

CORONAVIRUS DISEASE 2019 (COVID-19) SITUATIONAL REPORT #438 MAY 31, 2022



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HIGHLIGHTS

Globally, the World Health Organization reports that COVID-19 cases have surpassed 526.5 million with more than 6.2 million deaths. In the United States, as of May 30, the total number of cases stands at 82,853,070 and deaths at 996,108.

The Centers for Disease Control and Prevention (CDC) issued an alert regarding the potential for the rebound of COVID-19 symptoms after taking Paxlovid. Paxlovid continues to be recommended for early-stage treatment of mild to moderate COVID-19 among persons at high risk for progression to severe disease. The rebound of mild symptoms occur between 2 and 8 days after initial recovery and it is possible to test positive again after having tested negative. If rebound occurs, the CDC recommends following guidance on isolation, including taking other precautions such as masking. Read more <a href="https://example.com/hereal/herea

The Mayo Clinic has mapped COVID-19 hot spots in California and forecasts how the disease may spread in the next 14 days. View the map <u>HERE</u>.

UNITED STATES

COVID-19: U.S. at a Glance* (as of 5/30/22)

Total cases: 83,949,036Total deaths: 1,002,070

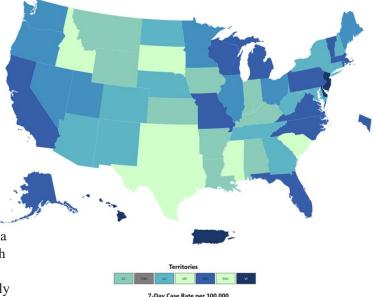
 Jurisdictions reporting cases: 55 (50 states, District of Columbia, Guam, Puerto Rico, the Northern Mariana Islands, and the U.S. Virgin Islands)

*As of April 14, 2020, CDC case counts and death counts include both confirmed and probable cases and deaths. This change was made to reflect an interim COVID-19 position statement issued by the Council for State and Territorial Epidemiologists on April 5, 2020.

A confirmed case or death is defined by meeting confirmatory laboratory evidence for COVID-19.

A probable case or death is defined by:

i) meeting clinical criteria AND epidemiologic evidence with no confirmatory laboratory testing performed for COVID-19; or ii) meeting presumptive laboratory evidence AND either clinical criteria OR epidemiologic evidence; or iii) meeting vital records criteria with no confirmatory laboratory testing performed for COVID-19. State and local public health departments are now testing and publicly reporting their cases. In the event of a discrepancy between CDC cases and cases reported by state and local public health officials, data reported by states should be considered the most up to date.



US COVID-19 7-Day Case Rate per 100,000, by State/Territor

National Laboratory Testing Data (as of 5/30/22)

- Total tests reported: 897,007,135
- Positive tests reported: 82,052,456
- Percent of positive tests (7 day): 12.6%



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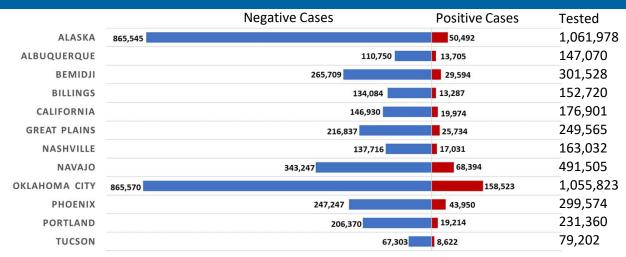
RATES OF COVID-19-ASSOCIATED HOSPITALIZATION BY RACE/ETHNICITY, CA

For the week ending on 5/21/22, CDC data shows that American Indian Alaska Native (AIAN) statewide had a COVID-19 hospitalization rate of 0.0 per 100,000 population, which is lower when compared to Whites (5.9 per 100,000).





COVID-19 CASES BY INDIAN HEALTH SERVICES AREA



Age 0-17

7 – day average testing positivity: 18.7%

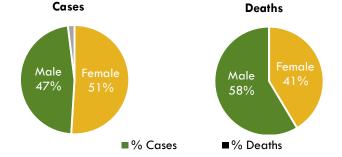
As of 5/29/2022 Source: IHS

CALIFORNIA

As of May 26, 2022, there were a total of 8,896,174 positive cases and 90,612 deaths in California.

