



**\*\*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, February 4, 2022 - Day 695 of the Pandemic

### as of 2:00 PM

### COVID-19 by the Numbers

02/04/2022	Riverside	Imperial	Kern	Los Angeles*	Orange	San Bernardino	San Diego	San Luis Obispo	Santa Barbara	Ventura	California	United States	Global
Total Cases	563,991	52,153	180,296	2,572,702	527,516	539,312	703,957	48,361	80,478	165,532	7,998,817	75,937,801	386,548,962
Total Cases Per Capita	22,851	27,213	19,444	25,081	16,339	24,322	20,886	17,342	17,634	19,412	19,933	22,737	4,881
% of Total Cases/Population	22.85%	27.21%	19.44%	25.08%	16.34%	24.32%	20.89%	17.34%	17.63%	19.41%	19.93%	22.74%	4.88%
Recovered*	<a href="#">401,811</a>	<a href="#">44,842</a>	<a href="#">172,377</a>	Not Reported	<a href="#">420,416</a>	<a href="#">525,212</a>	Not Reported	<a href="#">48,123</a>	<a href="#">79,563</a>	<a href="#">157,258</a>	<a href="#">3,308,846</a>	<a href="#">47,450,754</a>	<a href="#">309,636,983</a>
% of total recovered/population	16.28%	23.40%	18.59%	Not Reported	13.02%	23.69%	Not Reported	17.26%	17.43%	18.44%	8.25%	14.21%	3.91%
Total Deaths	5,827	853	402	28,947	6,134	6,322	4,735	404	617	1,308	39,080	894,810	5,705,754
Deaths Per Capita	236.09	445.08	43.35	282.20	189.99	285.11	140.49	144.87	135.20	153.39	97.39	267.93	72.05
% of Total Deaths/Population	0.24%	0.45%	0.04%	0.28%	0.19%	0.29%	0.14%	0.14%	0.14%	0.15%	0.10%	0.27%	0.07%
% of State's Cases	7.05%	0.65%	2.25%	32.16%	6.59%	6.74%	8.80%	0.60%	1.01%	2.07%	10.53%	19.65%	
Total Hospital Beds	3,565	194	1,107	19,494	6,019	3,715	6,539	452	604	1,208	67,229		
Currently in Hospitals	832	85	285	3,233	746	822	1,014	46	118	269	12,134		
Hospital Beds Available**	2,733	109	822	16,261	5,273	2,893	5,525	406	486	939	55,095		
Total Hospital ICU Beds**	213	25	67	1,134	263	282	356	27	36	64	3,699		
Currently in ICU	137	24	55	687	134	179	199	8	17	40	2,283		
ICU Beds Available	76	1	12	447	129	103	157	19	19	24	1,416		
Case Fatality Rate	1.03%	1.64%	0.22%	1.13%	1.16%	1.17%	0.67%	0.84%	0.77%	0.79%	0.49%	1.18%	1.48%
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**  
More detail on page 9

**US Data**  
More detail on page 10

**State Data**  
More detail on page 21

**County of Riverside**  
More detail on page 24

**RCCD Dashboard**  
More detail on page 27

**Weather**  
More detail on page 28

**Air Quality**  
More detail on page 33

**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.

### **Scientists demand new investigation of COVID-19 origins ahead of Beijing Olympics**

- It's the latest in a series of strongly worded letters demanding more transparency from the Chinese government, once again stoking a contentious debate that's been ongoing throughout the pandemic's many months.
- The letter -- signed by 20 scientists from the U.S., U.K., Germany, New Zealand, France, Australia, India and Japan -- echoes what have become broad international calls for a more thorough examination, unfettered by geopolitics, into where COVID-19 came from. It also underscores continued criticism from both the U.S. and international bodies over the Chinese government's lack of cooperation.
- "The Olympic Charter states that 'The goal of Olympism is to place sport at the service of the harmonious development of humankind, with a view to promoting a peaceful society concerned with the preservation of human dignity,'" wrote the scientist group, co-organized by Jamie Metzl, a former WHO adviser and senior fellow at the Atlantic Council. "Unfortunately, as athletes from across the globe gather together today for the start of the 2022 Beijing Olympic Winter Games, this noble aspiration is being undermined through the ongoing efforts of the host government to prevent a comprehensive international investigation into the origins of the COVID-19 pandemic."
- No firm conclusion has yet been made as to where COVID-19 came from, with international health and U.S. intelligence bodies stalled between two theories: whether the virus emerged from natural animal spillover, or whether it came from an accidental lab experiment leak in Wuhan, China.
- Experts say it could take years to find COVID-19's origins, even with full international cooperation and an intact trail of scientific evidence. It took scientists more than a decade to identify the bat population that was the home of a 2002 SARS epidemic.

<https://abcnews.go.com/International/scientists-demand-investigation-covid-19-origins-ahead-beijing/story?id=82650383>

### **The Covid Vaccine We Need Now May Not Be a Shot**

- Nasal vaccines may be the best way to prevent infections long term, because they provide protection exactly where it is needed to fend off the virus: the mucosal linings of the airways, where the coronavirus first lands.
- Bharat Biotech is among the world's leading vaccine manufacturers. Its best known product, Covaxin, is authorized to prevent Covid in India and many other countries. But its experimental nasal vaccine may prove to be the real game changer.
- Immunizing entire populations with a nasal or oral vaccine would be faster in the middle of a surge than injections, which require skill and time to administer. A nasal vaccine is likely to be more palatable to many (including children) than painful shots, and would circumvent shortages of needles, syringes and other materials.
- Intranasal vaccines "can be administered easily in mass immunization campaigns and reduce transmission," said Krishna Ella, chairman and managing director of Bharat Biotech.
- There are at least a dozen other nasal vaccines in development worldwide, some of them now in Phase 3 trials. But Bharat Biotech's may be the first to become available. In January, the company won approval to begin a Phase 3 trial of the nasal spray in India as a booster for people who have already received two shots of a Covid vaccine.

<https://www.nytimes.com/2022/02/02/health/covid-vaccine-nasal.html>

## Greece Aspires Total Recovery of Tourism Sector in 2022

- Authorities in Greece aim to help the tourism sector recover from the devastating situation provoked by the Coronavirus and its new strains that have affected many sectors, especially the travel and tourism sector.
- The Tourism Minister also highlighted the importance of the tourism industry as a significant contributor to the Greek economic sector and also for its contribution to the survival of the “average Greek family during times of crisis”.

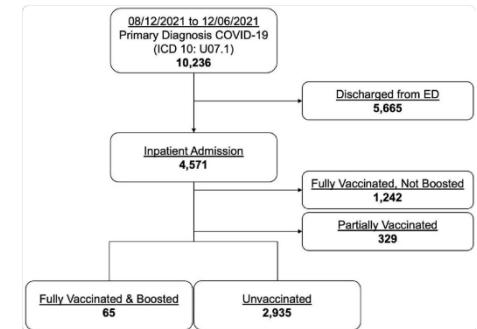
<https://www.schengenvisa.info.com/news/greece-aspires-total-recovery-of-tourism-sector-in-2022/>

## A study on COVID vaccinated vs. unvaccinated that required hospitalization

- In a recent study published on the medRxiv\* preprint server, a team of researchers compared the demographic, clinical, and outcome-related variables of fully vaccinated and boosted (FV&B) and unvaccinated (UV) patients requiring hospitalization for severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) infection.
- Further investigations are required to understand the protection provided by booster vaccines and diagnose the risk factors in the FV&B population. This study has not been peer-reviewed and, therefore, should not be regarded as conclusive, guide clinical practice/health-related behavior, or treated as established information

Study: <https://www.medrxiv.org/content/10.1101/2022.01.05.22268626v1>

<https://www.news-medical.net/news/20220110/A-study-on-COVID-vaccinated-vs-unvaccinated-that-required-hospitalization.aspx>



## World faces ‘bumpy, difficult’ Covid transition, says senior scientist

- Tensions in societies around the world over the current Covid situation are going to be very difficult to handle, one of Britain’s most senior scientific figures has warned.
- Sir Jeremy Farrar, the director of the Wellcome Trust, who stepped down as a government scientific adviser in November last year, warned the idea of simply “exiting” a pandemic is not realistic.
- “I just don’t think you wake up on Tuesday and it’s finished. It’s not going to happen like that,” he said in an online meeting of the Royal Society of Medicine. “The transition from [the] acute phase of the pandemic to something new, not yet defined, it’s really difficult – bumpy, different around the world, different within a single country, with the degree of inequity that’s happened globally, but also nationally,” he said.
- Farrar noted one problem is that while some people may argue the pandemic is now in the past, and the situation in the middle of the pandemic was exaggerated, others believe it’s far from over. “And so the tensions, I think, within societies are going to be very difficult to handle,” he said.
- Farrar also warned that he has deep concerns about the global Covid situation, warning that the pandemic has been made worse “by a catastrophic failure of global diplomacy”.
- “The ongoing geopolitics of east /west but increasingly, understandably, north/south, because of vaccine inequity is going to lead to really troubling years ahead and will have ramifications beyond pandemics to our ability to come together to solve issues of inequality, of issues of climate change, of issues of drug resistance, of issues of migration and conflict,” he said.

<https://www.theguardian.com/world/2022/feb/03/world-faces-bumpy-difficult-covid-transition-says-senior-scientist>

## **A deluge of medical waste is swamping the globe, a U.N. report says.**

- A new report from the WHO has highlighted the overabundance of medical waste around the world caused by the coronavirus pandemic. The agency, which is part of the U.N., said that most of the estimated 87,000 tons of personal protective equipment and supplies for coronavirus testing and vaccinations has strained waste management systems and is threatening both human health and the environment, the W.H.O. said this week.
- In addition, more than 8 billion coronavirus vaccine doses given globally have produced 143 tons of trash in the form of syringes, needles and safety boxes. Some of the waste could expose other people to needle punctures and disease-causing germs, the report said.
- To combat these problems, the report recommends the use of “eco-friendly” packaging and shipping, along with reusable equipment and products made from recyclable or biodegradable materials.
- The report also noted that 30 percent of health care facilities worldwide could not handle the amount of garbage they were creating even before the pandemic. And that number grows to as much as 60 percent in the least developed countries. The trash can contaminate the air in nearby communities when it is burned, pollute water and attract disease-carrying pests, the report’s authors wrote. They called for increased investment in cleaner waste-treatment technologies and recycling.
- Solid waste experts have said that high volumes of personal protective equipment have been misclassified as hazardous. Much of that material is dumped in burn pits because it is excluded from normal trash.

<https://www.nytimes.com/2022/02/03/world/medical-waste-environment-covid.html>

## **Israeli study offers strongest proof yet of vitamin D’s power to fight COVID**

- Israel scientists say they have gathered the most convincing evidence to date that increased vitamin D levels can help COVID-19 patients reduce the risk of serious illness or death.
- Researchers from Bar Ilan University and the Galilee Medical Center say that the vitamin has such a strong impact on disease severity that they can predict how people would fare if infected based on nothing more than their ages and vitamin D levels.
- Lacking vitamin D significantly increases danger levels, they concluded in newly peer-reviewed research published Thursday in the journal PLOS One.
- “What we’re seeing when vitamin D helps people with COVID infections is a result of its effectiveness in bolstering the immune systems to deal with viral pathogens that attack the respiratory system,” he told The Times of Israel. “This is equally relevant for Omicron as it was for previous variants.”
- Health authorities in Israel and several other countries have recommended vitamin D supplements in response to the coronavirus pandemic, though data on its effectiveness has been sparse until now.

<https://www.timesofisrael.com/israeli-study-offers-strongest-proof-yet-of-vitamin-ds-power-to-fight-covid/>

## **S Africa’s Afrigen makes mRNA COVID vaccine using Moderna data**

- South Africa’s Afrigen Biologics has used the publicly available sequence of Moderna’s COVID-19 mRNA vaccine to make its own version of the shot, which could be tested in humans before the end of this year, Afrigen’s top executive said on Thursday.
- The vaccine candidate would be the first to be made based on a widely used vaccine without the assistance and approval of the developer. It is also the first mRNA vaccine designed, developed and produced at lab scale on the African continent.
- The WHO last year picked a consortium, including Afrigen, for a pilot project to give poor and middle-income countries the know-how to make COVID-19 vaccines, after market leaders of the mRNA COVID vaccine, Pfizer, BioNTech and Moderna, declined a WHO request to share their technology and expertise.

- The WHO and partners hope the hub will help overcome glaring inequalities between rich nations and poorer countries in accessing vaccine doses, with 99 percent of all of Africa's vaccines imported and the negligible remainder manufactured locally.
- During the pandemic, wealthy countries have hoovered up most of the world's supplies of vaccines.
- Biovac, a partly state-owned South African vaccine producer, will be the first recipient of the technology from the hub. Afrigen has also agreed to help train companies in Argentina and Brazil.
- Moderna's vaccine was chosen due to an abundance of public information and its pledge not to enforce patents during the pandemic. It's not clear what will happen after that.
- We haven't copied Moderna, we've developed our own processes because Moderna didn't give us any technology," Petro Terblanche, managing director at Afrigen told Reuters.
- "We started with the Moderna sequence because that gives, in our view, the best starting material. But this is not Moderna's vaccine, it is the Afrigen mRNA hub vaccine," Terblanche said.

