



****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, March 11, 2022 - Day 730 2 years of the Pandemic as of today. Update as of 2:00 PM

COVID-19 by the Numbers

03/11/2022	Riverside	Imperial	Kern	Los Angeles*	Orange	San Bernardino	San Diego	San Luis Obispo	Santa Barbara	Ventura	California	United States	Global
Total Cases	587,833	54,764	240,705	2,677,901	542,278	558,795	743,956	51,923	85,382	171,852	8,417,961	79,248,406	450,229,635
Total Cases Per Capita	23,817	28,575	20,518	26,107	16,796	25,200	22,073	18,620	18,709	20,153	20,977	23,729	5,686
% of Total Cases/Population	23.82%	28.58%	20.52%	26.11%	16.80%	25.20%	22.07%	18.62%	18.71%	20.15%	20.98%	23.73%	5.69%
Recovered*	<u>558,943</u>	<u>50,759</u>	<u>230,423</u>	Not Reported	<u>527,792</u>	<u>554,451</u>	Not Reported	<u>51,907</u>	<u>84,162</u>	<u>171,367</u>	<u>3,871,549</u>	<u>55,600,175</u>	<u>388,549,095</u>
% of total recovered/population	22.65%	26.49%	24.85%	Not Reported	16.35%	25.00%	Not Reported	18.61%	18.44%	20.10%	9.65%	16.65%	4.91%
Total Deaths	6,305	894	435	30,842	6,700	6,723	5,083	457	661	1,448	42,355	961,620	6,019,085
Deaths Per Capita	255.46	466.48	46.91	300.68	207.53	303.19	150.81	163.88	144.84	169.80	105.55	287.93	76.01
% of Total Deaths/Population	0.26%	0.47%	0.05%	0.30%	0.21%	0.30%	0.15%	0.16%	0.14%	0.17%	0.11%	0.29%	0.08%
% of State's Cases	6.98%	0.65%	2.26%	31.81%	6.44%	6.64%	8.84%	0.62%	1.01%	2.04%	10.62%	17.60%	
Total Hospital Beds	3,549	205	1,108	19,492	6,012	3,681	6,500	446	604	1,179	67,046		
Currently in Hospitals	127	15	71	588	163	124	253	4	21	45	2,638		
Hospital Beds Available**	3,422	190	1,037	18,904	5,849	3,557	6,247	442	583	1,134	64,408		
Total Hospital ICU Beds**	113	12	40	748	205	168	255	16	27	32	2,488		
Currently in ICU	17	9	13	143	28	35	55	0	7	9	490		
ICU Beds Available	96	3	27	605	177	133	200	16	20	23	1,998		
Case Fatality Rate	1.07%	1.63%	0.23%	1.15%	1.24%	1.20%	0.68%	0.88%	0.77%	0.84%	0.50%	1.21%	1.34%
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)

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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.

Two years of COVID: The battle to accept airborne transmission

- The first few months of the coronavirus pandemic were punctuated with a foreboding sense of frustration.
- That frustration was rooted in the readily accepted assumption that COVID-19 was not spreading through the air via microscopic particles called aerosols, but predominantly through larger respiratory droplets expelled among people in close proximity and falling quickly on nearby surfaces.
- The World Health Organization (WHO) — which sets the tone for many nations — early on denied COVID-19 was spreading through these tiny aerosols suspended in air.
- As evidence mounted, alongside pressure from scientists like Catherine Noakes, the agency eventually acknowledged the possibility of airborne transmission — but continued to downplay its significance in favour of droplets, placing a heavy emphasis on handwashing and disinfecting surfaces instead of more stringent measures.
- Then as evidence suggesting the virus behind COVID-19 was primarily airborne grew to be overwhelming, the agency finally admitted in December 2021 that the virus could indeed be spreading via aerosols.
- “You can understand it in the early days — that we don’t have all the evidence,” says Noakes, 46, speaking over a video call in January this year.
- The WHO position relied on a doctrine that had dominated medical discourse for decades: that a respiratory infection-causing pathogen spreads disease primarily through close contact with an infected individual who sheds large droplets and carries the virus by speaking or coughing, for example. That, according to Noakes and a small band of aerosol scientists, was a critical mistake.
- There are also socioeconomic implications of health authorities endorsing airborne transmission, particularly in countries that may not have good mechanical ventilation systems or enough respirators, says Linsey Marr, an expert in airborne transmission of viruses at Virginia Tech: “That is basically what the WHO told us when we were in a meeting with them in early April [2020]. I think they were very hesitant to call the disease airborne because it would basically tell these lower-resource settings ... there’s no hope for you.”
- “That’s where the WHO have struggled ... because they have to give advice that applies to the whole world,” says Noakes.
- Inequality became the difference between life and death. People from deprived areas and households were hit the hardest by this pandemic due to their heavy exposure to the virus, catalysed by the typically overcrowded conditions they live in, the type of work that they do and the type of transport that they take.
- These disadvantaged communities tend to have limited access to green space — and disproportionately include people from minority backgrounds, who are already more hesitant to get vaccinated.

<https://www.aljazeera.com/features/2022/3/11/two-years-of-covid-the-battle-to-accept-airborne-transmission>

Africa CDC signs MOU with Pfizer to supply COVID-19 pills

- “Africa’s top public health agency has signed a memorandum of understanding with Pfizer to bring supplies of the pharmaceutical firm’s Paxlovid antiviral COVID-19 pills to the continent.
- “The memorandum of understanding is with the legal office at the AU [African Union]”, John Nkengasong, director of the Africa Centres for Disease Control and Prevention (CDC) told an online media briefing on Thursday.

<https://www.aljazeera.com/news/2022/3/10/africa-cdc-signs-mou-with-pfizer-to-supply-covid-19-pills>

Pandemic or endemic: Where is COVID heading next?

- “Almost two years into the pandemic, some countries have declared their intention to start treating COVID-19 like other endemic diseases, such as seasonal flu.
- The United States Centers for Disease Control and Prevention (CDC) [defines](#) endemic “as the constant presence and/or usual prevalence of a disease or infectious agent in a population within a geographic area”.
- “COVID is not going away. It’s going to be with us for many, many years, perhaps forever, and we have to learn to live with it,” Sajid Javid, the UK health minister, said last week.
- However, officials from the World Health Organization have warned that it is too early to treat COVID-19 as an endemic disease, stressing that the evolution of the virus is uncertain and noting that on a global scale the pandemic continues to rage.
- “We still have a huge amount of uncertainty and a virus that is evolving quite quickly, imposing new challenges. We are certainly not at the point where we are able to call it endemic,” WHO’s senior emergency officer for Europe, Catherine Smallwood, told a press briefing.
- Much of the global population has not been fully vaccinated against COVID, increasing the chances of more severe disease among them. Low vaccination rates in many countries also make the emergence of a new variant more likely, which could derail attempts to treat COVID as endemic.

<https://www.aljazeera.com/news/2022/1/29/pandemic-or-endemic-where-is-covid-heading-next>

Kenya lifts remaining COVID restrictions

- Kenya lifted its remaining COVID-19 restrictions on Friday, including a ban on large indoor gatherings such as religious services and a requirement to present a negative COVID-19 test for arriving air passengers.
- Though Kenyans should continue heeding public health measures such as handwashing and social distancing, face masks are no longer mandatory in public and all quarantine measures for confirmed COVID-19 cases are halted with immediate effect, Health Minister Mutahi Kagwe told a news conference.
- For the past month the East African country's COVID-19 test positivity rate has remained below 1%, he added, attributing this to the rising number of Kenyans opting to get vaccinated.

<https://www.reuters.com/world/africa/kenya-lifts-remaining-covid-restrictions-2022-03-11/>

COVID pandemic death toll may be 3 times higher than official tally, new study finds

- Two years after the WHO declared the coronavirus a global pandemic, new research suggests around 18.2 million people have died worldwide as a result. That toll is more than three times higher than the WHO's tally of nearly 6 million officially reported COVID-19 deaths through the end of 2021.
- The new figures, published Thursday in The Lancet, are based on the number of "excess deaths" in countries around the world. Researchers determined how many additional deaths occurred from January 1, 2020 through December 31, 2021 by modeling the number of "expected" deaths in years unaffected by a global pandemic, compared to the total number who actually died from any cause. The estimate predates the Omicron variant's peak in many countries, which drove large waves of deaths in the U.S. and elsewhere over the past few months.
- "Further research will help to reveal how many deaths were caused directly by COVID-19, and how many occurred as an indirect result of the pandemic," the Institute for Health Metrics and Evaluation's Dr. Haidong Wang, said in a release.

<https://www.cbsnews.com/news/covid-pandemic-deaths-18-million-study/>

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(21\)02796-3/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(21)02796-3/fulltext)

NIH launches trial to study allergic reactions to COVID-19 mRNA vaccine

- Researchers from the National Institute of Allergy and Infectious Diseases (NIAID) are conducting a clinical trial designed to help understand rare but potentially serious systemic allergic reactions to COVID-19 mRNA vaccines. The single-site trial will enroll up to 100 people aged 16 to 69 years old who had an allergic reaction to a first dose of COVID-19 mRNA vaccines. Study participants will receive a second dose of vaccine as inpatients under carefully controlled conditions at the National Institutes of Health's Clinical Center in Bethesda, Maryland.
- "People who experienced an allergic reaction after receiving a COVID-19 mRNA vaccine may be hesitant to complete their vaccine regimen," said Anthony S. Fauci, M.D., NIAID Director. "This study will help us determine if individuals who experienced moderate systemic allergic reactions can safely receive a second dose of a COVID-19 mRNA vaccine."
- The trial is seeking participants who experienced a mild or moderate systemic allergic reaction following a first dose of either the Pfizer-BioNTech or the Moderna COVID-19 mRNA vaccine. However, people who developed severe allergic reactions to a first dose of a COVID-19 mRNA vaccine are not eligible to enroll.

<https://www.nih.gov/news-events/news-releases/nih-launches-trial-study-allergic-reactions-covid-19-mrna-vaccine>

Florida Recommend Against Covid Shots for Healthy Children

- Florida Surgeon General Joseph Ladapo said the state would recommend against vaccinating healthy children for Covid-19, a position that contradicts guidance from the U.S. Centers for Disease Control and Prevention.
- Ladapo, who heads the Florida Department of Health, said the recommendation would be the first of its kind in the nation. The CDC recommends that everyone age 5 and older get vaccinated against Covid-19. U.S. regulators have granted emergency authorization to a vaccine for children age 5 to 11 made by Pfizer Inc. and partner BioNTech SE.
- "We're kind of scraping at the bottom of the barrel, particularly with healthy kids, in terms of actually being able to quantify with any accuracy and any confidence the even potential of benefit," Ladapo said Monday during a 90-minute panel discussion.
- Florida Agriculture Commissioner Nikki Fried, took to Twitter after the panel and said "Ron DeSantis is not a medical doctor." The announcement was also criticized by Miami-Dade County Mayor Daniella Levine Cava.

<https://www.bloomberg.com/news/articles/2022-03-07/florida-to-recommend-against-child-vaccines-in-challenge-to-cdc>

<https://www.youtube.com/watch?v=02yBLZ1jNpw>

San Diego Unified School Board approves COVID-19 vaccine resolution

- San Diego Unified School District board members Tuesday evening voted unanimously in favor of a resolution carrying out the district's student COVID-19 vaccination requirements for the 2022-23 school year.
- Students 16 or older must receive vaccination, the requirement mandates that all students 5 and up are subject to the requirement to be vaccinated against COVID-19 upon full FDA approval.

<https://www.kpbs.org/news/local/2022/03/09/san-diego-unified-school-board-approves-covid-19-vaccine-resolution>

<https://www.youtube.com/watch?v=lp2F4ryLugU>

One-third of all US child Covid deaths occurred during Omicron surge

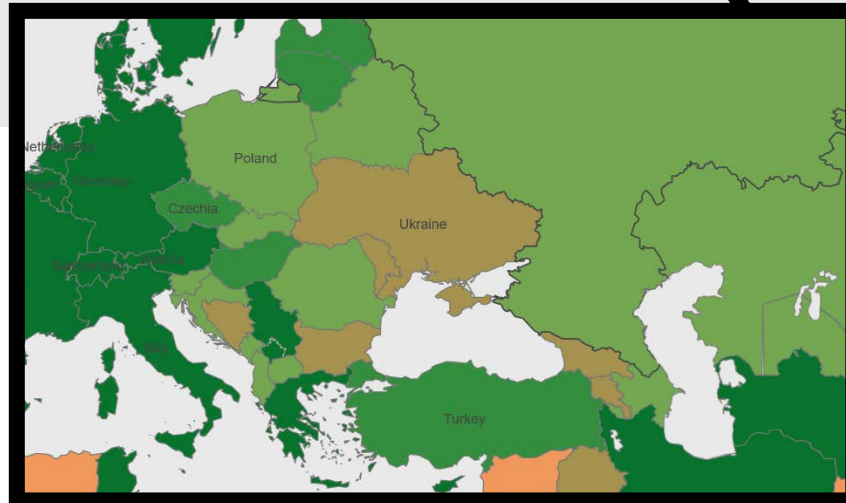
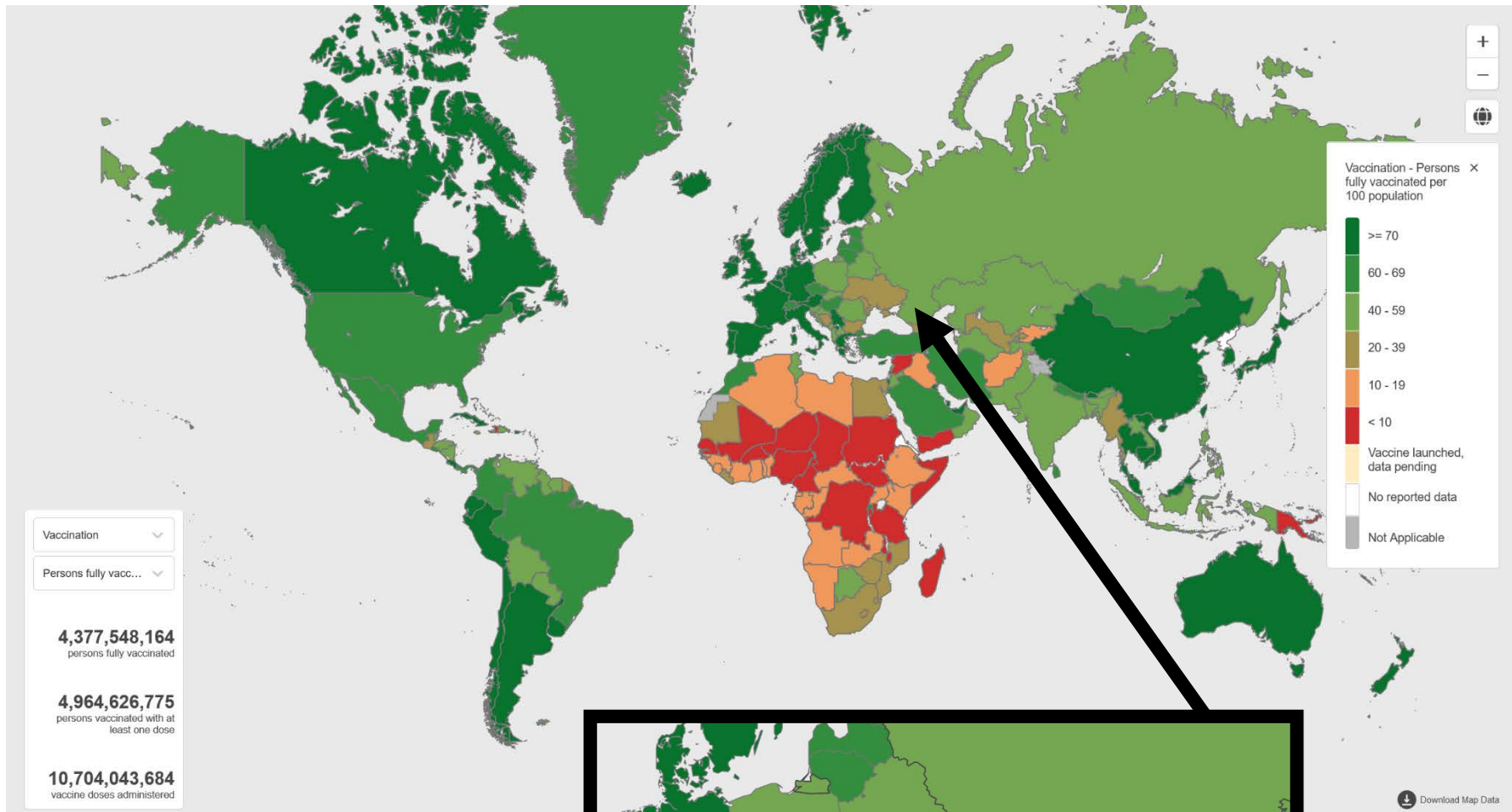
- "We saw a massive surge of hospitalized young children during Omicron that we didn't see in the earlier months of the pandemic," said Jason Kane, a pediatric intensivist and associate professor of pediatrics at the University of Chicago Comer children's hospital.
- Since the beginning of the year, 550 children have died from Covid-19 in the US, compared with 1,017 children in the preceding 22 months, [according](#) to data from the US Centers for Disease Control and Prevention (CDC).

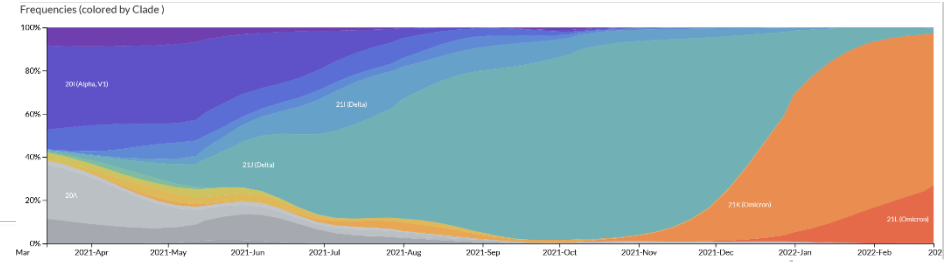
<https://www.theguardian.com/world/2022/mar/11/us-child-covid-deaths-omicron-surge>

Global Data

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

Globally, as of 5:08pm CET, 10 March 2022, there have been 450,229,635 confirmed cases of COVID-19, including 6,019,085 deaths, reported to WHO. As of 6 March 2022, a total of 10,704,043,684 vaccine doses have been administered.