Confirmed positive cases by gender:

Female: 4,537,049
Male: 4,181,202
Unknown: 160,131



Confirmed positive cases by age:

• Age 0-17: 1,690,273

Age 18-49: 4,892,896

• Age 50-64: 1,512,350

• Age 65 and older: 800,656

(23%) 0%

Age 18-49
(44%) 8%

Age 50-64
(18%) 21%

Age 65+
(16%) 9%

71%



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California COVID-19 threat level: MEDIUM

Weekly New Cases

274.0 Per 100K

COVID-19 not contained and weekly cases are at medium levels

Infection Rate

1.06

COVID-19 is still spreading at medium levels

Positive Test Rate

7.2%

Indicates medium testing positivity

Admissions

7.2% Per 100K

Weekly hospital admissions are low

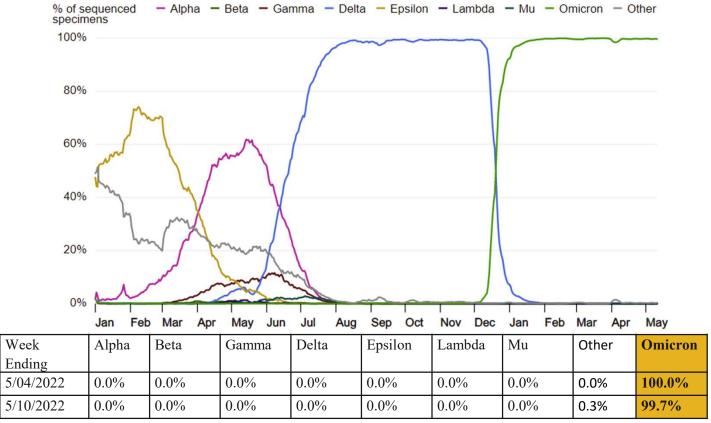
Lab tests reported statewide: 168,381,590 7-day test positivity rate: 7.0%

Numerous public health labs in California are testing for COVID-19 samples. Click **HERE** to find your nearest testing site.

As of 5/30/2022 Source: COVID ACT Now & CDPH

COVID-19 VARIANTS OF CONCERN, CALIFORNIA

As of May 18, 2022, there have been 569,902 samples sequenced in California. In March 2022, 18% of 77,601 cases in California had been sequenced, and this percent is expected to increase in coming weeks as more sequence data becomes available. In February 2022, 15% of 324,216 cases in California had been sequenced. The chart below shows the percent of specimens sequenced by month that are variants of concern/interest. The table below shows the percent of specimens sequenced by recent weeks that are variants of concern/interest statewide.



CONFIRMED CASES AND DEATHS BY COUNTY, CALIFORNIA



Counties with most reported cases

Los Angeles	2,819,145
San Diego	786,243
Riverside	606,444
San Bernardino	578,656
Orange	568,369

Counties with most reported deaths

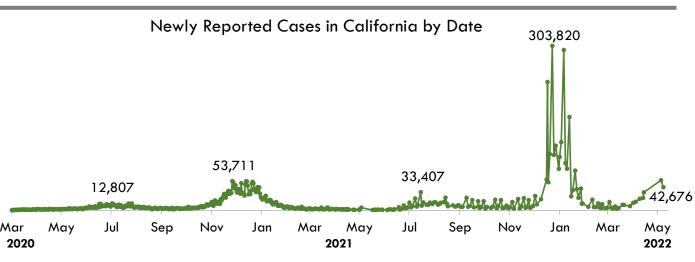
_	Los Angeles	31,862
	San Bernardino	<i>7,</i> 610
	Orange	7,028
	Riverside	6,480
	San Diego	5,288