<https://www.aljazeera.com/news/2022/2/3/s-africas-afrigen-makes-mrna-covid-vaccine-using-moderna-data>

RELATED

### Africa needs to ramp up COVID-19 vaccination rate six-fold

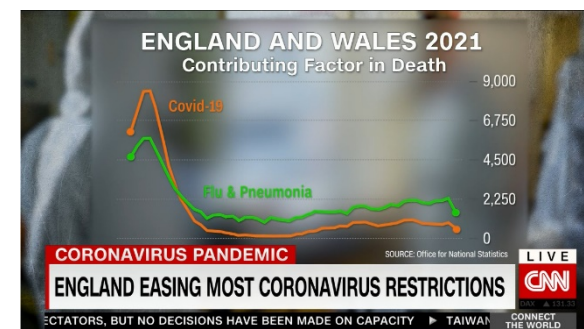
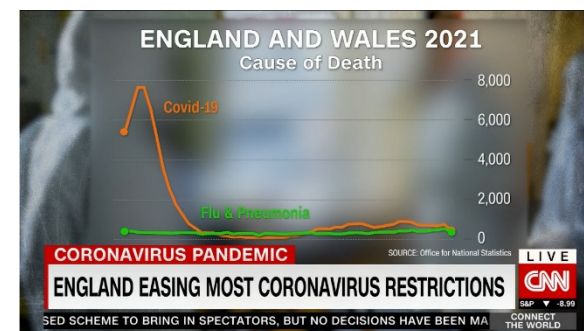
- Although vaccine supplies have risen significantly, the continent is struggling to expand rollout, with only 11 per cent of the population fully vaccinated.
- To date, Africa has received more than 587 million vaccine doses: 58 per cent through the UN-backed and equity-based COVAX Facility, 36 per cent through bilateral deals, and six per cent through Africa Vaccines Acquisition Trust (AVAT) of the African Union.

<https://news.un.org/en/story/2022/02/1111202>

### Denmark becomes first EU country to lift all Covid-19 restrictions

- Denmark has lifted all Covid-19 restrictions within the country, with coronavirus no longer considered a "socially critical sickness," according to the government.
- This means that an indoor mask mandate, the use of a "Covid pass" for bars, restaurants and other indoor venues, and the legal obligation to self-isolate if you test positive are all ending.
- "No one can know what will happen next December. But we promised the citizens of Denmark that we will only have restrictions if they are truly necessary and we'll lift them as soon as we can," Danish Health Minister Magnus Heunicke told CNN on Monday. "That's what's happening right now."
- Brostrøm said he did not think vaccine mandates were necessary. "I do not believe in imposed vaccine mandates," he said. "It's a pharmaceutical intervention with possible side effects. You need as an authority to recognize that. I think if you push too much, you will have a reaction -- action generates reaction, especially with vaccines."
- "We must learn to live with COVID the same way we have learned to live with flu"

<https://www.cnn.com/2022/02/01/europe/denmark-lifts-covid-restrictions-intl/index.html>



## Watch Out for These Deadly Symptoms Within the First 3 Days of a COVID-19 Diagnosis

- As noted in a [press release](#), the study authors investigated the link between COVID-19 and [ischemic stroke](#), or a stroke caused by a blocked blood vessel. Ischemic strokes, which account for about 87 percent of all strokes, often occur because fatty deposits build up inside a vessel.
- COVID-19 may increase the risk of stroke
- Using this data, the researchers compared the risk of stroke during a COVID infection to the risk without an infection. They found that adults were at the greatest risk during the first three days following a COVID-19 diagnosis. In fact, their stroke risk was 10 times higher than that of the control group.
- The press release does not explain whether COVID-19 vaccines influenced the data. In addition, the study authors noted that the dates of COVID-19 diagnoses depended on testing availability, which was limited early in the pandemic. Lastly, the data is based only on adults in the Medicare system. So, the results might change if the researchers were to examine the health records of adults who don't receive Medicare.

<https://www.womansworld.com/posts/health-news/covid-19-stroke-risk>

## Gay, lesbian adults in US have higher COVID-19 vaccination rates than heterosexual adults: CDC

- According to a report released by the Centers for Disease Control and Prevention, lesbians and gay men age 18 and older reported higher vaccination coverage overall (85.4%) than their heterosexual counterparts (76.3%), whose rates were similar to those of bisexual adults (76.3%) and transgender adults (75.7%)
- Additionally, gay and lesbian adults were also more likely to trust in the efficacy of the potentially life-saving shots than heterosexual adults.
- When it comes to “confidence in vaccine safety,” 76.3% of gay or lesbian adults said they felt either “completely” or “very” confident with the shots; while 63.9% of heterosexual adults said they felt that way.

<https://www.msn.com/en-us/news/us/gay-lesbian-adults-in-us-have-higher-covid-19-vaccination-rates-than-heterosexual-adults-cdc/ar-AATrOPL>

## Here's What We Know About 'Johns Hopkins Study' on Lockdowns

- In February 2022, a number of conservative news outlets reported on a working paper entitled “A Literature Review and Meta Analysis of the Effects of Lockdowns on COVID-19 Mortality” by a group of scholars at Johns Hopkins University. The paper claimed that the lockdowns implemented during the COVID-19 pandemic had little impact on preventing deaths. As this study appeared to run counter to previous reports that found lockdowns saved lives.
- When examined, the actual study, not the media reports covering the study, was that this was a “working paper” by a group of economists, not epidemiologists. A working paper typically refers to a pre-publication study that has not yet undergone a scientific peer-review process. The authors state as much in a brief description at the top of the study:
- This opening paragraph contains one other important detail. This study was not endorsed by Johns Hopkins University. While many media outlets presented this working paper as if it was a “Johns Hopkins study,” this report would be more accurately described as a non-peer-reviewed working paper by three economists, one of whom is an economics professor at Johns Hopkins University

- <https://www.snopes.com/news/2022/02/03/johns-hopkins-study-on-lockdowns/>

### About the Series

The *Studies in Applied Economics* series is under the general direction of Prof. Steve H. Hanke, Founder and Co-Director of The Johns Hopkins Institute for Applied Economics, Global Health, and the Study of Business Enterprise ([hanke@jhu.edu](mailto:hanke@jhu.edu)). The views expressed in each working paper are those of the authors and not necessarily those of the institutions that the authors are affiliated with.

## CA Director of Public Health resigns

- Second top resignation in two months
- The director of California's public health department resigned late Sunday night, less than a week after state officials reported a tech glitch that resulted in an undercount of coronavirus cases and confusion about the scope of infections as the state's death toll crossed 10,000.
- Dr. Sonia Angell didn't state a reason for her departure. She is the [second high-ranking official](#) to leave the department in two months, raising questions about how the state plans to handle a critical moment in the pandemic while addressing data snafus and communication problems.
- Dr. Mark Ghaly, the state's health and human services secretary, [said Friday](#) that neither he nor Newsom knew about the backlogged tests until after a press conference at which the governor [reported a steep decline](#) in the state's seven-day positivity rate, [likely due in part to the undercount](#). But the state Department of Public Health had [warned local health departments](#) about the data problems as early as July 31, three days before Newsom's press conference.
- The backlog of a quarter-million lab records was caused by technical changes made after a server crashed and by the state's failure to renew a certificate required to receive data from Quest Diagnostics, a commercial lab used by coronavirus testing sites across California, Ghaly said. As a result, California did not receive Quest data from July 31 to Aug. 4.  
<https://calmatters.org/newsletters/whatmatters/2020/08/sonia-angell-resigns-department-of-public-health-newsom/>

## 137 infections in three weeks. How a COVID-19 wave has affected one California state agency

- A wave of COVID-19 infections is shaking up return-to-office plans at the Franchise Tax Board, where 137 employees tested positive for the virus in the last three weeks, according to employee emails.
- When employees do test positive, they face mandatory isolation periods under county and state protocols. Sacramento County mandates a minimum isolation period of five days for people who have tested positive, and up to 10 days without a repeat test or for those who still have a fever.
- If Franchise Tax Board employees don't have any accrued sick leave — which new employees usually don't — they face mandatory unpaid time off.
- “A week doesn't sound like a lot to some people, but I count on that to pay my bills,” said a tax technician with children who recently tested positive. “Now I'm worried I'm not going to have enough to cover everything, and there's nothing I can do.”
- On a given workday, about 1,400 of the agency's employees are working in the office and 4,200 are working remotely, Ramirez said. She said employees may request accommodations for medical reasons through the agency's Equal Employment Opportunity office to work from home.
- Many employees said all their work could be done from home, but they have been required to come into the office.
- Two employees, plus another who has been able to work from home, said previous groups of new hires went straight to remote work, but the recent group of about four dozen new hires all must report to the office.
- The agency recently announced another 90-day delay to its return-to-office plan, which eventually will require everyone to spend at least half of their working time in the office.
- State employees are required to be vaccinated or to get tested weekly. Ramirez said the agency has got its testing program up and running, adding that tests are available for vaccinated as well as unvaccinated employees. She declined to say what percentage of the agency's employees are vaccinated.  
<https://www.sacbee.com/news/politics-government/the-state-worker/article257946173.html>

## CA no longer letting health care staff with COVID go back to work without isolation

- Controversial California guidance that temporarily allowed coronavirus-positive health care workers return to work without isolation has expired.
- The California Department of Public Health issued the guidance last month, letting health care workers who test positive for the virus or are exposed to it to return to work immediately — without isolation and without testing — if they are asymptomatic and wearing N95 masks.
- The guidelines spurred backlash across the state, with health care workers holding protests to speak out against the new rules, which they believed put both patients and workers at risk.
- Labor groups representing health workers quickly denounced the guidance.
- State officials said the changes, which expired Tuesday, were made “due to the critical staffing shortages currently being experienced across the health care continuum because of the rise in the Omicron variant.”
- At the time, about a third of California hospitals were reporting “critical staffing shortages,” according to the U.S. Department of Health and Human Services.
- The omicron-fueled surge led to shortages across many sectors, including at hospitals dealing with more COVID-19 patients flooding in.

<https://www.kron4.com/health/coronavirus/ca-no-longer-letting-health-care-staff-with-covid-go-back-to-work-without-isolation/>

## Woman behind California's COVID-19 vaccine efforts resigns from Government Operations Agency

- A year after spearheading California's COVID-19 vaccination efforts and two years after being appointed into Gov. Gavin Newsom's administration, Yolanda Richardson is resigning as the secretary of the Government Operations Agency.
- In an email to colleagues, Richardson announced she is headed to the Bay Area to serve as the chief executive officer at the San Francisco Health Plan. Her last day as secretary is March 2, according to the email.
- She's the third prominent member to part with the Newsom administration within the last week.

<https://www.kcra.com/article/woman-behind-californias-covid-19-vaccine-efforts-resigns-government-operations-agency/38975687>

## California Eyes Endemic COVID Strategy With A Divisive Plan

- Gov. Gavin Newsom has hinted at a forthcoming “endemic strategy” for dealing with COVID-19 at least [twice](#) in the [past two weeks](#). California’s statewide mask mandate is [set to expire on Feb. 15](#) — and given decreasing test positivity rates, cities such as San Francisco [relaxing their mask rules](#) and [photos of a maskless Newsom](#) at last weekend’s NFC Championship game, state health officials may not be inclined to extend it.
- Newsom’s health administration is experiencing changes of its own: California Surgeon General Dr. Nadine Burke Harris, the state’s top physician, [announced late Tuesday](#) that she is resigning Feb. 11 to “focus on prioritizing care for myself and my family.” The surprise departure comes less than two years after [California’s public health director resigned](#) amid a tech snafu resulting in a massive undercount of coronavirus cases.
- But even as the state considers a shift in COVID policy, [a statewide Public Policy Institute of California survey](#) released Wednesday night found the virus continues to be a primary concern for many Californians.
- California has administered 69,708,035 vaccine doses, and 73.2% of eligible Californians are fully vaccinated.