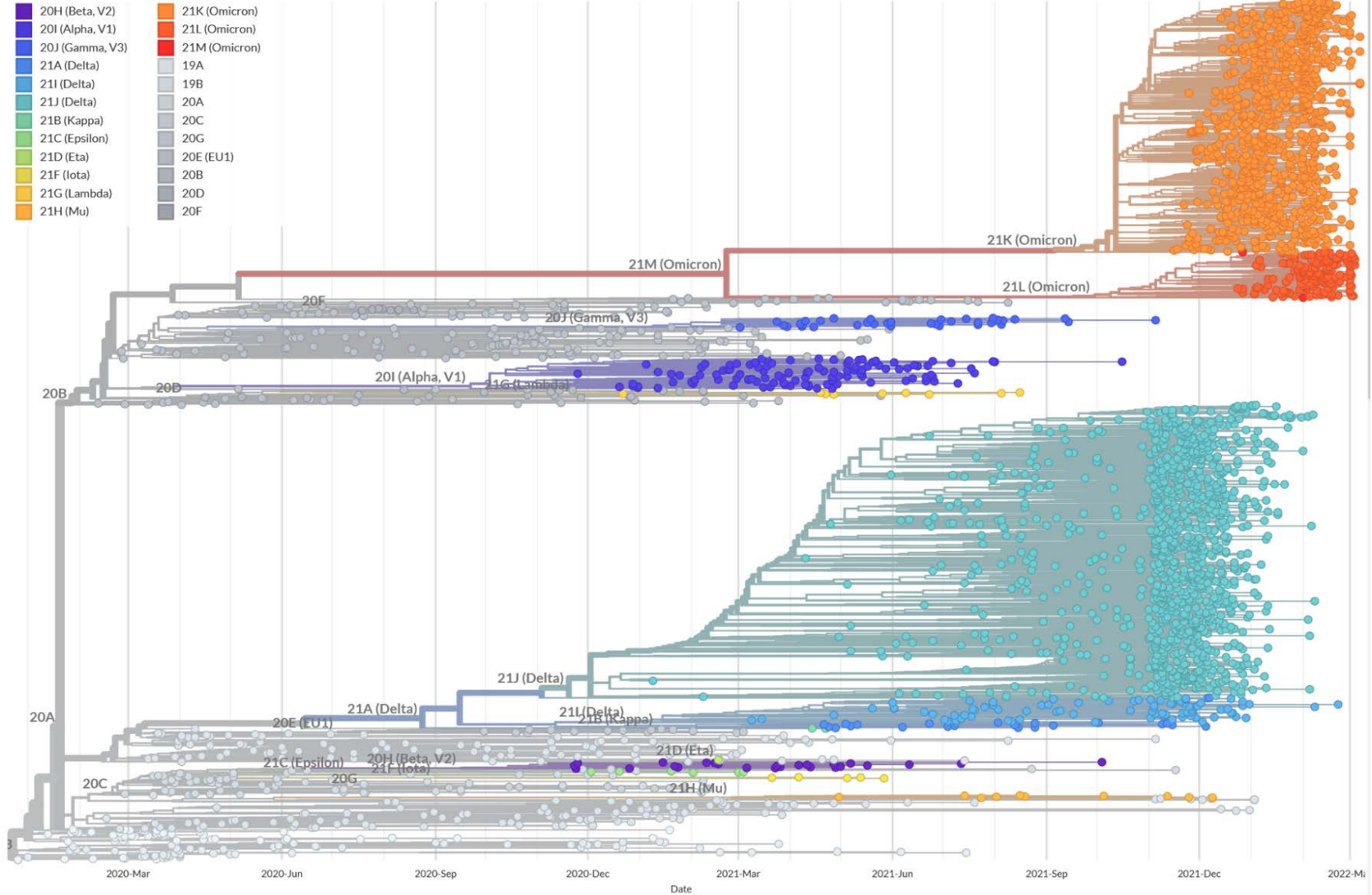




Phylogeny

Clade ^

- 20H (Beta, V2)
- 20I (Alpha, V1)
- 20J (Gamma, V3)
- 21A (Delta)
- 21I (Delta)
- 21J (Delta)
- 21B (Kappa)
- 21C (Epsilon)
- 21D (Eta)
- 21F (Iota)
- 21G (Lambda)
- 21H (Mu)
- 21K (Omicron)
- 21L (Omicron)
- 21M (Omicron)
- 19A
- 19B
- 20A
- 20C
- 20G
- 20E (EU1)
- 20B
- 20D
- 20F





U. S. Data

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

TOTAL CASES
79,248,406

+49,710 New Cases

7 DAY CASE RATE PER 100,000
78.3

TOTAL DEATHS
961,620

+1,938 New Deaths

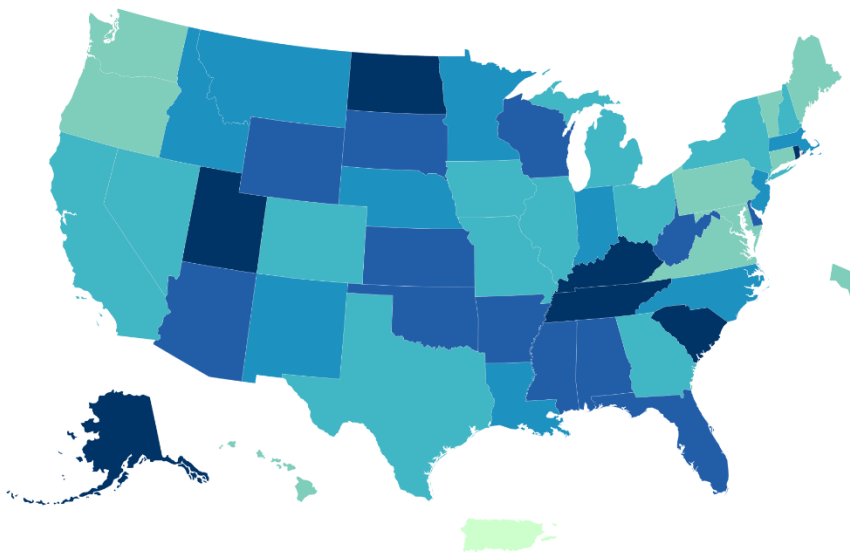
CDC | Data as of: March 10, 2022 5:33 PM ET. Posted: March 10, 2022 10:30 PM ET

- View:**
- Cases
 - Deaths
 - Tests Performed
 - Percent Positive
- Time period:**
- Last 7 Days
 - Since Jan 21, 2020
- Metric:**
- Count
 - Rate per 100,000

This shows the number of cases since the pandemic started for every 100,000 people, allowing you to compare areas with different population sizes.

[Map](#) [Chart](#)

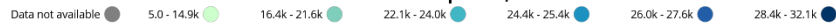
COVID-19 Case Rate in the US Reported to the CDC, by State/Territory (cases per 100,000)



Territories



Case Rate per 100,000

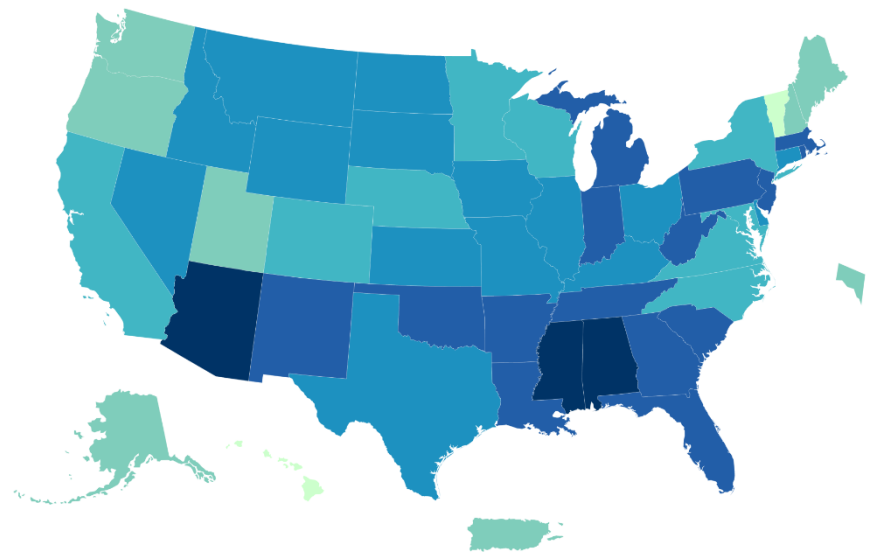


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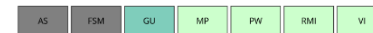
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[Map](#) [Chart](#)

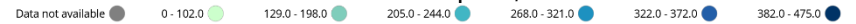
COVID-19 Death Rate in the US Reported to the CDC, by State/Territory (deaths per 100,000)



Territories



Death Rate per 100,000



Variant Proportions

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

Use the controls to focus on a specific region and/or 1-week interval

HHS Region

USA

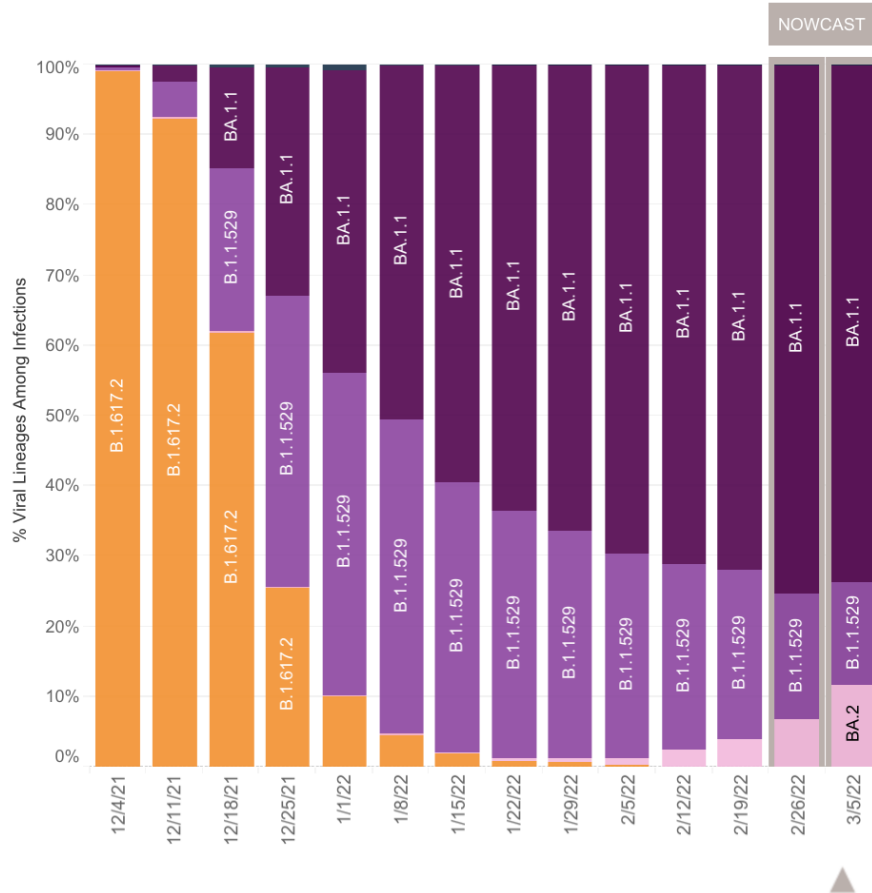
- Nowcast On
- Nowcast Off

Week Ending

3/5/2022

United States: 11/28/2021 – 3/5/2022

United States: 2/27/2022 – 3/5/2022 NOWCAST



USA

WHO label	Lineage #	US Class	%Total	95%PI
Omicron	BA.1.1	VOC	73.7%	70.1-77.0%
	B.1.1.529	VOC	14.7%	12.4-17.4%
	BA.2	VOC	11.6%	9.8-13.6%
Delta	B.1.617.2	VOC	0.0%	0.0-0.0%
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 and BA.3 are aggregated with B.1.1.529. For regional data, BA.1.1 is also aggregated with B.1.1.529, as it currently cannot be reliably called in each region.

County Vaccination Coverage and Other Outcomes

<https://covid.cdc.gov/covid-data-tracker/#vaccination-case-rate>

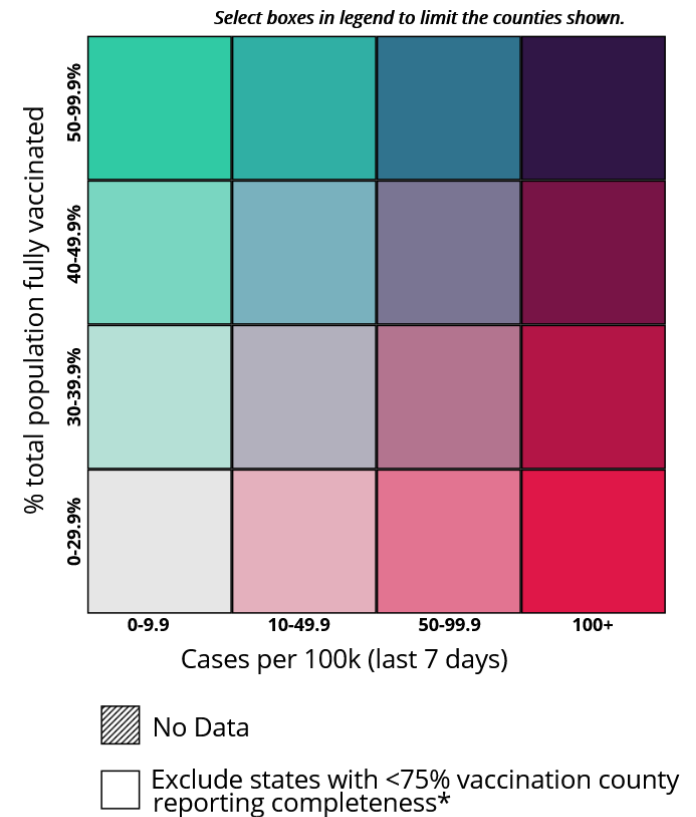
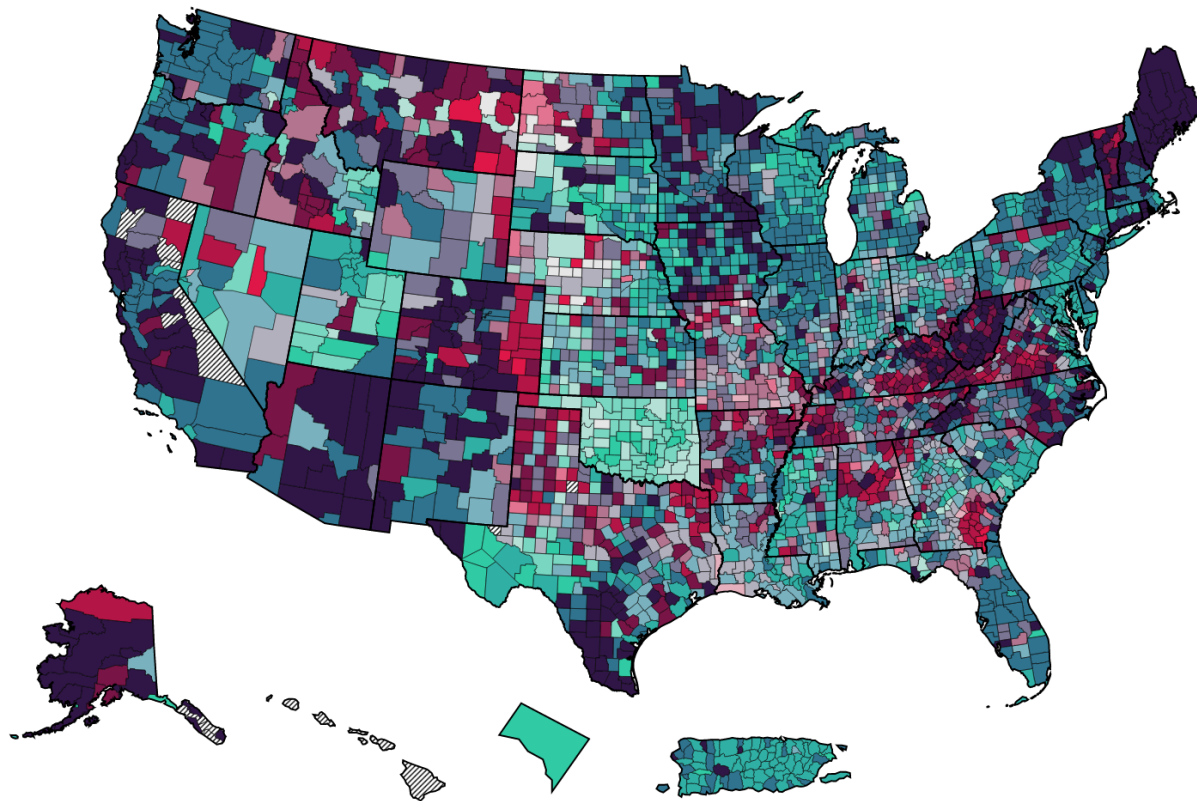
View:

- Vaccination by Case Rate
- Vaccination by Testing Positivity

Map Table

Major Cities On Major Cities Off

United States** COVID-19 Reported Cases per 100,000 Population (last 7 days)¹ and Percent of Total Population Fully Vaccinated²

