidence of the SARS-CoV-2 B.1.1.529 \(Omicron\) Variant in Community Wastewater — United States, November–December 2021](#)
- [1/20/22 Use of the Janssen \(Johnson & Johnson\) COVID-19 Vaccine: Updated Interim Recommendations from the Advisory Committee on Immunization Practices — United States, December 2021](#)
- [1/20/22 Racial and Ethnic Disparities in Receipt of Medications for Treatment of COVID-19 — United States, March 2020–August 2021](#)
- [1/19/22 Quarantine and Isolation](#)
- [1/19/22 Breastfeeding and Caring for Newborns if You Have COVID-19](#)
- [1/19/22 v-safe COVID-19 Vaccine Pregnancy Registry](#)
- [1/19/22 Staffing Resources](#)
- [1/19/22 Reinfection of the Virus that Causes COVID-19](#)
- [1/19/22 Interim Guidance for Rapid Antigen Testing for SARS-CoV-2](#)
- [1/19/22 How to Protect Yourself & Others](#)
- [1/19/22 EARLY RELEASE: COVID-19 Cases and Hospitalizations by COVID-19 Vaccination Status and Previous COVID-19 Diagnosis — California and New York, May–November 2021](#)

CDC Guidance

<https://www.cdc.gov/coronavirus/2019-ncov/communication/guidance-list.html?Sort=Date%3A%3Adesc>

[Guidance for General Laboratory Safety Practices during the COVID-19 Pandemic](#)

This guidance addresses general safety concerns for laboratory personnel during the COVID-19 pandemic. It includes recommendations for risk assessments, health and safety plans, social distancing, face coverings, disinfection, and personal hygiene. Date: 1/20/22

[Interim Guidelines for COVID-19 Antibody Testing](#)

CDC has developed interim guidance for how healthcare providers, laboratories, and public health staff should use antibody tests for COVID-19. These tests look for the presence of antibodies, which are specific proteins made in response to infections. Date: 1/20/22

[Strategies to Mitigate Healthcare Personnel Staffing Shortages](#)

Healthcare facilities, learn how to best mitigate staff shortages that may occur during COVID-19. Date: 1/20/22

[Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2](#)

Find CDC's guidance on assessing, monitoring, and restricting risk for those who work in healthcare facilities during COVID-19. Date: 1/20/22

[Interim Guidance for Antigen Testing for SARS-CoV-2](#)

Proper interpretation of antigen test results is important for accurate clinical management of patients with suspected COVID-19. This guidance can help healthcare providers make the most effective use of antigen tests in different situations. Date: 1/19/22

[Guidance for Vaccinating Older Adults and People with Disabilities: Ensuring Equitable COVID-19 Vaccine Access](#)

Ensuring equitable COVID-19 vaccine access is a must. This document summarizes what jurisdictions should consider when planning to vaccinate older adults and people with disabilities in the community. It also provides considerations to help jurisdictions ensure equal opportunities for vaccination of these populations. Date: 1/19/22

[Operational Considerations for Community Isolation Centers for COVID-19 in Low-Resource Settings](#)

This document describes how to set up a Community Isolation Center for COVID-19 patients who are not able to isolate at home, but may not be ill enough to be hospitalized. This document is to be used in global settings, not in the US. Date: 1/13/22

[Operational Considerations for Adapting a Contact Tracing Program to Respond to the COVID-19 Pandemic in non-US Settings](#)

Contact tracing is a key component of controlling transmission of infectious diseases. This document is for CDC country offices, ministries of health, sub-national public health authorities, and other implementing partners in non-US settings. While select adaptations may be relevant for any jurisdiction, the document focuses on adaptations that might be especially useful in low- and middle-income countries. Date: 1/13/22



State Data

<https://covid19.ca.gov/>



Get at-home COVID-19 tests for free

You can now get 4 free at-home tests shipped to you by the U.S. government. Limit is one shipment per household.

<https://special.usps.com/testkits>

Tracking COVID-19

<https://update.covid19.ca.gov/#top>
<https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Immunization/ncov2019.aspx#>
<https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/CovidDataAndTools.aspx>

Safely reopening California

<https://covid19.ca.gov/safely-reopening/>

California Healthy Places Index

<https://covid19.healthyplacesindex.org/>
<https://map.healthyplacesindex.org/>

CDPH Statewide Guidance

<https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Guidance.aspx>



Office of Governor
GAVIN NEWSOM

Press Releases, Executive Orders,
Media Advisories, and Proclamations.

<https://www.gov.ca.gov/newsroom/>

Data models

<https://covid19.ca.gov/data-and-tools/>

Cal/OSHA

<https://www.dir.ca.gov/dosh/>
<https://www.dir.ca.gov/dosh/COVID19citations.html>
<https://www.dir.ca.gov/oshab/oshab.html>

Vaccines

<https://covid19.ca.gov/vaccines/>
<https://myturn.ca.gov/>

News Releases

<https://www.cdph.ca.gov/Programs/OPA/Pages/News-Releases-2021.aspx>

Tracking COVID-19 in CA

Updated January 21, 2022 at 9:36 AM with data from January 20, 2022

VACCINES ADMINISTERED

68,244,807 total

147,684 daily avg.

81.3% of population vaccinated
(5+ with at least one dose)



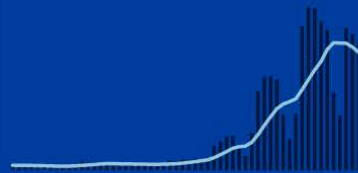
Past 8 weeks

CASES

7,123,571 total

106,968 daily avg.

254.6 new cases (per 100K)



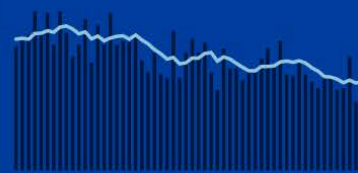
Past 8 weeks

DEATHS

77,722 total

45 daily avg.

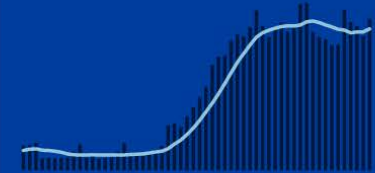
0.1 new deaths (per 100K)



Past 8 weeks

TESTS

21.2% test positivity



Past 8 weeks

Vaccinations administered in California, by county of residence.

<https://covid19.ca.gov/vaccination-progress-data/>

Statewide

27,322,019 (72.5%) People 5+ fully vaccinated
3,310,801 (8.8%) People 5+ partially vaccinated

68,244,807 (85.1%) Doses administered
147,684 Average doses per day



12,137,832 (51.5%) Booster recipients



5,715,032 Doses on hand
(39 days of inventory)

80,151,815 Doses Delivered



31,766,730 CDC Pharmacy Doses Delivered

See [Data Dictionary](#) for Details.

Doses Administered by County of Residence

County

(All) ▼



Los Angeles	17,610,302	▲
San Diego	6,119,116	
Orange	5,631,550	
Santa Clara	4,144,318	
Riverside	3,407,520	
Alameda	3,340,300	
San Bernardino	2,856,999	
Sacramento	2,497,522	
Contra Costa	2,328,768	
San Francisco	1,900,536	
San Mateo	1,633,247	
Ventura	1,459,907	
Fresno	1,420,190	
San Joaquin	1,101,010	
Kern	1,091,945	
Sonoma	964,387	
Santa Barbara	740,461	
Stanislaus	735,055	
Monterey	734,915	
Solano	719,331	▼

Data: 1/20/2022 11:59pm | Posted: 1/21/2022

Post-Vaccine COVID-19 Cases

<https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Post-Vaccine-COVID19-Cases.aspx>

What Is a Post-Vaccination COVID-19 Case?

Post-vaccination cases are defined as individuals who are fully vaccinated and have a positive SARS-CoV-2 molecular (e.g. PCR) test 14 days or more after they have completed their full one-dose or two-dose COVID-19 vaccination series. They are also referred to as vaccine breakthrough cases.

