EXHIBIT 1

EXECUTIVE DEPARTMENT STATE OF CALIFORNIA

PROCLAMATION OF A STATE OF EMERGENCY

WHEREAS in December 2019, an outbreak of respiratory illness due to a novel coronavirus (a disease now known as COVID-19), was first identified in Wuhan City, Hubei Province, China, and has spread outside of China, impacting more than 75 countries, including the United States; and

WHEREAS the State of California has been working in close collaboration with the national Centers for Disease Control and Prevention (CDC), with the United States Health and Human Services Agency, and with local health departments since December 2019 to monitor and plan for the potential spread of COVID-19 to the United States; and

WHEREAS on January 23, 2020, the CDC activated its Emergency Response System to provide ongoing support for the response to COVID-19 across the country; and

WHEREAS on January 24, 2020, the California Department of Public Health activated its Medical and Health Coordination Center and on March 2, 2020, the Office of Emergency Services activated the State Operations Center to support and guide state and local actions to preserve public health; and

WHEREAS the California Department of Public Health has been in regular communication with hospitals, clinics and other health providers and has provided guidance to health facilities and providers regarding COVID-19; and

WHEREAS as of March 4, 2020, across the globe, there are more than 94,000 confirmed cases of COVID-19, tragically resulting in more than 3,000 deaths worldwide; and

WHEREAS as of March 4, 2020, there are 129 confirmed cases of COVID-19 In the United States, including 53 in California, and more than 9,400 Californians across 49 counties are in home monitoring based on possible travel-based exposure to the virus, and officials expect the number of cases in California, the United States, and worldwide to increase; and

WHEREAS for more than a decade California has had a robust pandemic influenza plan, supported local governments in the development of local plans, and required that state and local plans be regularly updated and exercised; and

WHEREAS California has a strong federal, state and local public health and health care delivery system that has effectively responded to prior events including the H1N1 influenza virus in 2009, and most recently Ebola; and WHEREAS experts anticipate that while a high percentage of individuals affected by COVID-19 will experience mild flu-like symptoms, some will have more serious symptoms and require hospitalization, particularly individuals who are elderly or already have underlying chronic health conditions; and

WHEREAS it is imperative to prepare for and respond to suspected or confirmed COVID-19 cases in California, to implement measures to mitigate the spread of COVID-19, and to prepare to respond to an increasing number of individuals requiring medical care and hospitalization; and

WHEREAS if COVID-19 spreads in California at a rate comparable to the rate of spread in other countries, the number of persons requiring medical care may exceed locally available resources, and controlling outbreaks minimizes the risk to the public, maintains the health and safety of the people of California, and limits the spread of infection in our communities and within the healthcare delivery system; and

WHEREAS personal protective equipment (PPE) is not necessary for use by the general population but appropriate PPE is one of the most effective ways to preserve and protect California's healthcare workforce at this critical time and to prevent the spread of COVID-19 broadly; and

WHEREAS state and local health departments must use all available preventative measures to combat the spread of COVID-19, which will require access to services, personnel, equipment, facilities, and other resources, potentially including resources beyond those currently available, to prepare for and respond to any potential cases and the spread of the virus; and

WHEREAS I find that conditions of Government Code section 8558(b), relating to the declaration of a State of Emergency, have been met; and

WHEREAS I find that the conditions caused by COVID-19 are likely to require the combined forces of a mutual aid region or regions to appropriately respond; and

WHEREAS under the provisions of Government Code section 8625(c), I find that local authority is inadequate to cope with the threat posed by COVID-19; and

WHEREAS under the provisions of Government Code section 8571, I find that strict compliance with various statutes and regulations specified in this order would prevent, hinder, or delay appropriate actions to prevent and mitigate the effects of the COVID-19.

NOW, THEREFORE, I, GAVIN NEWSOM, Governor of the State of California, in accordance with the authority vested in me by the State Constitution and statutes, including the California Emergency Services Act, and in particular, Government Code section 8625, HEREBY PROCLAIM A STATE OF EMERGENCY to exist in California.

IT IS HEREBY ORDERED THAT:

- In preparing for and responding to COVID-19, all agencies of the state government use and employ state personnel, equipment, and facilities or perform any and all activities consistent with the direction of the Office of Emergency Services and the State Emergency Plan, as well as the California Department of Public Health and the Emergency Medical Services Authority. Also, all residents are to heed the advice of emergency officials with regard to this emergency in order to protect their safety.
- 2. As necessary to assist local governments and for the protection of public health, state agencies shall enter into contracts to arrange for the procurement of materials, goods, and services needed to assist in preparing for, containing, responding to, mitigating the effects of, and recovering from the spread of COVID-19. Applicable provisions of the Government Code and the Public Contract Code, including but not limited to travel, advertising, and competitive bidding requirements, are suspended to the extent necessary to address the effects of COVID-19.
- 3. Any out-of-state personnel, including, but not limited to, medical personnel, entering California to assist in preparing for, responding to, mitigating the effects of, and recovering from COVID-19 shall be permitted to provide services in the same manner as prescribed in Government Code section 179.5, with respect to licensing and certification. Permission for any such individual rendering service is subject to the approval of the Director of the Emergency Medical Services Authority for medical personnel and the Director of the Office of Emergency Services for non-medical personnel and shall be in effect for a period of time not to exceed the duration of this emergency.
- The time limitation set forth in Penal Code section 396, subdivision (b), prohibiting price gouging in time of emergency is hereby waived as it relates to emergency supplies and medical supplies. These price gouging protections shall be in effect through September 4, 2020.
- 5. Any state-owned properties that the Office of Emergency Services determines are suitable for use to assist in preparing for, responding to, mitigating the effects of, or recovering from COVID-19 shall be made available to the Office of Emergency Services for this purpose, notwithstanding any state or local law that would restrict, delay, or otherwise inhibit such use.
- 6. Any fairgrounds that the Office of Emergency Services determines are suitable to assist in preparing for, responding to, mitigating the effects of, or recovering from COVID-19 shall be made available to the Office of Emergency Services pursuant to the Emergency Services Act, Government Code section 8589. The Office of Emergency Services shall notify the fairgrounds of the intended use and can immediately use the fairgrounds without the fairground board of directors' approval, and

notwithstanding any state or local law that would restrict, delay, or otherwise inhibit such use.

- 7. The 30-day time period in Health and Safety Code section 101080, within which a local governing authority must renew a local health emergency, is hereby waived for the duration of this statewide emergency. Any such local health emergency will remain in effect until each local governing authority terminates its respective local health emergency.
- The 60-day time period in Government Code section 8630, within which local government authorities must renew a local emergency, is hereby waived for the duration of this statewide emergency. Any local emergency proclaimed will remain in effect until each local governing authority terminates its respective local emergency.
- 9. The Office of Emergency Services shall provide assistance to local governments that have demonstrated extraordinary or disproportionate impacts from COVID-19, if appropriate and necessary, under the authority of the California Disaster Assistance Act, Government Code section 8680 et seq., and California Code of Regulations, Title 19, section 2900 et seq.
- 10. To ensure hospitals and other health facilities are able to adequately treat patients legally isolated as a result of COVID-19, the Director of the California Department of Public Health may waive any of the licensing requirements of Chapter 2 of Division 2 of the Health and Safety Code and accompanying regulations with respect to any hospital or health facility identified in Health and Safety Code section 1250. Any waiver shall include alternative measures that, under the circumstances, will allow the facilities to treat legally isolated patients while protecting public health and safety. Any facilities being granted a waiver shall be established and operated in accordance with the facility's required disaster and mass casualty plan. Any waivers granted pursuant to this paragraph shall be posted on the Department's website,
- 11. To support consistent practices across California, state departments, in coordination with the Office of Emergency Services, shall provide updated and specific guidance relating to preventing and mitigating COVID-19 to schools, employers, employees, first responders and community care facilities by no later than March 10, 2020.
- 12. To promptly respond for the protection of public health, state entities are, notwithstanding any other state or local law, authorized to share relevant medical information, limited to the patient's underlying health conditions, age, current condition, date of exposure, and possible contact tracing, as necessary to address the effect of the COVID-19 outbreak with state, local, federal, and nongovernmental partners, with such information to be used for the limited purposes of monitoring, investigation and control, and treatment and coordination of care. The

notification requirement of Civil Code section 1798.24, subdivision (i), is suspended.

- 13. Notwithstanding Health and Safety Code sections 1797.52 and 1797.218, during the course of this emergency, any EMT-P licensees shall have the authority to transport patients to medical facilities other than acute care hospitals when approved by the California EMS Authority. In order to carry out this order, to the extent that the provisions of Health and Safety Code sections 1797.52 and 1797.218 may prohibit EMT-P licensees from transporting patients to facilities other than acute care hospitals, those statutes are hereby suspended until the termination of this State of Emergency.
- 14. The Department of Social Services may, to the extent the Department deems necessary to respond to the threat of COVID-19, waive any provisions of the Health and Safety Code or Welfare and Institutions Code, and accompanying regulations, interim licensing standards, or other written policies or procedures with respect to the use, licensing, or approval of facilities or homes within the Department's jurisdiction set forth in the California Community Care Facilities Act (Health and Safety Code section 1500 et seq.), the California Child Day Care Facilities Act (Health and Safety Code section 1596.70 et seq.), and the California Residential Care Facilities for the Elderly Act (Health and Safety Code section 1569 et seq.). Any waivers granted pursuant to this paragraph shall be posted on the Department's website.