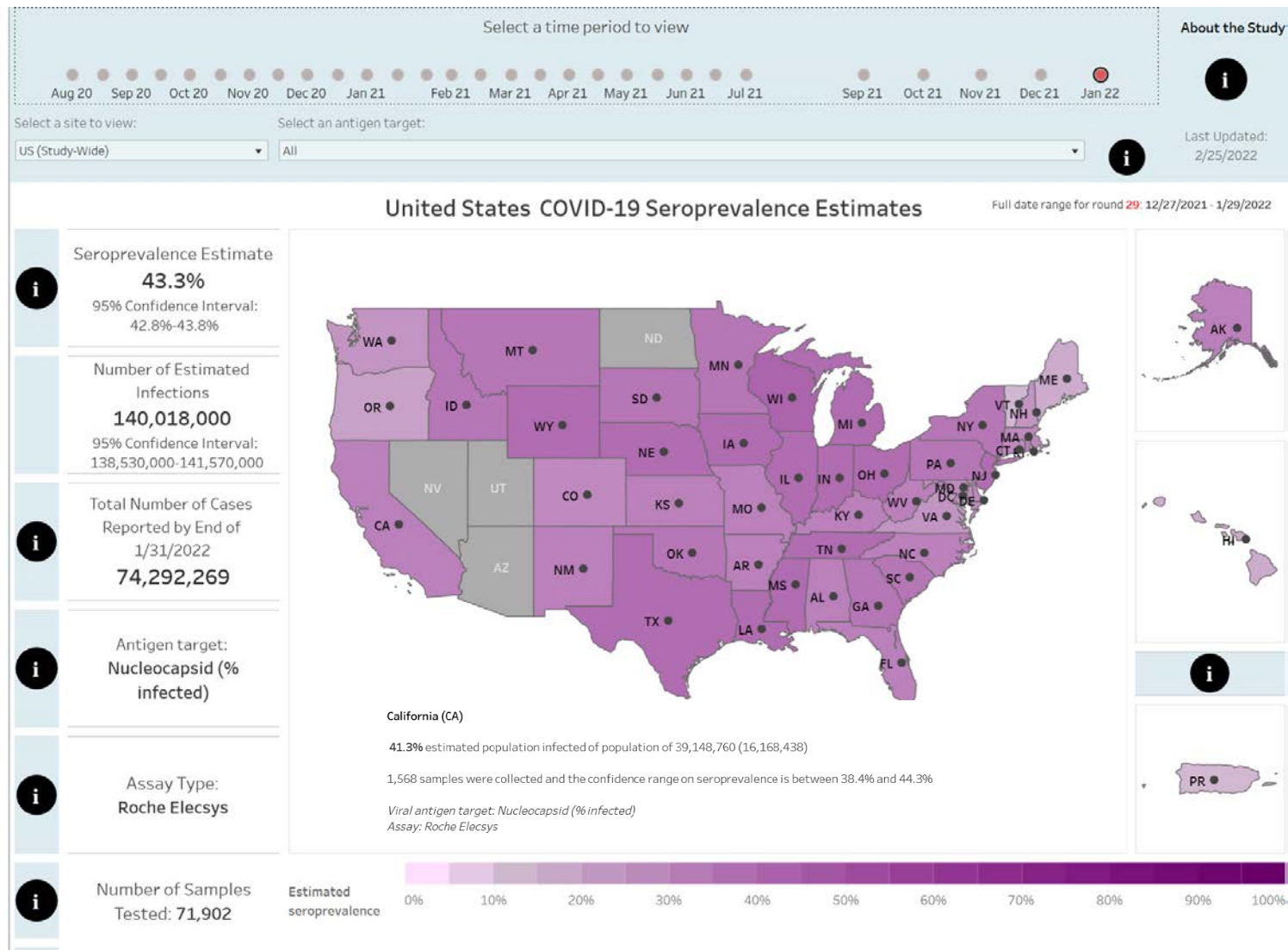


**Counties with lower reporting completeness for vaccination coverage should be interpreted with caution.*

Nationwide COVID-19 Infection-Induced Antibody Seroprevalence (Commercial laboratories)

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

The percentage of people with antibodies against a pathogen is known as seroprevalence. [This nationwide antibody seroprevalence survey](#) currently provides estimates of the percentage of people in the United States with resolving or past infection with SARS-CoV-2, the virus that causes COVID-19. These percentages do not include people who have been vaccinated against SARS-CoV-2 and have no history of infection. In contrast, the [nationwide blood donor seroprevalence survey](#) estimates the percentage of people ages 16 years and older that have developed antibodies against SARS-CoV-2 from vaccination or infection. Therefore, estimates differ between the two surveys. Note that in response to recent data, 23 jurisdictions in the nationwide antibody seroprevalence survey switched to an assay with increased sensitivity to detect past infection in September 2021, which could impact trends. This survey estimates the percentage of people that have detectable antibody indicating resolving or past infection with SARS-CoV-2, but not how much antibody is present. Therefore, the estimates do not necessarily indicate the percentage of people with sufficient antibody to protect against reinfection. [Detailed methods and limitations of the survey have been published.](#)



Health Department-Reported Cases of Multisystem Inflammatory Syndrome in Children (MIS-C) in the US

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

Last updated with cases reported to CDC on or before March 1, 2022*

TOTAL MIS-C PATIENTS MEETING CASE DEFINITION*

7,459

TOTAL MIS-C DEATHS MEETING CASE DEFINITION

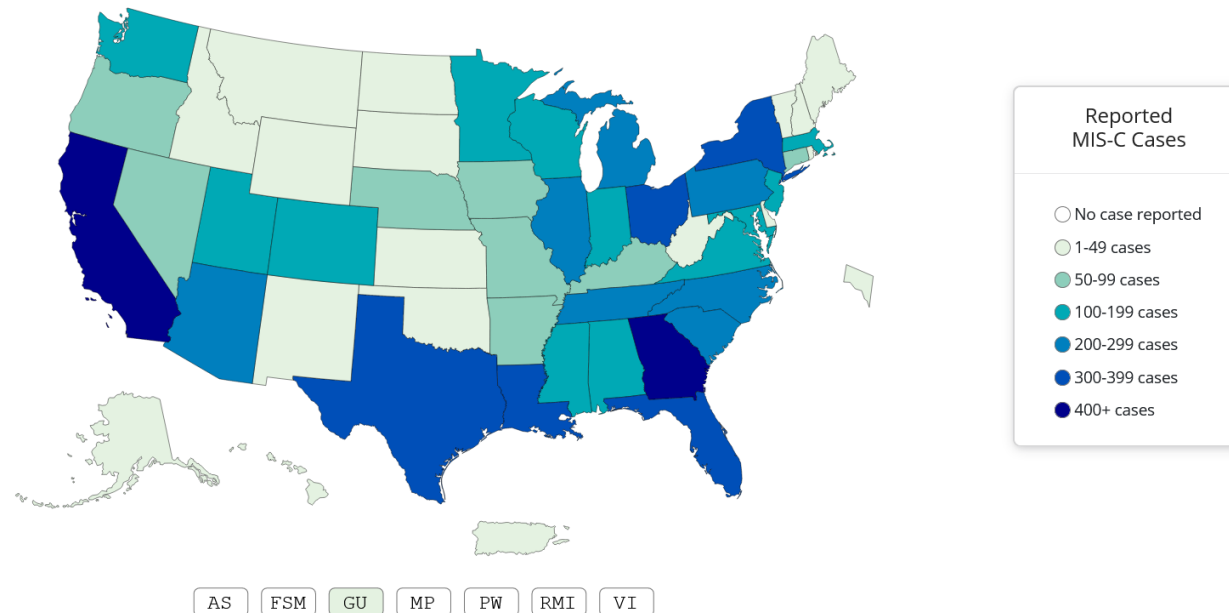
63

*Additional patients are under investigation. After review of additional clinical data, patients may be excluded if there are alternative diagnoses that explained their illness.

Summary

- The median age of patients with MIS-C was 9 years. Half of children with MIS-C were between the ages of 5 and 13 years.
- 58% of the reported patients with race/ethnicity information available occurred in children who are Hispanic/Latino (1,846 patients) or Black, Non-Hispanic (2,206 patients).
- 98% of patients had a positive test result for SARS CoV-2, the virus that causes COVID-19. The remaining 2% of patients had contact with someone with COVID-19.
- 60% of reported patients were male.

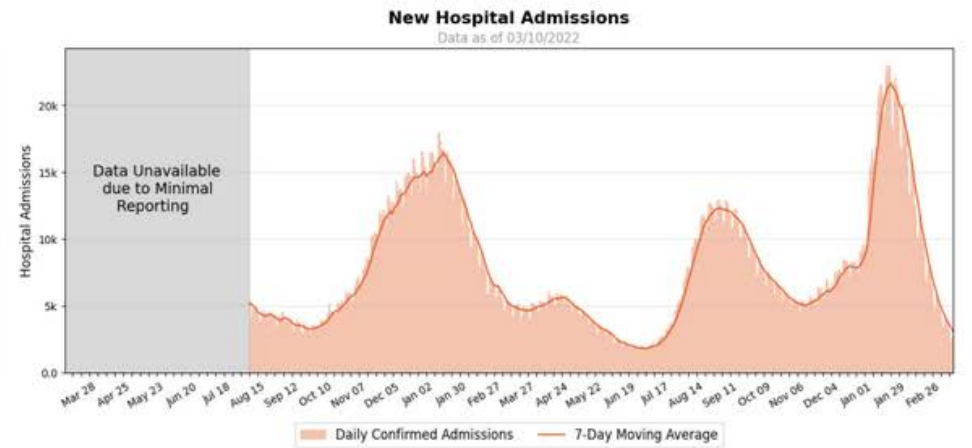
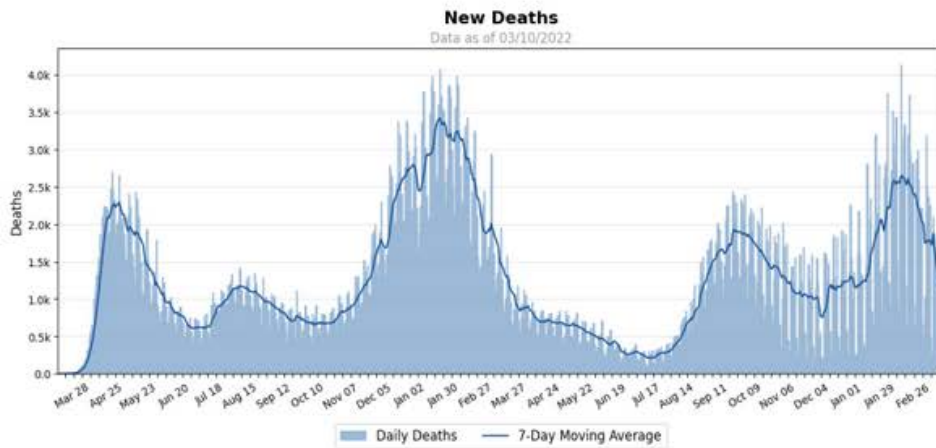
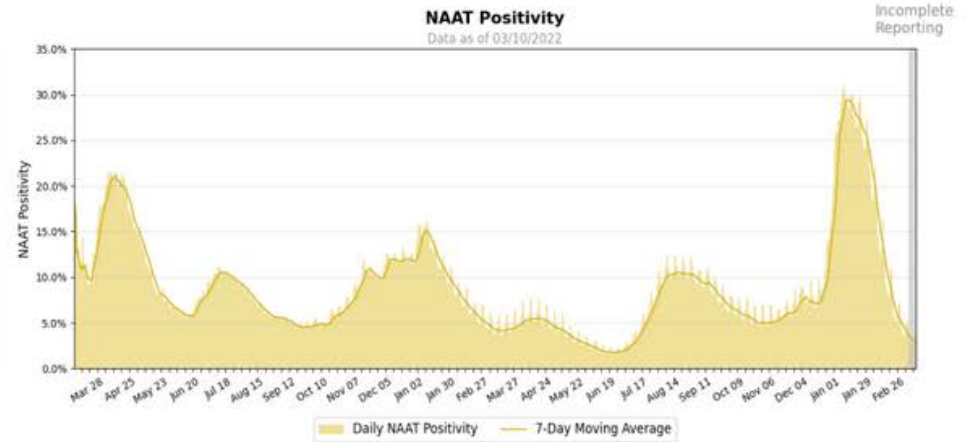
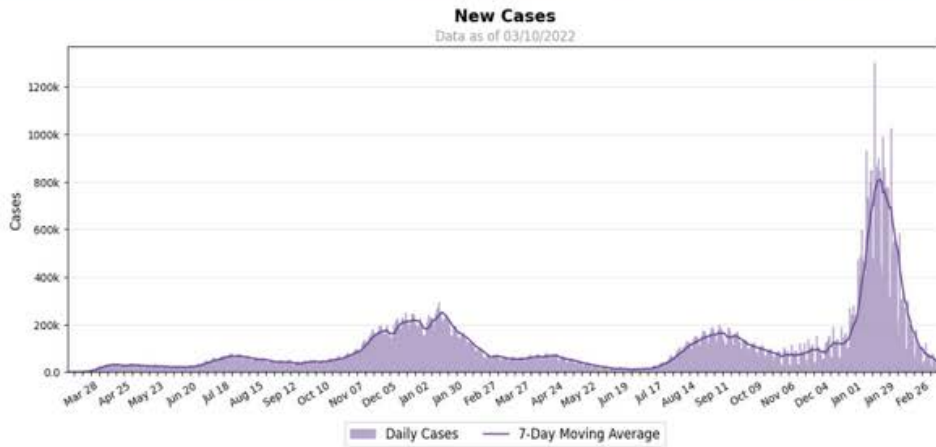
Reported MIS-C Case Ranges by Jurisdiction, on or before March 1, 2022*



COVID-19 Community Profile Report 02-24-2022

<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



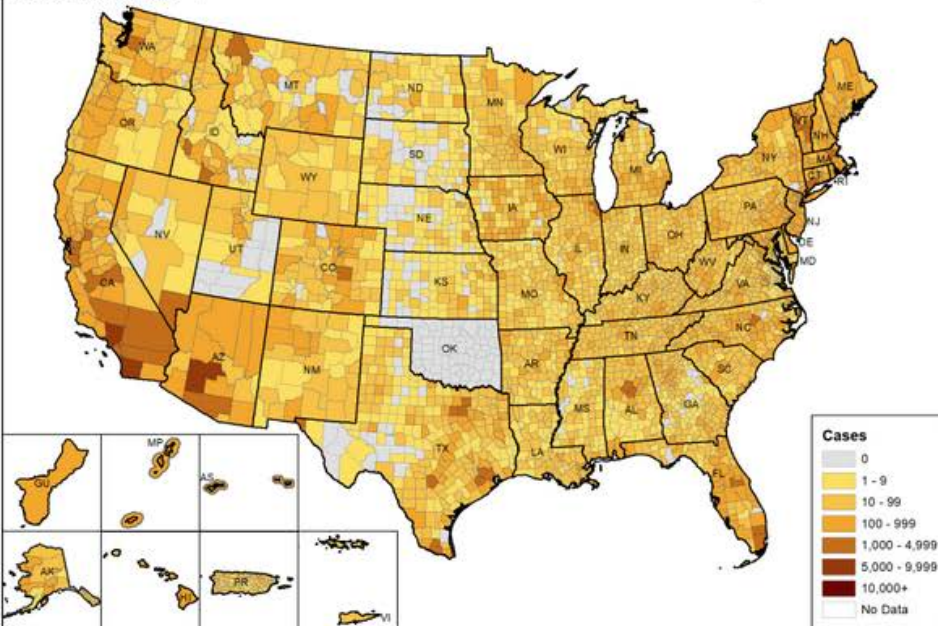
NUMBER OF NEW CASES AND DEATHS IN THE LAST 7 DAYS

Total Cumulative Cases: 79,248,406
New Cases in Last 7 Days: 260,026
Percent Change from Previous 7 Days: -28.8%

Total Cumulative Deaths: 961,620
New Deaths in Last 7 Days: 8,257
Percent Change from Previous 7 Days: -25.0%

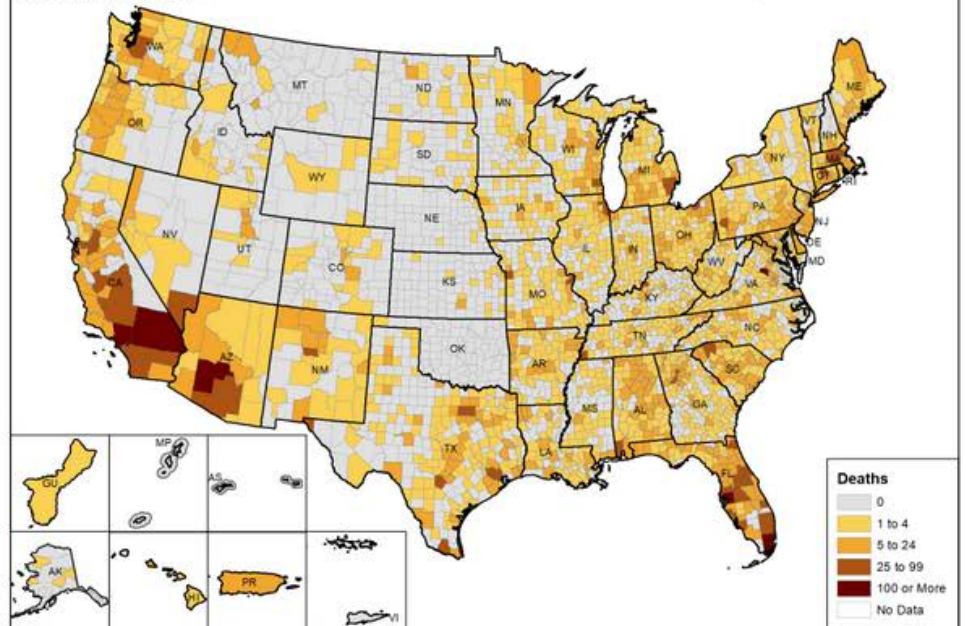
Date: 3/10/2022
 Source: CDC Aggregate
 County Data, CDC State-
 Reported Data (Territories)

**Cases by County
 in the Week 03MAR2022-09MAR2022**



Date: 3/10/2022
 Source: CDC Aggregate
 County Data, CDC State-
 Reported Data (Territories)

**Deaths by County
 in the Week 03MAR2022-09MAR2022**



Due to data processing issues, IA county-level cases are overreported.
 Due to a change in reporting frequency from daily to weekly, OK has not yet reported county-level cases and deaths data for the last week.