<https://patch.com/california/lakeelsinore-wildomar/s/i3k1c/california-eyes-endemic-covid-strategy-with-a-divisive-plan>



# Global Data

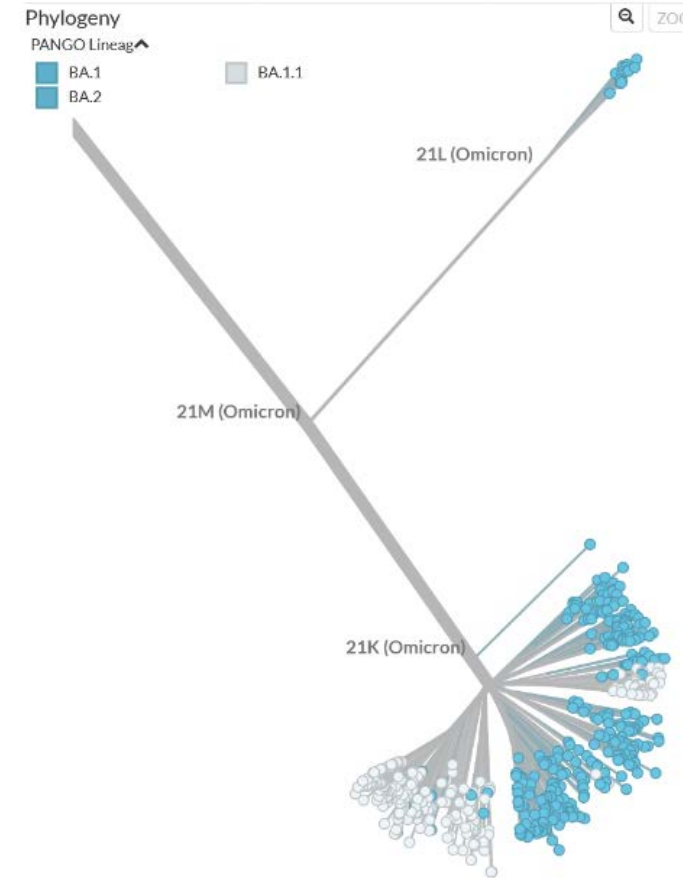
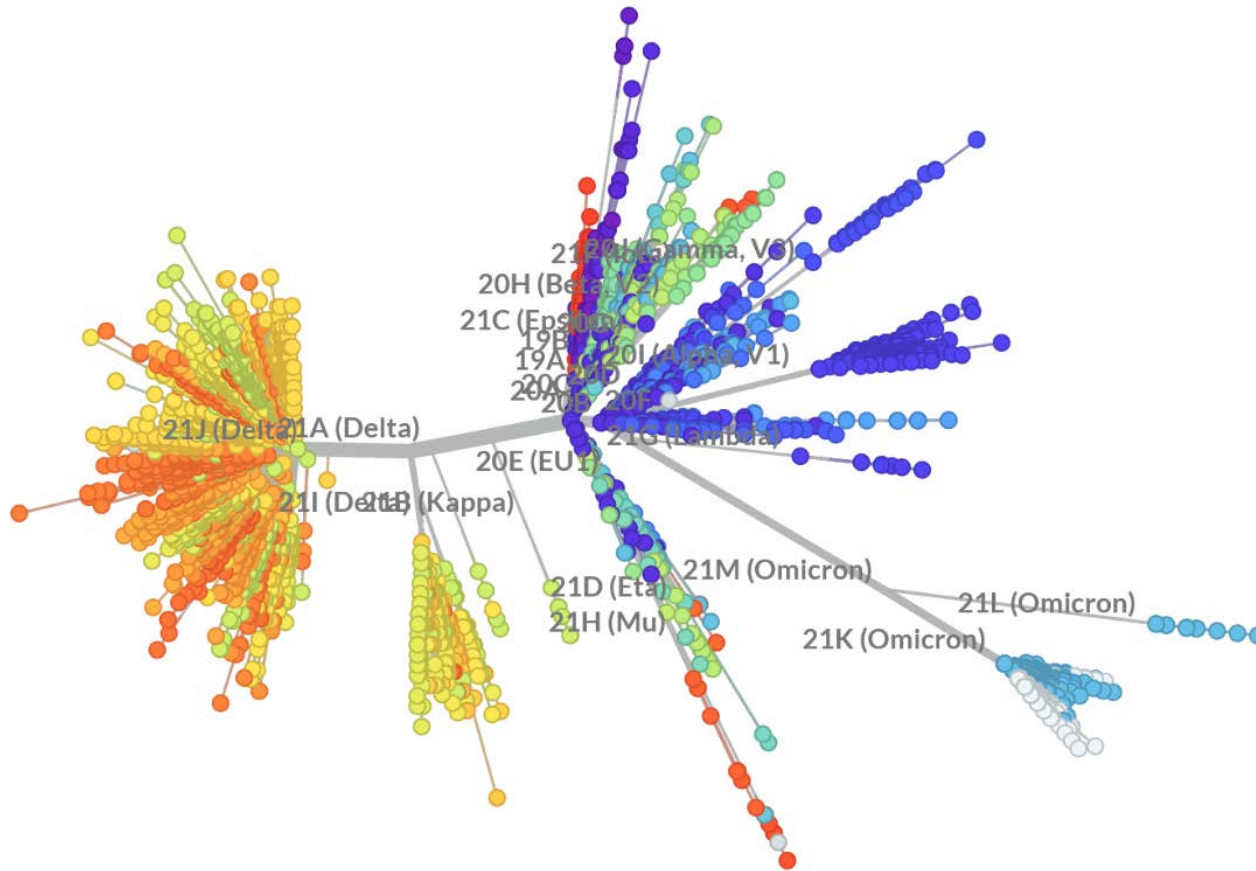
<https://nextstrain.org/ncov/gisaid/global>

## Genomic epidemiology of novel coronavirus - Global subsampling

Built with [nextstrain/ncov](#). Maintained by the [Nextstrain team](#). Enabled by data from [GISAIID](#).

3094 genomes sampled between Nov 2021 and Feb 2022.

Unrooted View





# U. S. Data

[https://covid.cdc.gov/covid-data-tracker/#cases\\_casesper100klast7days](https://covid.cdc.gov/covid-data-tracker/#cases_casesper100klast7days)

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

[https://covid.cdc.gov/covid-data-tracker/#cases\\_community](https://covid.cdc.gov/covid-data-tracker/#cases_community)



## 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<sup>†</sup>

[View Footnotes and Download Data](#)

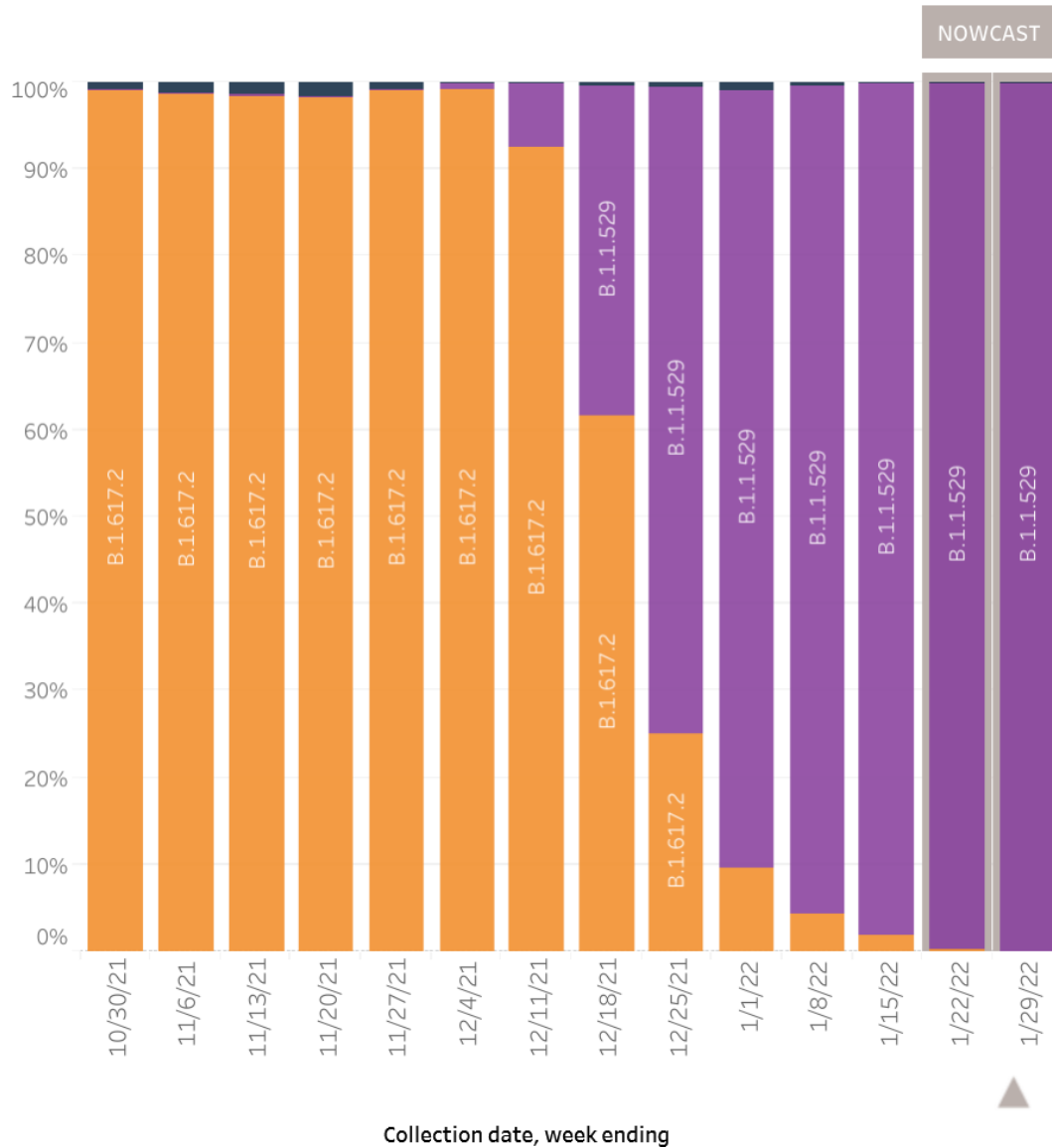
<p>UNITED STATES LEVEL OF COMMUNITY TRANSMISSION</p> <p><b>High</b></p>	<p>7 DAY CASE RATE PER 100,000</p> <p><b>797</b></p>	<p>7 DAY PERCENT POSITIVITY</p> <p><b>18.71%</b></p>
<p>CDC   Data as of: February 3, 2022 9:46 PM ET. Posted: February 3, 2022 11:30 PM ET</p>		
<p>TOTAL CASES</p> <p><b>75,605,991</b></p> <p>+302,529 New Cases</p>	<p>CASES IN LAST 7 DAYS</p> <p><b>2,646,110</b></p>	<p>TOTAL DEATHS</p> <p><b>892,442</b></p> <p>+2,939 New Deaths</p>
<p>CDC   Data as of: February 3, 2022 9:46 PM ET. Posted: February 3, 2022 11:30 PM ET</p>		
<p>TOTAL CASES</p> <p><b>75,605,991</b></p> <p>+302,529 New Cases</p>	<p>DEATHS IN LAST 7 DAYS</p> <p><b>16,827</b></p>	<p>TOTAL DEATHS</p> <p><b>892,442</b></p> <p>+2,939 New Deaths</p>
<p>CDC   Data as of: February 3, 2022 9:46 PM ET. Posted: February 3, 2022 11:30 PM ET</p>		
<p>TOTAL TESTS REPORTED</p> <p><b>785,540,430</b></p>	<p>TOTAL POSITIVE TESTS</p> <p><b>73,821,902</b></p>	<p>7-DAY % POSITIVITY</p> <p><b>18.71%</b></p>
<p>National totals as of: Jan 31 2022. National positivity date as of: Jan 31 2022</p> <p>CDC   Updated: Feb 4 2022 3:08PM</p>		

# Variant Proportions

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

United States: 10/24/2021 – 1/29/2022

United States: 1/23/2022 – 1/29/2022 NOWCAST



**USA**

WHO label	Lineage #	US Class	%Total	95%PI
Omicron	B.1.1.529	VOC	99.9%	99.9-100.0%
Delta	B.1.617.2	VOC	0.1%	0.0-0.1%
Other	Other*		0.0%	0.0-0.0%