How Are Post-Vaccination COVID-19 Cases Identified?

The California Department of Public Health (CDPH) is identifying post-vaccination cases by analyzing the immunization and case registries to find individuals who have a positive SARS-Cov-2 molecular test at least 14 days after they have completed their full vaccination series. Local Health Jurisdictions (LHJs) are also encouraged to alert CDPH of post-vaccination cases especially if they result in severe disease (e.g., hospitalization or death) or if they are associated with an outbreak.

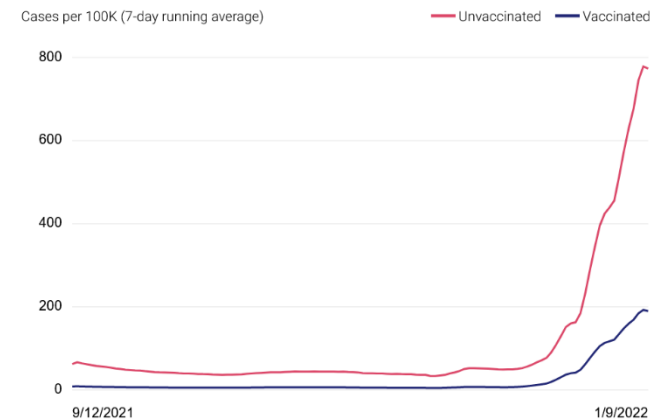
Why are we Tracking Post-Vaccination Cases?

Tracking cases of COVID-19 that occur after vaccination is important for monitoring the immunization campaign. While COVID-19 vaccines are safe and effective, some cases are still expected in persons who have been vaccinated, as no vaccine is 100% effective. If the number or severity of post-vaccination cases exceeds expected levels, this could be a signal of reduced protection against a variant or errors in vaccine delivery. Whole genome sequencing of post-vaccination cases, especially severe cases, can help characterize the effectiveness of current vaccines against variants.

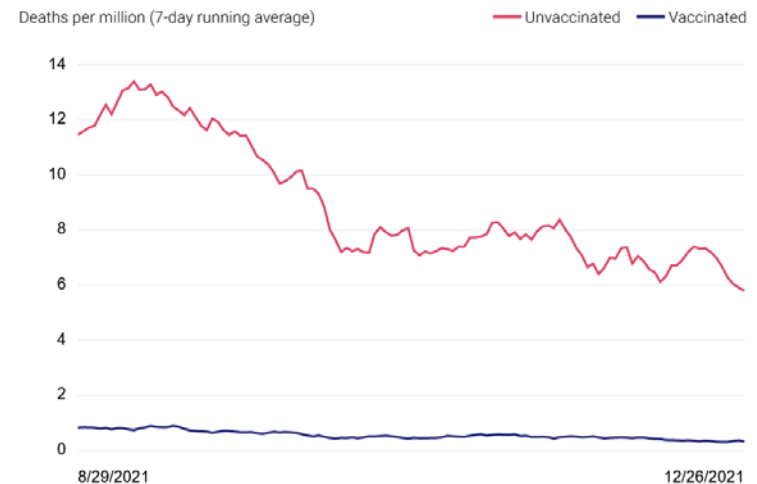
Unvaccinated and vaccinated data

<https://covid19.ca.gov/state-dashboard/#postvax-status>

From January 3, 2022 to January 9, 2022, unvaccinated people were **4.1 times more likely** to get COVID-19 than fully vaccinated people.



From December 20, 2021 to December 26, 2021, unvaccinated people were **17.8 times more likely** to die from COVID-19 than fully vaccinated people.



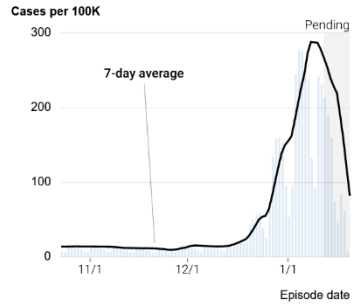
Cases and deaths

California has 7,123,571 confirmed cases of COVID-19, resulting in 77,722 deaths.

Confirmed cases in California

Episode date 90 days

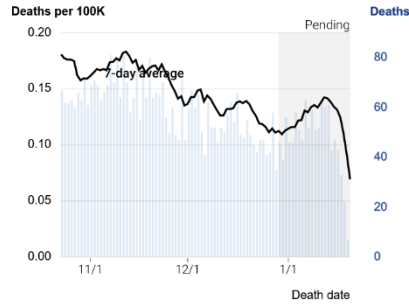
7,123,571 total confirmed cases
 125,861 new cases (1.8% increase)
 254.6 cases per 100K (7-day average)



Confirmed deaths in California

Death date 90 days

77,722 total confirmed deaths
 201 new deaths (0.3% increase)
 0.1 deaths per 100K (7-day average)



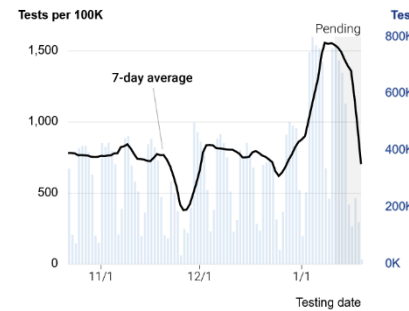
Testing for COVID-19

The number of COVID-19 diagnostic test results in California reached a total of 131,160,392, an increase of 658,594 tests from the prior day total. The rate of positive tests over the last 7 days is 21.2%.

Total tests in California

Testing date 90 days

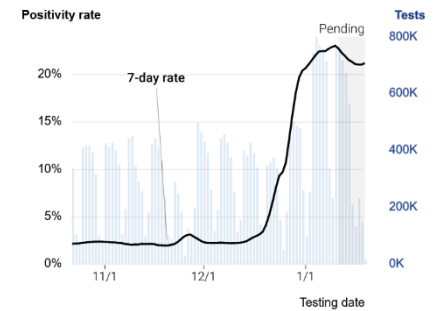
131,160,392 total tests performed
 658,594 new tests reported (0.5% increase)



Positivity rate in California

90 days

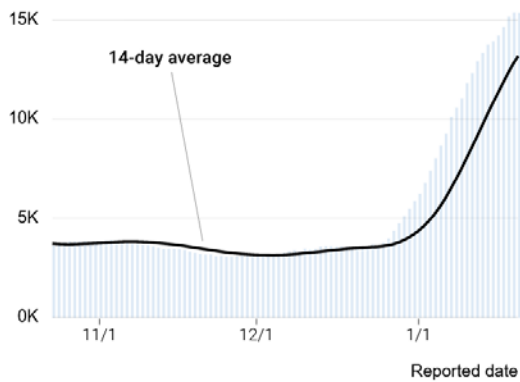
21.2% test positivity (7-day rate)
 1.1% decrease from 7-days prior



COVID-19 hospitalized patients in California

Hospitalized 90 days

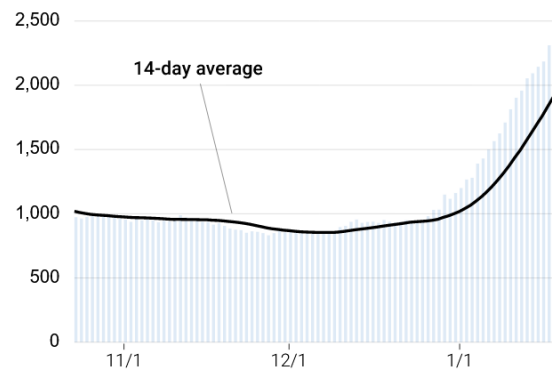
15,383 COVID-19 hospitalized patients
 10 fewer patients hospitalized from prior day total (0.1% decrease)