I FURTHER DIRECT that as soon as hereafter possible, this proclamation be filed in the Office of the Secretary of State and that widespread publicity and notice be given of this proclamation.

	IN WITNESS WHEREOF I have
	hereunto set my hand and caused
	the Great Seal of the State of
	California to be affixed this 4th day
	of March 2020
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-	GAMIN NEWSOM
	Governor of California

ATTEST:

ALEX PADILLA Secretary of State

EXHIBIT 2

EXECUTIVE DEPARTMENT STATE OF CALIFORNIA

EXECUTIVE ORDER N-25-20

WHEREAS on March 4, 2020, I proclaimed a State of Emergency to exist in California as a result of the threat of COVID-19; and

WHEREAS despite sustained efforts, the virus remains a threat, and further efforts to control the spread of the virus to reduce and minimize the risk of infection are needed; and

WHEREAS state and local public health officials may, as they deem necessary in the interest of public health, issue guidance limiting or recommending limitations upon attendance at public assemblies, conferences, or other mass events, which could cause the cancellation of such gatherings through no fault or responsibility of the parties involved, thereby constituting a force majeure; and

WHEREAS the Department of Public Health is maintaining up-to-date guidance relating to COVID-19, available to the public at http://cdph.ca.gov/covid19; and

WHEREAS the State of California and local governments, in collaboration with the Federal government, continue sustained efforts to minimize the spread and mitigate the effects of COVID-19; and

WHEREAS there is a need to secure numerous facilities to accommodate quarantine, isolation, or medical treatment of individuals testing positive for or exposed to COVID-19; and

WHEREAS, many individuals who have developmental disabilities and receive services through regional centers funded by the Department of Developmental Services also have chronic medical conditions that make them more susceptible to serious symptoms of COVID-19, and it is critical that they continue to receive their services while also protecting their own health and the general public health; and

WHEREAS individuals exposed to COVID-19 may be temporarily unable to report to work due to illness caused by COVID-19 or quarantines related to COVID-19 and individuals directly affected by COVID-19 may experience potential loss of income, health care and medical coverage, and ability to pay for housing and basic needs, thereby placing increased demands on already strained regional and local health and safety resources such as shelters and food banks; and

WHEREAS in the interest of public health and safety, it is necessary to exercise my authority under the Emergency Services Act, specifically Government Code section 8572, to ensure adequate facilities exist to address the impacts of COVID-19; and

WHEREAS under the provisions of Government Code section 8571, I find that strict compliance with various statutes and regulations specified in this order would prevent, hinder, or delay appropriate actions to prevent and mitigate the effects of the COVID-19 pandemic.

NOW, THEREFORE, I, GAVIN NEWSOM, Governor of the State of California, in accordance with the authority vested in me by the State Constitution and statutes of the State of California, and in particular, Government Code sections 8567, 8571 and 8572, do hereby issue the following order to become effective immediately:

IT IS HEREBY ORDERED THAT:

- 1. All residents are to heed any orders and guidance of state and local public health officials, including but not limited to the imposition of social distancing measures, to control the spread of COVID-19.
- 2. For the period that began January 24, 2020 through the duration of this emergency, the Employment Development Department shall have the discretion to waive the one-week waiting period in Unemployment Insurance Code section 2627(b)(1) for disability insurance applicants who are unemployed and disabled as a result of the COVID-19, and who are otherwise eligible for disability insurance benefits.
- 3. For the period that began January 24, 2020 through the duration of this emergency, the Employment Development Department shall have the discretion to waive the one-week waiting period in Unemployment Insurance Code section 1253(d) for unemployment insurance applicants who are unemployed as a result of the COVID-19, and who are otherwise eligible for unemployment insurance benefits.
- 4. Notwithstanding Health and Safety Code section 1797.172(b), during the course of this emergency, the Director of the Emergency Medical Services Authority shall have the authority to implement additions to local optional scopes of practice without first consulting with a committee of local EMS medical directors named by the EMS Medical Directors Association of California.
- 5. In order to quickly provide relief from interest and penalties, the provisions of the Revenue and Taxation Code that apply to the taxes and fees administered by the Department of Tax and Fee Administration, requiring the filing of a statement under penalty of perjury setting forth the facts for a claim for relief, are suspended for a period of 60 days after the date of this Order for any individuals or businesses who are unable to file a timely tax return or make a timely payment as a result of complying with a state or local public health official's imposition or recommendation of social distancing measures related to COVID-19.
- 6. The Franchise Tax Board, the Board of Equalization, the Department of Tax and Fee Administration, and the Office of Tax Appeals shall use their administrative powers where appropriate to provide those individuals and businesses impacted by complying with a state or local public health official's imposition or recommendation of social

distancing measures related to COVID-19 with the extensions for filing, payment, audits, billing, notices, assessments, claims for refund, and relief from subsequent penalties and interest.

- 7. The Governor's Office of Emergency Services shall ensure adequate state staffing during this emergency. Consistent with applicable federal law, work hour limitations for retired annuitants, permanent and intermittent personnel, and state management and senior supervisors, are suspended. Furthermore, reinstatement and work hour limitations in Government Code sections 21220, 21224(a), and 7522.56(b), (d), (f), and (g), and the time limitations in Government Code section 19888.1 and California Code of Regulations, title 2, sections 300-303 are suspended. The Director of the California Department of Human Resources must be notified of any individual employed pursuant to these waivers.
- 8. The California Health and Human Services Agency and the Office of Emergency Services shall identify, and shall otherwise be prepared to make available—including through the execution of any necessary contracts or other agreements and, if necessary, through the exercise of the State's power to commandeer property – hotels and other places of temporary residence, medical facilities, and other facilities that are suitable for use as places of temporary residence or medical facilities as necessary for quarantining, isolating, or treating individuals who test positive for COVID-19 or who have had a high-risk exposure and are thought to be in the incubation period.
- 9. The certification and licensure requirements of California Code of Regulations, Title 17, section 1079 and Business and Professions Code section 1206.5 are suspended as to all persons who meet the requirements under the Clinical Laboratory Improvement Amendments of section 353 of the Public Health Service Act for high complexity testing and who are performing analysis of samples to test for SARS-CoV-2, the virus that causes COVID-19, in any certified public health laboratory or licensed clinical laboratory.
- 10. To ensure that individuals with developmental disabilities continue to receive the services and supports mandated by their individual program plans threatened by disruptions caused by COVID-19, the Director of the Department of Developmental Services may issue directives waiving any provision or requirement of the Lanterman Developmental Disabilities Services Act, the California Early Intervention Services Act, and the accompanying regulations of Title 17, Division 2 of the California Code of Regulations. A directive may delegate to the regional centers any authority granted to the Department by law where the Director believes such delegation is necessary to ensure services to individuals with developmental disabilities. The Director shall describe the need justifying the waiver granted in each directive and articulate how the waiver is necessary to protect the public health or safety from the threat of COVID-19 or necessary to ensure that services to individuals with developmental disabilities are not disrupted. Any waiver granted by a directive shall expire 30 days from the date of its issuance. The Director may grant one or more 30-day extensions if the waiver continues to be necessary

to protect health or safety or to ensure delivery of services. The Director shall rescind a waiver once it is no longer necessary to protect public health or safety or ensure delivery of services. Any waivers and extensions granted pursuant to this paragraph shall be posted on the Department's website.

11. Notwithstanding any other provision of state or local law, including the Bagley-Keene Act or the Brown Act, a local legislative body or state body is authorized to hold public meetings via teleconferencing and to make public meetings accessible telephonically or otherwise electronically to all members of the public seeking to attend and to address the local legislative body or state body, during the period in which state or local public officials impose or recommend measures to promote social distancing, including but not limited to limitations on public events. All requirements in both the Bagley-Keene Act and the Brown Act expressly or impliedly requiring the physical presence of members, the clerk or other personnel of the body, or of the public as a condition of participation in or quorum for a public meeting are hereby waived.

In particular, any otherwise-applicable requirements that

- state and local bodies notice each teleconference location from which a member will be participating in a public meeting;
- (ii) each teleconference location be accessible to the public;
- (iii) members of the public may address the body at each teleconference conference location;
- (iv) state and local bodies post agendas at all teleconference locations;
- (v) at least one member of the state body be physically present at the location specified in the notice of the meeting; and
- (vi) during teleconference meetings, a least a quorum of the members of the local body participate from locations within the boundaries of the territory over which the local body exercises jurisdiction

are hereby suspended, on the conditions that:

- each state or local body must give advance notice of each public meeting, according to the timeframe otherwise prescribed by the Bagley-Keene Act or the Brown Act, and using the means otherwise prescribed by the Bagley-Keene Act or the Brown Act, as applicable; and
- (ii) consistent with the notice requirement in paragraph (i), each state or local body must notice at least one publicly accessible location from which members of the public shall have the right to observe and offer public comment at the public meeting, consistent with the public's rights of access and public comment otherwise provided for by the Bagley-Keene Act and the Brown Act, as applicable (including, but not limited to, the requirement that such rights of access and public comment be made available in a manner consistent with the Americans with Disabilities Act).