INITIAL PUBLIC RELEASE // SUBJECT TO CHANGE



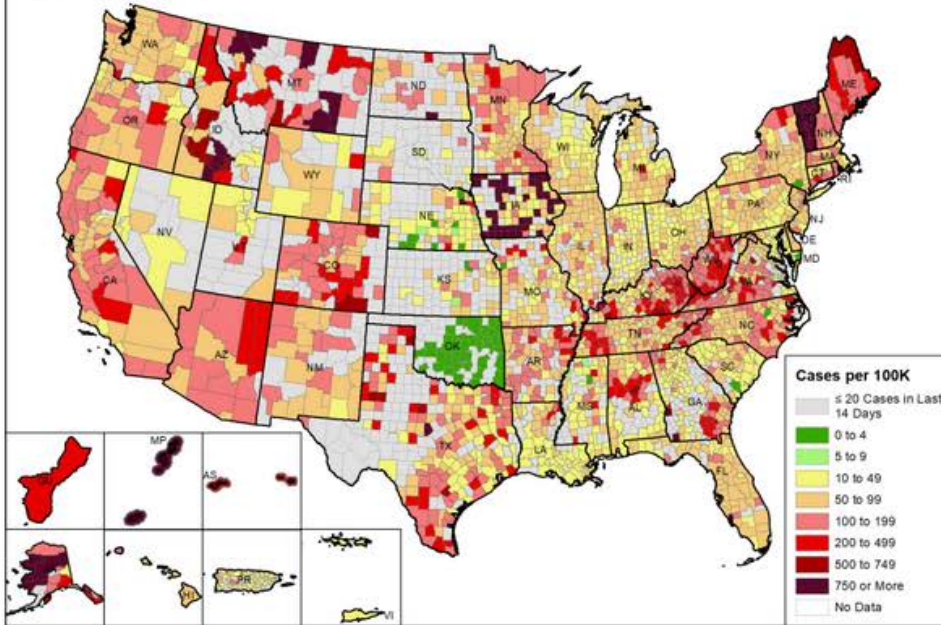
CASE INCIDENCE IN LAST 7 DAYS AND COMPARISON TO THE PREVIOUS 7 DAYS

Incidence Rate in the Last 7 Days: 78.3 per 100,000

Percent Change from Previous 7 Days: -28.8%

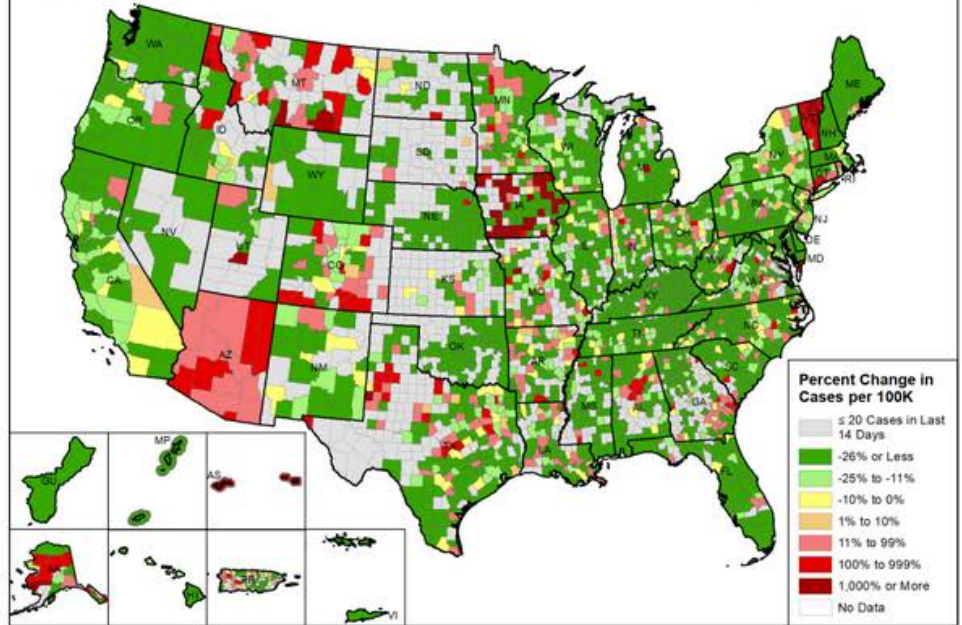
Date: 3/10/2022
Source: CDC Aggregate County Data, CDC State-Reported Data (Territories)

Cases per 100K by County in the Week 03MAR2022-09MAR2022



Date: 3/10/2022
Source: CDC Aggregate County Data, CDC State-Reported Data (Territories)

Percent Change in Cases per 100K by County in the Week 03MAR2022-09MAR2022



On 03/04/2022, VT allocated historical cases to their respective counties, causing an increase in county-level cases.
Due to data processing issues, IA county-level cases are overreported.
Due to a change in reporting frequency from daily to weekly, OK has not yet reported county-level cases and deaths data for the last week.

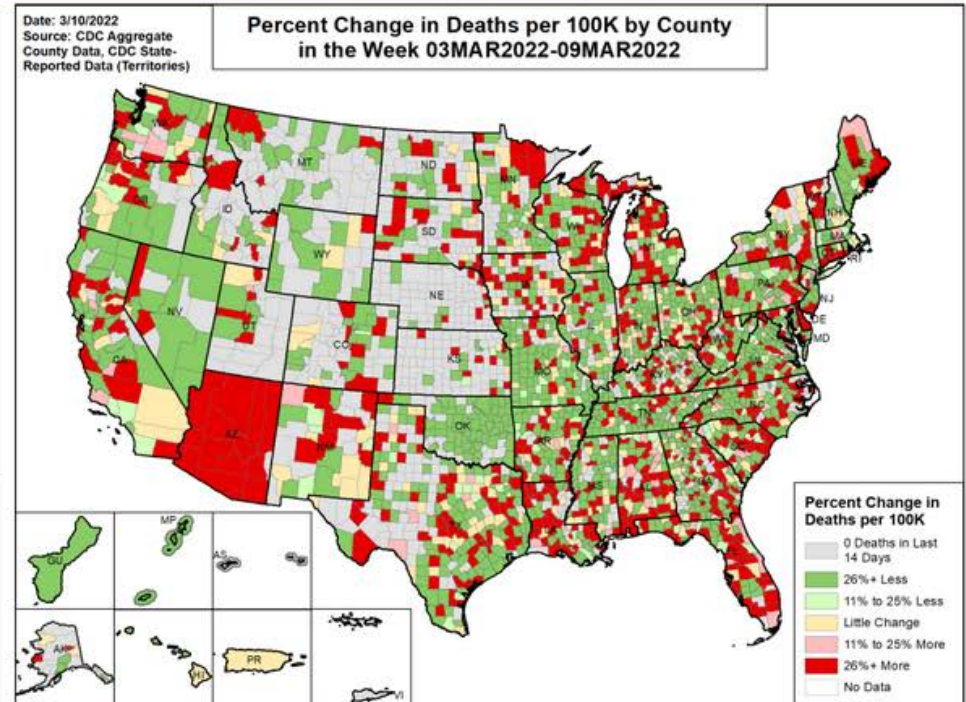
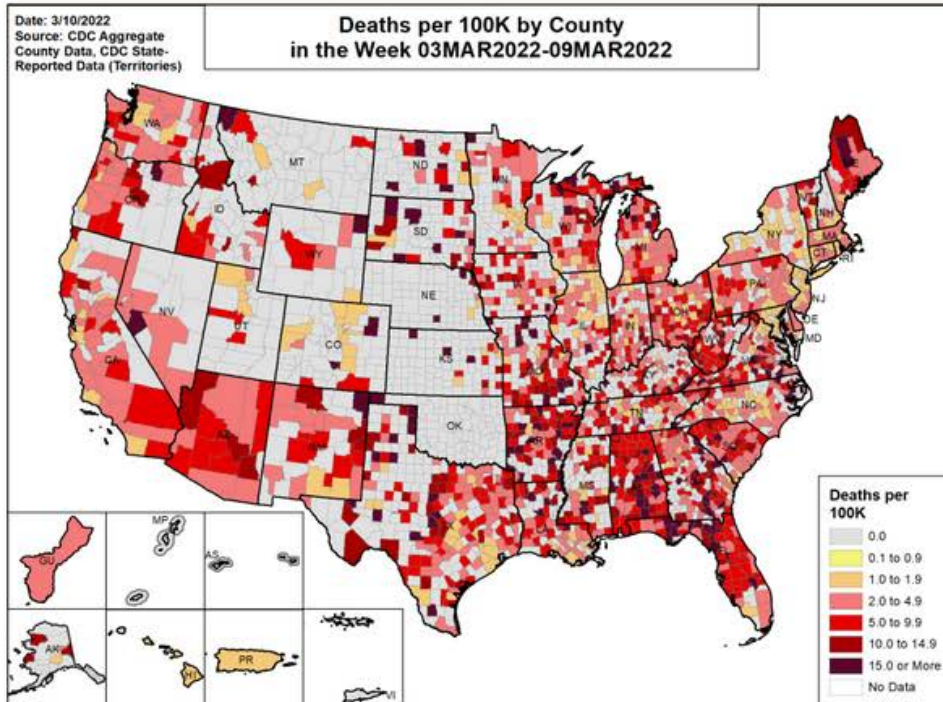
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MORTALITY RATE IN THE LAST 7 DAYS AND COMPARISON TO THE PREVIOUS 7 DAYS

Mortality Rate in the Last 7 Days: 2.5 deaths per 100,000

Percent Change from Previous 7 Days: -25.0%



Due to data processing issues, IA county-level cases are overreported.
Due to a change in reporting frequency from daily to weekly, OK has not yet reported county-level cases and deaths data for the last week.

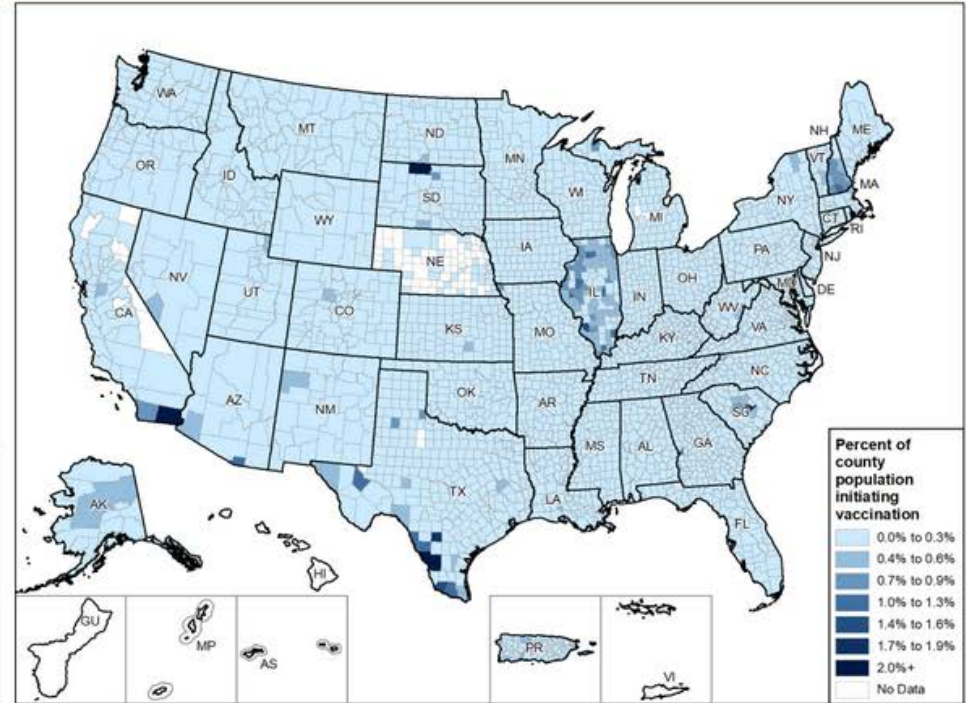
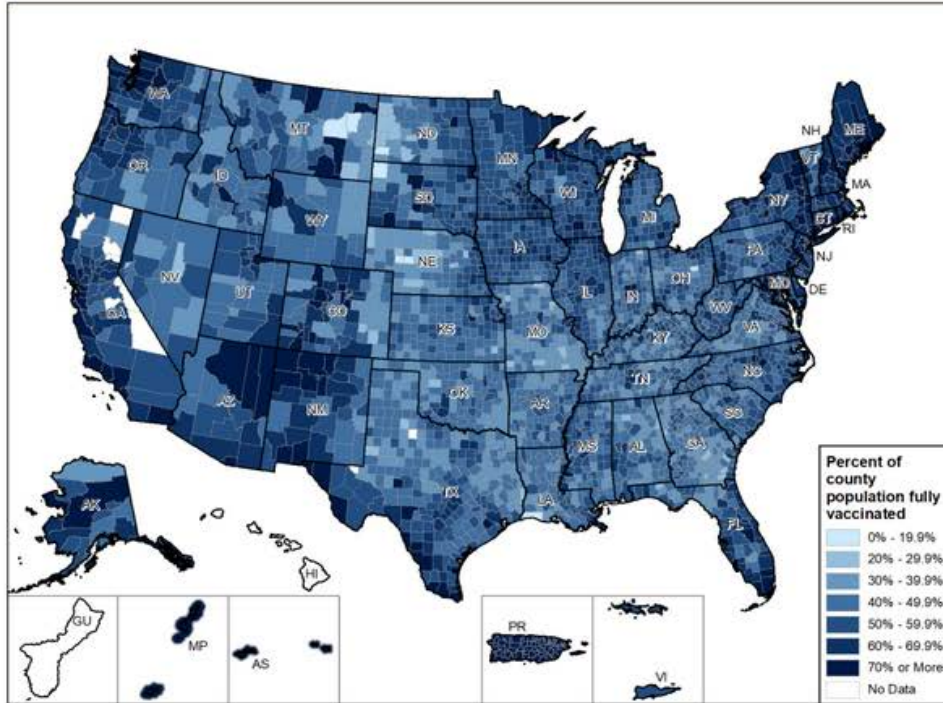
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VACCINATION RATES BY COUNTY

Percent of Population Fully Vaccinated: 65.2%
Percent of Population with at Least 1 Dose: 76.6%

Percent of Population Initiating Vaccination in the Last Week: 0.2%



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 (79%), VT (74%), HI (0%)

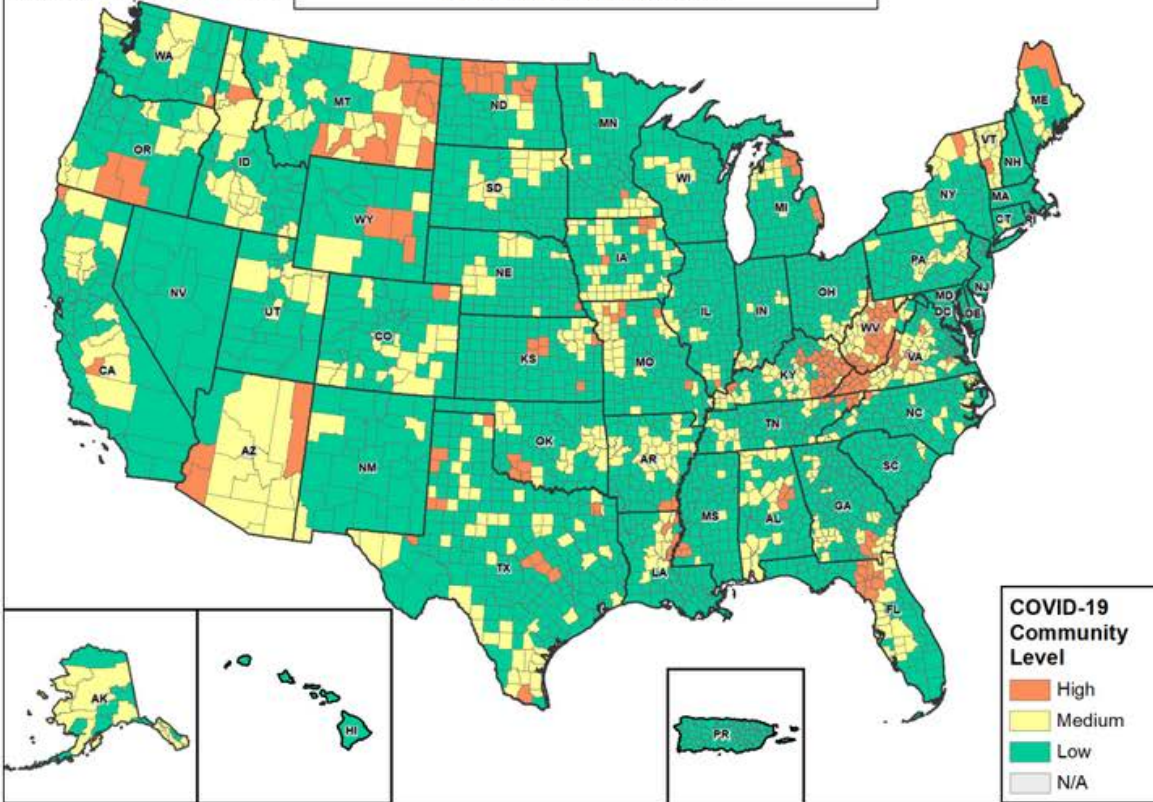
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COVID-19 COMMUNITY LEVEL

Date: 3/10/2022
 Source: CDC Aggregate County Data and Unified Hospital Dataset

COVID-19 Community Level by County 03/03/2022-03/09/2022



COVID-19 Community Level
 High
 Medium
 Low
 N/A

Source: CDC Aggregate County Dataset (cases), Unified Hospital Dataset (admissions)

Notes: Cases data from March 3-9, 2022, hospital data from March 2-8, 2022. COVID-19 Community Level is determined by the higher of the new admissions and inpatient bed metrics, based on the current level of new cases per 100,000 population in the past 7 days. Admissions per 100k refers to the 7-day total of confirmed COVID-19 hospital admissions. COVID Inpatient Occupancy refers to the percent of staffed inpatient beds occupied by a COVID-19 patient (7-day average). A county is N/A if hospital data is not available. County data is mapped from Health Service Areas, defined as a single county or cluster of counties that are generally self-contained with respect to hospital care. Previous week levels are computed based on current data. See Data Sources/Methods slides for additional details.

