



Situation Summary

Thursday, June 30, 2022 - Day 814 of the Pandemic

Update as of 2:00 PM

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.

COVID-19 by the Numbers

6/30/2022	Riverside	Imperial	Kern	Los Angeles*	Orange	San Bernardino	San Diego	San Luis Obispo	Santa Barbara	Ventura	California	United States	Global
Total Cases	629,035	58,498	251,826	2,955,489	599,951	600,960	828,907	57,783	94,683	188,519	9,374,223	87,152,336	543,352,927
Total Cases Per Capita	25,486	30,524	27,158	28,813	18,583	27,102	24,594	20,721	20,747	22,107	23,360	26,095	6,862
% of Total Cases/Population	25.49%	30.52%	27.16%	28.81%	18.58%	27.10%	24.59%	20.72%	20.75%	22.11%	23.36%	26.10%	6.86%
Recovered*	623,872	52,739	246,483	Not Reported	568,015	588,897	Not Reported	Not Reported	94,091	184,654	9,291,742	84,810,554	527,475,387
% of total recovered/population	25.28%	27.52%	26.58%	Not Reported	17.59%	26.56%	Not Reported	Not Reported	20.62%	21.65%	23.15%	25.39%	6.66%
Total Deaths	6,493	944	448	32,062	7,095	7,825	5,336	486	699	1,514	45,628	1,012,166	6,331,059
Deaths Per Capita	263.07	492.57	48.31	312.57	219.76	352.89	158.32	174.28	153.16	177.54	113.70	303.06	79.95
% of Total Deaths/Population	0.26%	0.49%	0.05%	0.31%	0.22%	0.35%	0.16%	0.17%	0.15%	0.18%	0.11%	0.30%	0.08%
% of State's Cases	6.71%	0.62%	2.69%	31.53%	6.40%	6.41%	8.84%	0.62%	1.01%	2.01%	10.76%	16.04%	
Total Hospital Beds	3,521	202	1,123	19,423	5,958	3,637	6,541	436	604	1,187	66,896		
Currently in Hospitals	153	13	65	808	230	143	322	31	33	73	3,519		
Hospital Beds Available**	3,368	189	1,058	18,615	5,728	3,494	6,219	405	571	1,114	63,377		
Total Hospital ICU Beds**	107	9	33	841	209	184	278	20	24	38	2,515		
Currently in ICU	11	4	9	109	29	30	34	0	3	2	363		
ICU Beds Available	96	5	24	732	180	154	244	20	21	36	2,152		
Case Fatality Rate	1.03%	1.61%	0.18%	1.08%	1.18%	1.30%	0.64%	0.84%	0.74%	0.80%	0.49%	1.16%	1.17%
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, Worldometers

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

US Data

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State Data

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County of Riverside

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Weather

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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.

First reported case of a person getting COVID from a cat

- A team in Thailand reports the first solid evidence of a pet cat infecting a person with SARS-CoV-2 — adding felines to the list of animals that can transmit the virus to people.
- Researchers say the results are convincing. They are surprised that it has taken this long to establish that transmission can occur, given the scale of the pandemic, the virus's ability to jump between animal species, and the close contact between cats and people. "We've known this was a possibility for two years," says Angela Bosco-Lauth, an infectious-disease researcher at Colorado State University in Fort Collins

<https://www.scientificamerican.com/article/a-person-got-covid-from-a-cat-in-first-confirmed-case/?ref=upstract.com&curator=upstract.com>

Thousands of Army National Guard soldiers who haven't gotten COVID-19 vaccine could be forced out

- Up to 40,000 Army National Guard soldiers across the country – about 13% of the force – have not gotten the mandated COVID-19 vaccine, and as the deadline for shots looms, at least 14,000 of them have flatly refused and could be forced out of the service.
- Guard soldiers have until Thursday to get the vaccine. According to data obtained by The Associated Press, between 20% to 30% of Guard members in six states are not vaccinated, and more than 10% in 43 other states still need shots.
- Guard leaders say states are doing all they can to encourage soldiers to get vaccinated by the deadline. And they said they will work with the roughly 7,000 who have sought exemptions, which are almost all for religious reasons.
- Every soldier that is pending an exemption, we will continue to support them through their process," said Lt. Gen. Jon Jensen, director of the Army National Guard, in an Associated Press interview. "We're not giving up on anybody until the separation paperwork is signed and completed. There's still time."
- The Pentagon has said that after June 30, unvaccinated Guard members won't be paid by the federal government when they are activated on federal status, which includes their monthly drill weekends and their two-week annual training period. Guard troops mobilized on federal status and assigned to the southern border or on COVID-19 missions in various states also would have to be vaccinated or they would not be allowed to participate or be paid.
- To make it more complicated, however, Guard soldiers on state activate duty may not have to be vaccinated – based on the requirements in their states. As long as they remain in state duty status, they can be paid by the state and used for state missions.

<https://www.foxnews.com/us/army-national-guard-covid-vaccine-forced-out>

FDA: Updated COVID boosters will roll out in the fall

- Following a vote from an [expert panel](#) earlier this week, vaccine makers will this fall roll out updated COVID booster shots that are better suited to protect people against the most prevalent coronavirus subvariants.
- The updated boosters will include a component from the Omicron subvariants BA. 4 and BA. 5, which have spread rapidly through the U.S., [the FDA announced Thursday](#).
- On Wednesday, the Biden administration [tapped its dwindling pandemic reserves](#) to the tune of \$3.2 billion for 105 million doses of the vaccine in preparation for this fall.