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In addition to the mandatory conditions set forth above, all state and local bodies are urged to use sound discretion and to make reasonable efforts to adhere as closely as reasonably possible to the provisions of the Bagley-Keene Act and the Brown Act, and other applicable local laws regulating the conduct of public meetings, in order to maximize transparency and provide the public access to their meetings.

IT IS FURTHER ORDERED that as soon as hereafter possible, this Order be filed in the Office of the Secretary of State and that widespread publicity and notice be given of this Order.

This Order is not intended to, and does not, create any rights or benefits, substantive or procedural, enforceable at law or in equity, against the State of California, its agencies, departments, entities, officers, employees, or any other person.

IN WITNESS WHEREOF I have hereunto set my hand and caused the Great Seal of the State of California to be affixed this 12th day of March 2020. GAVIN NEWSOM Governor of California

ATTEST:

ALEX PADILLA Secretary of State

EXHIBIT 3

EXECUTIVE DEPARTMENT STATE OF CALIFORNIA

EXECUTIVE ORDER N-08-21

WHEREAS on March 4, 2020, I proclaimed a State of Emergency to exist in California as a result of the threat of COVID-19; and

WHEREAS since March 2020, the State has taken decisive and meaningful actions to reduce the spread, and mitigate the impacts, of COVID-19, saving an untold number of lives; and

WHEREAS as a result of the effective actions Californians have taken, as well as the successful and ongoing distribution of COVID-19 vaccines, California is turning a corner in its fight against COVID-19; and

WHEREAS on June 11, 2021, I issued Executive Order N-07-21, which formally rescinded the Stay-at-Home Order (Executive Order N-33-20, issued on March 19, 2020), as well as the framework for a gradual, risk-based reopening of the economy (Executive Order N-60-20, issued on May 4, 2020); and

WHEREAS in light of the current state of the COVID-19 pandemic in California, it is appropriate to roll back certain provisions of my COVID-19-related Executive Orders; and

WHEREAS certain provisions of my COVID-19 related Executive Orders currently remain necessary to continue to help California respond to, recover from, and mitigate the impacts of the COVID-19 pandemic, including California's ongoing vaccination programs, and the termination of certain provisions of my COVID-19 related Executive Orders during this stage of the emergency would compound the effects of the emergency and impede the State's recovery by disrupting important governmental and social functions; and

WHEREAS under the provisions of Government Code section 8571, I find that strict compliance with various statutes and regulations specified in this Order would continue to prevent, hinder, or delay appropriate actions to prevent and mitigate the effects of the COVID-19 pandemic.

NOW, THEREFORE, I, GAVIN NEWSOM, Governor of the State of California, in accordance with the authority vested in me by the State Constitution and statutes of the State of California, and in particular, Government Code sections 8567, 8571, and 8627, do hereby issue the following Order to become effective immediately:

IT IS HEREBY ORDERED THAT:

The following provisions shall remain in place and shall have full force and effect through June 30, 2021, upon which time they will expire subject to individual conditions described in the enumerated paragraphs below.

- Paragraph 10. Any facility operating under a waiver pursuant to this provision, memorialized in an All Facilities Letter, may operate pursuant to such a waiver through the stated expiration in the All Facilities Letter or September 30, 2021, whichever occurs first;
- b. Paragraph 11;
- c. Paragraph 12; and
- d. Paragraph 13.
- 2) Executive Order N-25-20:
 - a. Paragraph 1; and
 - b. Paragraph 7, and as applicable to local governments per Executive Order N-35-20, Paragraph 3. Effective July 1, 2021, the waivers in Executive Order N-25-20, Paragraph 7, and Executive Order N-35-20, Paragraph 3, of reinstatement requirements set forth in Government Code sections 7522.56(f) and (g) are terminated.
- 3) Executive Order N-26-20:
 - a. Paragraph 1;
 - b. Paragraph 2;
 - c. Paragraph 3;
 - d. Paragraph 5;
 - e. Paragraph 6; and
 - f. Paragraph 7.

4) Executive Order N-27-20:

- a. Paragraph 1;
- b. Paragraph 2; and
- c. Paragraph 3.

5) Executive Order N-28-20:

a. Paragraph 3; and

b. Paragraph 6.

6) Executive Order N-31-20:

- a. Paragraph 1; and
- b. Paragraph 2.

7) Executive Order N-35-20:

- Paragraph 1. Any facility operating under a waiver pursuant to this provision, memorialized in an All Facilities Letter, may operate pursuant to such a waiver through the stated expiration in the All Facilities Letter or September 30, 2021, whichever occurs first;
- b. Paragraph 4;
- c. Paragraph 6. To the extent the Director exercised their authority pursuant to this provision on or before June 30, 2021, the extension shall remain valid until the effective expiration;

- d. Paragraph 10. The State Bar shall receive the time extension in the aforementioned order for any nomination submitted to the State Bar by the Governor on or before June 30, 2021; and
- e. Paragraph 11 (as extended and clarified by N-71-20, Paragraph 6). Claims accruing before June 30, 2021 will remain subject to the 120day extension granted in the aforementioned orders.
- 8) Executive Order N-36-20, Paragraph 1. To the extent the Secretary exercised their authority pursuant to this provision, the Secretary shall allow each facility to resume intake in a manner that clears intake backlog as soon as feasible.
- 9) Executive Order N-39-20:
 - a. Paragraph 1. Any facility operating under a waiver pursuant to this provision, memorialized in an All Facilities Letter, may operate pursuant to such a waiver through the stated expiration in the All Facilities Letter or September 30, 2021, whichever occurs first;
 - b. Paragraph 4; and
 - c. Paragraph 7. The leases or agreements executed pursuant to this provision shall remain valid in accordance with the term of the agreement.
- 10) Executive Order N-40-20:
 - Paragraph 1. For rulemakings published in the California Regulatory Notice Register pursuant to Government Code section 11346.4(a)(5) prior to June 30, 2021, the deadlines in the aforementioned order shall remain extended in accordance with the order;
 - b. Paragraph 2 (as extended and clarified by N-66-20, Paragraph 12, and N-71-20, Paragraph 10). Notwithstanding the expiration of this provision, state employees subject to these training requirements shall receive the benefit of the 120-day extension granted by the aforementioned orders. All required training due on or before June 30, 2021 must be completed within 120 days of the statutorily prescribed due date;
 - c. Paragraph 7 (as extended and clarified by N-66-20, Paragraph 13 and N-71-20, Paragraph 11). With regard to appeals received on or before June 30, 2021, the State Personnel Board shall be entitled to the extension in the aforementioned order to render its decision;
 - d. Paragraph 8. To the extent the deadlines specified in Government Code section 22844 and California Code of Regulations, title 2, sections 599.517 and 599.518 fell on a date on or before June 30, 2021 absent the extension, they shall expire pursuant to the timeframes specified in the aforementioned orders;
 - e. Paragraph 16;
 - f. Paragraph 17; and
 - g. Paragraph 20.

11) Executive Order N-45-20:

- a. Paragraph 4;
- b. Paragraph 8;
- c. Paragraph 9; and

- d. Paragraph 12. For vacancies occurring prior to June 30, 2021, the deadline to fill the vacancy shall remain extended for the time period in the aforementioned order.
- 12) Executive Order N-46-20:
 - a. Paragraph 1; and
 - b. Paragraph 2.
- 13) Executive Order N-47-20:
 - a. Paragraph 2; and
 - b. Paragraph 3.
- Executive Order N-48-20, Paragraph 2 (which clarified the scope of N-34-20).
- 15) Executive Order N-49-20:
 - a. Paragraph 1;
 - b. Paragraph 3. For determinations made on or before June 30, 2021, the discharge date shall be within 14 days of the Board's determination; and
 - c. Paragraph 4.
- 16) Executive Order N-50-20, Paragraph 2.
- 17) Executive Order N-52-20:
 - a. Paragraph 6;
 - b. Paragraph 7. To the extent an individual has commenced a training program prior to June 30, 2021, that was interrupted by COVID-19, that individual shall be entitled to the extended timeframe in the aforementioned order; and
 - c. Paragraph 14; and
 - d. Paragraph 16.

18) Executive Order N-53-20:

- a. Paragraph 3;
- b. Paragraph 12 (as extended or modified by N-69-20, Paragraph 10, and N-71-20, Paragraph 27); and
- c. Paragraph 13 (as extended or modified by N-69-20, Paragraph 11, and N-71-20, Paragraph 28).
- 19) Executive Order N-54-20, Paragraph 7. To the extent the date governing the expiration of registration of vehicles previously registered in a foreign jurisdiction falls on or before June 30, 2021, the deadline is extended pursuant to the aforementioned orders.