As of 5/26/2022 Source: CDPH

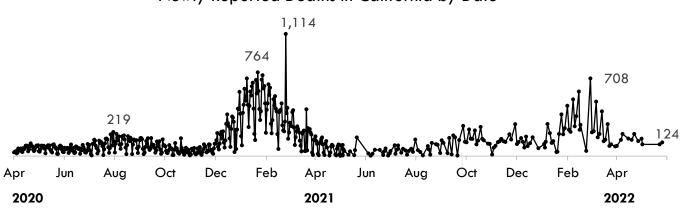
8,896,174 Cases
In California

90,612 Deaths

In California

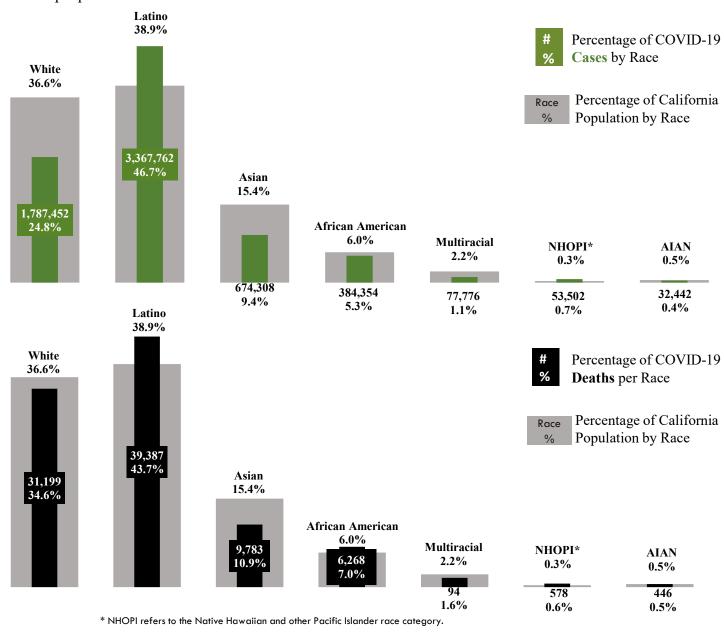


Newly Reported Deaths in California by Date

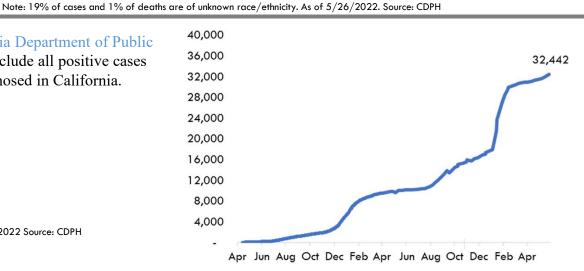


Racial distribution of confirmed COVID-19 cases and deaths in California

American Indians and Alaska Natives (AIAN) account for 0.5% percent of the population, 0.5% of COVID-19 cases, and 0.5% of deaths in California. This includes a total of 32,442 cases and 446 deaths among AIAN people in California.

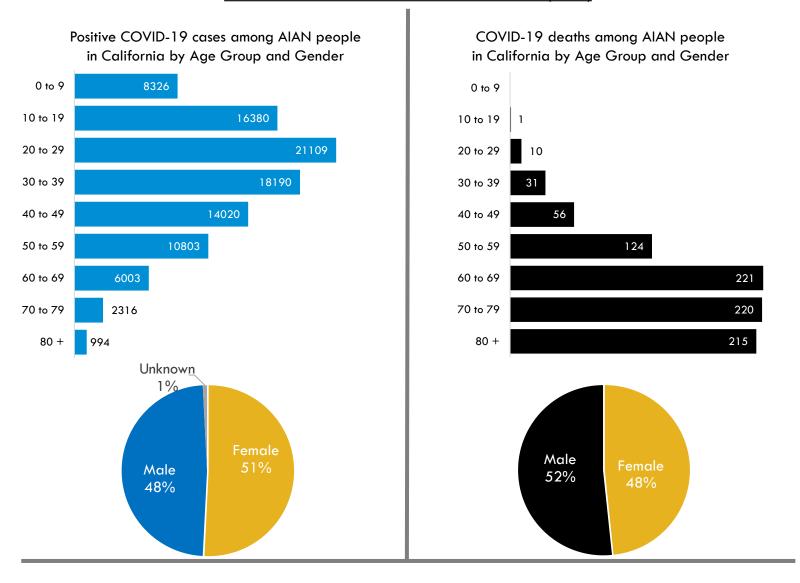


Data from California Department of Public Health (CDPH) include all positive cases of AIAN diagnosed in California.