<https://www.axios.com/2022/06/30/fda-covid-boosters-updated-fall-2022>

US to roll out COVID vaccines for youngest children next week

- US to begin vaccinating children as young as six months after CDC clears Pfizer-BioNTech and Moderna's shots for infants, toddlers and preschoolers.
- The CDC has approved COVID-19 vaccines for children as young as six months, allowing a nationwide rollout to start next week.
- The CDC's decision on Saturday came after a panel of advisers to the institution voted to recommend COVID-19 vaccines for those children.
- Pfizer-BioNTech's vaccine is for children 6 months to 4 years old. The dose is one-tenth of the adult dose, and three shots are needed. The first two are given three weeks apart, and the last at least two months later.
- Moderna's is two shots, each a quarter of its adult dose, given about four weeks apart for kids 6 months through 5 years old. The FDA also approved a third dose, at least a month after the second shot, for children with immune conditions that make them more vulnerable to serious illness.

<https://www.aljazeera.com/news/2022/6/19/us-to-roll-out-covid-vaccines-for-the-youngest-children-next-week>

COVID mutating in ways that could make it resistant to treatments

- Several naturally occurring mutations of Mpro, the main protease of SARS-CoV-2, the virus responsible for COVID-19, could soon increase its resistance to antiviral treatments such as Paxlovid, according to a study published Wednesday in bioRxiv. "Taken together, this study identified several nirmatrelvir (Paxlovid) resistant hot spots that warrant close monitoring, while highlighting the future risk of mutants with multiple substitutions at these sites," the authors said.
- Many health experts believe mutations in newer variants such as BA.4 and BA.5 may be causing an increase in rebound infections. Eric Topol, executive vice president of Scripps Research and a prominent voice on the pandemic, indicated on Twitter that this could be the case with Dr. Anthony Fauci, who on Tuesday announced he is on his second round of Paxlovid after again testing positive for the virus.

<https://www.sfchronicle.com/health/article/COVID-in-California-Virus-is-mutating-in-ways-17275618.php>

RELATED

T cells protect against COVID-19 in absence of antibody response

- The SARS-CoV-2, the virus that causes COVID-19, continues to mutate. Many of these mutations alter the spike protein, which the virus uses to enter and infect cells. These mutations help the virus to dodge the immune system's attack.
- Current vaccines prompt the creation of antibodies and immune cells that recognize the spike protein. However, these vaccines were developed using the spike protein from an older variant of SARS-CoV-2. This has made them less effective at preventing infection with newer variants. Researchers have found that immune cells called T cells tend to recognize parts of SARS-CoV-2 that don't mutate rapidly. T cells coordinate the immune system's response and kill cells that have been infected by the SARS-CoV-2 virus.
- In studies of mice, immune cells called T cells protected animals against COVID-19 even in the absence of antibodies targeting the SARS-CoV-2 virus.
- Vaccines designed to produce a strong T cell response may be able to help protect against current and future variants of the virus that causes COVID-19.

<https://www.nih.gov/news-events/nih-research-matters/t-cells-protect-against-covid-19-absence-antibody-response>

Clarence Thomas suggests Covid vaccines are derived from the cells of 'aborted children'

- Supreme Court Justice Clarence Thomas in a dissenting opinion Thursday suggested that Covid-19 vaccines were developed using the cells of "aborted children." The conservative justice's statement came in a dissenting opinion on a case in which the Supreme Court declined to hear a religious liberty challenge to New York's Covid-19 vaccine mandate from 16 health care workers. The state requires that all health care workers show proof of vaccination.
- "They object on religious grounds to all available COVID-19 vaccines because they were developed using cell lines derived from aborted children," Thomas said of the petitioners.
- None of the Covid-19 vaccines in the United States contain the cells of aborted fetuses. Cells obtained from elective abortions decades ago were used in testing during the Covid vaccine development process, a practice that is common in vaccine testing — including for the rubella and chickenpox vaccinations.

<https://www.politico.com/news/2022/06/30/clarence-thomas-claims-covid-vaccines-are-derived-from-the-cells-of-aborted-children-00043483>

Feds Expand Monkeypox Vaccine Access: Will CA Get Doses?

- Public health officials have continuously stressed that the virus is only spread through skin-to-skin contact or bodily fluids via kissing, breathing at close range, sexual activity and sharing bedding or clothing. The virus is also not spread through airborne transmission like COVID-19 or the flu.

https://patch.com/california/lakeelsinore-wildomar/s/ib949/feds-expand-monkeypox-vaccine-access-will-ca-get-doses?utm_source=alert-breakingnews&utm_medium=email&utm_campaign=alert

Could Llamas Hold the Key to Fighting COVID-19?

- Llamas could help protect humans from COVID-19 and a large array of similar viruses.
- Contained in their blood samples are tiny, robust immune particles that could protect against every COVID-19 variant, including Omicron and 18 similar viruses, a team of researchers reported.
- The findings suggest that these "super-immunity" molecules, known as nanobodies, could be precursors to a fast-acting, inhaled antiviral treatment or spray. This could potentially be stockpiled and used in the ongoing, evolving pandemic and against future virus spread.
- Llamas, along with camels and alpacas, have unique immune systems, the researchers explained. They produce antibodies that have a single polypeptide chain instead of two chains. Therefore, their antibodies are roughly one-tenth the size of typical antibodies, are exceptionally stable, and can firmly bind to viruses.
- "Because of their small size and broad neutralizing activities, these camelid nanobodies are likely to be effective against future variants and outbreaks of SARS-like viruses," said study author Yi Shi, director of the Center of Protein Engineering and Therapeutics at the Icahn School of Medicine at Mount Sinai in New York City.
- "Their superior stability, low production costs, and the ability to protect both the upper and lower respiratory tracts against infection mean they could provide a critical therapeutic to complement vaccines and monoclonal antibody drugs if and when a new COVID-19 variant or SARS-CoV-3 emerges," Shi said in a Mount Sinai news release.
- "While more research is needed, we believe that the broad protection, ultra-potent nanobodies we were able to isolate in the lab can be harnessed for use in humans," said Shi, who conducted most of the research at the University of Pittsburgh before moving his lab to Icahn Mount Sinai.
- Past nanobody therapies have been clinically proven as safe and effective in blood clotting disorders and cancer, the researchers noted.