20) Executive Order N-55-20:

a. Paragraph 1. Statutory deadlines related to cost reports, change in scope of service requests, and reconciliation requests occurring on or before June 30, 2021 shall remain subject to the extended deadline in the aforementioned order;

- b. Paragraph 4;
- c. Paragraph 5;
- d. Paragraph 6;
- e. Paragraph 8;
- f. Paragraph 9;
- g. Paragraph 10;
- h. Paragraph 13;
- i. Paragraph 14. Statutory deadlines related to beneficiary risk assessments occurring on or before June 30, 2021 shall remain subject to the extended deadline in the aforementioned order; and
- j. Paragraph 16. Deadlines for fee-for-service providers to submit information required for a Medical Exemption Request extended on or before June 30, 2021 shall remain subject to the extended deadline granted under the aforementioned order.
- 21) Executive Order N-56-20:
 - a. Paragraph 1;
 - b. Paragraph 6;
 - c. Paragraph 7;
 - d. Paragraph 8;
 - e. Paragraph 9; and
 - f. Paragraph 11.
- 22) Executive Order N-59-20, Paragraph 6.
- 23) Executive Order N-61-20:
 - a. Paragraph 1;
 - b. Paragraph 2;
 - c. Paragraph 3; and
 - d. Paragraph 4.

24) Executive Order N-63-20:

- a. Paragraph 8(a) (as extended by N-71-20, Paragraph 40). The deadlines related to reports by the Division of Occupational Safety and Health (Cal/OSHA) and the Occupational Safety & Health Standards Board on proposed standards or variances due on or before June 30, 2021 shall remain subject to the extended timeframe;
- b. Paragraph 8(c). To the extent the date upon which the Administrative Director must act upon Medical Provider Network applications or requests for modifications or reapprovals falls on or before June 30, 2021 absent the extension in the aforementioned order, it shall remain subject to the extended timeframe;
- c. Paragraph 8(e). To the extent filing deadlines for a Return-to-Work Supplement appeal and any reply or responsive papers fall on or before June 30, 2021, absent the extension in the aforementioned order, they shall remain subject to the extended timeframe;
- d. Paragraph 9(a) (as extended and modified by N-71-20, Paragraph 39). Any deadline setting the time for the Labor Commissioner to

issue any citation under the Labor Code, including a civil wage and penalty assessment pursuant to Labor Code section 1741, that, absent the aforementioned order, would have occurred or would occur between May 7, 2020 and September 29, 2021 shall be extended to September 30, 2021. Any such deadline that, absent the aforementioned order, would occur after September 29, 2021 shall be effective based on the timeframe in existence before the aforementioned order;

- e. Paragraph 9(b) (as extended and modified by N-71-20, Paragraph 41);
- f. Paragraph 9(c) (as extended and modified by N-71-20, Paragraph 39). Any deadline setting the time for a worker to file complaints and initiate proceedings with the Labor Commissioner pursuant to Labor Code sections 98, 98.7, 1700.44, and 2673.1, that, absent the aforementioned order, would have occurred or would occur between May 7, 2020 and September 29, 2021 shall be extended to September 30, 2021. Any such deadline that, absent the aforementioned order, would occur after September 29, 2021 shall be effective based on the timeframe in existence before the aforementioned order;
- g. Paragraph 9(d) (as extended and modified by N-71-20, Paragraph 39). Any deadline setting the time for Cal/OSHA to issue citations pursuant to Labor Code section 6317, that, absent the aforementioned order, would have occurred or would occur between May 7, 2020 and September 29, 2021 shall be extended to September 30, 2021. Any such deadline that, absent the aforementioned order, would occur after September 29, 2021 shall be effective based on the timeframe in existence before the aforementioned order;
- h. Paragraph 9(e) (as extended and modified by N-71-20, Paragraph 41);
- i. Paragraph 10;
- Paragraph 12. Any peace officer reemployed on or before June 30, 2021 pursuant to the aforementioned order shall be entitled to the extended reemployment period set forth in the order;
- k. Paragraph 13;
- I. Paragraph 14; and
- m. Paragraph 15 (as extended by N-71-20, Paragraph 36).
- 25) Executive Order N-65-20:
 - a. Paragraph 5 (as extended by N-71-20, Paragraph 35; N-80-20, Paragraph 4; and N-01-21). Identification cards issued under Health and Safety Code section 11362.71 that would otherwise have expired absent the aforementioned extension between March 4, 2020 and June 30, 2021 shall expire on December 31, 2021; and
 - b. Paragraph 7.

26) Executive Order N-66-20:

- a. Paragraph 3;
- b. Paragraph 4; and
- c. Paragraph 5.

- 27) Executive Order N-68-20:
 - a. Paragraph 1. Notwithstanding the expiration of the aforementioned order, temporary licenses granted on or before June 30, 2021 shall be valid through September 30, 2021; and
 - b. Paragraph 2. Renewal fee payments otherwise due to the to the California Department of Public Health absent the extension in the aforementioned order on or before June 30, 2021, shall be entitled to the extensions of time set forth in the aforementioned order.
- 28) Executive Order N-71-20:
 - a. Paragraph 1;
 - b. Paragraph 4;
 - c. Paragraph 16. Where the statutory deadline for opening or completing investigations is set to occur on or before June 30, 2021, the deadline shall remain subject to the extension in the aforementioned order; and
 - d. Paragraph 17. Where the statutory deadline for serving a notice of adverse action is due on or before June 30, 2021, the deadline shall remain subject to the extension in the aforementioned order.
- 29) Executive Order N-75-20:
 - a. Paragraph 7. Children placed in foster care on or before June 30, 2021 shall receive such examinations on or before July 31, 2021;
 - b. Paragraph 8;
 - c. Paragraph 9;
 - d. Paragraph 10. Any facility operating under a waiver pursuant to this provision may operate pursuant to such a waiver through the expiration as set forth by the California Department of Public Health, or September 30, 2021, whichever occurs first; and
 - e. Paragraph 13.

30) Executive Order N-76-20, Paragraph 3.

- 31) Executive Order N-77-20:
 - a. Paragraph 1;
 - b. Paragraph 2; and
 - c. Paragraph 3.

32) Executive Order N-78-20 (as extended and modified by N-03-21):

- a. Paragraph 1; and
- b. Paragraph 2.

33) Executive Order N-83-20:

 Paragraph 3. To the extent the Director of the Department of Alcoholic Beverage Control suspends deadlines for renewing licenses upon payment of annual fees on or before June 30, 2021, the extension shall remain valid until the effective expiration;

- b. Paragraph 5 (which repealed and replaced N-71-20, Paragraph 19, which extended N-52-20, Paragraph 1, and N-69-20, Paragraph 3);
- c. Paragraph 6 (which repealed and replaced N-71-20, Paragraph 20, which extended N-52-20, Paragraph 2, and N-69-20, Paragraph 4); and
- d. Paragraph 7 (which repealed and replaced N-71-20, Paragraph 21, which extended N-52-20, Paragraph 3, and N-69-20, Paragraph 5).
- 34) Executive Order N-84-20:
 - a. Paragraph 1;
 - b. Paragraph 2;
 - c. Paragraph 3; and
 - d. Paragraph 5.

The following provisions shall remain in place and shall have full force and effect through July 31, 2021, upon which time they will expire subject to individual conditions described in the enumerated paragraphs below.

- 35) Executive Order N-39-20, Paragraph 8 (as extended by N-69-20, Paragraph 2 and N-71-20, Paragraph 8).
- Executive Order N-53-20, Paragraph 11 (as extended or modified by N-68-20, Paragraph 15, and N-71-20, Paragraph 26).
- 37) Executive Order N-71-20, Paragraph 25.
- 38) Executive Order N-75-20:
 - a. Paragraph 5; and
 - b. Paragraph 6

The following provisions shall remain in place and shall have full force and effect through September 30, 2021, upon which time they will expire subject to individual conditions described in the enumerated paragraphs below.

39) State of Emergency Proclamation dated March 4, 2020:

- a. Paragraph 3; and
- b. Paragraph 14. Any facility operating under a waiver pursuant to this provision may operate pursuant to such a waiver through the expiration as set forth by the Department of Social Services, or September 30, 2021, whichever occurs first.

40) Executive Order N-25-20:

- a. Paragraph 2;
- b. Paragraph 3; and
- c. Paragraph 4.

41) Executive Order N-28-20:

- a. Paragraph 4; and
- b. Paragraph 5.

42) Executive Order N-29-20, Paragraph 3, is withdrawn and replaced by the following text:

Notwithstanding any other provision of state or local law (including, but not limited to, the Bagley-Keene Act or the Brown Act), and subject to the notice and accessibility requirements set forth below, a local legislative body or state body is authorized to hold public meetings via teleconferencing and to make public meetings accessible telephonically or otherwise electronically to all members of the public seeking to observe and to address the local legislative body or state body. All requirements in both the Bagley-Keene Act and the Brown Act expressly or impliedly requiring the physical presence of members, the clerk or other personnel of the body, or of the public as a condition of participation in or quorum for a public meeting are hereby waived.