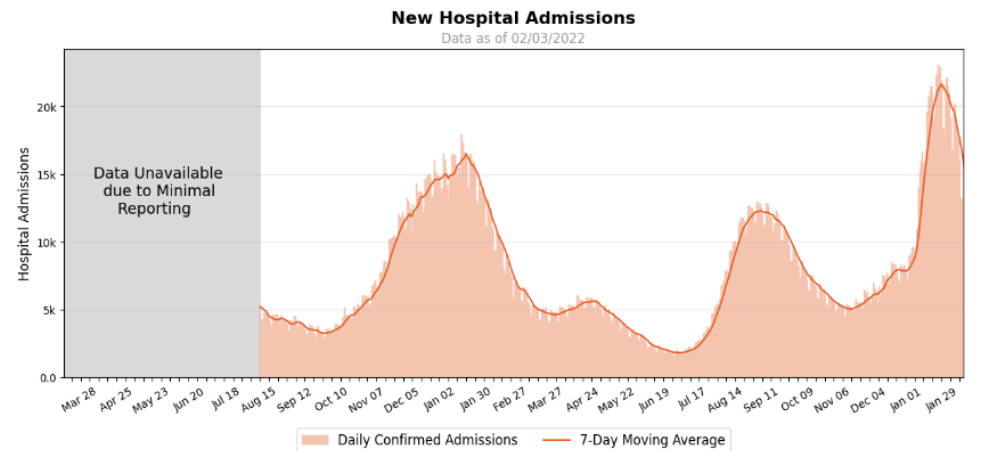
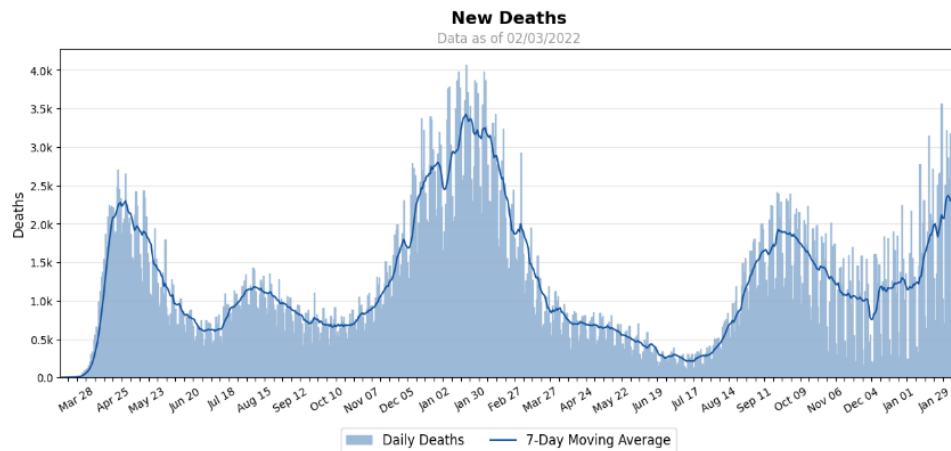
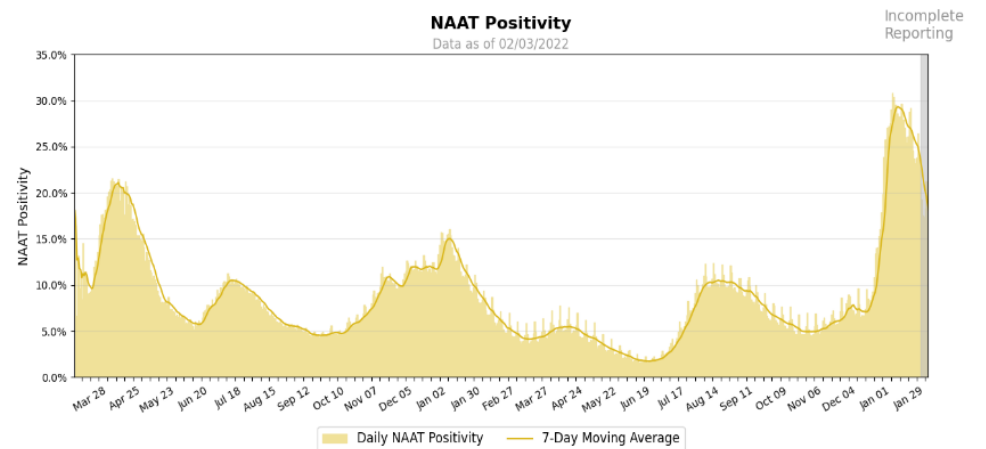
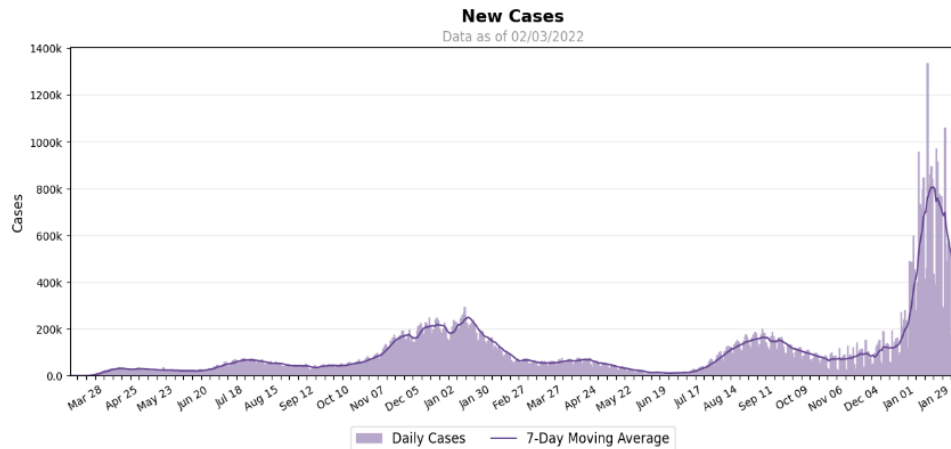
\* Enumerated lineages are US VOC and lineages circulating above 1% nationally in at least one week period. "Other" represents the aggregation of lineages which are circulating <1% nationally during all weeks displayed.

\*\* These data include Nowcast estimates, which are modeled projections that may differ from weighted estimates generated at later dates  
 # AY.1-AY.133 and their sublineages are aggregated with B.1.617.2. BA.1, BA.2 and BA.3 are aggregated with B.1.1.529.

# COVID-19 Community Profile Report 02-03-2022

<https://beta.healthdata.gov/Health/COVID-19-Community-Profile-Report/gqxm-d9w9>

## NATIONAL TIME SERIES



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

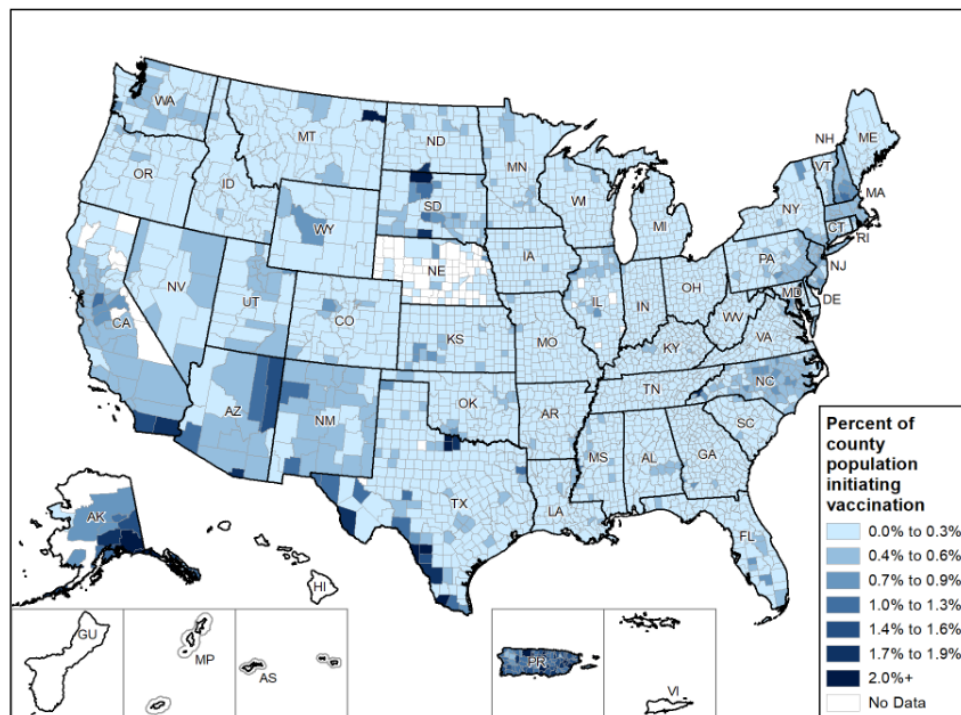
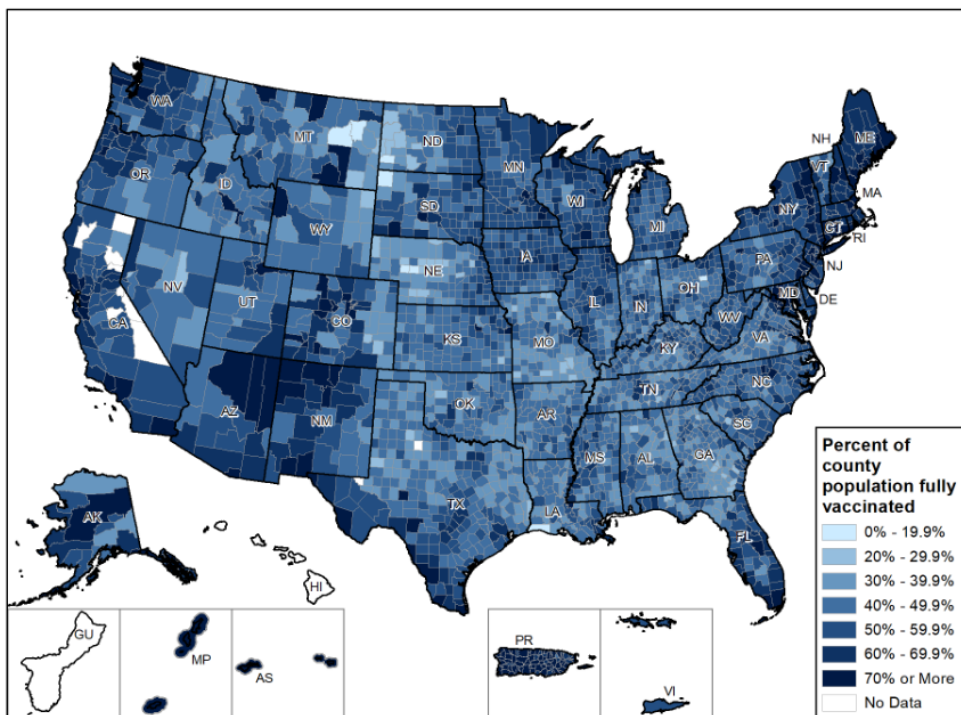
INITIAL PUBLIC RELEASE // SUBJECT TO CHANGE



# VACCINATION RATES BY COUNTY

**Percent of Population Fully Vaccinated: 64.0%**  
**Percent of Population with at Least 1 Dose: 75.5%**

**Percent of Population Initiating Vaccination in the Last Week: 0.4%**



Source: Unified COVID-19 Vaccine Dataset. Fully vaccinated indicates those who received the second dose of Pfizer-BioNTech or Moderna vaccines and those who received one dose of J&J/Janssen COVID-19 vaccine. Initiating vaccination indicates those who have received the first dose of the Pfizer-BioNTech or Moderna vaccines and those who have received a dose of the J&J/Janssen vaccine in the last week. Values reflect total by report date, not administered date. In instances where the number of people fully vaccinated is greater than those with at least one dose for a specific county, the county will have "no data" on the map of population initiating vaccination; see COVID Data Tracker for further information. The following states have ≤80% completeness reporting vaccinations by county, which may result in underestimates of vaccination data for counties and CBSAs: VA (80%), VT (74%), HI (0%)

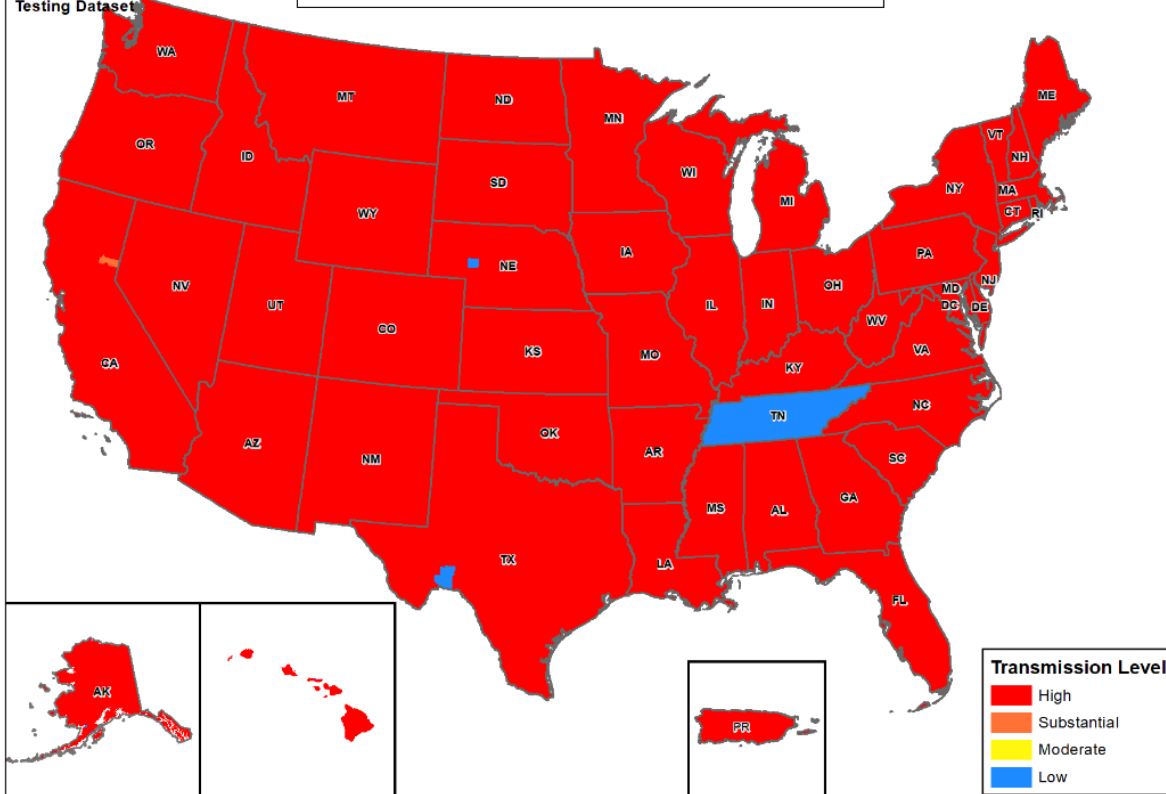
**INITIAL PUBLIC RELEASE // SUBJECT TO CHANGE**



# COMMUNITY TRANSMISSION LEVEL

Date: 2/3/2022  
Source: CDC Aggregate County Data, Unified Testing Dataset

## Community Transmission Level by County 02FEB2022



Source: CDC Aggregate County Dataset (cases), Unified Testing Dataset (tests)

Notes: Cases data from January 27-February 2, test positivity data from January 25-31. Combined Transmission Level is the higher threshold among cases and testing thresholds. See Data Sources/Methods slides for additional details.