<https://www.usnews.com/news/health-news/articles/2022-06-29/could-llamas-hold-the-key-to-fighting-covid-19>



U. S. Data

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

United States

At a Glance

Cases Total **87,298,343**
Case Trends

Deaths Total **1,012,767**
Death Trends

Current Hosp. **27,711**
Admission Trends

34.0% of People 5+ with First Booster

TOTAL CASES

87,298,343

+145,498 New Cases

7 DAY CASE RATE PER 100,000

231.8

TOTAL DEATHS

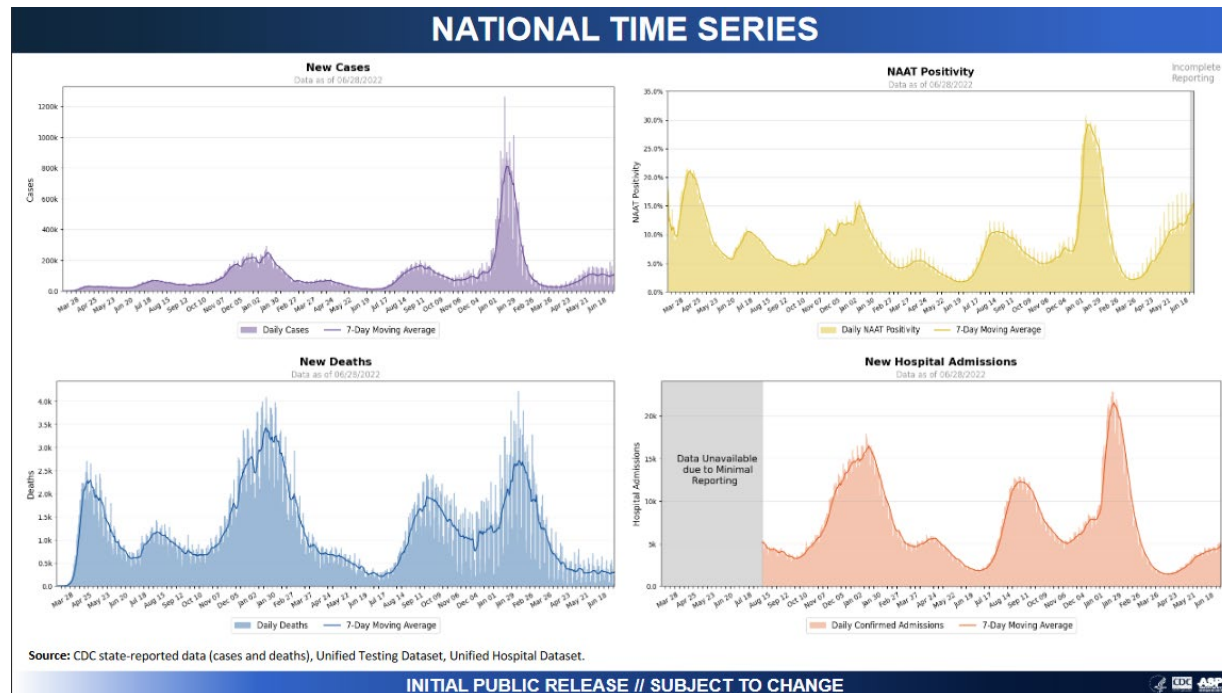
1,012,767

+524 New Deaths

CDC | Data as of: Thursday, June 30, 2022 2:20 PM ET. Posted: Thursday, June 30, 2022 3:20 PM ET

COVID-19 Community Profile Report 06-28-2022

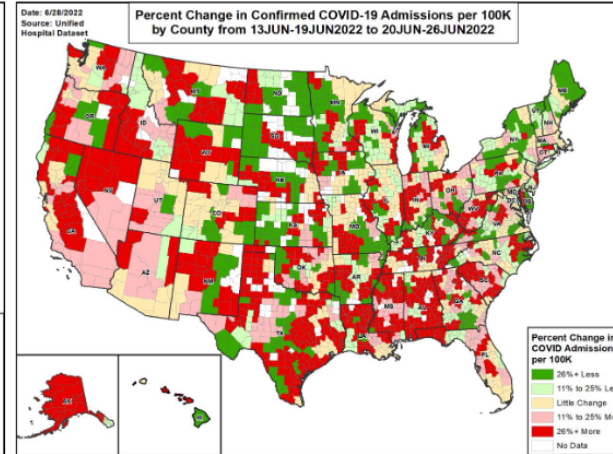
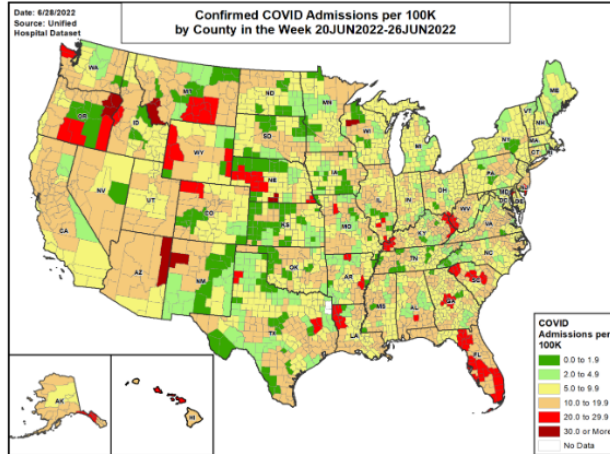
<https://beta.healthdata.gov/Health/COVID-19-Community-Profile-Report/gqxm-d9w9>