COVID-19 ICU patients in California

ICU 90 days

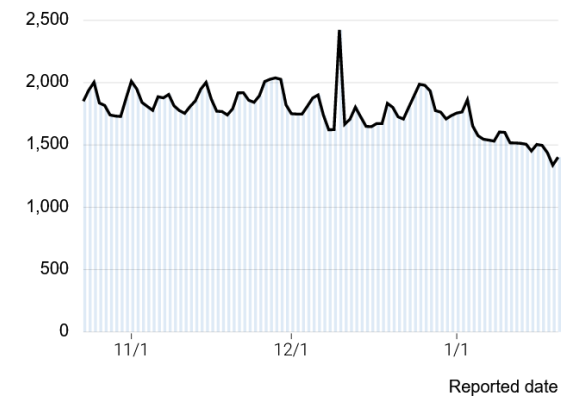
2,485 COVID-19 ICU patients
 18 more ICU patients from prior day total (0.7% increase)



ICU beds in California

90 days

1,402 ICU beds available
 64 more ICU beds available from prior day total (4.8% increase)



Regional ICU Capacity

<https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Regional-ICU-Capacity.aspx>

Regional ICU Capacity (Data as of 1/20/2022)

Region	% of Staffed Adult ICU Beds Available	% COVID+ in Adult ICU Beds	Number of Consecutive Days Under 10 % *	Date Health Order Effective	Date Health Order Set to Expire **
California Statewide	15.7	40.1	--	--	--
Bay Area	16	29.5	--	--	--
Greater Sacramento	13.9	37.5	--	--	--
Northern California	19.5	21.5	--	--	--
San Joaquin Valley	12.6	45.8	--	--	--
Southern California	16.2	43.6	--	--	--

* Must be under 10% for 3 consecutive days to trigger Health Order.

** The region will be reevaluated seven days from the date the Health Order was triggered.



Riverside County Data

<https://www.rivcoph.org/coronavirus>

Confirmed 434,065	Currently Hospitalized 1,055 Includes 170 in ICU	Deaths 5,730	Recovered 400,877	Zip Code & Community Data here
Daily Case Rate / 100k 259.1 (7-Day Avg & 7-Day Lag)	Positivity 34.3% (7-Day Avg & 7-Day Lag)		Daily Test Rate / 100k 989.2 (7-Day Avg & 7-Day Lag)	

Dashboard -Click [here](#) for more detailed city/community data and reports

RUHS Public Health News:

- Death of infant caused by COVID-19 infection, Riverside County health officials report [English](#) / [Spanish](#)
- Health officials in Riverside County report first case of Omicron variant [English](#) / [Spanish](#)
- [RUHS Public Health: Guidance on the use of masks in CA 12.14.21](#)
- Pfizer vaccine doses for children between 5-11 years old to be made available in Riverside County [English](#) / [Spanish](#)
- Booster for Moderna, Johnson & Johnson to be available in Riverside County starting Tuesday [English](#) / [Spanish](#)
- Booster vaccine doses available in Riverside County from Public Health and community partners [English](#) / [Spanish](#)
- Health officials confirm death of 4-year-old is COVID-19 related [English](#) / [Spanish](#)

RIVERSIDE COUNTY DAILY COVID-19 REPORT

<https://www.rivcoph.org/Portals/0/Documents/CoronaVirus/Reports/DailyEpidemiologySummary.pdf?x=1642802845000>



RIVERSIDE COUNTY COVID-19 CASES

Jan 21, 2022

TOTAL CASES
434,065

NEW REPORTED CASES
1,964

TOTAL DEATHS
5,730

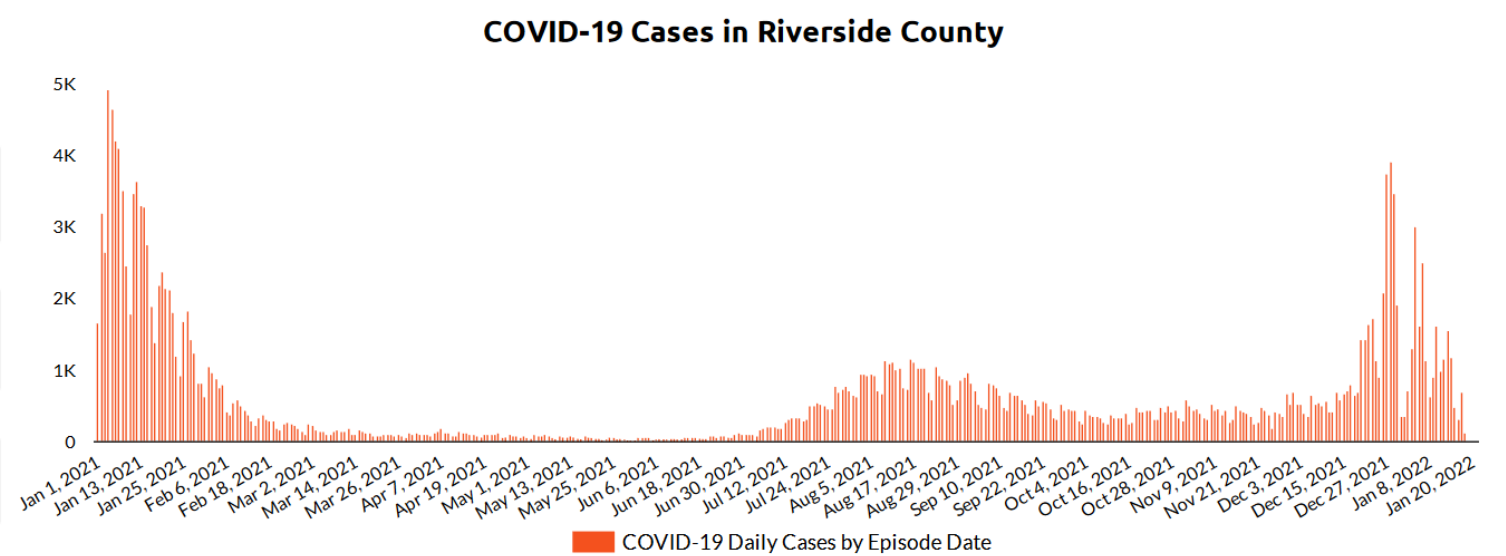
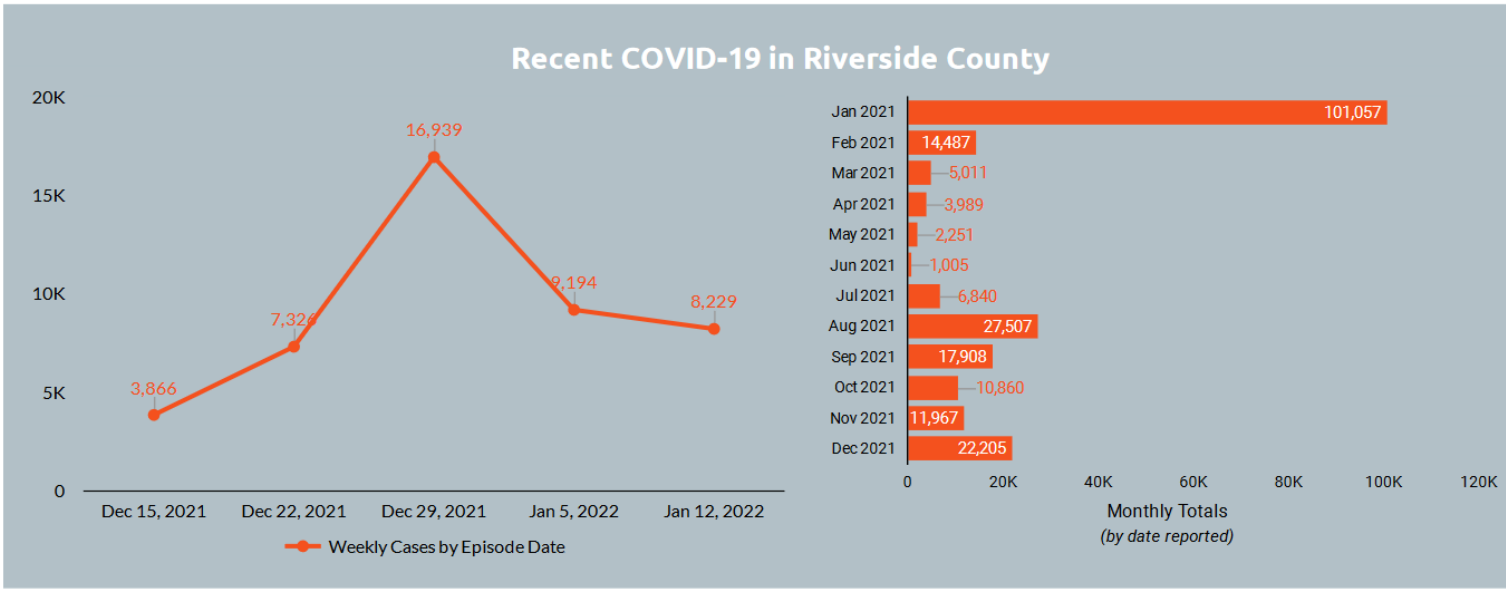
NEW DEATHS
24