As of 5/26/2022 Source: CDPH

American Indian and Alaska Native (AIAN) data reported by California to the Centers for Disease Control and Prevention (CDC)



California Department of Public Health reports COVID-19 data on AIAN people that only identify in one racial category. Below is a comparison using CDC's data on AIAN cases and deaths in California by racial classification, using a more restrictive definition (AIAN alone) versus a more comprehensive definition (AIAN in combination with other races/ethnicities).

	Cases	Deaths
AIAN alone	29,581	421
AIAN in combination	98,141	878

Two sources for tracking American Indian and Alaska Native (AIAN) vaccinations administered in California

Data from California Department of Public Health (CDPH) does not include vaccines administered by Federal entities such as **Indian Health Service**, Department of Defense, U.S. Federal Bureau of Prisons, and Veterans Affairs.

76,314,328Doses administered

3,092,853
People partially vaccinated

28,397,789
People fully vaccinated



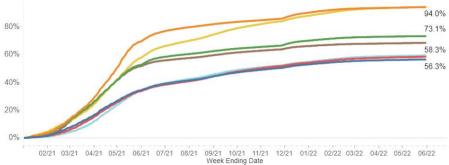
Doses administered by county of residence

Los Angeles 19,638,003 San Diego 6,663,206 Orange 6,216,290 Santa Clara 4,619,493 Alameda 3,779,351

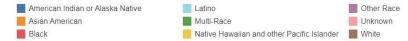
As of 5/30/2022. Source: CDPH

Fully Vaccinated by Race/Ethnicity, California

The graph to the right shows that as of May 30, 2022, 56.3% of the eligible AIAN population statewide has been fully vaccinated (vs. 68.3% among Whites)



Note: Population estimates do not include "other" or "unknown" race and ethnicity categories, therefore their percentage of state population is not available. Some race/ethnicity groups in this county may have small populations. Where the county of residence was no reported, the county where vaccinated is used. Data is not shown where there are fewer than 11 records in a group.



Vaccination Progress by Race/Ethnicity, California

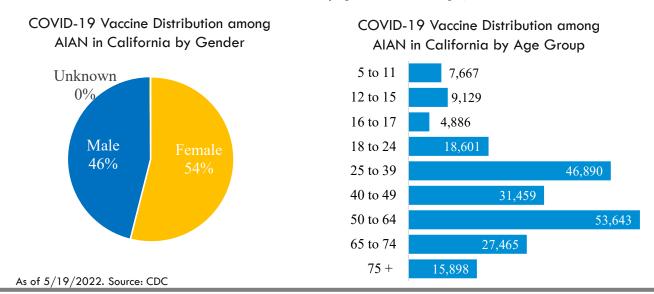
Race	Fully Vaccinated	Partially Vaccinated	Unvaccinated	Eligible Population
AIAN^	92,223 (56.3%)	14,378 (8.8%)	57,123 (34.9%)	163,724
Asian*	4,669,298 (94.0%)	367,918 (7.4%)	N/A	4,968,603
Black	1,264,043 (58.3%)	119,932 (5.5%)	785,350 (36.2%)	2,169,325
Latino	8,747,525 (59.2%)	1,089,491 (7.4%)	4,942,293 (33.4%)	14,779,309
NHOPI*	128,605 (94.0%)	13,204 (9.7%)	N/A	136,761
White	9,875,341 (68.3%)	755,472 (5.2%)	3,836,849 (26.5%)	14,467,662
Multi-Race	736,146 (73.1%)	26,810 (2.7%)	245,336 (24.3%)	1,008,292
Other	2,000,828	356,849	N/A	N/A
Unknown	882,401	351,552	N/A	N/A