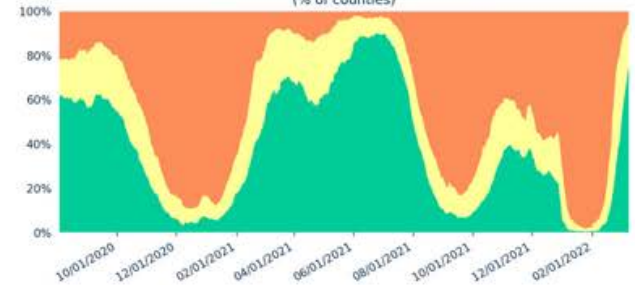
Counties by COVID-19 Community Level Component Metrics

< 200 Cases per 100k			
Admissions per 100k	< 10.0	10.0 - 19.9	20.0 +
# of counties (change)	2,366 (↑745)	424 (↓391)	89 (↓44)
% of counties (change)	73.5% (↑23.1%)	13.2% (↓12.1%)	2.8% (↓1.4%)
COVID Inpatient Occupancy	< 10.0%	10.0% to 14.9%	15.0% +
# of counties (change)	2,796 (↑458)	54 (↓156)	12 (↓8)
% of counties (change)	86.8% (↑14.2%)	1.7% (↓4.8%)	0.4% (↓0.2%)
200 + Cases per 100k			
Admissions per 100k	N/A	< 10.0	10.0 +
# of counties (change)	N/A	247 (↓115)	94 (↓195)
% of counties (change)	N/A	7.7% (↓3.6%)	2.9% (↓6.1%)
COVID Inpatient Occupancy	N/A	< 10.0%	10.0% +
# of counties (change)	N/A	320 (↓161)	21 (↓147)
% of counties (change)	N/A	9.9% (↓5.0%)	0.7% (↓4.6%)

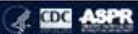
Counties by COVID-19 Community Level

Category	Low	Medium	High
# of counties (change)	2,343 (↑818)	684 (↓534)	193 (↓284)
% of counties (change)	72.8% (↑25.4%)	21.2% (↓16.6%)	6.0% (↓8.8%)
% of population (change)	82.8% (↑22.8%)	15.0% (↓17.6%)	2.1% (↓5.2%)

COVID-19 Community Levels Over Time
 (% of counties)



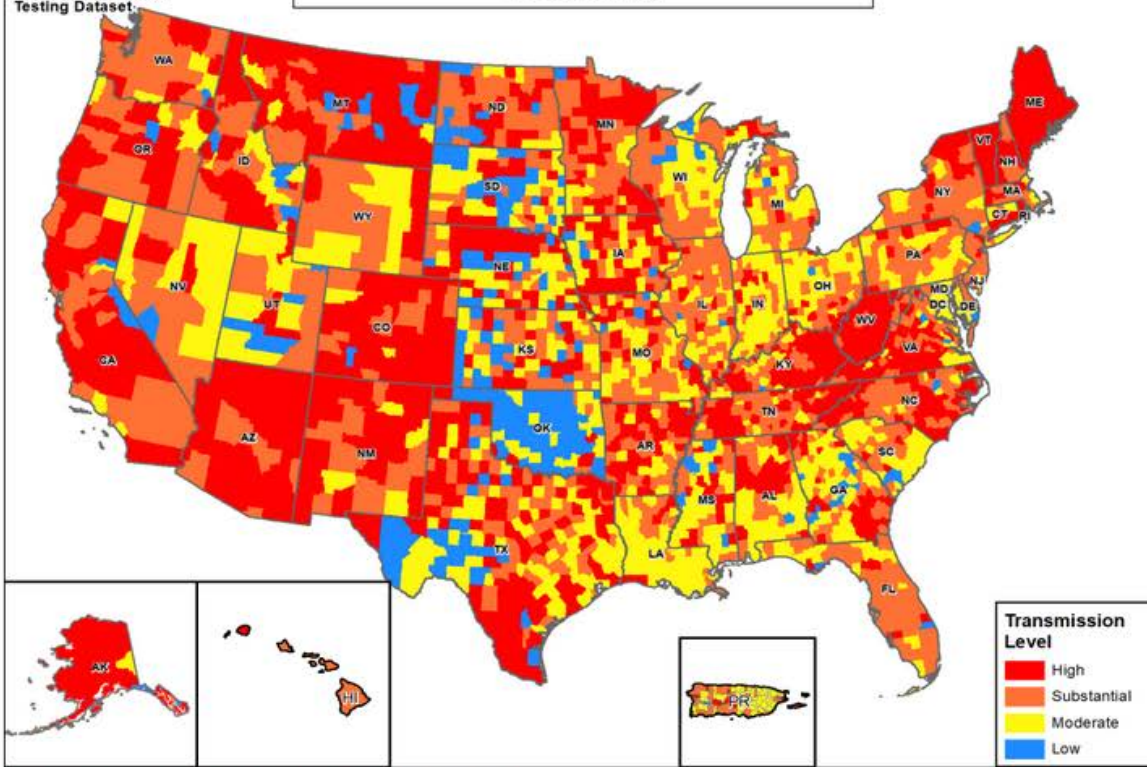
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COMMUNITY TRANSMISSION LEVEL

Date: 3/10/2022
 Source: CDC Aggregate
 County Data, Unified
 Testing Dataset

Community Transmission Level by County 09MAR2022



Transmission Level

- High (Red)
- Substantial (Orange)
- Moderate (Yellow)
- Low (Blue)

Due to data processing issues, IA county-level cases are overreported.
 Due to a change in reporting frequency from daily to weekly, OK has not yet reported county-level cases and deaths data for the last week.

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

Notes: Cases data from March 3-9, 2022, test positivity data from March 1-7, 2022. Combined Transmission Level is the higher threshold among cases and testing thresholds. See Data Sources/Methods slides for additional details.

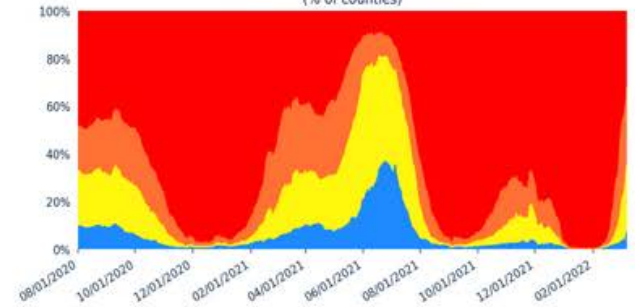
Counties by Community Transmission Indicator

Cases per 100k	0 to 9	10 to 49	50 to 99	100 +
# of counties (change)	282 (↑160)	960 (↑532)	1079 (↑23)	899 (↓715)
% of counties (change)	8.8% (↑5.0%)	29.8% (↑16.5%)	33.5% (↑0.7%)	27.9% (↓22.2%)
Test Positivity	0.0% to 4.9%	5.0% to 7.9%	8.0% to 9.9%	10.0% +
# of counties (change)	2160 (↑795)	595 (↓273)	175 (↓171)	290 (↓351)
% of counties (change)	67.1% (↑24.7%)	18.5% (↓8.5%)	5.4% (↓5.3%)	9.0% (↓10.9%)

Counties by Combined Transmission Level

Category	Low Transmission Blue	Moderate Transmission Yellow	Substantial Transmission Orange	High Transmission Red
# of counties (change)	225 (↑140)	907 (↑532)	1055 (↑71)	1033 (↓743)
% of counties (change)	7.0% (↑4.3%)	28.2% (↑16.5%)	32.8% (↑2.2%)	32.1% (↓23.1%)
% of population (change)	2.0% (↑1.8%)	27.3% (↑19.7%)	47.9% (↑5.9%)	22.9% (↓27.5%)

Combined Transmission Levels Over Time
 (% of counties)



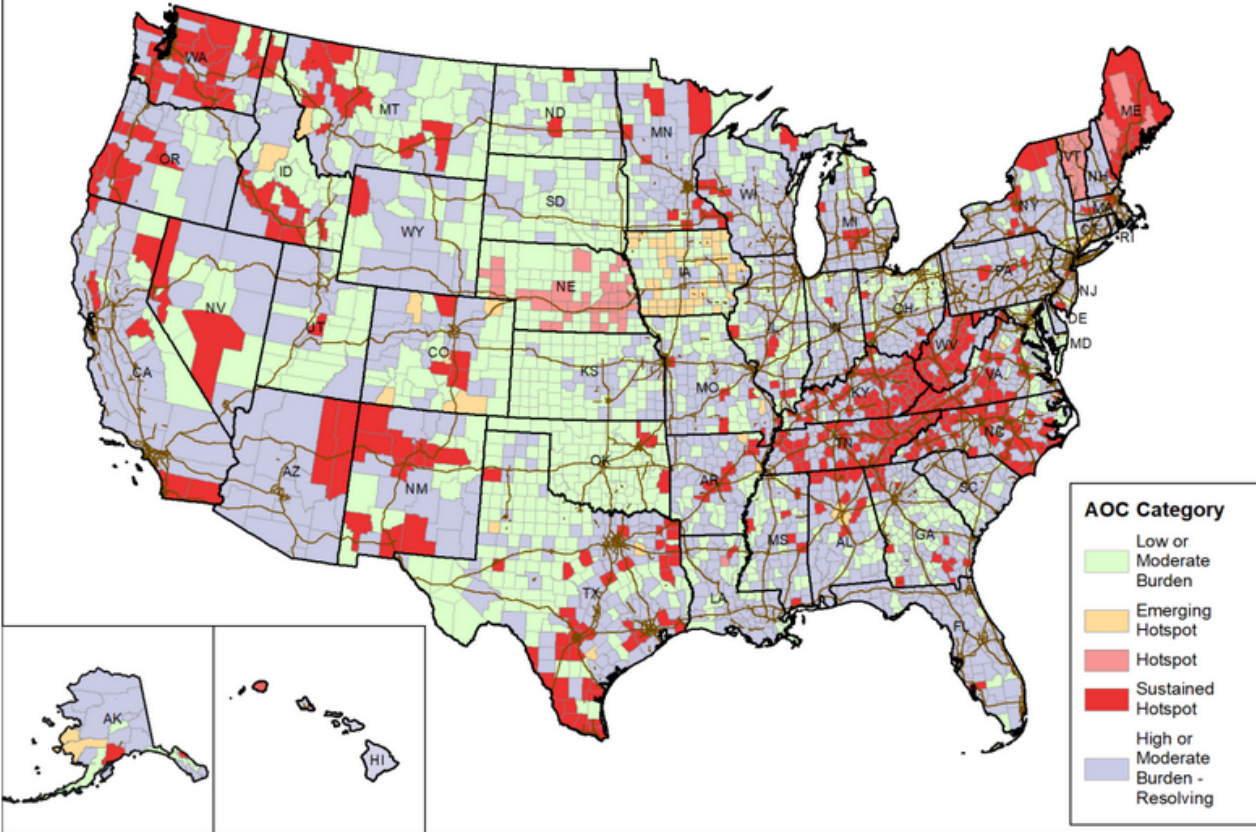
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AREA OF CONCERN CONTINUUM

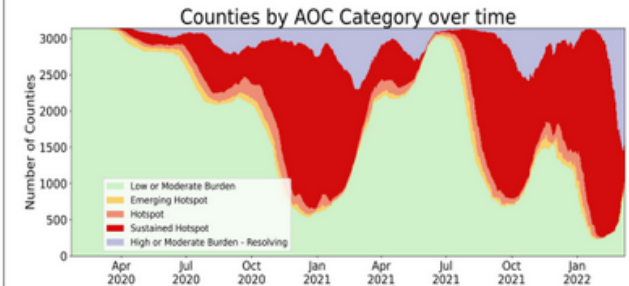
Date: 3/10/2022

Area of Concern Continuum by County 09MAR2022



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.



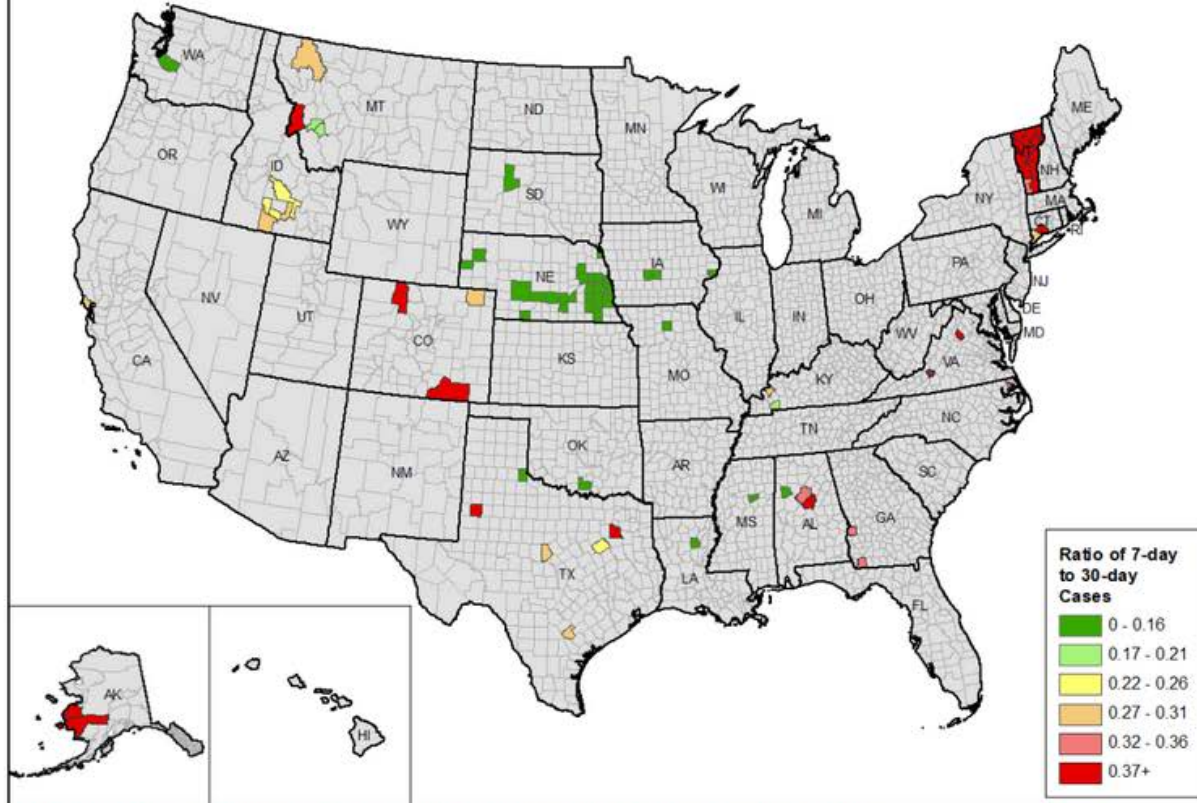
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AREA OF CONCERN CONTINUUM - RAPID RISER COUNTIES

Date: 3/10/2022
 Source: CDC Aggregate
 County Data

Counties with Rapid Rise in Cases in the Last 14 Days



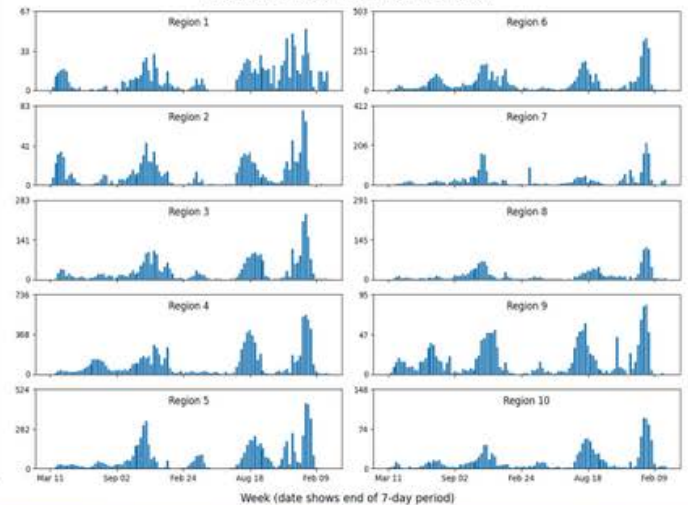
This map shows counties that have seen a rapid rise in cases within the last 14 days by meeting the following **Rapid Riser County** criteria:

- >100 new cases in last 7 days
- >0% change in 7-day incidence
- >-60% change in 3-day incidence
- 7-day incidence / 30-day incidence ratio >0.31
- one or both of the following triggering criteria:
 - (a) >60% change in 3-day incidence,
 - (b) >60% change in 7-day incidence

The color indicates *current* acceleration in cases (ratio of 7-day to 30-day cases). Counties in **light red** and **red** are continuing to see accelerating cases in the most recent week, while those in **dark green** and **green** may have seen declines in the most recent week.

The bar charts below show the history of rapid riser counties by FEMA region and week, indicating when different geographic areas have seen the greatest acceleration in cases.

of Distinct Rapid Riser Counties by Week and FEMA Region
 (vertical axis scaled to number of counties in region)



On 03/04/2022, VT allocated historical cases to their respective counties, causing an increase in county-level cases.