In particular, any otherwise-applicable requirements that

- state and local bodies notice each teleconference location from which a member will be participating in a public meeting;
- (ii) each teleconference location be accessible to the public;
- (iii) members of the public may address the body at each teleconference conference location;
- (iv) state and local bodies post agendas at all teleconference locations;
- (v) at least one member of the state body be physically present at the location specified in the notice of the meeting; and
- (vi) during teleconference meetings, a least a quorum of the members of the local body participate from locations within the boundaries of the territory over which the local body exercises jurisdiction

are hereby suspended.

A local legislative body or state body that holds a meeting via teleconferencing and allows members of the public to observe and address the meeting telephonically or otherwise electronically, consistent with the notice and accessibility requirements set forth below, shall have satisfied any requirement that the body allow members of the public to attend the meeting and offer public comment. Such a body need not make available any physical location from which members of the public may observe the meeting and offer public comment.

Accessibility Requirements: If a local legislative body or state body holds a meeting via teleconferencing and allows members of the public to observe and address the meeting telephonically or otherwise electronically, the body shall also:

- Implement a procedure for receiving and swiftly resolving requests for reasonable modification or accommodation from individuals with disabilities, consistent with the Americans with Disabilities Act and resolving any doubt whatsoever in favor of accessibility; and
- (ii) Advertise that procedure each time notice is given of the means by which members of the public may observe the meeting and offer public comment, pursuant to subparagraph (ii) of the Notice Requirements below.

Notice Requirements: Except to the extent this Order expressly provides otherwise, each local legislative body and state body shall:

- Give advance notice of the time of, and post the agenda for, each public meeting according to the timeframes otherwise prescribed by the Bagley-Keene Act or the Brown Act, and using the means otherwise prescribed by the Bagley-Keene Act or the Brown Act, as applicable; and
- In each instance in which notice of the time of the meeting is (ii) otherwise given or the agenda for the meeting is otherwise posted, also give notice of the means by which members of the public may observe the meeting and offer public comment. As to any instance in which there is a change in such means of public observation and comment, or any instance prior to the issuance of this Order in which the time of the meeting has been noticed or the agenda for the meeting has been posted without also including notice of such means, a body may satisfy this requirement by advertising such means using "the most rapid means of communication available at the time" within the meaning of Government Code, section 54954, subdivision (e); this shall include, but need not be limited to, posting such means on the body's Internet website.

All of the foregoing provisions concerning the conduct of public meetings shall apply through September 30, 2021.

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43) Executive Order N-32-20:

- a. Paragraph 1;
- b. Paragraph 2; and
- c. Paragraph 3.

44) Executive Order N-35-20:

- a. Paragraph 2; and
- b. Paragraph 12.

45) Executive Order N-39-20:

- a. Paragraph 2;
- b. Paragraph 3; and
- c. Paragraph 6.

- 46) Executive Order N-40-20:
 - a. Paragraph 12 (as extended or modified by N-66-20, paragraph 16, N-71-20, paragraph 14, and N-75-20, Paragraph 12). To the extent the Director exercised their authority pursuant to this provision on or before September 30, 2021, the extension shall remain valid until the effective expiration of the applicable waiver; and
 - b. Paragraph 18.
- 47) Executive Order N-42-20.
- 48) Executive Order N-43-20.
- 49) Executive Order N-49-20, Paragraph 2.
- 50) Executive Order N-54-20:
 - a. Paragraph 8 (as extended by N-80-20, Paragraph 6); and
 - b. Paragraph 9. To the extent any timeframe within which a California Native American tribe must request consultation and the lead agency must begin the consultation process relating to an Environmental Impact Report, Negative Declaration, or Mitigated Negative Declaration under the California Environmental Quality Act extends beyond September 30, 2021, the tribe and lead agency will receive the benefit of the extension so long as the triggering event occurred on or before September 30, 2021.
- 51) Executive Order N-55-20:
 - a. Paragraph 2;
 - b. Paragraph 3;
 - Paragraph 7. All on-site licensing visits which would have been due on or before September 30, 2021 shall occur before December 31, 2021;
 - d. Paragraph 11; and
 - e. Paragraph 12.
- 52) Executive Order N-56-20, Paragraph 10 is withdrawn and superseded by the following text:

Paragraph 42 of this Order, including the conditions specified therein, shall apply to meetings held pursuant to Article 3 of Chapter 2 of Part 21 of Division 3 of Title 2 of the Education Code and Education Code section 47604.1 (b).

- 53) Executive Order N-58-20 (as extended by N-71-20, Paragraph 29).
- 54) Executive Order N-59-20:
 - Paragraph 1. The sworn statement or verbal attestation of pregnancy must be submitted on or before September 30, 2021 and medical verification of pregnancy must be submitted within 30

working days following submittal of the sworn statement or verbal attestation for benefits to continue;

- b. Paragraph 2 (as extended and modified by N-69-20, Paragraph 14, and N-71-20, Paragraph 31);
- c. Paragraph 3 (as extended and modified by N-69-20, Paragraph 15, and N-71-20, Paragraph 32); and
- d. Paragraph 4 (as extended and modified by N-69-20, Paragraph 16, and N-71-20, Paragraph 33).
- 55) Executive Order N-63-20:
 - Paragraph 8(b). To the extent filing deadlines for claims and liens fall on or before September 30, 2021, absent the extension in the aforementioned order, they shall remain subject to the extended timeframe; and
 - b. Paragraph 11.
- 56) Executive Order N-66-20, Paragraph 6.
- 57) Executive Order N-71-20:
 - a. Paragraph 15;
 - b. Paragraph 22; and
 - c. Paragraph 23.

58) Executive Order N-75-20:

- a. Paragraph 1;
- b. Paragraph 2; and
- c. Paragraph 4.

59) Executive Order N-80-20:

- a. Paragraph 3; and
- b. Paragraph 7.

60) Executive Order N-83-20

a. Paragraph 2 is withdrawn and replaced by the following text:

The deadline to pay annual fees, including any installment payments, currently due or that will become due during the proclaimed emergency, as specified in Business and Professions Code sections 19942, 19951, 19954, 19955, 19984, and any accompanying regulations is September 30, 2021; the deadlines for submission of any application or deposit fee, as specified in Business and Professions Code sections 19951 (a), 19867, 19868, 19876, 19877, 19942, 19984, and any accompanying regulations is no later than September 30, 2021, or per existing requirements, whichever date is later.

b. Paragraph 4.

61) Executive Order N-03-21, Paragraph 3, is withdrawn and replaced by the following text:

As applied to commercial evictions only, the timeframe for the protections set forth in Paragraph 2 of Executive Order N-28-20 (and extended by Paragraph 21 of Executive Order N-66-20, Paragraph 3 of Executive Order N-71-20, and Paragraph 2 of Executive Order N-80-20) is extended through September 30, 2021.

IT IS FURTHER ORDERED that, as soon as hereafter possible, this Order be filed in the Office of the Secretary of State and that widespread publicity and notice be given of this Order.

This Order is not intended to, and does not, create any rights or benefits, substantive or procedural, enforceable at law or in equity, against the State of California, its agencies, departments, entities, officers, employees, or any other person.

> IN WITNESS WHEREOF I have hereunto set my hand and caused the Great Seal of the State of California to be affixed this 11th day of June 2021.

GAVIN NEWSOM Governor of California

ATTEST:

SHIRLEY N. WEBER, PH.D. Secretary of State

EXHIBIT 4

313 N. Figueroa Street, Room 806 • Los Angeles, CA 90012 • (213) 240-8144 • media@ph.lacounty.gov Facebook.com/LAPublicHealth • Twitter.com/LAPublicHealth

For Immediate Release:

July 15, 2021

L.A. County Community Transmission of COVID-19 Increases from Moderate to Substantial; Reinstating Masking Indoors for Everyone - 1,537 New Confirmed Cases of COVID-19 in Los

Reinstating iviasking indoors for Everyone - 1,537 New Confirmed Cases of COVID-19 in Los Angeles County and 3 Deaths
 Community transmission of COVID-19 has rapidly increased from Moderate to Substantial, based on the trend in daily new cases of COVID-19. The Los Angeles County Health Officer Order will be modified to require masking for everyone while indoors, regardless of vaccination status, as Los Angeles County sees more than a seven-times increase in new cases since the June 15 reopening. Wearing a mask when indoors reduces the risk of both getting and transmitting the virus. This additional layer of protection can help to slow the spread and does not limit business occupancy and operations.
 The L.A. County indoor masking requirements for everyone will be effective Saturday, July 17 at 11:59 p.m. Some exceptions will be posted online by Friday, July 16 and will become effective at 11:59 p.m. on Saturday, July 17.
 On June 15, the day of the full reopening, the County saw 210 new cases and today the Los Angeles County Department of Public Health (Public Health) confirms the highest number of new COVID-19 cases since mid-March with 1,537 new cases. Today's test positivity rate is 3.7%; on June 15, the test positivity rate was around 0.5%
 Because of this rapid rise, as well as the increasing presence of the more easily transmitted Delta variant of the virus, and the millions of people potentially at risk of infection, together we must reduce our risk of infection and our risk for potentially infecting others.
 Tracking the proliferation of the Delta variant is a priority because the Delta variant is more easily spread between people – more than other variants of concern. And while emerging data affirms that fully vaccinated people are well protected from severe infections with Delta variants, people with only one vaccine are not as well-protected, and there is evidence that a very severe infection with Delta variants, people with onl

severe infections with Delta variants, people with only one vaccine are not as well-protected, and there is evidence that a very small number of fully vaccinated individuals can become infected and may be able to infect others. From June 27 to July 3, the number of sequenced Delta variants was 124, 71% of all sequences collected that week. Given that slightly under 4 million residents in L.A. County are not yet vaccinated, the risk of increased spread of this variant within the County remains high.