Tennessee's weekly cases and deaths data update on 2/2/2022 did not allocate cases and deaths to each of the state's counties, resulting in the appearance of significant under-reporting in today's map.

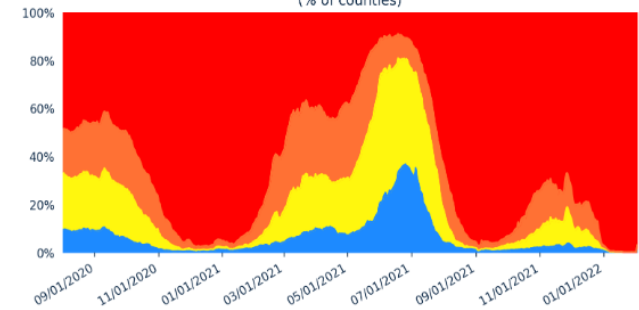
### Counties by Community Transmission Indicator

Cases per 100k	0 to 9	10 to 49	50 to 99	100 +
# of counties (change)	117 (↑102)	0 (↓1)	3 (↑2)	3100 (↓103)
% of counties (change)	3.6% (↑3.2%)	0.0% (↓0.0%)	0.1% (↑0.1%)	96.3% (↓3.2%)
Test Positivity	0.0% to 4.9%	5.0% to 7.9%	8.0% to 9.9%	10.0% +
# of counties (change)	169 (↑120)	51 (↑30)	49 (↑33)	2951 (↓183)
% of counties (change)	5.2% (↑3.7%)	1.6% (↑0.9%)	1.5% (↑1.0%)	91.6% (↓5.7%)

### Counties by Combined Transmission Level

Category	Low Transmission Blue	Moderate Transmission Yellow	Substantial Transmission Orange	High Transmission Red
# of counties (change)	100 (↑95)	0 (0)	1 (0)	3119 (↓95)
% of counties (change)	3.1% (↑3.0%)	0.0% (0.0%)	0.0% (0.0%)	96.9% (↓3.0%)
% of population (change)	2.1% (↑2.1%)	0.0% (0.0%)	0.0% (↑0.0%)	97.9% (↓2.1%)

Combined Transmission Levels Over Time (% of counties)



**INITIAL PUBLIC RELEASE // SUBJECT TO CHANGE**















# 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 31, 2022



Accessible: [www.cdc.gov/coronavirus/2019-ncov/cdcresponse/by-the-numbers.html](https://www.cdc.gov/coronavirus/2019-ncov/cdcresponse/by-the-numbers.html)

	<b>10,120</b>	CDC personnel supporting the outbreak response		<b>59.9+ million</b>	Times people have used CDC's online Coronavirus Self-Checker
	<b>1,896</b>	CDC deployers who have conducted <b>4,451</b> deployments to <b>353</b> cities across the United States and abroad		<b>1.6+ million</b>	Calls and emails to CDC-INFO
	<b>403</b>	COVID-19 studies published in CDC's Morbidity and Mortality Weekly Report (MMWR)		<b>3.8+ billion</b>	Times people have looked for information on CDC websites
	<b>9,899</b>	Documents providing information and guidance for government agencies, businesses, and the public		<b>4.7+ billion</b>	Social media impressions on <b>19,731</b> CDC response-related posts
	<b>778+ million</b>	COVID-19 tests conducted by public and private laboratories in the United States		<b>99,451+</b>	Inquiries from doctors, nurses, or other clinical staff and health departments received by CDC
	<b>249+ million</b>	People who have received at least one dose of a COVID-19 vaccine		<b>211+ million</b>	People who have been fully vaccinated with a COVID-19 vaccine

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

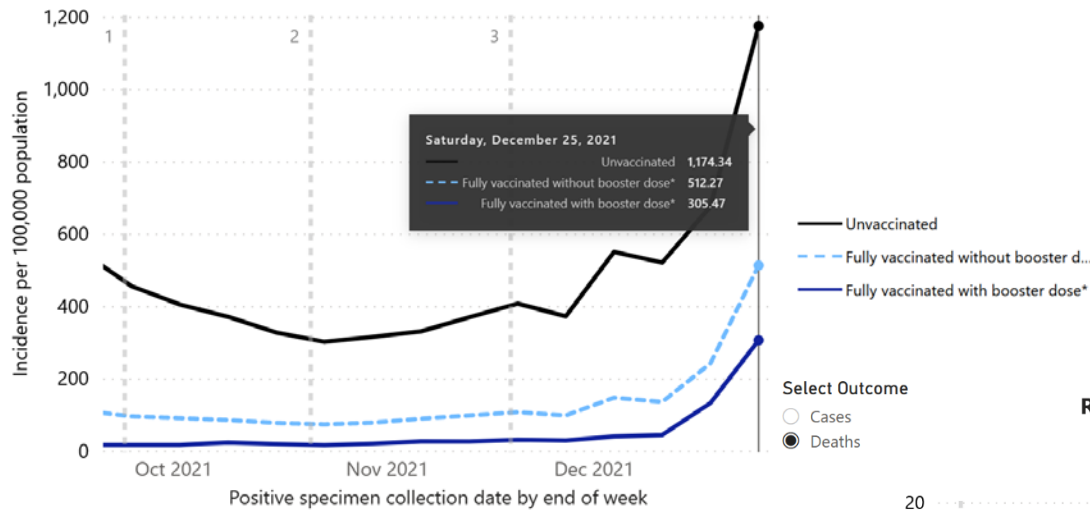
CS316565-A

Select Outcome

- Cases
- Deaths

### Rates of COVID-19 Cases by Vaccination Status and Booster Dose\*\*

September 19 - December 25, 2021 (25 U.S. jurisdictions)



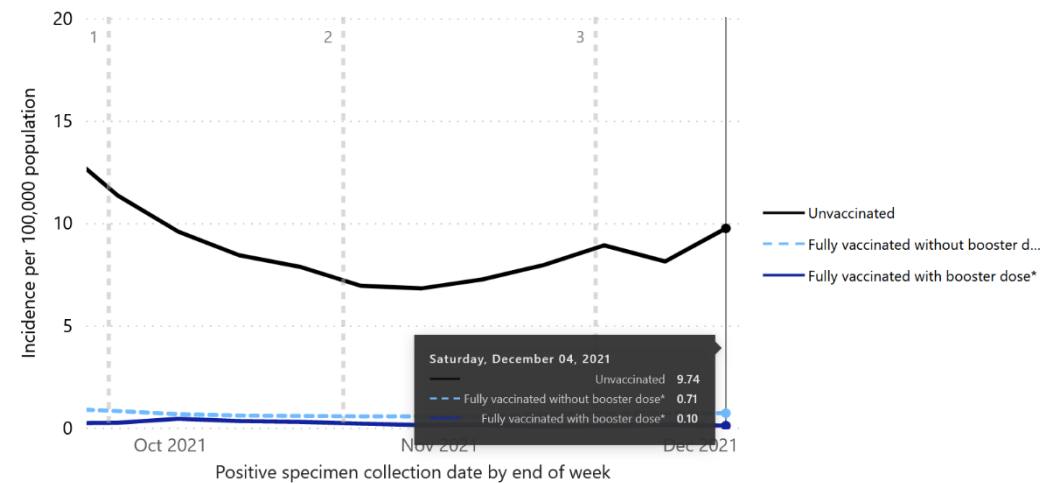
Unvaccinated adults aged 18 years and older had:

<b>13X</b> <i>Risk of Testing Positive for COVID-19</i>	<b>AND</b>	<b>68X</b> <i>Risk of Dying from COVID-19</i>
<b>5X</b> <i>Risk of Testing Positive for COVID-19</i>	<b>in December,* compared to fully vaccinated :</b>	

Source: CDC COVID-19 Response, Epidemiology Task Force, Surveillance & Analytics Team, Vaccine Breakthrough Unit

### Rates of COVID-19 Deaths by Vaccination Status and Booster Dose\*\*

September 19 - December 04, 2021 (24 U.S. jurisdictions)



Unvaccinated adults aged 18 years and older had:

<b>13X</b> <i>Risk of Testing Positive for COVID-19</i>	<b>AND</b>	<b>68X</b> <i>Risk of Dying from COVID-19</i>	<b>in November, and</b>
<b>5X</b> <i>Risk of Testing Positive for COVID-19</i>	<b>in December,* compared to fully vaccinated adults.</b>		

Source: CDC COVID-19 Response, Epidemiology Task Force, Surveillance & Analytics Team, Vaccine Breakthrough Unit



# SARS-CoV-2 RNA Levels in Wastewater in the United States

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

State or territory:

Select State or Territory

County:

Select a state in order to enable county select

[Reset Selections](#)

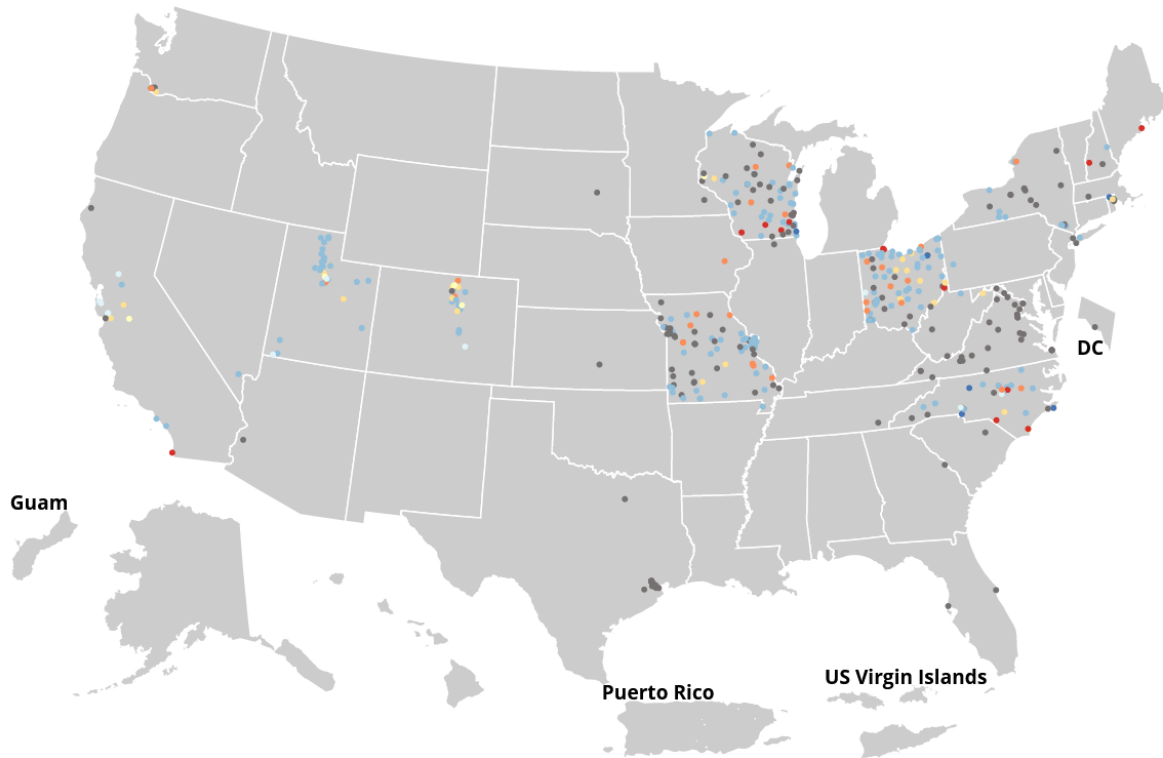
Time Period: Jan 17, 2022 – Jan 31, 2022

Major Cities On

Major Cities Off

Map Metric:

15-day percent change



SARS-CoV-2 RNA wastewater levels, United States:  
15-day percent change by sewer shed

% change	Num. sites	% sites
-100% or less	7	3
-99% to -10%	161	63
-9% to 0%	11	4
1% to 9%	6	2
10% to 99%	27	11
100% to 999%	30	12
1000% or more	13	5

Total sites with current data: 255

[How is percent change calculated?](#)

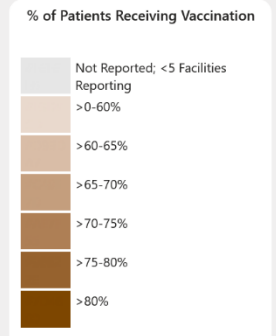
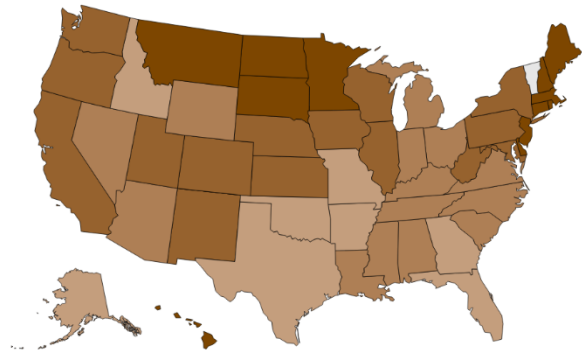
● -100% or less  
 ● -99% to -10%  
 ● -9% to 0%  
 ● 1% to 9%  
 ● 10% to 99%  
 ● 100% to 999%  
 ● 1000% or more  
 ● No recent data

**CDC** **COVID-19 Vaccination Coverage and Reporting among Patients in Dialysis Facilities, by State—United States** **NHSN**  
NATIONAL HEALTHCARE SAFETY NETWORK

**Partial vaccination:** 1 dose of a 2 dose mRNA vaccination series. **Complete vaccination:** All doses required to be fully vaccinated (two doses of a two-dose mRNA series or one dose of a single-dose vaccine).