HOSPITAL ADMISSIONS IN THE LAST 7 DAYS AND COMPARISON TO THE PREVIOUS 7 DAYS

Total Confirmed COVID-19 Hospital Admissions in Last 7 Days:
33,431

Percent Change from Previous 7 Days: +9.8%



Source: Unified Hospital Dataset, excluding psychiatric, rehabilitation, and religious non-medical hospitals. Confirmed COVID-19 admissions are all confirmed daily admissions reported within the last 7 days. 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.

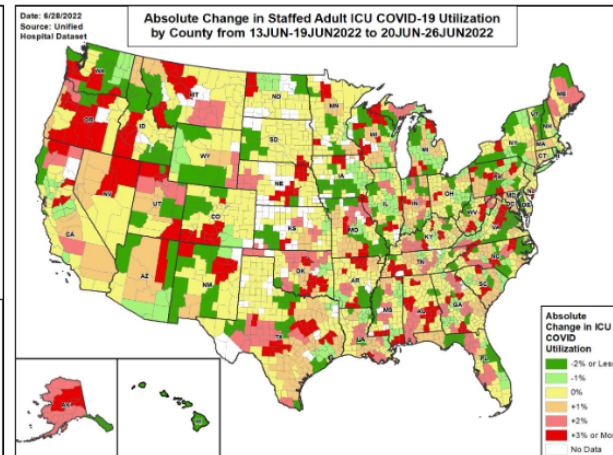
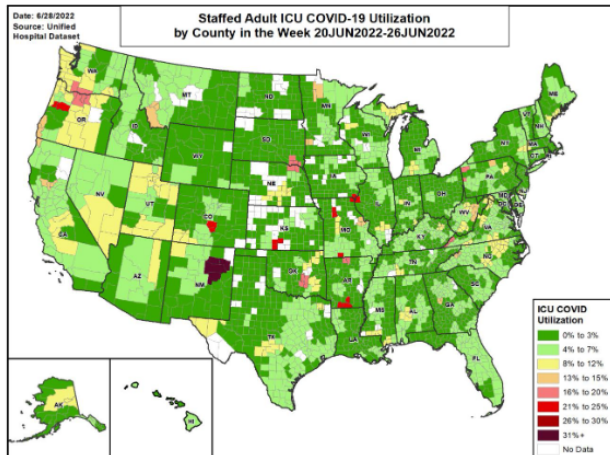
INITIAL PUBLIC RELEASE // SUBJECT TO CHANGE



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

Average Daily Adult ICU COVID-19 Patients over Last 7 Days:
3,057

Percent Change from Previous 7 Days: +4.2%



Source: Unified Hospital Dataset, excluding psychiatric, rehabilitation, and religious non-medical hospitals. Staffed adult ICU COVID-19 utilization indicates average percentage of staffed adult ICU beds occupied by confirmed COVID-19 patients within the given time period. 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. See Data Sources/Methods slides for additional details.

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 June 27, 2022



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

	10,371	CDC personnel supporting the outbreak response		62.77+ million	Times people have used CDC's online Coronavirus Self-Checker
	1,947	CDC deployers who have conducted 4,754 deployments to 371 cities across the United States and abroad		1.7+ million	Calls and emails to CDC-INFO
	455	COVID-19 studies published in CDC's Morbidity and Mortality Weekly Report (MMWR)		4.1+ billion	Times people have looked for information on CDC websites
	11,366	Documents providing information and guidance for government agencies, businesses, and the public		5.1+ billion	Social media impressions on 22,017 CDC response-related posts
	913+ million	COVID-19 tests conducted by public and private laboratories in the United States		105,575+	Inquiries from doctors, nurses, or other clinical staff and health departments received by CDC
	259+ million	People who have received at least one dose of a COVID-19 vaccine		222+ million	People who have been fully vaccinated with a COVID-19 vaccine