TOTAL RECOVERED
400,877

PROBABLE CASES*
18,419

CURRENT HOSPITALIZED (includes ICU)
1,055

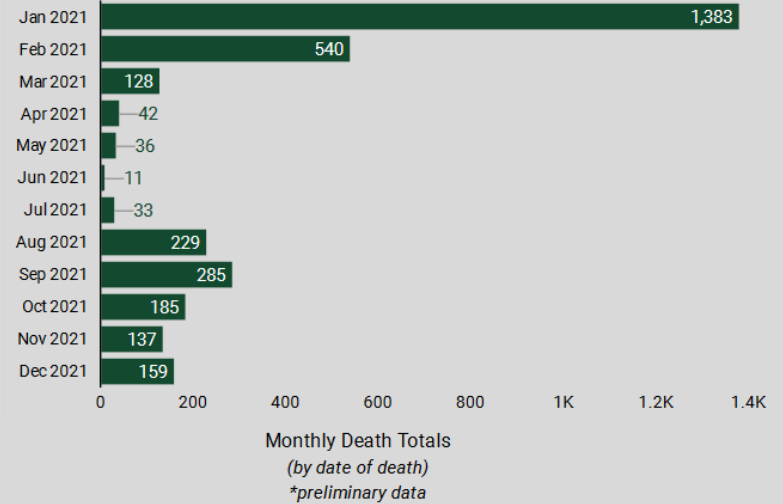
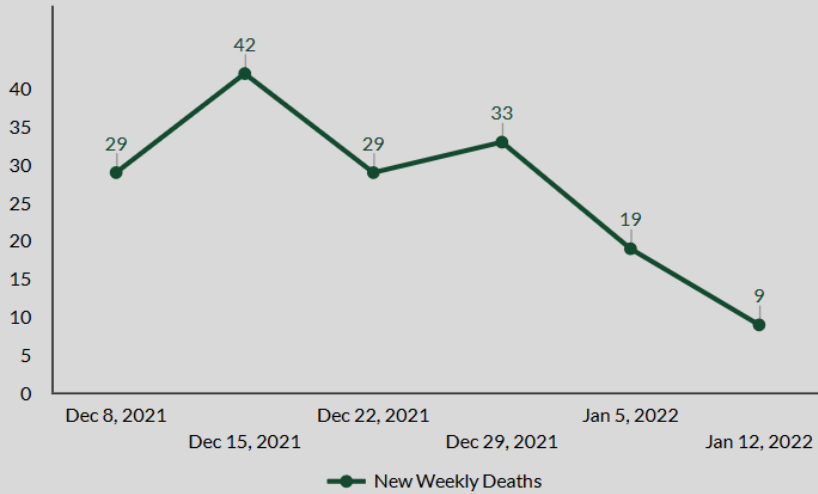
CURRENT ICU
170



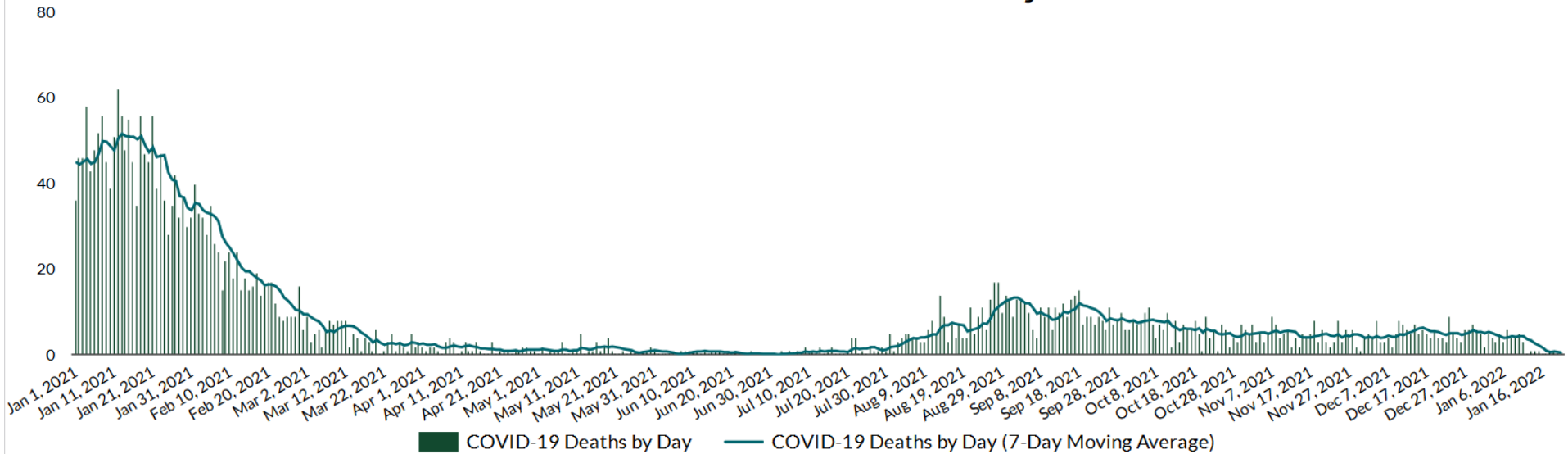
RIVERSIDE COUNTY COVID-19 DEATHS



Recent COVID-19 Deaths in Riverside County



COVID-19 Deaths in Riverside County

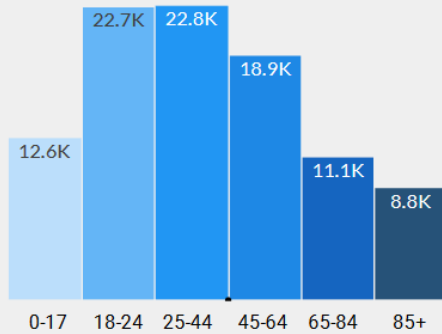


COVID-19 CASE RATE DEMOGRAPHICS CALIFORNIA AND RIVERSIDE COUNTY

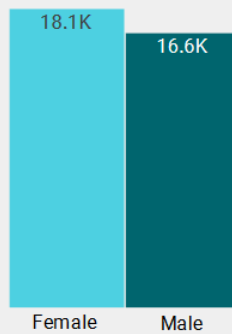


RIVERSIDE COUNTY

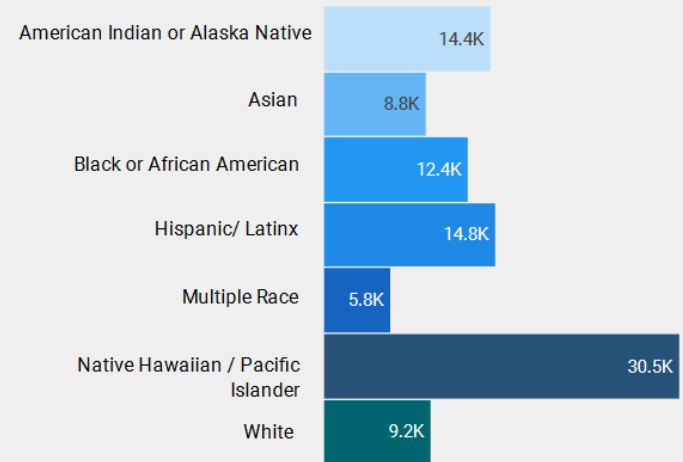
COVID-19 Riverside County Case Rates (per 100,000) by Age Group - Riverside County