Select By Coverage: **Complete** (dropdown)  
 Select By Week: **Latest Reporting Week** (dropdown)

Percentage of Patients Receiving Complete Vaccination, 1/18/2022 - 1/25/2022



All data can be modified from week-to-week by facilities. Exclusions: for best epidemiological understanding, data that appear inconsistent with surveillance protocols are excluded. Vaccination coverage is calculated as the total number of patients vaccinated divided by (the total number of patients minus the number of patients with medical contraindications or exclusions to vaccination) multiplied by 100. Differences in how each facility implements this COVID-19 vaccination data collection, including variation in which staff collect the data, may affect facility reporting patterns.

**Data source:** Centers for Disease Control and Prevention, National Healthcare Safety Network. **Accessibility:** [Right click on the graph area to show as table]  
**For more information:** <https://www.cdc.gov/nhsn/dialysis/covid19/index.html>

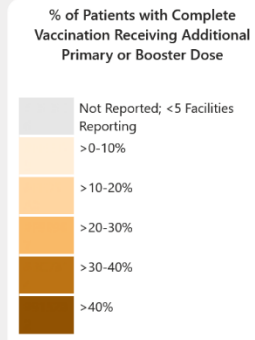
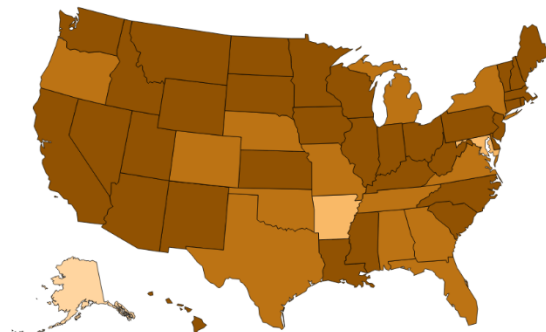
Data as of 1/31/2022 5:30 AM

**Booster Dose, by State and Week – United States**

**Complete Vaccination:** The percentage of patients who received all doses required to be fully vaccinated. **Additional primary or booster dose:** An additional dose refers to a subsequent dose of vaccine administered to people who likely did not mount a protective immune response after initial vaccination. A booster dose refers to a subsequent dose of vaccine administered to enhance or restore protection by the primary vaccination which might have waned over time.

Select By Region: **All** (dropdown)  
 Select By Week: **Latest Reporting Week** (dropdown)

Percentage of Patients with Complete Vaccination Receiving Additional Primary or Booster Dose, 1/18/2022 - 1/25/2022



For weeks ending 8/29-9/26, facilities reporting 100% of fully vaccinated individuals received an additional primary or booster dose were excluded. Data for the most recent week are still accruing.

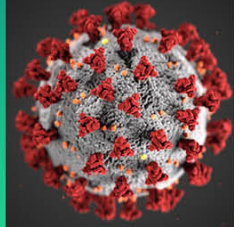
**Data source:** Centers for Disease Control and Prevention, National Healthcare Safety Network. **Accessibility:** [Right click on the graph area to show as table]

**For more information:** <https://www.cdc.gov/nhsn/dialysis/pt-covid-vac/index.html>

Data as of 1/31/2022 5:30 AM

## 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](#)

## CDC What's New & Updated

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

- [2/4/22 EARLY RELEASE: Clinical Characteristics and Outcomes Among Adults Hospitalized with Laboratory-Confirmed SARS-CoV-2 Infection During Periods of B.1.617.2 \(Delta\) and B.1.1.529 \(Omicron\) Variant Predominance — One Hospital, California, July 15–September 23, 2021, and December 21, 2021–January 27, 2022](#)
- [2/4/22 EARLY RELEASE: Effectiveness of Face Mask or Respirator Use in Indoor Public Settings for Prevention of SARS-CoV-2 Infection — California, February–December 2021](#)
- [2/3/22 Staffing Resources](#)
- [2/3/22 COVID Data Tracker Weekly Review](#)
- [2/3/22 Coronavirus Disease 2019 \(COVID-19\)](#)
- [2/3/22 Cases in the U.S.](#)
- [2/3/22 CDC Media Telebriefing: COVID-19 Wastewater Surveillance](#)
- [2/3/22 Notes from the Field: COVID-19 Vaccination Among Persons Living with Diagnosed HIV Infection — New York, October 2021](#)
- [2/3/22 COVID-19 Vaccination Coverage and Vaccine Confidence by Sexual Orientation and Gender Identity — United States, August 29–October 30, 2021](#)
- [2/3/22 SARS-CoV-2 Infection and Hospitalization Among Adults Aged ≥18 Years, by Vaccination Status, Before and During SARS-CoV-2 B.1.1.529 \(Omicron\) Variant Predominance — Los Angeles County, California, November 7, 2021–January 8, 2022](#)
- [2/3/22 Overall US COVID-19 Vaccine Distribution and Administration Update as of Thu, 03 Feb 2022 06:00:00 EST](#)
- [2/2/22 COVID-19 Vaccines and Severe Allergic Reactions](#)
- [2/2/22 Providing Spiritual and Psychosocial Support to People with COVID-19 at Home \(Non-US Settings\)](#)
- [2/2/22 Frequently Asked Questions about COVID-19 Vaccination](#)
- [2/1/22 Identifying, Disposing, and Reporting COVID-19 Vaccine Wastage](#)
- [2/1/22 What You Need to Know About Variants](#)
- [2/1/22 Omicron Variant: What You Need to Know](#)
- [2/1/22 COVID-19 Vaccine Booster Shot](#)
- [2/1/22 COVID-19 Forecasts: Deaths](#)

Prepared by Justin Czerniak

[justin.czerniak@norccollege.edu](mailto:justin.czerniak@norccollege.edu)

Daily Situation Reports Archive

<https://www.norccollege.edu/sep/Pages/reports.aspx>

## **CDC Guidance**

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

### [Guidance for Institutions of Higher Education \(IHEs\)](#)

See guidance for Institutes of Higher Education (IHE), including guidance for in-person learning during COVID-19, and offering and promoting vaccines. Date: 2/6/22

### [Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 \(COVID-19\) Pandemic](#)

Use this guidance to prevent infection among patients suspected to have COVID-19 in healthcare settings. Date: 2/1/22

### [Interim Infection Prevention and Control Recommendations to Prevent SARS-CoV-2 Spread in Nursing Homes](#)

Learn how to prepare and respond to COVID-19 in nursing home and long-term care facilities. Date: 2/1/22

### [COVID-19 Guidance for Operating Early Care and Education/Child Care Programs](#)

See COVID-19 guidance for operating early care and education/child care programs including mask use, physical distancing, and ventilation. (138) Date: 1/27/22

### [Considerations for Case Investigation and Contact Tracing in K-12 Schools and Institutions of Higher Education \(IHEs\)](#)

Learn what administrators of K-12 schools and institutions of higher education should know about COVID-19 case investigation and contact tracing. Date: 1/27/22

### [Public Health Guidance for Potential COVID-19 Exposure Associated with Travel](#)

Find detailed guidance for public health officials about possible COVID-19 travel exposure, risk assessments, and other technical considerations. Date: 1/26/22

### [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: 1/23/22

### [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

### [Investigating a COVID-19 Case](#)

A guide for conducting COVID-19 case investigation, including operational questions for jurisdictions that are planning activities. Date: 1/20/22



# 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.



## Get free N95 masks

The U.S. government is now giving 3 free adult-size N95 masks to anyone that needs them. You can pick up yours at community health centers or pharmacies like CVS, Walgreens, and Krogers.

[Find a participating health center](#)



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

<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>



## Vaccinations administered in California, by county of residence.

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

### Statewide

**27,643,469 (73.3%) People 5+ fully vaccinated**  
**3,324,065 (8.8%) People 5+ partially vaccinated**

**69,934,848 (85.2%) Doses administered**  
**104,556 Average doses per day**



**13,183,225 (54.5%) Booster recipients**



**5,209,208 Doses on hand**  
**(50 days of inventory)**

**82,097,585 Doses Delivered**



**32,882,700 CDC Pharmacy Doses Delivered**

See [Data Dictionary](#) for Details.

### Doses Administered by County of Residence

County

(All) ▼



Los Angeles	18,051,668	▲
San Diego	6,250,284	
Orange	5,755,621	
Santa Clara	4,242,834	
Riverside	3,496,958	
Alameda	3,434,145	
San Bernardino	2,936,700	
Sacramento	2,567,377	
Contra Costa	2,388,896	
San Francisco	1,941,374	
San Mateo	1,674,762	
Ventura	1,495,150	
Fresno	1,456,977	
San Joaquin	1,135,061	
Kern	1,121,499	
Sonoma	986,004	
Santa Barbara	759,576	
Stanislaus	755,323	
Monterey	755,148	
Solano	737,276	▼

Today's administration data is incomplete due to data processing latency. This report will be updated as soon as the data becomes available.

Data: 2/3/2022 11:59pm | Posted: 2/4/2022  
 \* Data not reported on weekends or state holidays.

## Regional ICU Capacity

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

# Regional ICU Capacity (Data as of 2/3/2022)

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	16.2	37.3	--	--	--
Bay Area	16.3	31.3	--	--	--
Greater Sacramento	15.8	37.2	--	--	--
Northern California	17.9	34.4	--	--	--
San Joaquin Valley	9.4	48.0	3	2/4/2022	2/10/2022
Southern California	17.3	37.3	--	--	--

\* 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.