cdc.gov/coronavirus

CS316565-A

CDC What's New & Updated

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

- [6/30/22Cases in the U.S.](#)
- [6/30/22COVID-19 Vaccine Provider Availability and Vaccination Coverage Among Children Aged 5 - 11 Years United States, November 1, 2021 April 25, 2022](#)
- [6/30/22Interim Recommendations of the Advisory Committee on Immunization Practices for Use of Moderna and Pfizer-BioNTech COVID-19 Vaccines in Children Aged 6 Months–5 Years – United States, June 2022](#)
- [6/30/22Interim Analysis of Acute Hepatitis of Unknown Etiology in Children Aged <10 Years – United States, October 2021–June 2022](#)
- [6/30/22COVID Data Tracker Recent Updates - 2022-06-30 - The Vaccinations in the US tab was updated to display data on 1st booster doses for people 5 years of age and older.](#)
- [6/29/22COVID-19 Vaccines for Moderately to Severely Immunocompromised People](#)
- [6/29/22Overall US COVID-19 Vaccine Distribution and Administration Update as of Wed, 29 Jun 2022 06:00:00 EST](#)
- [6/28/22People Who Are Immunocompromised](#)
- [6/28/22COVID-19 Forecasts: Deaths](#)
- [6/28/22Previous COVID-19 Forecasts: Hospitalizations](#)
- [6/28/22Improving Ventilation in Your Home](#)
- [6/27/22Requirement for Proof of COVID-19 Vaccination for Air Passengers](#)
- [6/27/22COVID-19 Travel Recommendations by Country](#)
- [6/26/22Archive of COVID-19 Vaccination Data Updates](#)
- [6/26/22Selected Adverse Events Reported after COVID-19 Vaccination](#)
- [6/26/22COVID-19 Hospitalization and Death by Age](#)
- [6/24/22CDC Recommends Moderna COVID-19 Vaccine for Children and Adolescents](#)
- [6/23/22Frequently Asked Questions about COVID-19 Vaccination Data](#)
- [6/23/22COVID-19 Vaccine Recommendations for Children and Teens](#)
- [6/23/22Stay Up to Date with Your Vaccines](#)
- [6/23/22COVID-19 Vaccine Booster Shot](#)
- [6/23/22Information about the Moderna COVID-19 Vaccine](#)
- [6/23/22COVID-19 Hospitalization and Death by Race/Ethnicity](#)

CDC Guidance

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

[Operational Considerations for Maintaining Essential Services and Providing Maternal, Newborn, and Child Healthcare in Low-Resource Countries](#)

Find information on maintaining essential maternal, newborn, and child health services in low-resource settings during COVID-19, including telehealth. Date: 6/7/22

[Diagnosis](#)

Clinicians, learn about testing for current COVID-19, laboratory testing considerations, radiographic considerations, and risk factors for severe illness when caring for patients with a confirmed COVID-19. Date: 5/26/22

[Operational Guidance for K-12 Schools and Early Care and Education Programs to Support Safe In-Person Learning](#)

Operational guidance on COVID-19 prevention for K-12 schools and Early Care and Education (ECE)/childcare programs
Date: 5/26/22

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

See infection prevention and control (IPC) guidance and practices for healthcare personnel when caring for patients, with or without COVID-19. Date: 5/26/22

[CDC COVID-19 Response Health Equity Strategy: Accelerating Progress Towards Reducing COVID-19 Disparities and Achieving Health Equity](#)

Learn about the steps CDC is taking to reduce health disparities using data-driven approaches to foster engagement, lead outreach, and reduce stigma. Date: 5/17/22

[Interim Guidelines for Collecting and Handling of Clinical Specimens for COVID-19 Testing](#)

Find guidelines for healthcare providers and local and state health departments on collecting, handling, and testing clinical specimens for COVID-19. Date: 5/17/22

[Post-COVID Conditions: CDC Science](#)

CDC is analyzing healthcare data, partnering with clinicians, and working with researchers to learn more about post-COVID conditions (Long COVID). Date: 5/5/22

[Testing Strategies for SARS-CoV-2](#)

Explore SARS-CoV-2 testing strategies, including their intended use and applications, regulatory requirements, and reporting requirements. Date: 5/4/22



State Data

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

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

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

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/>

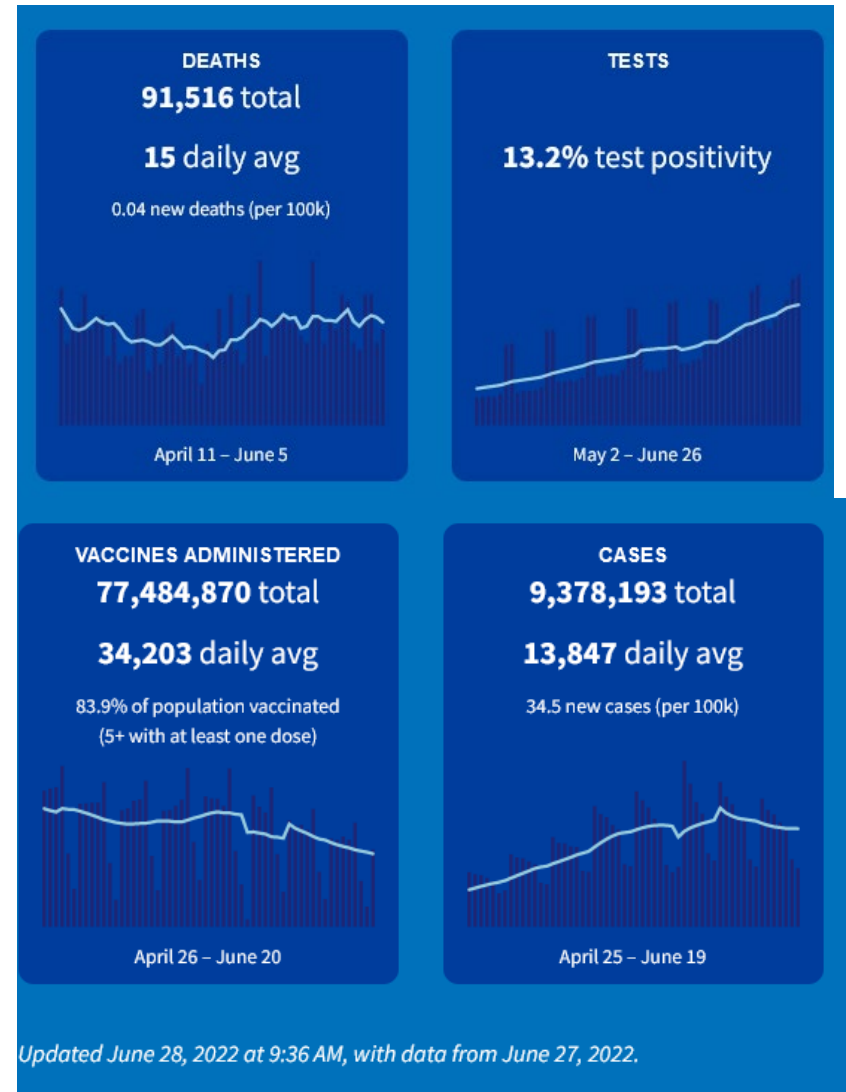
<https://myturn.ca.gov/>



Office of Governor
GAVIN NEWSOM

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

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





Riverside County Data

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

County level indicators are updated daily. Maps and community level data are updated weekly (Wednesdays).