COVID-19 Riverside County Case Rates (per 100,000) by Sex

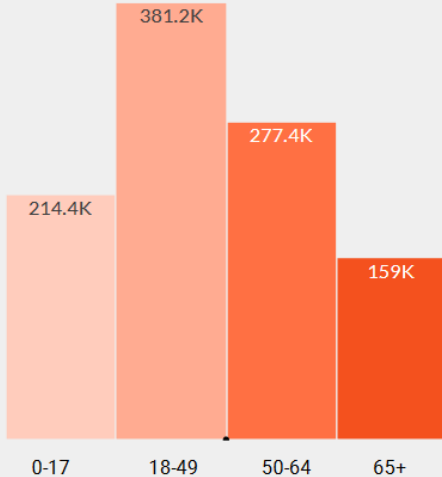


COVID-19 Riverside County Case Rates (per 100,000) by Race/Ethnicity

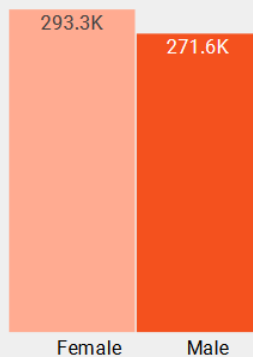


CALIFORNIA

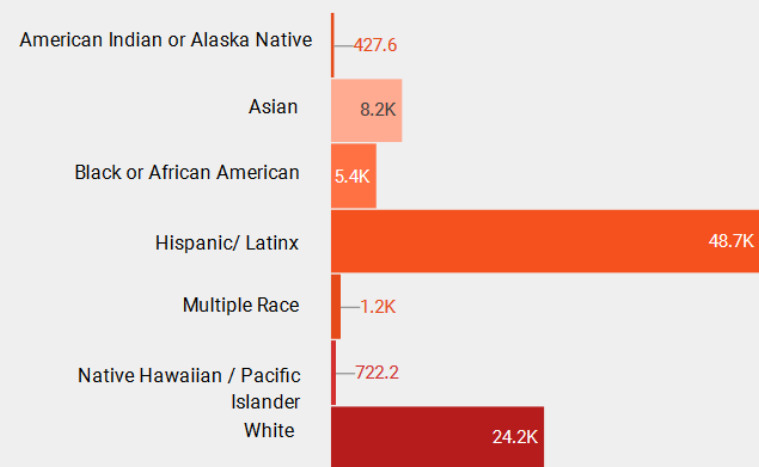
COVID-19 California Case Rates (per 100,000) by Age Group



COVID-19 California Case Rates (per 100,000) by Sex



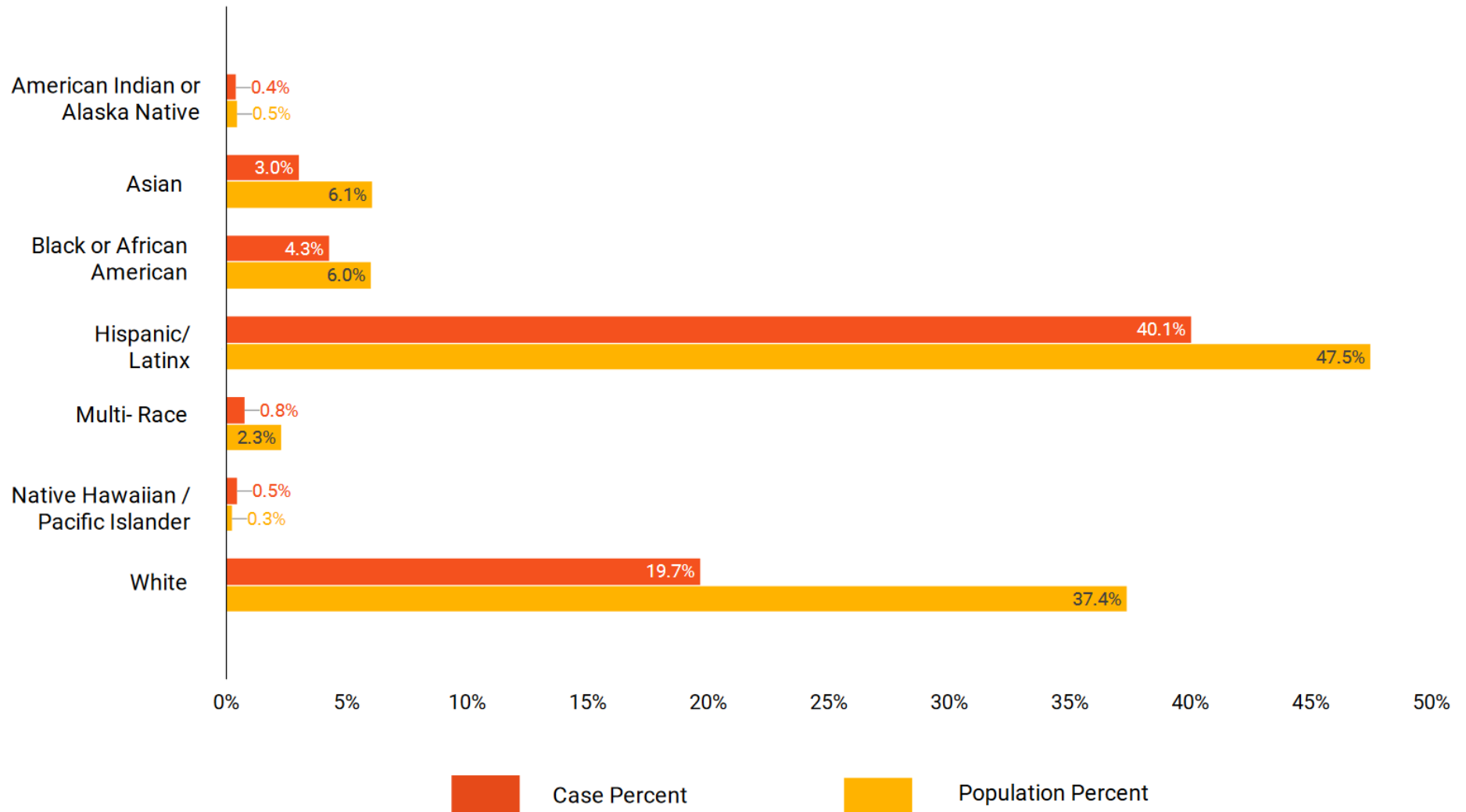
COVID-19 California Case Rates (per 100,000) by Race/Ethnicity



* California data lags behind one day

Jan 21, 2022

COVID-19 Case Percent vs Population Percent by Race and Ethnicity *



* 31.4% of cases have unknown Race/Ethnicities and are not shown here.
Population estimates derived from California Department of Finance, 2021