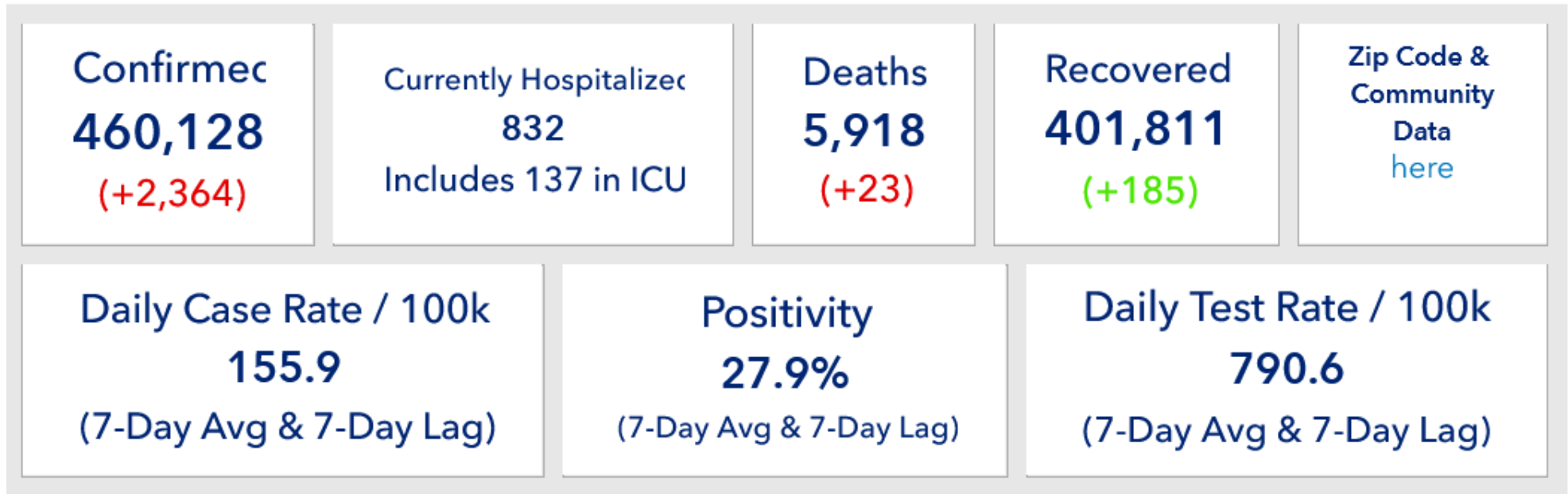


## Riverside County Data

Prepared by Justin Czerniak  
justin.czerniak@norccollege.edu

Daily Situation Reports Archive  
<https://www.norccollege.edu/sep/Pages/reports.aspx>

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**





# RIVERSIDE COUNTY COVID-19 CASES

Feb 4, 2022 -

**TOTAL CASES**  
460,128

**NEW REPORTED CASES**  
2,364

**TOTAL DEATHS**  
5,941

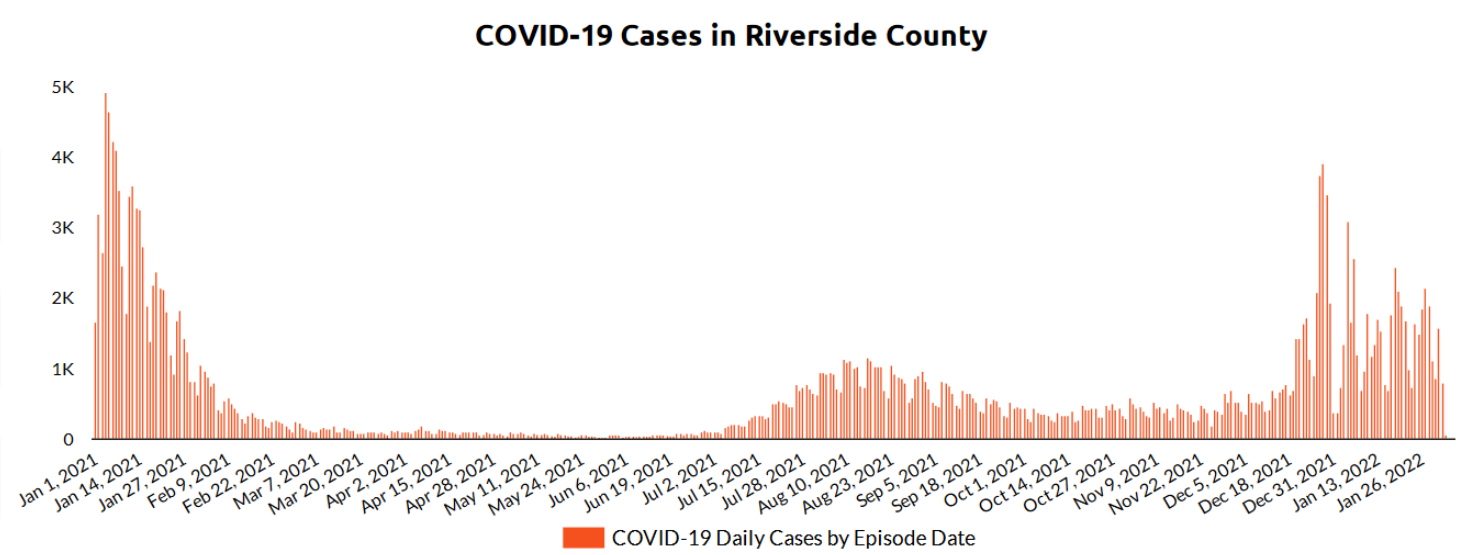
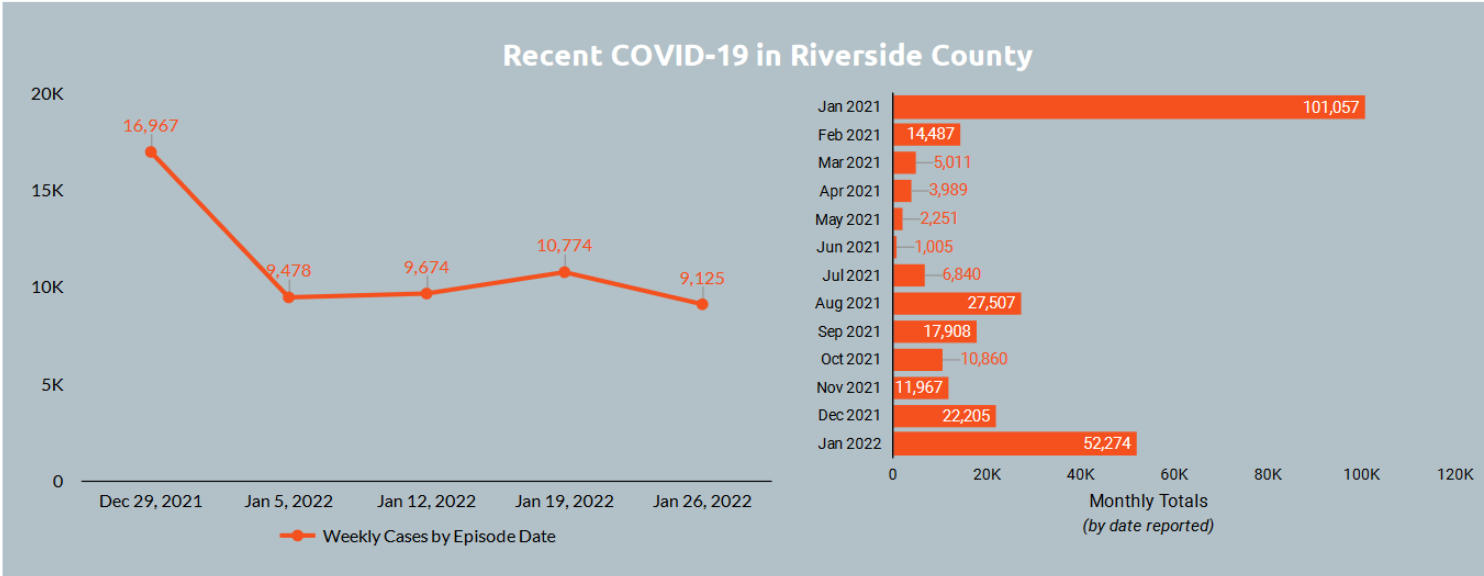
**NEW DEATHS**  
23

**TOTAL RECOVERED**  
401,811

**PROBABLE CASES\***  
19,597

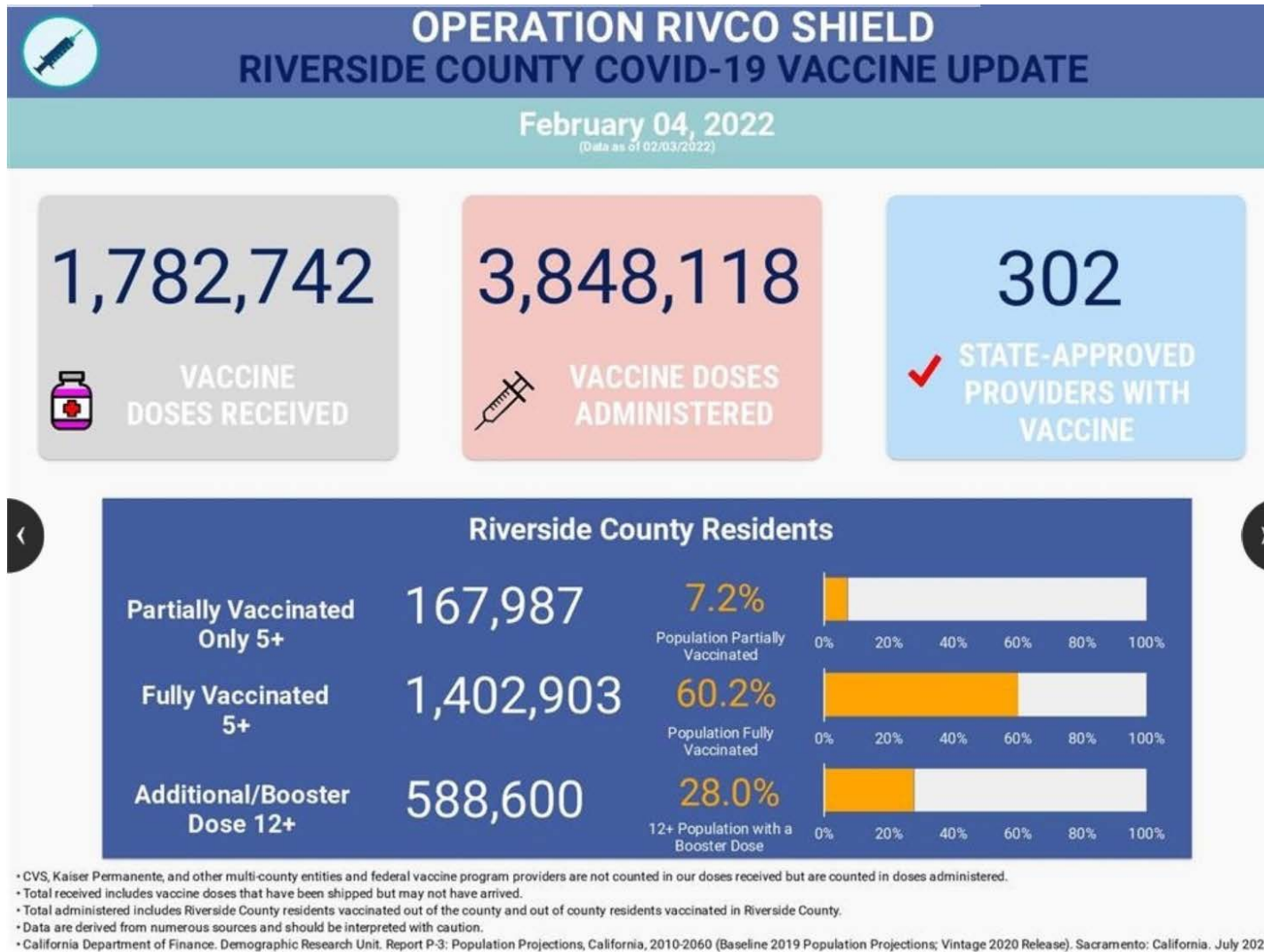
**CURRENT HOSPITALIZED (includes ICU)**  
832

**CURRENT ICU**  
137



**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>

	Total Tests	Total COVID-19 Reported Cases	Total Positive Rate	Last 7-Day COVID19 Cases	Last 7-Day Pos Rate
<b>California</b>	137,803,266	7,706,395	7.1%	318,817	14.4%
<b>RIVCO</b>	5,641,937	548,121	12.3%	19,112	23.7%
<b>RCCD</b>	27,366	799	7.5%	46	14.6%

1/28/2022

Cases Updated

1/28/2022

Rate Updated

# Weather

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

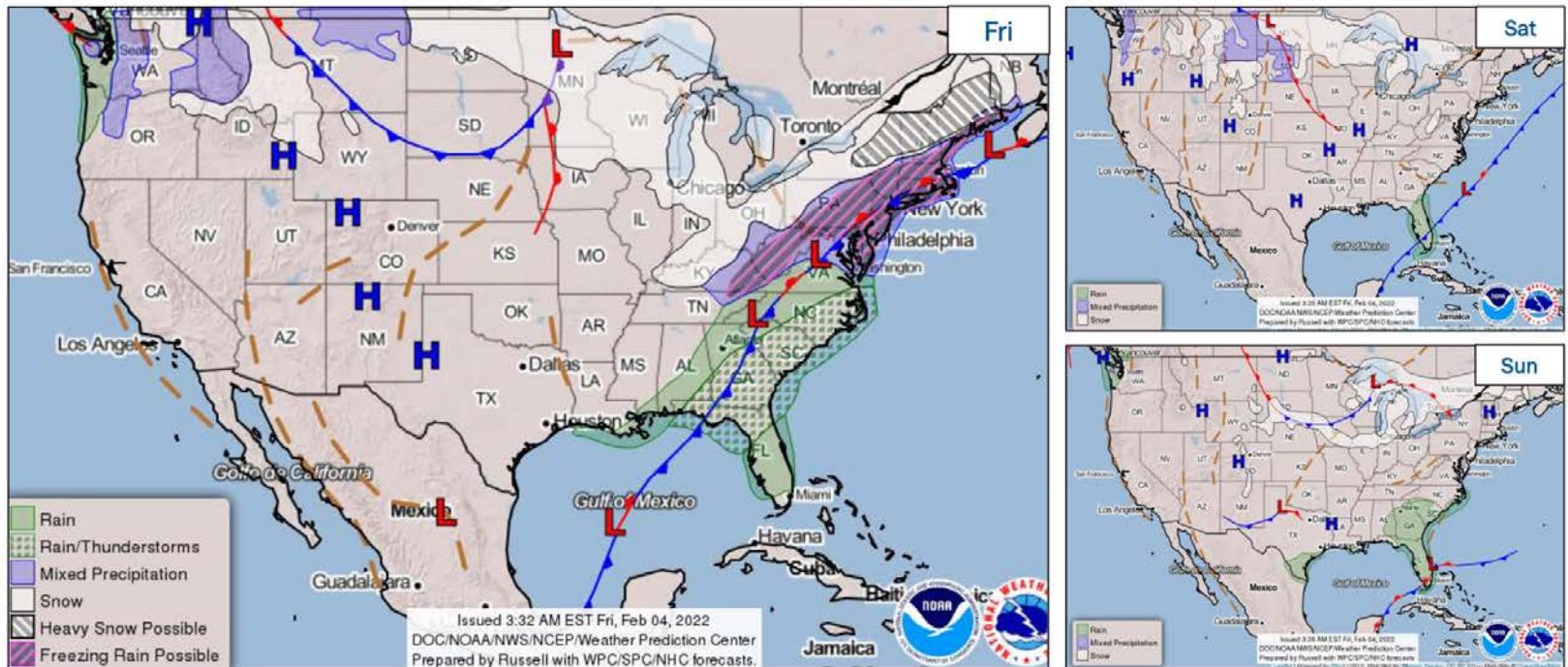
Latest hazard threat table: <https://www.wrh.noaa.gov/sgx/event/dsstable.php>