To date, Public Health identified 1,262,578 positive cases of COVID-19 across all areas of L.A. County and a total of 24,566

LISTING OF DEPARTMENT OF PUBLIC HEALTH PRESS RELEASES

deaths. Of the three new deaths reported today, one person that passed away was over the age of 80, and two people who passed were between the ages of 50 and 64. Testing results are available for more than 7,142,000 individuals with 16% of people testing positive. There are 406 people with COVID-19 currently hospitalized and 22% of these people are in the ICU.

"We share our deepest condolences with those of you who have lost friends, loved ones, and family during this difficult time," said Muntu Davis, MD, MPH, Los Angeles County Health Officer. "We expect to keep masking requirements in place until we begin to see improvements in our community transmission of COVID-19. But waiting for us to be at high community transmission level before making a change would be too late. Masking indoors must again become a normal practice by all, regardless of vaccination status, so that we can stop the trends and level of transmission we are currently seeing. We continue to urge all eligible residents to get vaccinated in order to protect themselves and their family and friends. Becoming fully vaccinated against COVID-19 remains the best protective action that people can take if they are eligible for it. Although not at 100%, it significantly reduces the risk of infection and, for the small number of people that get infected, it reduces the risk of hospitalization and death once you are fully vaccinated against COVID-19."

As of July 11, more than 10,712,037 doses of COVID-19 vaccine have been administered to people across Los Angeles County. Of these, 5,946,447 were first doses and 4,763,590 were second doses. Among L.A. County residents 16 and over, 69% have received one dose of vaccine and 61% have been fully vaccinated. Among L.A. County seniors 65 and over, 88% have received one dose of vaccine and 78% have been fully vaccinated.

While requiring masks in schools is an excellent way to prevent transmission among children, now is a great time to plan on vaccinating your children who are 12 and older against COVID-19 before the school year starts. The Pfizer vaccine is approved for use in children aged 12 and older. If your child begins their two-dose series for the Pfizer vaccine today, they would be able to get their second dose of the vaccine on August 5 and would be fully vaccinated as of August 19. As a reminder the first and second doses of this vaccine need to be given three weeks apart, and a person is not considered fully vaccinated until two weeks after the second vaccine.

weeks after the second vaccine. Beginning tomorrow, Friday, July 17 through next Thursday, July 22 at County-run vaccination sites, LA City sites, and St. John's Well Child and Family Center sites, everyone 18 and older coming to get a vaccine will have an opportunity to win one of seven packages of tickets to family fun at the Staples Center, including performances by the Harlem Globetrotters, Disney on Ice, and the Gold Over America tour starring Simone Biles. The Celine Dion, Grupo Firma, Kane Brown, Luke Bryan, and Dan and Shay at Staples Center tickets, and box seats to four classical concerts at the Hollywood Bowl sweepstakes is in effect through today.

Anyone 12 and older living or working in L.A. County can get vaccinated against COVID-19. To find a vaccination site near you to make an appointment at vaccination sites, and much more, visit www.VaccinateLACounty.com (English) and www.VacunateLosAngeles.com (Spanish) If you don't have internet access, can't use a computer, or you're over 65, you can call 1-833-540-0473 for help finding an appointment, connecting to free transportation to and from a vaccination site, or scheduling a home-visit if you are homebound. Vaccinations are always free and open to eligible residents and workers regardless of immigration status.

COVID-19 Sector Protocols, Best Practices, COVID-19 Vaccine Dashboard, COVID-19 Surveillance Interactive Dashboard, Recovery Dashboard, and additional actions you can take to protect yourself, your family and your community are on the Public Health website www.publichealth.lacounty.gov.

Laboratory Confirmed Total Cases 1262578*

- Los Angeles County (excl. LB and Pas) 1196893
- Long Beach 54201

• Pasadena 11484

Deaths 24566

- Los Angeles County (excl. LB and Pas) 23268
- Long Beach 947
- Pasadena 351

Age Group (Los Angeles County Cases Only-excl LB and Pas)

- 0 to 4: 29851
- 5 to 11: 57442
- 12 to 17: 71652
- 18 to 29: 284597
- 30 to 49: 3981878
- 50 to 64: 229573
- 65 to 79: 91530
- over 80: 33395
- Under Investigation 675

Gender (Los Angeles County Cases Only-excl LB and Pas)

- Female: 606769
- Male: 567435
- Other: 653
- Under Investigation 22036

Race/Ethnicity (Los Angeles County Cases Only-excl LB and Pas)

- American Indian/Alaska Native 2039
- Asian: 57382
- Black: 49414
- Hispanic/Latino: 638642
- Native Hawaiian/Pacific Islander: 4304

- White: 133779
- Other: 100694
- Under Investigation: 210639

Hospitalization

• Hospitalized (Ever) 91549

Deaths Race/Ethnicity (Los Angeles County Cases Only-excl LB and Pas)

- American Indian/Alaska Native 52
- Asian 3168
- Black 1931
- Hispanic/Latino 12497
- Native Hawaiian/Pacific Islander 68
- White 5363
- Other 156
- Under Investigation 33

CITY / COMMUNITY** CASES (Case Rate)

- City of Agoura Hills 1080 (5172)
- City of Alhambra 6983 (8052)
- City of Arcadia 2786 (4824)
- City of Artesia 2105 (12533)
- City of Avalon 17 (439)
- City of Azusa 6388 (12766)
- City of Baldwin Park 13242 (17249)
- City of Bell 6840 (18826)
- City of Bell Gardens 8416 (19540)
- City of Bellflower 10946 (14081)
- City of Beverly Hills 2837 (8218)

- City of Bradbury 39 (3648)
- City of Burbank 9161 (8547)
- City of Calabasas 1332 (5476)
- City of Carson 10042 (10701)
- City of Cerritos 3125 (6242)
- City of Claremont 2317 (6351)
- City of Commerce* 2410 (18441)
- City of Compton 17348 (17365)
- City of Covina 6478 (13212)
- City of Cudahy 4840 (19879)
- City of Culver City 2294 (5754)
- City of Diamond Bar 3312 (5758)
- City of Downey 17772 (15554)
- City of Duarte 2342 (10638)
- City of El Monte 17353 (14798)
- City of El Segundo 767 (4569)
- City of Gardena 6527 (10646)
- City of Glendale 20527 (9941)
- City of Glendora 4903 (9292)
- City of Hawaiian Gardens 2267 (15447)
- City of Hawthorne 10754 (12112)
- City of Hermosa Beach 1067 (5425)
- City of Hidden Hills 93 (4921)
- City of Huntington Park 11322 (19034)
- City of Industry 174 (39817)
- City of Inglewood 14078 (12395)

- City of Irwindale 254 (17409)
- City of La Canada Flintridge 786 (3798)
- City of La Habra Heights 120 (2200)
- City of La Mirada 4350 (8770)
- City of La Puente 6755 (16598)
- City of La Verne 2932 (8810)
- City of Lakewood 7474 (9300)
- City of Lancaster* 22858 (14147)
- City of Lawndale 3683 (10957)
- City of Lomita 1533 (7395)
- City of Lynwood* 13466 (18691)
- City of Malibu 473 (3649)
- City of Manhattan Beach 1436 (3989)
- City of Maywood 5258 (18746)
- City of Monrovia 3241 (8353)
- City of Montebello 10291 (15986)
- City of Monterey Park 4887 (7849)
- City of Norwalk 16298 (15144)
- City of Palmdale 25160 (15827)
- City of Palos Verdes Estates 505 (3735)
- City of Paramount 10072 (17978)
- City of Pico Rivera 11267 (17527)
- City of Pomona 24683 (15829)
- City of Rancho Palos Verdes 1585 (3708)
- City of Redondo Beach 2987 (4348)
- City of Rolling Hills 60 (3093)

- City of Rolling Hills Estates 301 (3710)
- City of Rosemead 5002 (9037)
- City of San Dimas* 3291 (9535)
- City of San Fernando 5336 (21680)
- City of San Gabriel 3288 (8029)
- City of San Marino 391 (2945)
- City of Santa Clarita 21021 (9537)
- City of Santa Fe Springs 2914 (15868)
- City of Santa Monica 5012 (5422)
- City of Sierra Madre 484 (4404)
- City of Signal Hill 1157 (9808)
- City of South El Monte 3453 (16533)
- City of South Gate 18866 (19221)
- City of South Pasadena 1344 (5159)
- City of Temple City 2398 (6578)
- City of Torrance 7649 (5124)
- City of Vernon 124 (59330)
- City of Walnut 1787 (5853)
- City of West Covina 13065 (12071)
- City of West Hollywood 2528 (6841)
- City of Westlake Village 121 (1447)
- City of Whittier 11273 (12893)
- Los Angeles 515390 (12743)
- Los Angeles Adams-Normandie 1217 (14838)
- Los Angeles Alsace 1618 (13001)
- Los Angeles Angeles National Forest 5 (12500)