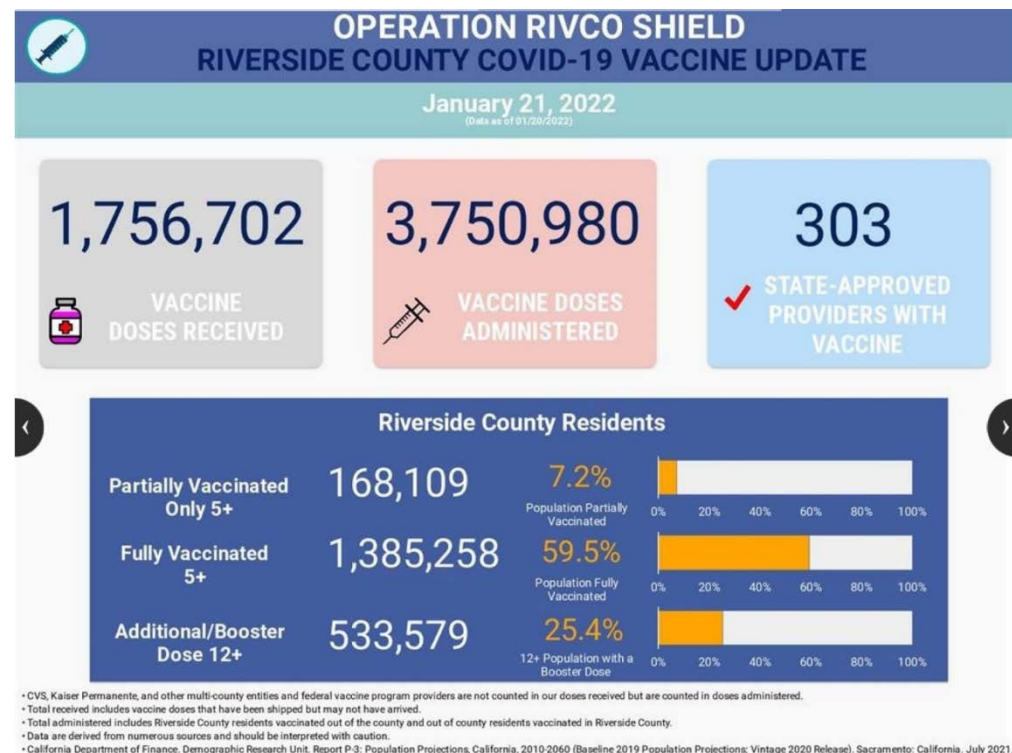
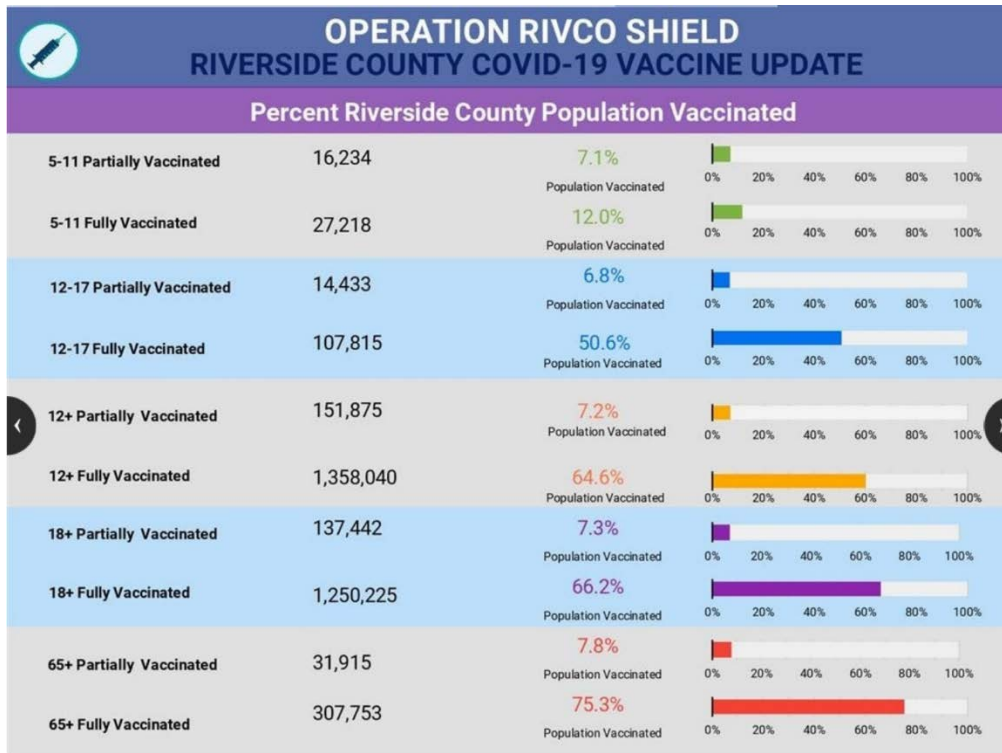
Vaccination Status of COVID-19 Cases

COVID-19 Vaccine

<https://www.rivcoph.org/COVID-19-Vaccine>

RUHS Public Health:

- [Pfizer Covid Vaccine Updated EUA – October 20, 2021](#)
- [Fact Sheet for Healthcare Providers Administering Vaccine \(Vaccination Providers\) Emergency Use Authorization \(EUA\) of the Pfizer-Biontech Covid-19 Vaccine to Prevent Coronavirus Disease 2019 \(Covid-19\) – October 20, 2021](#)
- [Fact Sheet for Recipients and Caregivers Emergency Use Authorization \(EUA\) of the Pfizer-Biontech Covid-19 Vaccine to Prevent Coronavirus Disease 2019 \(Covid-19\) in Individuals 12 Years of Age and Older – October 20, 2021](#)



RCCD COVID-19 Dashboard

<https://www.rccd.edu/return/Pages/Cases.aspx>

RCCD COVID-19 7-Day Average Positivity Rate by Test Result Date

1/14/2022

RIVCO/ CA Updated

1/14/2022

RCCD Cases Updated

19,527

RCCD COVID Test To...

502

RCCD Positives

5.5%

RCCD vs Ca Rate Dif

-6.2%

RCCD vs Riv County Rate Dif

Date

8/16/2021

1/14/2022



RCCD COVID-19 Positivity Rate

RCCD data is derived from Cleared4 and California and Riverside County Data is derived from California Health and Human Services Open Data Portal