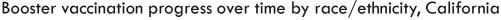
^{*}More self-identified vaccine recipients in this category than in the estimated eligible population

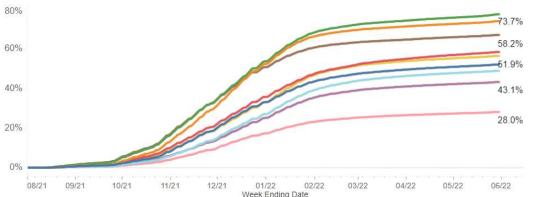
As of 5/30/2022 Source: CDPH 7

[^]Does not include doses administered by IHS

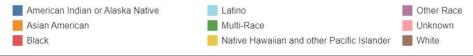
Vaccination distribution by gender and age, California







Note: Population estimates do not include "other" or "unknown" race and ethnicity categories, therefore their percentage of state population is not available. Some race/ethnicity groups in this county may have small populations. Where the county of residence was no reported, the county where vaccinated is used. Data is not shown where there are fewer than 11 records in a group.



As of 5/30/2022. Source: CDPH

Data from the Indian Health Service (IHS) shows the total number of vaccine doses (Pfizer, Moderna, and Johnson & Johnson/Janssen) distributed and administered by IHS Area to date

Area	Total Doses Distributed	Total Doses Administered
Albuquerque	203,890	187,310
Bemidji	246,420	176,507
Billings	134,130	80,097
California	360,130	224,051
Great Plains	251,830	164,456
Nashville	160,840	109,960
Navajo	450,280	386,254
Oklahoma City	692,765	514,853
Phoenix	340,605	246,926
Portland	166,250	108,282
Tucson	16,990	12,448

American Indian and Alaska Native (AIAN) COVID-19 cases reported by local public health departments in selected California counties

Los Angeles AIAN Cases	County*
AIAN Cases	5,174
AIAN Deaths	73
AIAN Tested	20,644

*Note: Data do not include the Cities of Long Beach and Pasadena

San Bernardino County		
AIAN Cases	7,213	
AIAN Deaths	53	

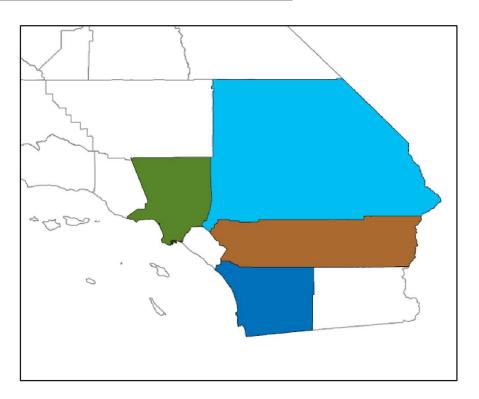
San Diego County		
AIAN Cases	3,106	
AIAN Deaths	27	
AIAN Tested	16,438	

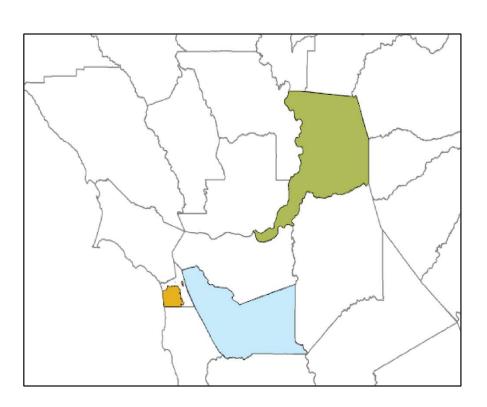
Riverside County AIAN Cases 2,632 AIAN Deaths 38



San Francisco County		
AIAN Cases	341	
AIAN Deaths	0	

Alameda County		
AIAN Cases	895	
AIAN Deaths	N/A	





As of 5/30/2022. Source: County of Los Angeles Public Health, San Bernardino County Department of Public Health, San Diego County Communicable Disease Registry, Riverside University Health System-Public Health, Sacramento County Public Health, Data SF, and Alameda County Department of Public Health.