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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 March 7, 2022



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

	10,219	CDC personnel supporting the outbreak response		60.80+ million	Times people have used CDC's online Coronavirus Self-Checker
	1,912	CDC deployers who have conducted 4,546 deployments to 361 cities across the United States and abroad		1.6+ million	Calls and emails to CDC-INFO
	424	COVID-19 studies published in CDC's Morbidity and Mortality Weekly Report (MMWR)		3.9+ billion	Times people have looked for information on CDC websites
	10,227	Documents providing information and guidance for government agencies, businesses, and the public		4.9+ billion	Social media impressions on 20,492 CDC response-related posts
	824+ million	COVID-19 tests conducted by public and private laboratories in the United States		101,648+	Inquiries from doctors, nurses, or other clinical staff and health departments received by CDC
	254+ million	People who have received at least one dose of a COVID-19 vaccine		216+ million	People who have been fully vaccinated with a COVID-19 vaccine

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

CS31666-A

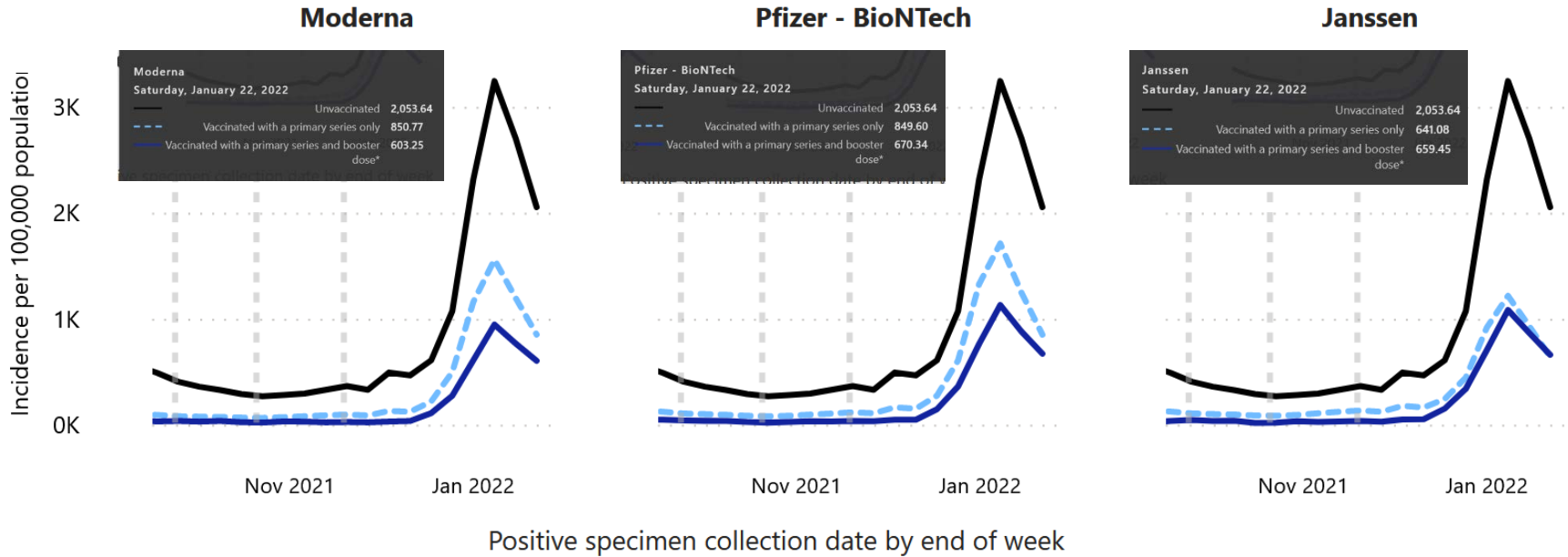
Rates of COVID-19 Cases by Vaccination Status, Booster Dose,** and Primary Series Vaccine Type

Outcome

- Cases
- Deaths

September 19 - January 01, 2022 (26 U.S. jurisdictions)

— Unvaccinated - - - Vaccinated with a primary series only — Vaccinated with a primary series and booster dose*



Unvaccinated adults aged 18 years and older had:

3.2X
Risk of Testing Positive for COVID-...

AND

41X
Risk of Dying from COVID-19

in December, and

3.2X
Risk of Testing Positive for COVID-19

in January,* compared to people vaccinated with a primary series and a booster dose.**

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

CDC What's New & Updated

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

- [/11/22EARLY RELEASE: Effectiveness of 2-Dose BNT162b2 \(Pfizer BioNTech\) mRNA Vaccine in Preventing SARS-CoV-2 Infection Among Children Aged 5–11 Years and Adolescents Aged 12–15 Years — PROTECT Cohort, July 2021–February 2022](#)
- [3/10/22AmeriCorps Committed to Supporting COVID-19 Response](#)
- [3/10/22CDC Updates COVID-19 Community Levels](#)
- [3/10/22Global COVID-19](#)
- [3/10/22COVID Data Tracker Weekly Review](#)
- [3/10/22Cases in the U.S.](#)
- [3/10/22COVID-19 Vaccine Provider Access and Vaccination Coverage Among Children Aged 5–11 Years — United States, November 2021–January 2022](#)
- [3/10/22SARS-CoV-2 Incidence in K–12 School Districts with Mask-Required Versus Mask-Optional Policies — Arkansas, August–October 2021](#)
- [3/10/22Mask Use on Public Transportation](#)
- [3/10/22Overall US COVID-19 Vaccine Distribution and Administration Update as of Thu, 10 Mar 2022 06:00:00 EST](#)
- [3/9/22COVID-19 Community Levels](#)
- [3/9/22COVID-19 by County](#)
- [3/9/22Archive of COVID-19 Vaccination Data Updates](#)
- [3/9/22Stay Up to Date with Your Vaccines](#)
- [3/9/22Staffing Resources](#)
- [3/9/22COVID-19 Hospitalization and Death by Race/Ethnicity](#)
- [3/8/22Self-Testing](#)
- [3/8/22COVID-19 Forecasts: Deaths](#)
- [3/8/22Previous COVID-19 Forecasts: Hospitalizations](#)
- [3/8/22v-safe COVID-19 Vaccine Pregnancy Registry](#)
- [3/8/22COVID-19 Hospitalization and Death by Age](#)
- [3/8/22COVID-19 Forecasts: Cases](#)
- [3/8/22Health Equity](#)
- [3/7/22COVID-19 Travel Recommendations by Country](#)
- [3/6/22Sample Social Media & Graphics](#) [3/6/22Cases, Data, and Surveillance](#)
- [3/3/22School Testing for COVID-19](#)
- [3/3/22What to Expect at Your Appointment to Get Vaccinated for COVID-19](#)
- [3/3/22Interim Guidance for Rapid Antigen Testing for SARS-CoV-2](#)
- [3/3/22How to Report COVID-19 Laboratory Data](#)
- [3/3/22Disparities in COVID-19 Vaccination Coverage Between Urban and Rural Counties — United States, December 14, 2020–January 31, 2022](#)

CDC Guidance

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

[Guidance for Antigen Testing for SARS-CoV-2 for Healthcare Providers Testing Individuals in the Community](#)

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: 3/3/22

[Operational Considerations for Routine Immunization Services during the COVID-19 pandemic in non-US Settings Focusing on Low- and Middle-Income Countries](#)

Learn COVID-19 operational considerations to implement immunization services in non-US countries with low or middle incomes. Date: 3/2/22

[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: 3/1/22

[Prioritizing Case Investigation and Contact Tracing for COVID-19](#)

The page provides guidance to health departments regarding prioritization recommendations for contact tracing and case investigation. Date: 2/27/22

[Interim Guidance on Developing a COVID-19 Case Investigation & Contact Tracing Plan: Overview](#)

Background on case investigation and contact tracing. Also presents key considerations for health departments developing an implementation plan. Date: 2/27/22

[Care for Breastfeeding People](#)

Find guidance for healthcare workers on managing breastfeeding people, infants, and children, including those with confirmed or suspected COVID-19. Date: 2/24/22

[Using Antibody Tests for COVID-19](#)

CDC has developed interim guidance for how healthcare providers, laboratories, and public health staff should use antibody tests. This guidance also has advice useful for people taking antibody tests, employers, healthcare workers, and people operating group residential facilities. Date: 2/23/22

[Interim Guidance on Management of Coronavirus Disease 2019 \(COVID-19\) in Correctional and Detention Facilities](#)

COVID-19 guidance for correctional facilities and detention centers to ensure protection of incarcerated and detained persons, staff, and visitors. Date: 2/14/22



State Data

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

The SMARTER Plan is the next phase of California's COVID-19 response

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



Get 4 more at-home COVID-19 tests for free

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

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>

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

CDPH Office of Communications

<https://www.cdph.ca.gov/Programs/OPA/Pages/News-Releases-2022.aspx>

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

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/>

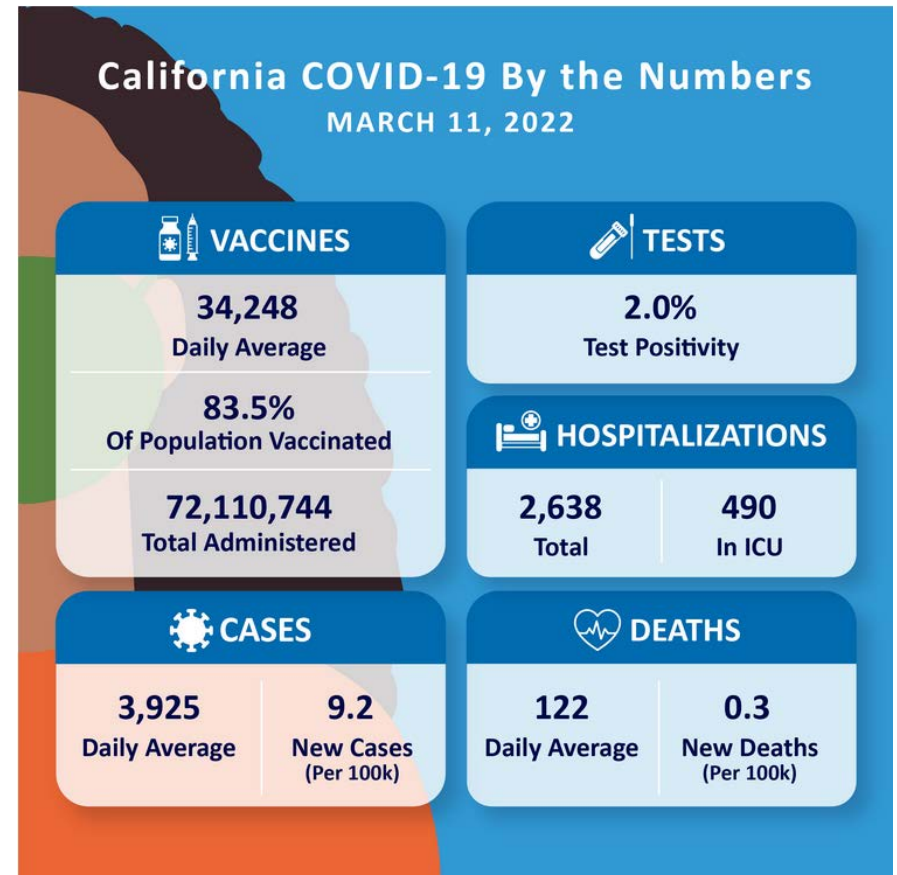
<https://myturn.ca.gov/>



Office of Governor
GAVIN NEWSOM

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

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

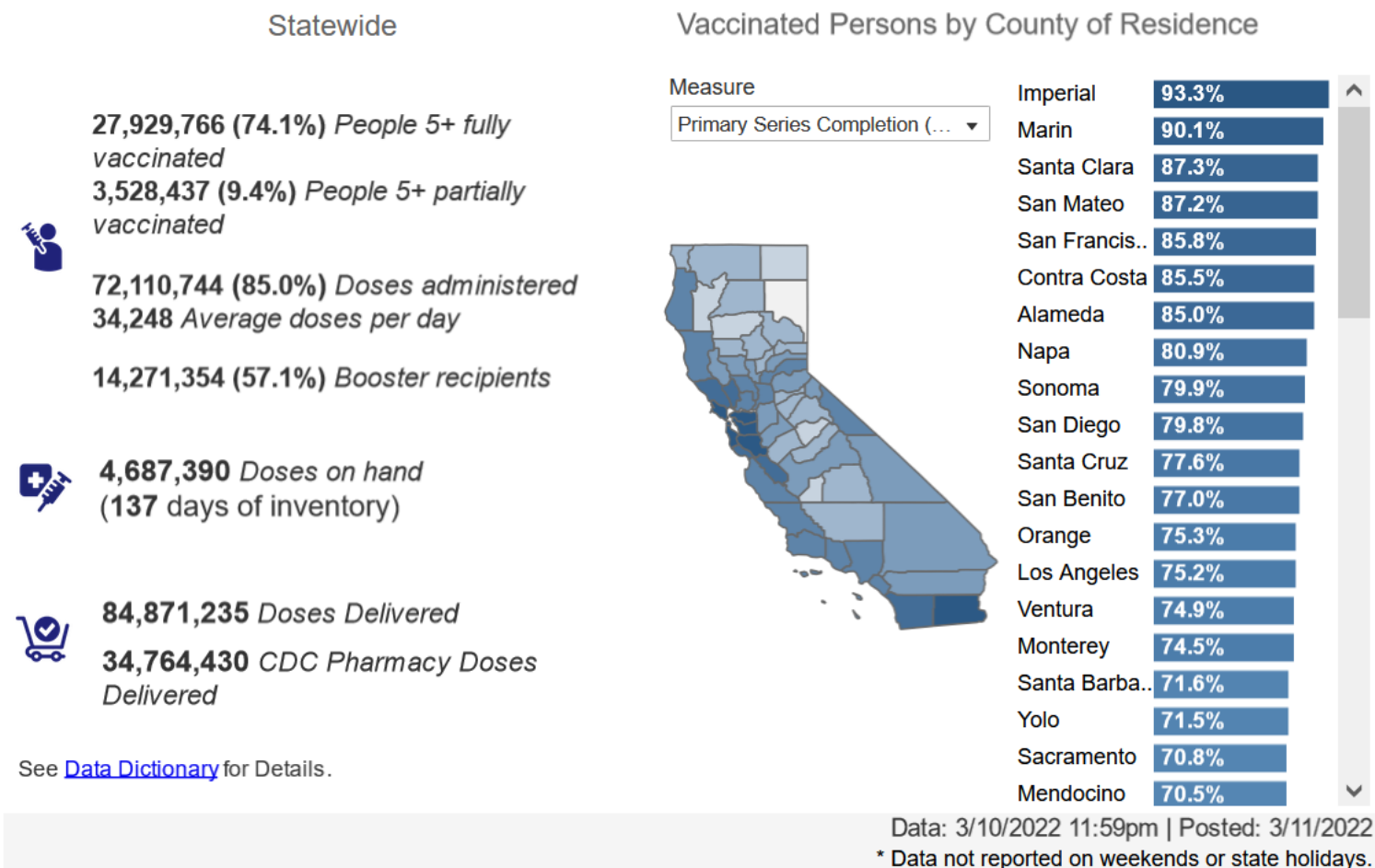


Vaccinations administered in California, by county of residence.

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

Statewide vaccination data

This chart shows all vaccinations administered in California, by county of residence.



Regional ICU Capacity

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

Regional ICU Capacity (Data as of 3/10/2022)

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	26.2	9.6	--	--	--
Bay Area	27.9	9.4	--	--	--
Greater Sacramento	25.5	9.8	--	--	--
Northern California	28.8	10.1	--	--	--
San Joaquin Valley	20.0	15.3	--	--	--
Southern California	26.6	8.6	--	--	--

* 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

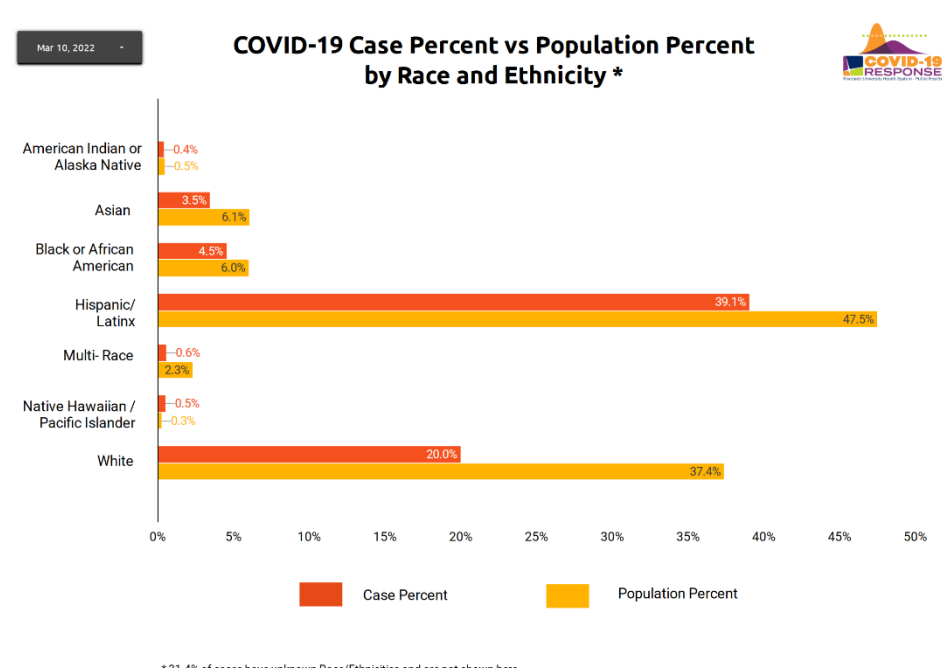
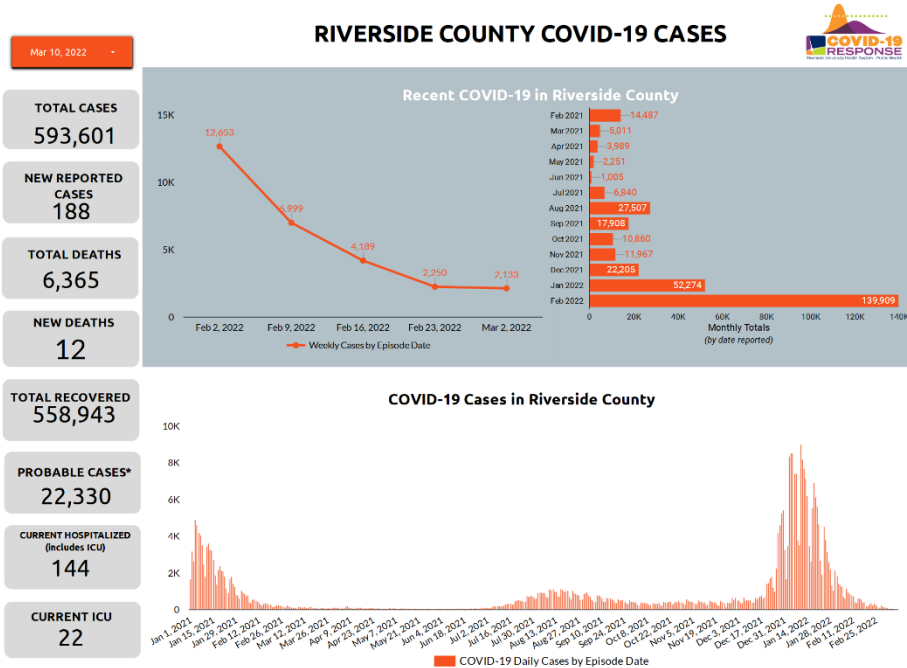
<https://www.rivcoph.org/coronavirus>