Type

Employee

Student

Visitor

Site

DO

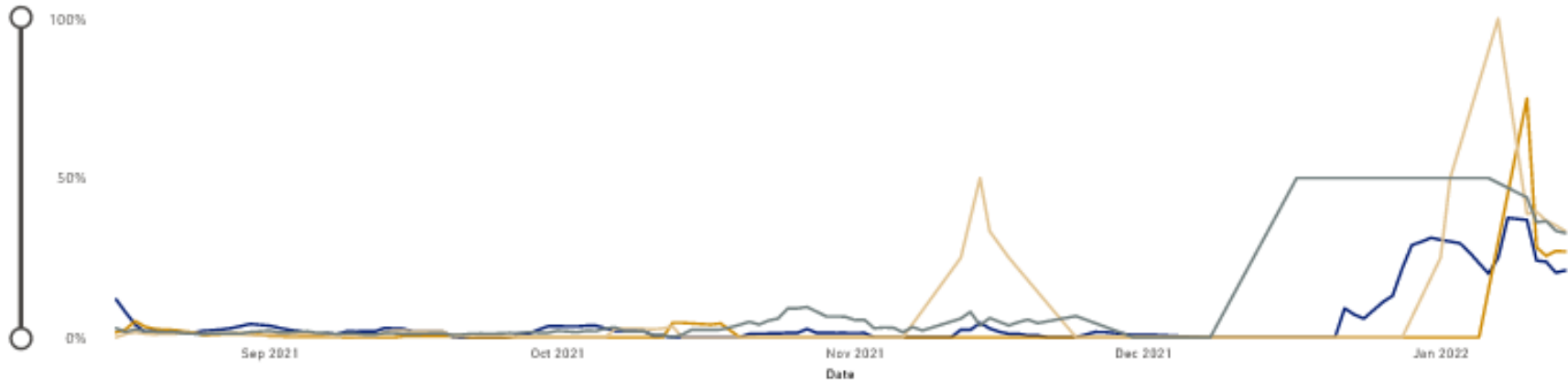
MVC

NC

RCC

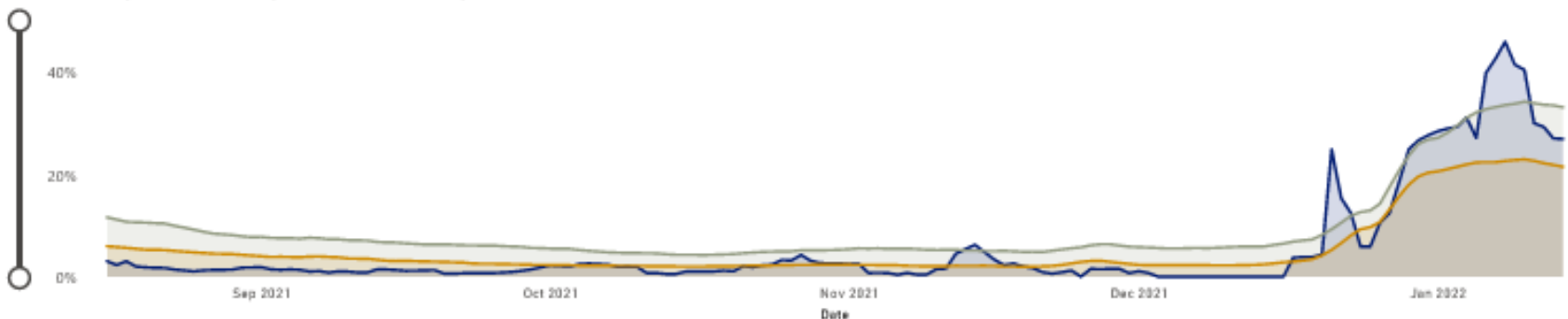
RCCD Positivity Rate by COL (Rol Avg Past 7-Days)

Site ● DO ● MVC ● NC ● RCC



Positivity Rate by RCCD vs Riverside County vs California (Rol Avg Past 7-Days)

● RCCD Positivity Rate ● CA Positivity Rate ● Riverside Positivity Rate



1/14/2022

CA/RIVCO Update Date

Date

1/17/2020 1/14/2022



California/Riverside County/RCCD COVID-19 Data

	Total Tests	Total COVID-19 Reported Cases	Total Positive Rate	Last 7-Day COVID19 Cases	Last 7-Day Pos Rate
California	130,356,954	6,416,171	6.5%	672,996	21.6%
RIVCO	5,351,003	466,381	11.5%	42,636	33.3%
RCCD	19,652	618	2.6%	195	27.0%

1/14/2022
Cases Updated

1/14/2022
Rate Updated

Data for California and Riverside County is populated from California Health and Human Services Open Data Portal (update cycle 1/week) and data for RCCD is derived from Cleared4 testing numbers

<https://data.chhs.ca.gov/dataset/covid-19-time-series-metrics-by-county-and-state>

Weather

<https://www.weather.gov/forecastpoints#>

Latest hazard threat table: <https://www.wrh.noaa.gov/sgx/event/dsstable.php>

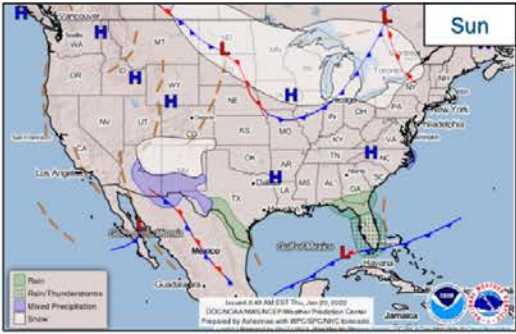
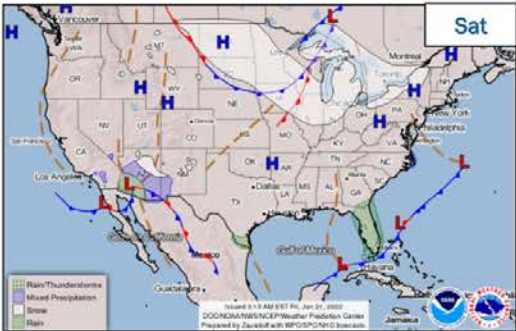
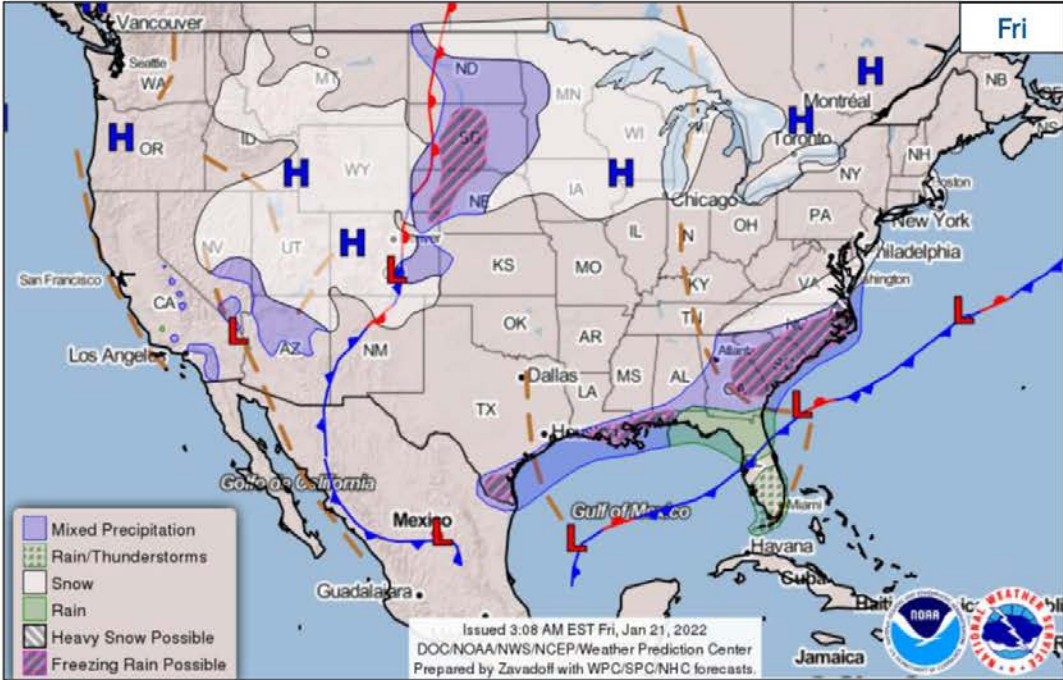
Risk Levels	Little to None	Minor	Moderate	Major	Extreme
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WEATHER RISK OUTLOOK

Risk levels incorporate potential impacts from weather hazards and likelihood of occurrence.

	Fri 1/21	Sat 1/22	Sun 1/23	Mon 1/24	Tue 1/25	Wed 1/26	Thu 1/27
Orange/San Diego Beaches	Wind	Wind		Rip Currents Elevated Surf	Rip Currents Elevated Surf		
San Diego Coast San Diego, La Jolla, Oceanside		Wind					
San Diego Valleys Alpine, Escondido, Ramona	Wind Late	Wind	Wind				
San Diego County Mtns Mt Laguna, Julian, Palomar Mt	Wind Late	Wind	Wind				
San Diego Deserts Anza Borrego, Ocotillo Wells		Wind					
Orange County Coast Laguna and Huntington Beaches	Wind	Wind					
Orange County Inland Anaheim, Irvine, Yorba Linda	Wind	Wind					
Santa Ana Mountains Silverado, Santiago Peak	Wind	Wind	Wind				
Inland Empire Ontario, Riverside, Temecula	Wind	Wind	Wind				
Riverside County Mtns Mt San Jacinto, Idyllwild	Wind	Wind	Wind				
Coachella Valley Palm Springs, Indio	Wind	Wind					
San Bernardino Mtns Wrightwood, Big Bear	Wind	Wind	Wind				
High Deserts Victorville, Lucerne Valley	Wind	Wind					