Confirmed
636,386
(+533)

Hospitalized
156
Includes 14 in ICU

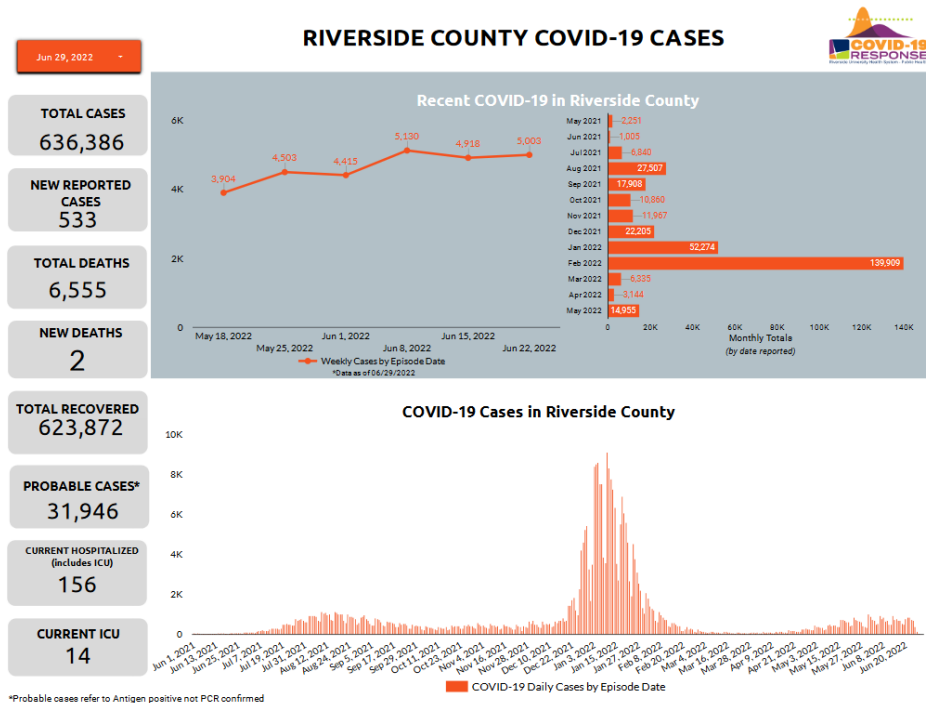
Deaths
6,555
(+2)

Recovered
623,872
(+386)

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=1656606761863>



COVID-19 Outbreaks and Clusters in Riverside County

<https://www.rivcoph.org/Portals/0/Documents/CoronaVirus/Reports/Outbreak%20Report.pdf?x=1656606761864>

COVID-19 Outbreaks and Clusters in Riverside County

June 2022

Overview

Case investigation and contact tracing teams in Riverside County identify COVID-19 outbreaks and clusters among businesses, educational facilities and correctional facilities. Methodology was updated to differentiate outbreaks and clusters starting from October 2021. Due to limited epidemiological link (epi link) information collected during investigation, epi-linked outbreaks might be undercounted while clusters might be overcounted.

Definitions

Outbreak: 3 or more confirmed cases associated with the same location, group, or event within a 14-day period **with epi link(s)**.

Cluster: 3 or more confirmed cases associated with the same location, group, or event within a 14-day period **without epi link(s)**.

Epi link: characteristic that links two cases, such as present in the same setting during the same time period (e.g., classroom, school event, work shift or department) and where there is no other more likely source of exposure for identified cases (e.g., same household).

Outbreak Summary

- From 12/1/2020 to 6/1/2022, 822 epi-linked outbreaks were identified in Riverside County with 6,757 confirmed cases. There were 112 new epi-linked outbreaks since the last report in May 2022.
- No epi-linked outbreaks were confirmed retrospectively before 2021 due to lack of crucial information required to determine epi link.

Epi-linked Outbreaks with Associated Cases (12/1/2020-6/1/2022)

822

outbreaks with at least 3 confirmed cases

325

outbreaks with at least 5 confirmed cases

123

outbreaks with at least 10 confirmed cases

Number of Epi-linked Outbreaks by Facility Type, 12/1/2020-6/1/2022

Quarter	Business Facility (Industry)	Business Facility (Service)	Educational Facility	Health Facility	Correctional Facility	Other
2020 Qtr4 (Partial)	47	84	9	17	2	4
2021 Qtr1	94	80	22	14	6	4
2021 Qtr2	19	6	9	1	2	1
2021 Qtr3	64	73	5	7		
2021 Qtr4	156	242	296	16	17	7
2022 Qtr1	100	212	387	14	2	9
2022 Qtr2 (Partial)	67	80	146	3	7	6

- Since December 2020, educational facilities accounted for 83.6% of all epi-linked outbreaks identified, partially due to the great efforts made by school liaisons to identify epi link information. The top 3 educational settings were:

Facility Type	Number of Outbreaks
Elementary School	259
High School	168
Middle School	80

- 91 epi-linked outbreaks were observed among educational facilities in May 2022, significantly higher than the total of 53 in April 2022, highlighting the importance of vaccination among children and youth to help protect them against COVID-19.