Confirmed 593,887 (+286)	Currently Hospitalized 127 Includes 17 in ICU	Deaths 6,373 (+8)	Recovered 561,021 (+2,078)	Zip Code & Community Data here
Daily Case Rate / 100k 7.9 (7-Day Avg & 7-Day Lag)	Positivity 3.7% (7-Day Avg & 7-Day Lag)	Daily Test Rate / 100k 319.6 (7-Day Avg & 7-Day Lag)		

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

RIVERSIDE COUNTY DAILY COVID-19 REPORT

<https://www.rivcoph.org/Portals/0/Documents/CoronaVirus/Reports/DailyEpidemiologySummary.pdf?x=1647034096670>



OPERATION RIVCO SHIELD
RIVERSIDE COUNTY COVID-19 VACCINE UPDATE
 March 11, 2022
(Data as of 03/10/2022)

1,812,550

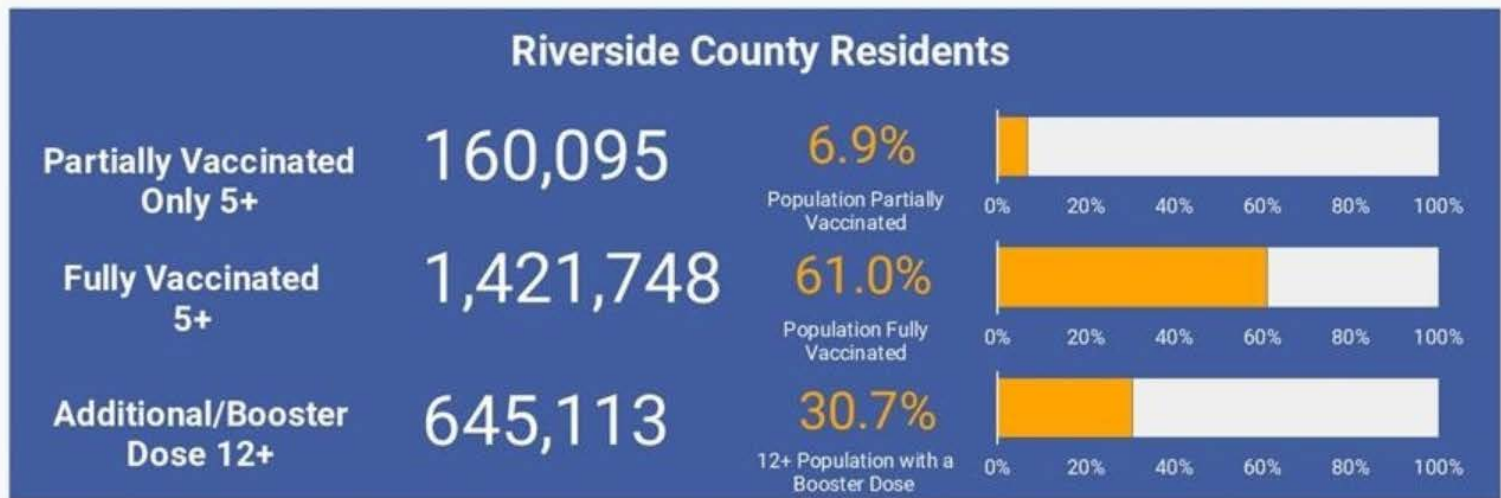
VACCINE DOSES RECEIVED

3,963,936

VACCINE DOSES ADMINISTERED

310

STATE-APPROVED PROVIDERS WITH VACCINE



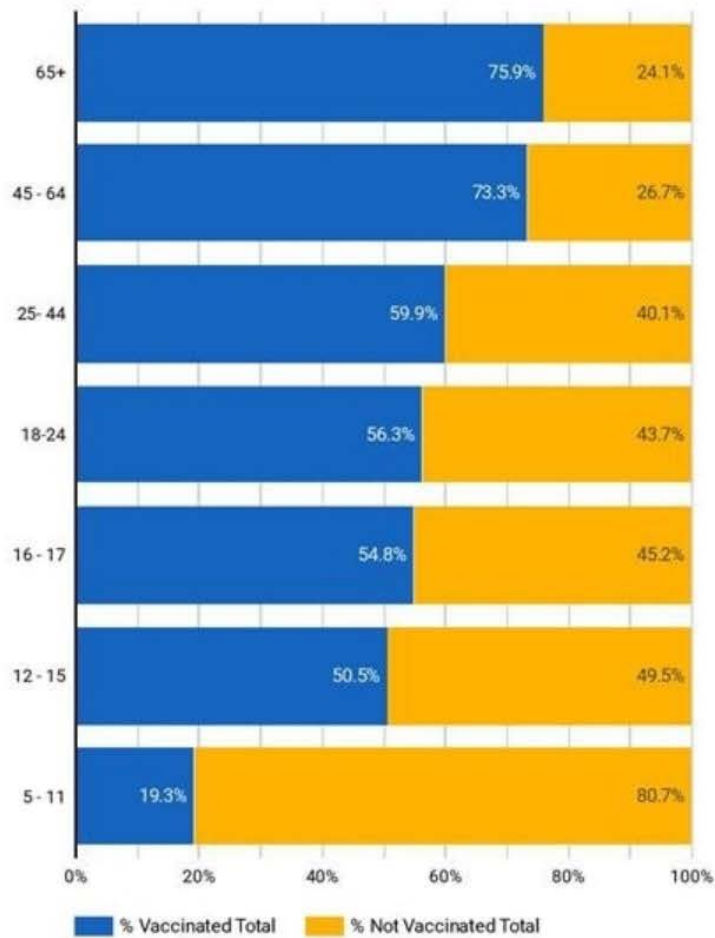
- CVS, Kaiser Permanente, and other multi-county entities and federal vaccine program providers are not counted in our doses received but are counted in doses administered.
- Total received includes vaccine doses that have been shipped but may not have arrived.
- Total administered includes Riverside County residents vaccinated out of the county and out of county residents vaccinated in Riverside County.
- Data are derived from numerous sources and should be interpreted with caution.
- California Department of Finance. Demographic Research Unit. Report P-3: Population Projections, California, 2010-2060 (Baseline 2019 Population Projections; Vintage 2020 Release). Sacramento: California. July 2021.

Percent Vaccinated by Age and Race & Ethnicity

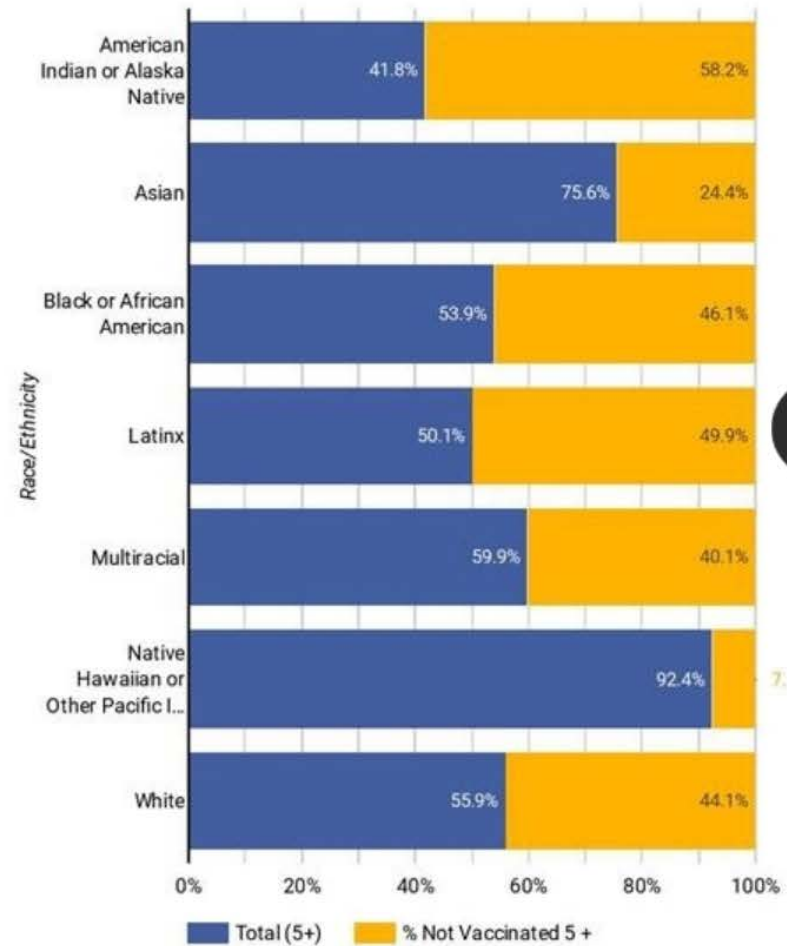
March 11, 2022

(Data as of 03/10/2022)

% of Population 5+ Fully Vaccinated by Age Group



% of Population 5+ Fully Vaccinated by Race & Ethnicity



RCCD COVID-19 Dashboard

3/4/2022

CA/RIVCO Update Date

Date

1/17/2020

3/4/2022



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	149,746,436	8,399,677	7.0%	24,005	2.0%
RIVCO	6,029,123	586,785	12.2%	1,078	3.1%
RCCD	83,071	887	3.9%	9	0.9%

3/4/2022

Cases Updated

3/4/2022

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>

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

Weather

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

Latest hazard threat table:


<https://www.wrh.noaa.gov/sgx/event/dsstable.php>

	Fri 3/11	Sat 3/12	Sun 3/13	Mon 3/14	Tue 3/15	Wed 3/16	Thu 3/17
San Diego Marine			Fog Wind				
Orange/San Diego Beaches			Fog		Rip Currents Surf	Rip Currents Surf	Rip Currents Surf
San Diego Coast San Diego, Oceanside							
San Diego Valleys Alpine, Escondido, Ramona							
San Diego County Mtns Mt Laguna, Julian, Palomar Mt	Wind		Wind				
San Diego Deserts Anza Borrego, Ocotillo Wells			Wind				
Orange County Coast Laguna and Huntington Beaches							
Orange County Inland Anaheim, Irvine	Wind						
Santa Ana Mountains Silverado, Santiago Peak	Wind			Wind			Wind
Inland Empire Ontario, Riverside	Wind	Patchy Frost		Wind			Wind
Riverside County Mtns Mt San Jacinto, Idyllwild	Wind		Wind			Wind	
Coachella Valley Palm Springs, Indio	Wind		Wind	Wind		Wind	Wind
San Bernardino Mtns Wrightwood, Big Bear	Wind		Wind	Wind		Wind	Wind
High Deserts Victorville, Lucerne Valley			Wind			Wind	


Risk Levels

Little to None	Minor	Moderate	Major	Extreme
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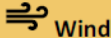
Santa Ana Mountains, Inland Empire, Riverside County Mtns, Coachella Valley, San Bernardino Mtns, San Diego County Mtns

 Wind	Impacts: Strong winds may produce difficult driving conditions for all vehicles. Loose or unsecured objects may be damaged or blown away. Power outages possible with any downed power lines. Blowing dust and sand, leading to visibility restrictions on the roadways is possible.
	Timing: Through early this afternoon; Monday; Thursday-Friday
	Confidence: High
	Moderate strength Santa Ana winds this morning. Northeast to east wind gusts of 35-45 MPH along the coastal slopes, below the Cajon and San Gorgonio Passes, and canyons/foothills of the Santa Ana Mountains. Winds will weaken through the afternoon..
	Santa Ana winds will develop in similar areas on Monday morning, though are forecast to be weaker than winds that occurred this morning. A third round of Santa Ana winds are possible next Thursday and Friday, March 17-18.

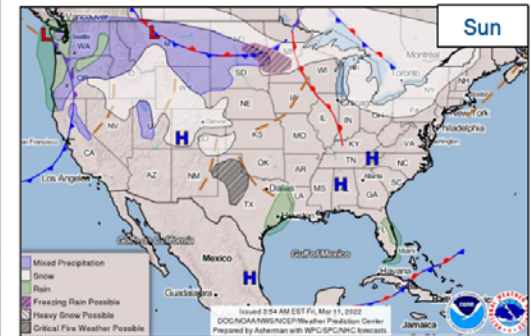
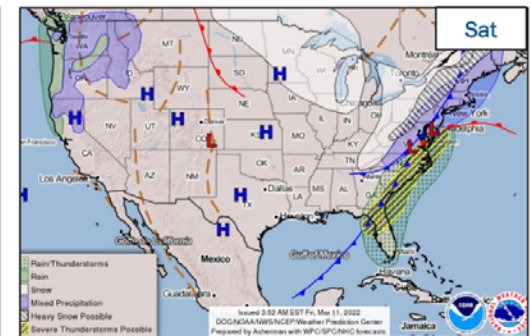
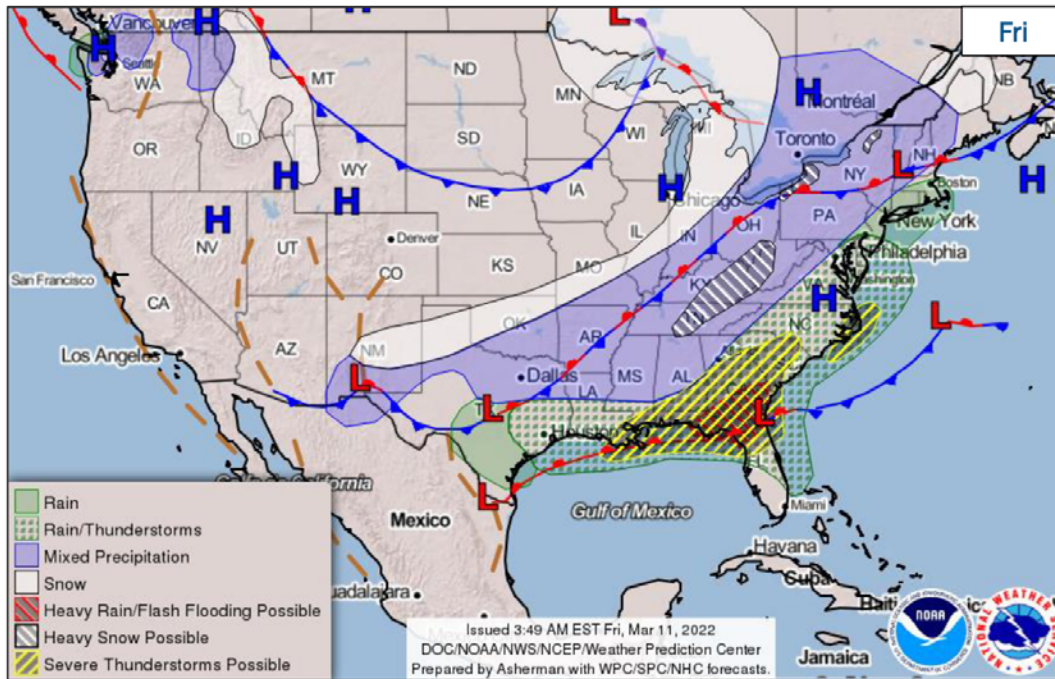
High Deserts, Inland Empire, San Diego Valleys

 Cold	Impacts: Cold overnight could threaten pets and plants. Cold temperatures will impact the homeless and those without adequate heating. Sensitive plants left outdoors may be damaged or killed.
	Timing: Saturday Morning
	Confidence: High Confidence
	Lows of 33-36 degrees will occur again Saturday morning in portions of the Inland Empire, the San Diego County Valleys, and the high desert.

San Diego County Mtns, San Diego Deserts, Riverside County Mtns, Coachella Valley, San Bernardino Mtns, High Deserts, Coastal Waters

 Wind	Impacts: Hazardous travel for high profile vehicles. Blowing dust may locally reduce visibility in the deserts.
	Timing: Sunday Afternoon and evening; Wednesday afternoon and evening.
	Confidence: Moderate
	West winds strengthening Sunday afternoon, peaking Sunday evening. For the mountains and deserts, wind gusts 30-40 MPH. Isolated gusts as high as 50 MPH through the San Gorgonio Pass near Whitewater. For the outer coastal waters, west-northwest winds gusting to 20-22 kt, strongest near San Clemente Island. Winds weaken Sunday night.
	Another brief period of gusty west winds may occur Wednesday afternoon and evening.