National Weather Forecast



National Watch Center

Ice Accumulation Forecast

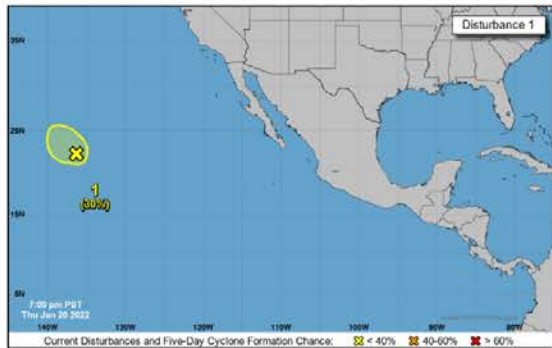


FEMA

National Watch Center

Tropical Outlook – Five Day

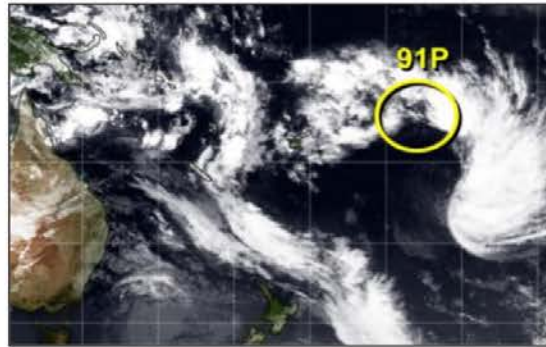
Eastern Pacific



Disturbance 1 (as of 8:00 a.m. ET)

- 1,000 miles ENE of Hilo, HI
- Moving NW to W
- Environment conditions expected to become much less favorable
- Formation chance through 48 hours: Low (30%); 5 days: Low (30%)

Western Pacific



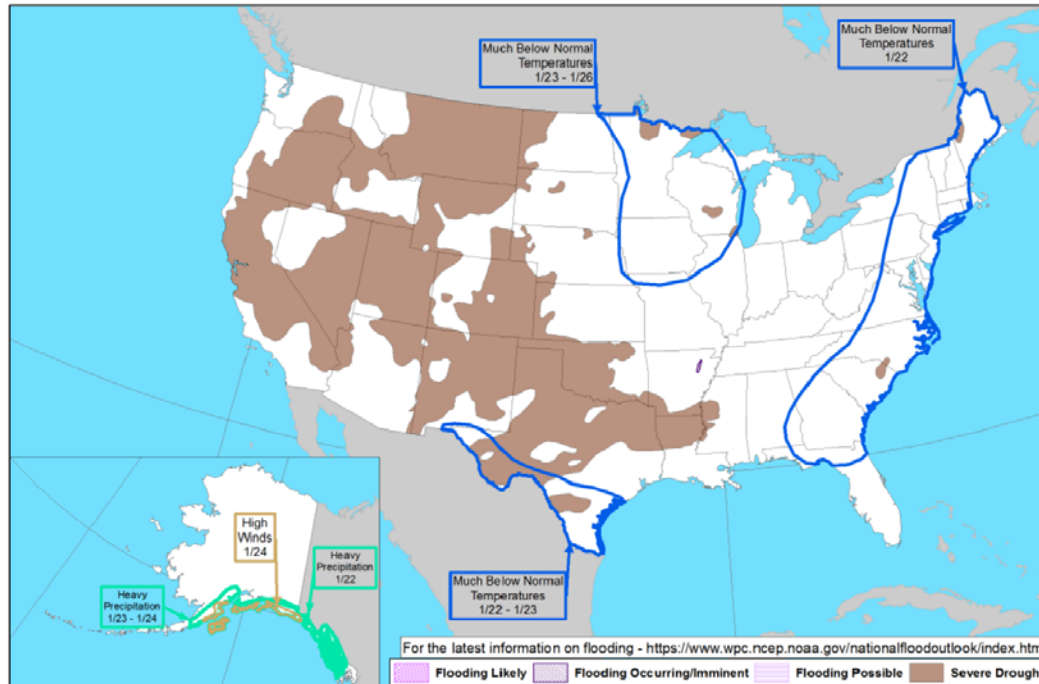
Invest 91P (as of 8:00 a.m. ET)

- 71 miles SSE of American Samoa
- Moving 15 mph
- Formation chance through 48 hours: Low (30%); 5 days: Low (30%)



National Watch Center

Hazards Outlook – Jan 22-26

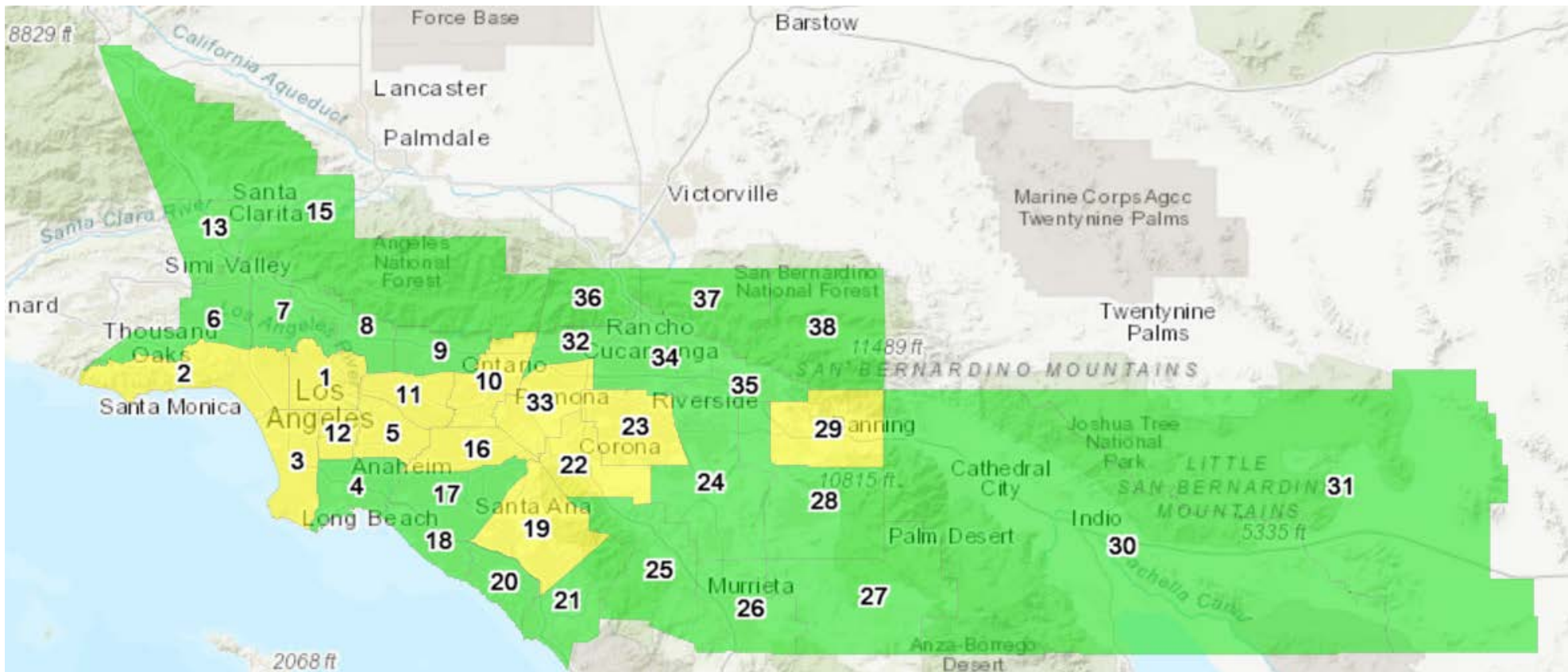


National Watch Center



Today's Forecast

<https://www.arcgis.com/apps/webappviewer/index.html?id=85c7770bac684749a631bd7b42eac1b7>



Legend

The Air Quality Index (AQI) is an index for reporting daily air quality that conveys how air pollution can affect public health. The AQI is divided into six levels of health concern:

AQI Value

- Hazardous (301-500)
- Very Unhealthy (201-300)
- Unhealthy (151-200)
- Unhealthy for Sensitive Groups (101-150)
- Moderate (51-100)
- Good (0-50)