- Los Angeles Angelino Heights 299 (11950)
- Los Angeles Arleta 7145 (20788)
- Los Angeles Atwater Village 1444 (9846)
- Los Angeles Baldwin Hills 2843 (9134)
- Los Angeles Bel Air 427 (5066)
- Los Angeles Beverly Crest 688 (5493)
- Los Angeles Beverlywood 976 (7409)
- Los Angeles Boyle Heights* 17605 (20263)
- Los Angeles Brentwood 1647 (5321)
- Los Angeles Brookside 34 (5852)
- Los Angeles Cadillac-Corning 733 (10293)
- Los Angeles Canoga Park 9580 (14673)
- Los Angeles Carthay 1002 (6976)
- Los Angeles Central 7695 (19735)
- Los Angeles Century City 653 (5105)
- Los Angeles Century Palms/Cove 6358 (18830)
- Los Angeles Chatsworth 3774 (10183)
- Los Angeles Cheviot Hills 478 (5212)
- Los Angeles Chinatown 751 (9363)
- Los Angeles Cloverdale/Cochran 1643 (11290)
- Los Angeles Country Club Park 1583 (10447)
- Los Angeles Crenshaw District 1507 (10897)
- Los Angeles Crestview 1056 (9289)
- Los Angeles Del Rey 2086 (6968)
- Los Angeles Downtown* 4290 (15596)
- Los Angeles Eagle Rock 3737 (9439)

- Los Angeles East Hollywood 3321 (11340)
- Los Angeles Echo Park 1373 (9631)
- Los Angeles El Sereno 6293 (15052)
- Los Angeles Elysian Park 526 (9209)
- Los Angeles Elysian Valley 1323 (13008)
- Los Angeles Encino 3566 (7894)
- Los Angeles Exposition 375 (11275)
- Los Angeles Exposition Park 6336 (14106)
- Los Angeles Faircrest Heights 284 (7889)
- Los Angeles Figueroa Park Square 1379 (15812)
- Los Angeles Florence-Firestone 9390 (19791)
- Los Angeles Glassell Park 3479 (11008)
- Los Angeles Gramercy Place 1377 (12793)
- Los Angeles Granada Hills 6732 (11569)
- Los Angeles Green Meadows 4036 (18768)
- Los Angeles Hancock Park 1101 (6462)
- Los Angeles Harbor City 2616 (8999)
- Los Angeles Harbor Gateway 5064 (11615)
- Los Angeles Harbor Pines 176 (7306)
- Los Angeles Harvard Heights 2614 (14494)
- Los Angeles Harvard Park 7339 (19346)
- Los Angeles Highland Park 5900 (12192)
- Los Angeles Historic Filipinotown 2110 (15213)
- Los Angeles Hollywood 5865 (8593)
- Los Angeles Hollywood Hills 1684 (5721)
- Los Angeles Hyde Park 3877 (13584)

- Los Angeles Jefferson Park 1188 (14716)
- Los Angeles Koreatown 5680 (10988)
- Los Angeles Lafayette Square 541 (11867)
- Los Angeles Lake Balboa 5525 (13091)
- Los Angeles Lakeview Terrace 2346 (17863)
- Los Angeles Leimert Park 1660 (10896)
- Los Angeles Lincoln Heights 5165 (15845)
- Los Angeles Little Armenia 1185 (14766)
- Los Angeles Little Bangladesh 2846 (10041)
- Los Angeles Little Tokyo 406 (12959)
- Los Angeles Longwood 595 (13824)
- Los Angeles Los Feliz 1099 (5086)
- Los Angeles Manchester Square 993 (11633)
- Los Angeles Mandeville Canyon 162 (5186)
- Los Angeles Mar Vista 2145 (5051)
- Los Angeles Marina Peninsula 158 (3624)
- Los Angeles Melrose 8462 (10891)
- Los Angeles Mid-city 1264 (8410)
- Los Angeles Miracle Mile 1071 (5955)
- Los Angeles Mission Hills 4409 (18276)
- Los Angeles Mt. Washington 2905 (12031)
- Los Angeles North Hills 9483 (15401)
- Los Angeles North Hollywood 21324 (14083)
- Los Angeles Northridge 7806 (11184)
- Los Angeles Pacific Palisades 881 (4138)
- Los Angeles Pacoima 17437 (22652)

LISTING OF DEPARTMENT OF PUBLIC HEALTH PRESS RELEASES

- Los Angeles Palisades Highlands 155 (4030)
- Los Angeles Palms 2692 (6135)
- Los Angeles Panorama City 13703 (18210)
- Los Angeles Park La Brea 678 (4993)
- Los Angeles Pico-Union 7191 (17186)
- Los Angeles Playa Del Rey 118 (3692)
- Los Angeles Playa Vista 631 (5764)
- Los Angeles Porter Ranch 2556 (7182)
- Los Angeles Rancho Park 396 (6037)
- Los Angeles Regent Square 265 (9532)
- Los Angeles Reseda 11726 (15305)
- Los Angeles Reseda Ranch 715 (15423)
- Los Angeles Reynier Village 276 (6528)
- Los Angeles San Pedro* 7457 (9556)
- Los Angeles Shadow Hills 405 (9118)
- Los Angeles Sherman Oaks 6115 (7008)
- Los Angeles Silverlake 3312 (7513)
- Los Angeles South Carthay 752 (7098)
- Los Angeles South Park 7434 (19583)
- Los Angeles St Elmo Village 709 (15467)
- Los Angeles Studio City 1476 (6578)
- Los Angeles Sun Valley 9632 (18353)
- Los Angeles Sunland 2337 (11451)
- Los Angeles Sycamore Square 33 (5100)
- Los Angeles Sylmar* 16398 (19901)
- Los Angeles Tarzana 3425 (11093)

- Los Angeles Temple-Beaudry 5156 (13059)
- Los Angeles Thai Town 916 (9338)
- Los Angeles Toluca Lake 540 (6204)
- Los Angeles Toluca Terrace 149 (11409)
- Los Angeles Toluca Woods 111 (5974)
- Los Angeles Tujunga 2999 (10784)
- Los Angeles University Hills 276 (8049)
- Los Angeles University Park 3626 (13207)
- Los Angeles Valley Glen 3937 (13116)
- Los Angeles Valley Village 2140 (8657)
- Los Angeles Van Nuys* 14890 (15977)
- Los Angeles Venice 1822 (5377)
- Los Angeles Vermont Knolls 2900 (16860)
- Los Angeles Vermont Square 1497 (19551)
- Los Angeles Vermont Vista 7664 (18608)
- Los Angeles Vernon Central 11198 (21535)
- Los Angeles Victoria Park 1073 (12775)
- Los Angeles View Heights 235 (6362)
- Los Angeles Watts 7634 (17889)
- Los Angeles Wellington Square 596 (12126)
- Los Angeles West Adams 4071 (14734)
- Los Angeles West Hills 3151 (7772)
- Los Angeles West Los Angeles 2532 (6728)
- Los Angeles West Vernon 10297 (19195)
- Los Angeles Westchester 2651 (5137)
- Los Angeles Westlake 7863 (13247)

- Los Angeles Westwood 2915 (5387)
- Los Angeles Wholesale District* 6500 (17991)
- Los Angeles Wilmington 8592 (15211)
- Los Angeles Wilshire Center 5707 (11375)
- Los Angeles Winnetka 6922 (13367)
- Los Angeles Woodland Hills 5292 (7776)
- Unincorporated Acton 506 (6348)
- Unincorporated Agua Dulce 295 (7095)
- Unincorporated Altadena 3398 (7790)
- Unincorporated Anaverde 150 (9947)
- Unincorporated Angeles National Forest 33 (2651)
- Unincorporated Arcadia 619 (7756)
- Unincorporated Athens-Westmont 6519 (15360)
- Unincorporated Athens Village 1090 (22259)
- Unincorporated Avocado Heights 1099 (16221)
- Unincorporated Azusa 2395 (15041)
- Unincorporated Bassett 2647 (17865)
- Unincorporated Bouquet Canyon 49 (4567)
- Unincorporated Bradbury 51 (47222)
- Unincorporated Canyon Country 872 (11284)
- Unincorporated Castaic* 3807 (14001)
- Unincorporated Cerritos 72 (12266)
- Unincorporated Charter Oak 0 (0)
- Unincorporated Claremont 41 (5840)
- Unincorporated Covina 2368 (14079)
- Unincorporated Covina (Charter Oak) 1557 (11846)