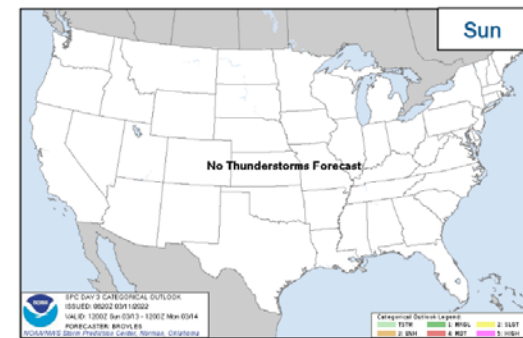
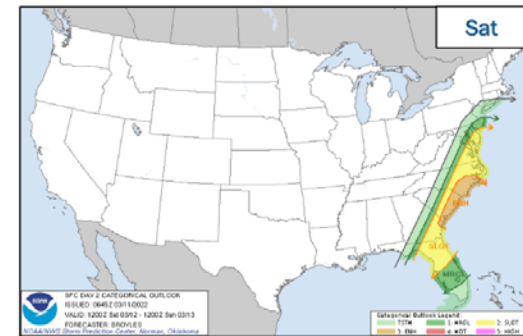
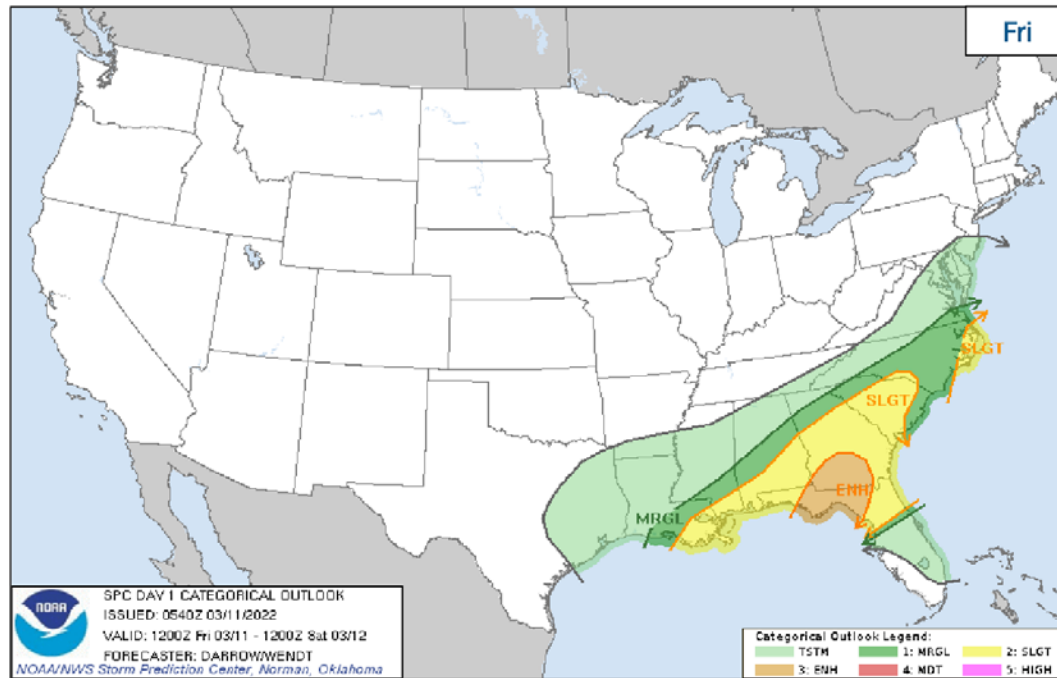
National Weather Forecast



FEMA

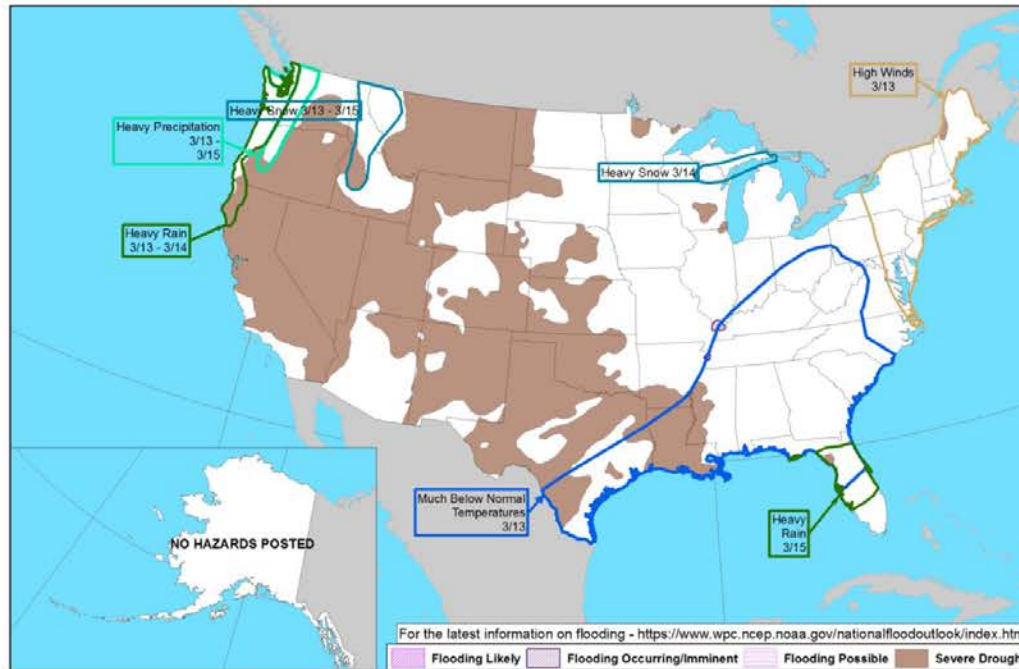
National Watch Center

Severe Weather Outlook



National Watch Center

Hazards Outlook – Mar 13-17



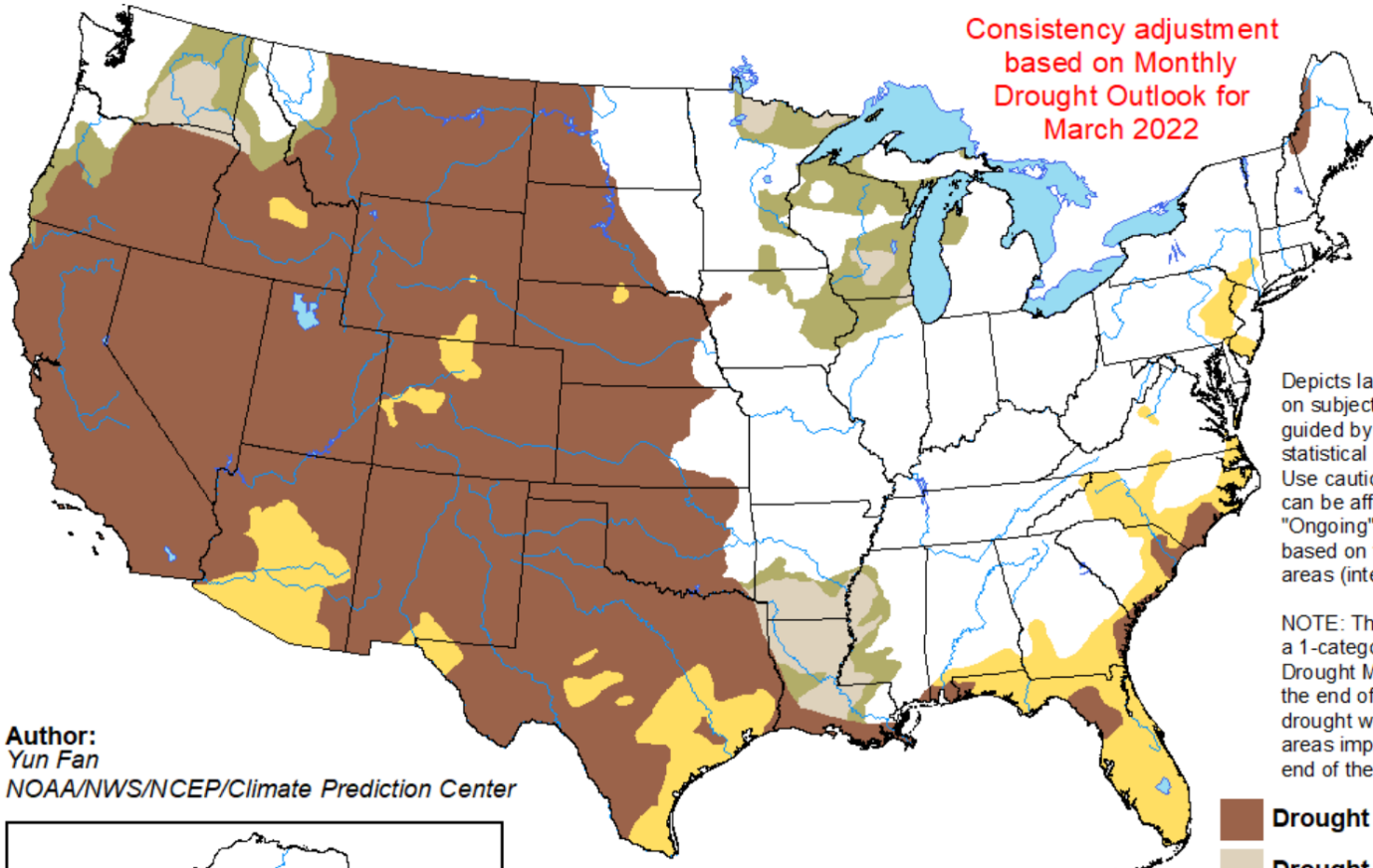
National Watch Center

U.S. Seasonal Drought Outlook

Drought Tendency During the Valid Period

Valid for March 1 - May 31, 2022
Released February 28, 2022

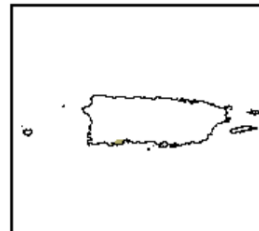
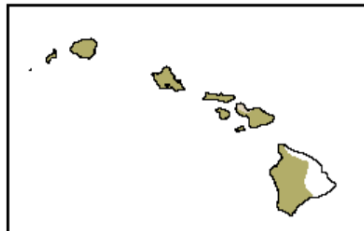
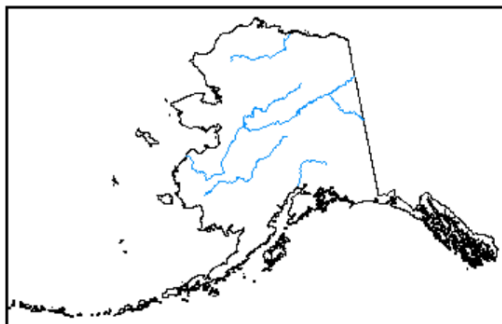
Consistency adjustment
based on Monthly
Drought Outlook for
March 2022







Depicts large-scale trends based on subjectively derived probabilities guided by short- and long-range statistical and dynamical forecasts. Use caution for applications that can be affected by short lived events. "Ongoing" drought areas are based on the U.S. Drought Monitor areas (intensities of D1 to D4).

NOTE: The tan areas imply at least a 1-category improvement in the Drought Monitor intensity levels by the end of the period, although drought will remain. The green areas imply drought removal by the end of the period (D0 or none).

Author:
Yun Fan
NOAA/NWS/NCEP/Climate Prediction Center



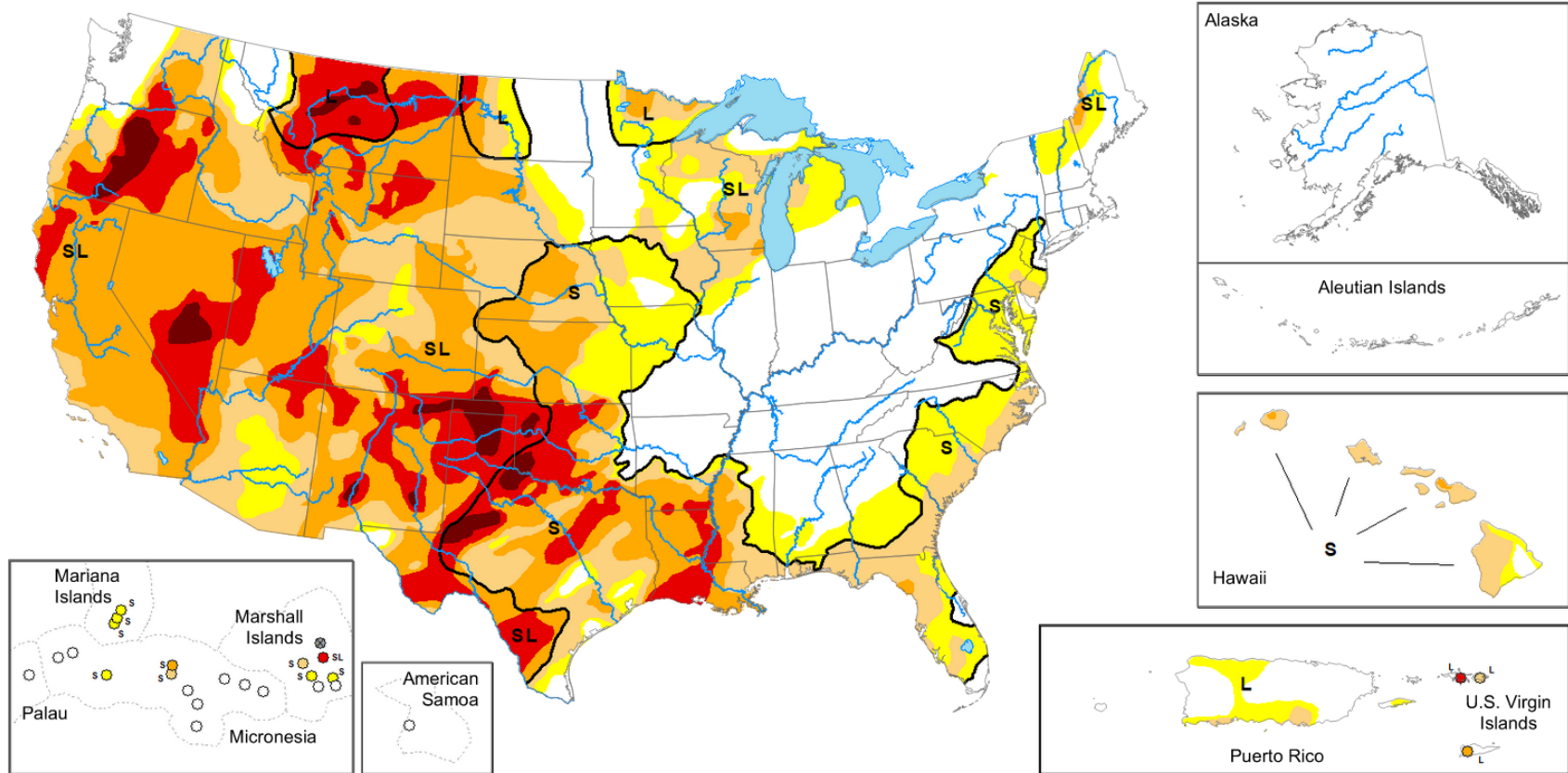
-  Drought persists
-  Drought remains but improves
-  Drought removal likely
-  Drought development likely



<http://go.usa.gov/3eZ73>

Map released: March 10, 2022

Data valid: March 8, 2022



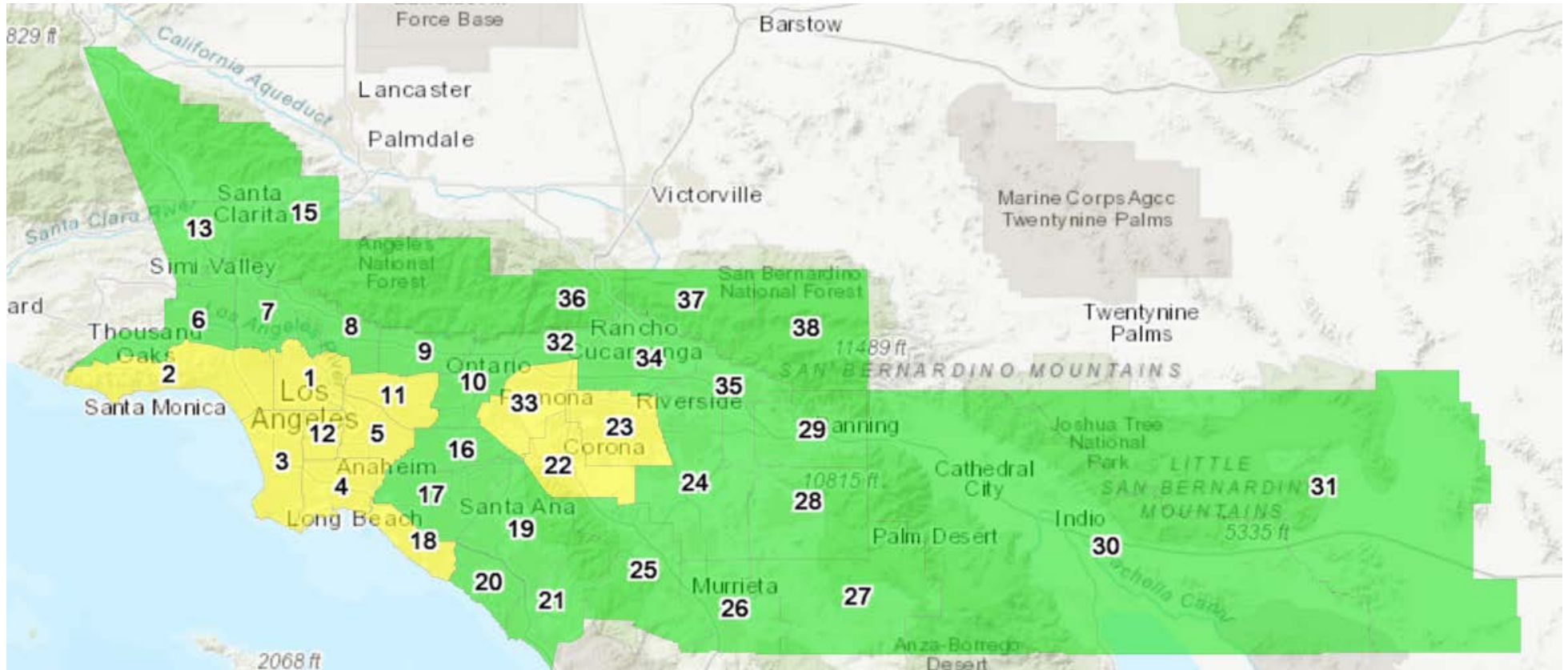
*United States and Puerto Rico Author(s):
Brian Fuchs, National Drought Mitigation Center*

*Pacific Islands and Virgin Islands Author(s):
Denise Gutzmer, National Drought Mitigation 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)