COVID-19 Outbreaks and Clusters in Riverside County

June 2022

Cluster Summary

- From 12/1/2020 to 6/1/2022, 2,483 clusters were identified in Riverside County with 20,593 confirmed cases. There were 208 new clusters since the last report in May 2022.

Clusters with Associated Cases (12/1/2020-6/1/2022)

2,483

clusters with at least 3 confirmed cases

1,178

clusters with at least 5 confirmed cases

475

clusters with at least 10 confirmed cases

Number of Clusters by Facility Type, 12/1/2020-6/1/2022

Quarter	Business Facility (Industry)	Business Facility (Service)	Educational Facility	Health Facility	Correctional Facility	Other
2020 Qtr4 (Partial)	47	84	9	17	2	4
2021 Qtr1	94	80	22	14	6	4
2021 Qtr2	19	6	9	1	2	1
2021 Qtr3	64	73	5	7		
2021 Qtr4	156	242	296	16	17	7
2022 Qtr1	100	212	441	14	2	9
2022 Qtr2 (Partial)	67	80	110	3	7	6

- Since December 2020, business facilities accounted for 53.3% of all clusters identified. The top 3 business settings were:

Facility Type	Number of Clusters
Retail Space	354
Food Service/Restaurant	214
Distribution Warehouse	214

- Since December 2020, educational facilities accounted for 40.9% of all clusters identified, which peaked among the third quarter of 2021. It highlights the challenges in COVID-19 prevention and control among schools. The top 3 educational settings were:

Facility Type	Number of Clusters
Elementary School	489
High School	265
Middle School	159

Source: CalCONNECT 12/1/2020 - 6/1/2022, data accessed 6/27/2022

Weather

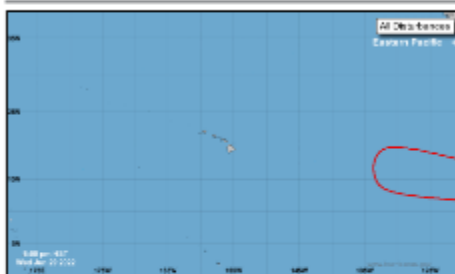
	Fri 7/1	Sat 7/2	Sun 7/3	Mon 7/4	Tue 7/5	Wed 7/6	Thu 7/7
San Diego Marine Out to 60 NM							
Orange/San Diego Beaches Including surf							
San Diego Coast San Diego, Oceanside							
San Diego Valleys Alpine, Escondido, Ramona							Heat
San Diego County Mtns Mt Laguna, Julian, Palomar Mt	Fire Weather						
San Diego Deserts Anza Borrego, Ocotillo Wells	Fire Weather						Heat
Orange County Coast Laguna Beach, Huntington Beach							
Orange County Inland Anaheim, Irvine							
Santa Ana Mountains Silverado, Santiago Peak							
Inland Empire Ontario, Riverside							Heat
Riverside County Mtns Mt San Jacinto, Idyllwild	Fire Weather						
Coachella Valley Palm Springs, Indio	Fire Weather						Heat
San Bernardino Mtns Wrightwood, Big Bear	Fire Weather						
High Deserts Victorville, Lucerne Valley	Fire Weather						Heat

Risk Levels

Little to None	Minor	Moderate	Major	Extreme
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Tropical Outlook – Five Day

Central Pacific



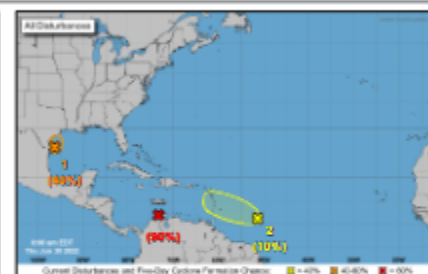
- No tropical cyclones are expected during the next 5 days

Eastern Pacific



- Disturbance 1** (as of 8:00 a.m. ET)
- Located several hundred miles SSW of Baja California
 - TD could form during the next day or two before reaching cooler waters on Saturday
 - Formation chance – 48-hour: Med (80%); 5-day: Med (80%)

Atlantic



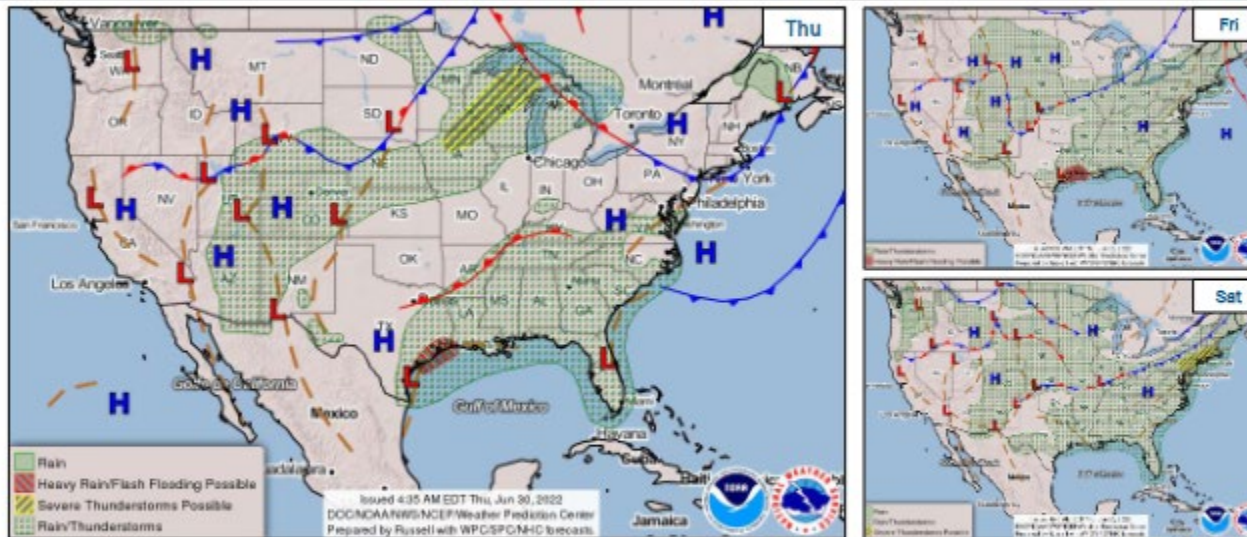
- Potential Tropical Cyclone Two** (Advisory #114 as of 8:00 a.m. ET)
- 710 miles E of Bluefields, Nicaragua; moving W at 20 mph
 - Maximum sustained winds 40 mph
 - Formation chance – 48-hour: High (80%); 5-day: High (80%)