	Fri 2/4	Sat 2/5	Sun 2/6	Mon 2/7	Tue 2/8	Wed 2/9	Thu 2/10
<b>Orange/San Diego Beaches</b>							
<b>San Diego Coast</b> San Diego, La Jolla, Oceanside							
<b>San Diego Valleys</b> Alpine, Escondido, Ramona	Wind		Wind	Wind	Wind	Wind	Wind
<b>San Diego County Mtns</b> Mt Laguna, Julian, Palomar Mt	Wind	Wind	Wind	Wind	Wind	Wind	Wind
<b>San Diego Deserts</b> Anza Borrego, Ocotillo Wells							
<b>Orange County Coast</b> Laguna and Huntington Beaches			Wind	Wind			
<b>Orange County Inland</b> Anaheim, Irvine, Yorba Linda	Wind		Wind	Wind	Wind	Wind	Wind
<b>Santa Ana Mountains</b> Silverado, Santiago Peak	Wind	Wind	Wind	Wind	Wind	Wind	Wind
<b>Inland Empire</b> Ontario, Riverside, Temecula	Wind		Wind	Wind	Wind	Wind	Wind
<b>Riverside County Mtns</b> Mt San Jacinto, Idyllwild	Wind	Wind	Wind	Wind	Wind	Wind	Wind
<b>Coachella Valley</b> Palm Springs, Indio			Wind	Wind			
<b>San Bernardino Mtns</b> Wrightwood, Big Bear	Wind	Wind	Wind	Wind	Wind	Wind	Wind
<b>High Deserts</b> Victorville, Lucerne Valley							

<b>Risk Levels</b>	Little to None	Minor	Moderate	Major	Extreme
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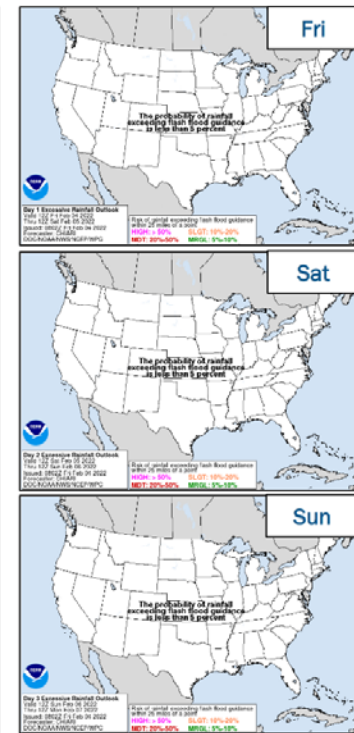
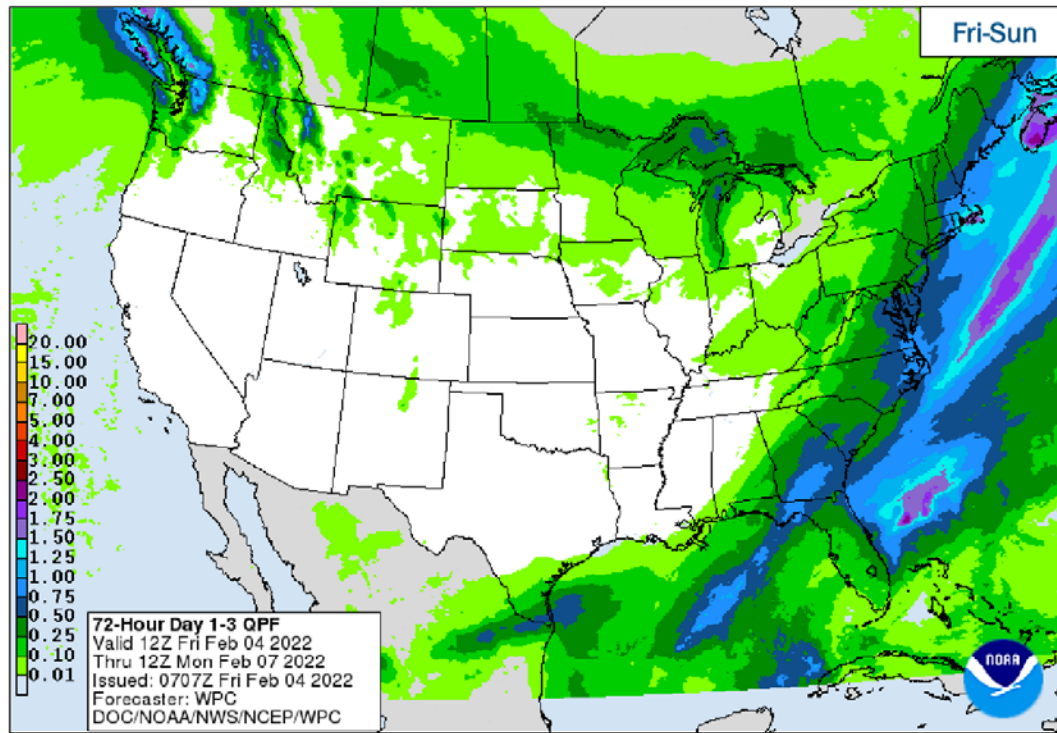
## DETAILS

# National Weather Forecast



National Watch Center

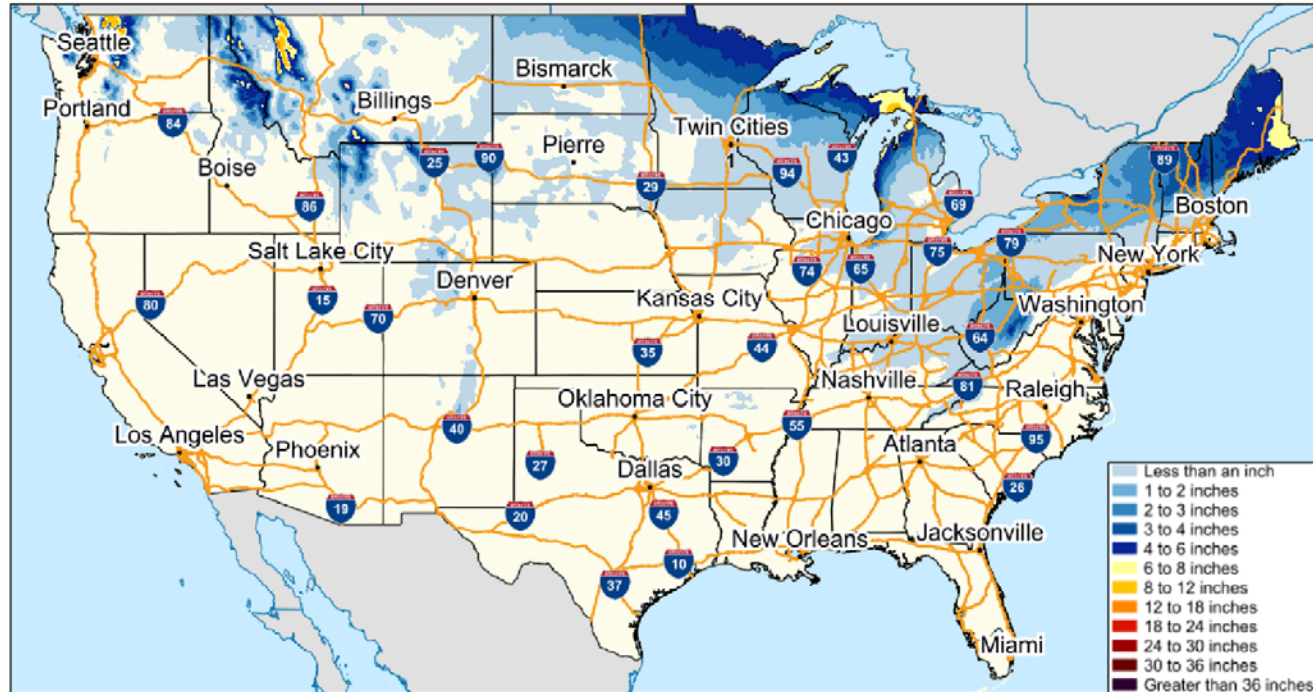
# Precipitation & Excessive Rainfall



FEMA

National Watch Center

# Forecast Snowfall



National Watch Center

# Ice Accumulation Forecast



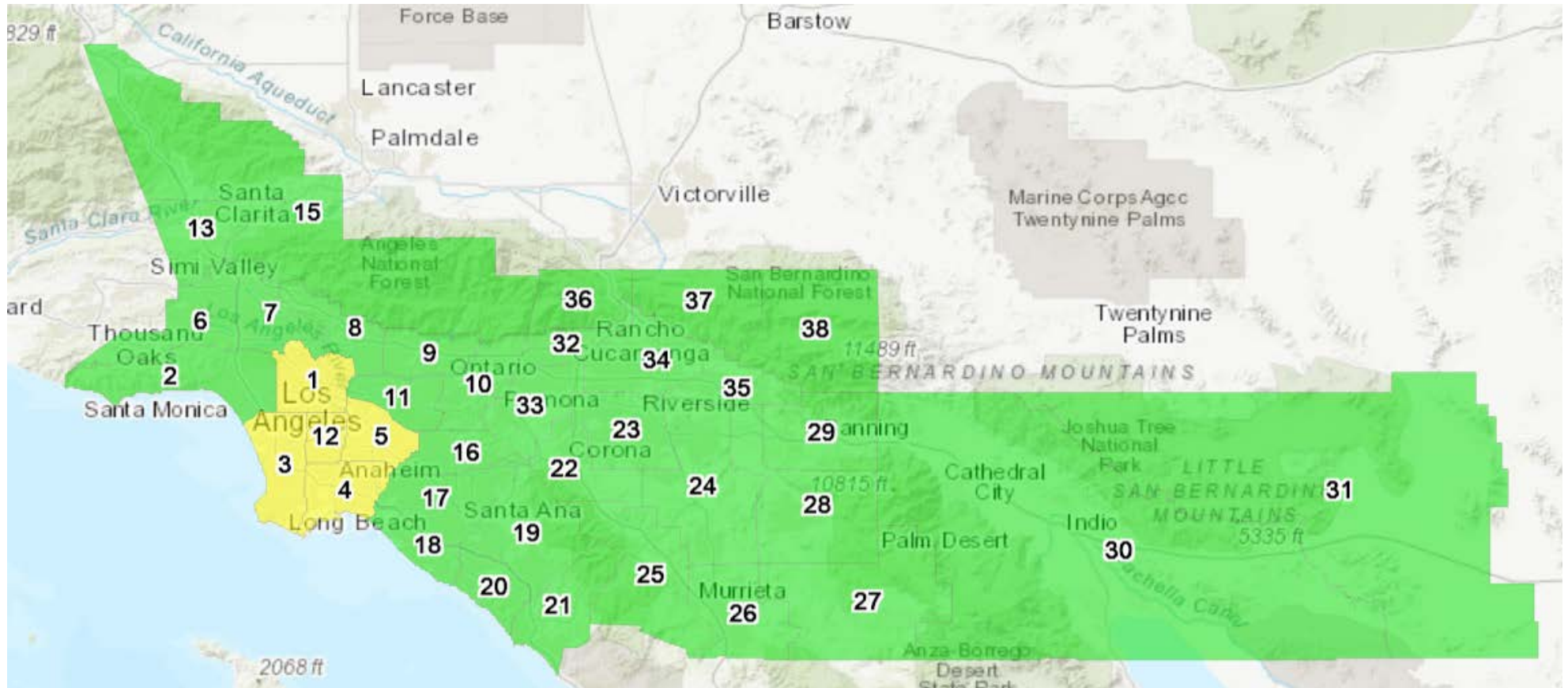
National Watch Center





# 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)