- Disturbance 1** (as of 8:00 a.m. ET)
- Located near the southern coast of Texas
 - Short-lived TD could form near coast before turning NW and inland today
 - Heavy rain possible along Texas coast over next two days
 - Formation chance – 48-hour: Med (40%); 5-day: Med (40%)

- Disturbance 2** (as of 8:00 a.m. ET)
- Located several hundred miles E of Windward Islands
 - Development is unlikely due to unfavorable conditions
 - Formation chance – 48-hour: Low (10%); 5-day: Low (10%)

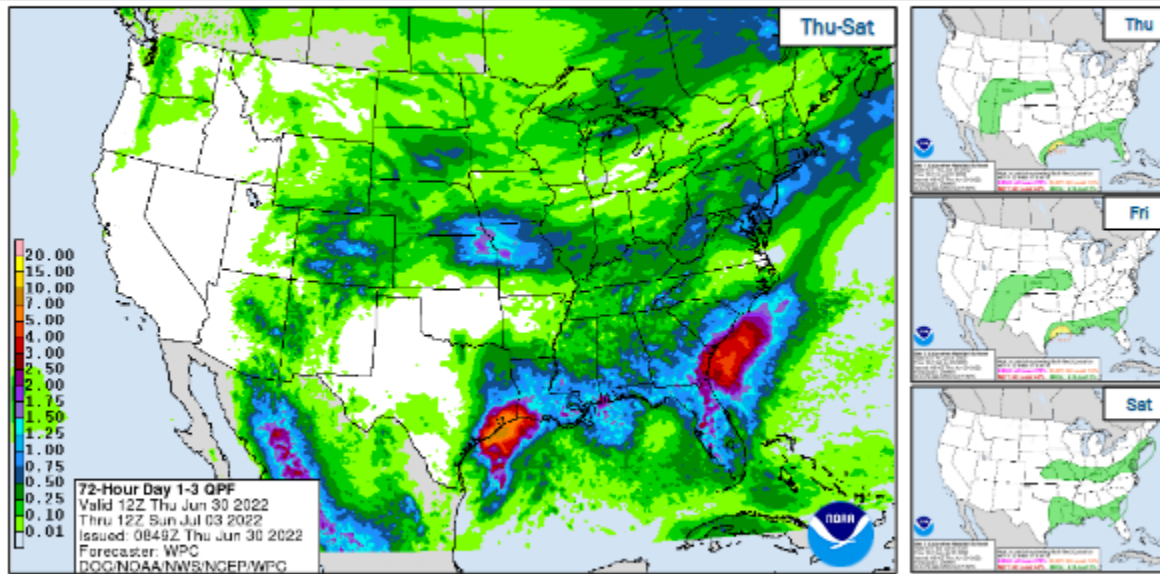
National Watch Center

National Weather Forecast



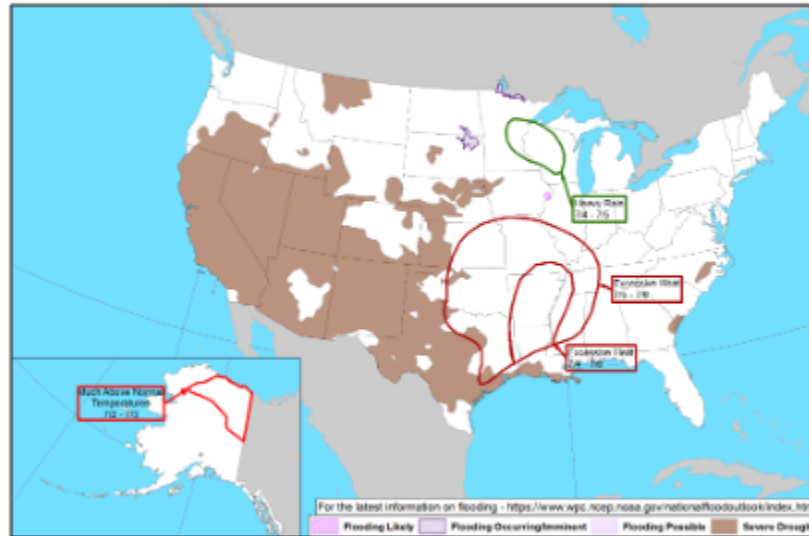
National Watch Center

Precipitation & Excessive Rainfall



National Watch Center

Hazards Outlook – Jul 2-6



National Watch Center