- Unincorporated Del Aire 319 (7262)
- Unincorporated Del Rey 34 (10692)
- Unincorporated Del Sur 173 (7164)
- Unincorporated Desert View Highlands 369 (14801)
- Unincorporated Duarte 860 (19422)
- Unincorporated East Covina 35 (10638)
- Unincorporated East La Mirada 512 (9675)
- Unincorporated East Lancaster 17 (14912)
- Unincorporated East Los Angeles 25143 (20071)
- Unincorporated East Pasadena 223 (3483)
- Unincorporated East Rancho Dominguez 2810 (18356)
- Unincorporated East Whittier 482 (9084)
- Unincorporated El Camino Village 850 (9669)
- Unincorporated El Monte 24 (16552)
- Unincorporated Elizabeth Lake 82 (4937)
- Unincorporated Florence-Firestone 13752 (21253)
- Unincorporated Franklin Canyon 1 (8333)
- Unincorporated Glendora 72 (10909)
- Unincorporated Hacienda Heights 5291 (9461)
- Unincorporated Harbor Gateway 0 (0)
- Unincorporated Hawthorne 324 (12888)
- Unincorporated Hi Vista 45 (4098)
- Unincorporated Kagel/Lopez Canyons 273 (19334)
- Unincorporated La Crescenta-Montrose 1139 (5752)
- Unincorporated La Habra Heights 16 (2367)
- Unincorporated La Rambla 277 (13349)

- Unincorporated La Verne* 170 (8333)
- Unincorporated Ladera Heights 414 (5855)
- Unincorporated Lake Hughes 42 (6287)
- Unincorporated Lake Los Angeles 1621 (12475)
- Unincorporated Lake Manor 135 (8217)
- Unincorporated Lakewood 0 (0)
- Unincorporated Lennox 3581 (15886)
- Unincorporated Leona Valley 114 (6511)
- Unincorporated Littlerock 539 (13405)
- Unincorporated Littlerock/Juniper Hills 126 (9715)
- Unincorporated Littlerock/Pearblossom 540 (15130)
- Unincorporated Llano 41 (4675)
- Unincorporated Marina del Rey 427 (4537)
- Unincorporated Miracle Mile 0 (0)
- Unincorporated Monrovia 377 (9714)
- Unincorporated Newhall 69 (31364)
- Unincorporated North Lancaster 165 (13773)
- Unincorporated North Whittier 1130 (13517)
- Unincorporated Northeast San Gabriel 1652 (6873)
- Unincorporated Padua Hills 11 (5116)
- Unincorporated Palmdale 111 (13183)
- Unincorporated Palos Verdes Peninsula 23 (3704)
- Unincorporated Pearblossom/Llano 129 (6595)
- Unincorporated Pellissier Village 170 (27464)
- Unincorporated Placerita Canyon 4 (870)
- Unincorporated Pomona 61 (3148)

- Unincorporated Quartz Hill 1241 (9616)
- Unincorporated Rancho Dominguez 400 (15032)
- Unincorporated Roosevelt 93 (9989)
- Unincorporated Rosewood 169 (13142)
- Unincorporated Rosewood/East Gardena 158 (13244)
- Unincorporated Rosewood/West Rancho Dominguez 510 (15174)
- Unincorporated Rowland Heights 3686 (7224)
- Unincorporated San Clemente Island 0 (0)
- Unincorporated San Francisquito Canyon/Bouquet Canyon 15 (1748)
- Unincorporated San Jose Hills 3527 (17442)
- Unincorporated San Pasqual 39 (1916)
- Unincorporated Sand Canyon 18 (5844)
- Unincorporated Santa Catalina Island 164 (61423)
- Unincorporated Santa Monica Mountains* 734 (3942)
- Unincorporated Saugus 137 (88387)
- Unincorporated Saugus/Canyon Country 44 (12360)
- Unincorporated South Antelope Valley 28 (6154)
- Unincorporated South El Monte 348 (19387)
- Unincorporated South San Gabriel 947 (10703)
- Unincorporated South Whittier 8481 (14321)
- Unincorporated Southeast Antelope Valley 79 (10115)
- Unincorporated Stevenson Ranch 1198 (5714)
- Unincorporated Sun Village 964 (15971)
- Unincorporated Sunrise Village 197 (15201)
- Unincorporated Twin Lakes/Oat Mountain 99 (5971)
- Unincorporated Val Verde 343 (10366)

- Unincorporated Valencia 203 (6608)
- Unincorporated Valinda 3803 (16272)
- Unincorporated View Park/Windsor Hills 728 (6257)
- Unincorporated Walnut Park 3095 (19172)
- Unincorporated West Antelope Valley 58 (3839)
- Unincorporated West Carson 2304 (10432)
- Unincorporated West Chatsworth 2 (16667)
- Unincorporated West LA 237 (24895)
- Unincorporated West Puente Valley 1726 (17550)
- Unincorporated West Rancho Dominguez 202 (14864)
- Unincorporated West Whittier/Los Nietos 4267 (15848)
- Unincorporated Westfield/Academy Hills 46 (3538)
- Unincorporated Westhills 44 (5244)
- Unincorporated White Fence Farms 284 (7711)
- Unincorporated Whittier 322 (8510)
- Unincorporated Whittier Narrows 22 (183333)
- Unincorporated Willowbrook 6225 (17830)
- Unincorporated Wiseburn 529 (8777)
- - Under Investigation 15145

These numbers are subject to change based on further investigation. 19 cases previously reported were not in Public Health's jurisdiction * Means that case numbers include cases associated with correctional facility outbreaks located in the city/community. **Rate is crude and is per 100,000. This represents the number of cases per 100,000 people and allows for the proportional comparison of cities of different sizes.

Always check with trusted sources for the latest accurate information about novel coronavirus:

- Los Angeles County Department of Public Health http://publichealth.lacounty.gov/media/Coronavirus/
- California Department of Public Health https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Immunization/ncov2019.aspx
- Centers for Disease Control and Prevention (CDC) https://www.cdc.gov/coronavirus/2019- ncov/index.html Spanish

https://www.cdc.gov/coronavirus/2019-ncov/index-sp.html

- World Health Organization https://www.who.int/health-topics/coronavirus
- LA County residents can also call 2-1-1

The Department of Public Health is committed to promoting health equity and ensuring optimal health and well-being for all 10 million residents of Los Angeles County. Through a variety of programs, community partnerships and services, Public Health oversees environmental health, disease control, and community and family health. Nationally accredited by the Public Health Accreditation Board, the Los Angeles County Department of Public Health comprises nearly 4,500 employees and has an annual budget of \$1.2 billion. To learn more about Los Angeles County Public Health, please visit www.publichealth .lacounty.gov, and follow LA County Public Health on social media at twitter.com/lapublichealth, facebook.com/lapublichealth, instagram.com/lapublichealth and youtube.com/lapublichealth.

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EXHIBIT 5

COVID-19

IF YOU ARE FULLY VACCINATED

Find new guidance for fully vaccinated people. If you are not vaccinated, find a vaccine.

п Back to COVID-19 Home

Variants of the Virus

Updated June 28, 2021

Languages

Information about the characteristics of these variants is rapidly emerging. Scientists are working to learn more about how easily they spread, whether they could cause more severe illness, and whether currently authorized vaccines will protect people against them.

Find data and technical information about variants circulating in the United States.

What We know
Viruses constantly change through mutation, and new variants of a virus are expected to occur. Sometimes new variants emerge Viruses constantly change through mutation, and new variants of a virus are expected to occur. Sometimes new variants emerged and disappear. Other times, new variants persist. Multiple variants of the virus that causes COVID-19 have been documented in the United States and globally during this pandemic. Viruses constantly change and become more diverse. Scientists monitor these changes, including changes to the spikes on the surface of the virus. By carefully studying viruses, scientists can learn how changes to the virus might affect how it spreads and how sick people will get from it. If you think about a virus like a tree growing and branching out; each branch on the tree is slightly different than the others. By comparing the branches, scientists can label them according to the differences. These small differences, or variants, have been studied and identified since the beginning of the pandemic. Some variations allow the virus to spread more easily or make it resistant to treatments or vaccines. Those variants must be monitored more carefully. Learn more about how scientists monitor viruses. We are monitoring multiple variants; currently there are four notable variants in the United States: Detect the begin be the state the begin the three the term of the states is in the United States in the United States

B.1.1.7 (Alpha): This variant was first detected in the United States in December 2020. It was initially detected in the United Kingdom.

B.1.351 (Beta): This variant was first detected in the United States at the end of January 2021. It was initially detected in South Africa in December 2020.

P.1 (Gamma): This variant was first detected in the United States in January 2021. P.1 was initially identified in travelers from Brazil,

About Variants of the Virus that Causes COVID-19 | CDC

who were tested during routine screening at an airport in Japan, in early January.

B.1.617.2 (Delta): This variant was first detected in the United States in March 2021. It was initially identified in India in December 2020.

These variants seem to spread more easily and quickly than other variants, which may lead to more cases of COVID-19. An increase in the number of cases will put more strain on healthcare resources, lead to more hospitalizations, and potentially more deaths.

So far, studies suggest that the current authorized vaccines work on the circulating variants. Scientists will continue to study these and other variants.

Learn more about SARS-CoV-2 Variant Classifications and Definitions.

How common are these variants

CDC tracks multiple variants circulating in the United States and provides an estimate of how common they are in the nation and at the regional level. This data can change over time as more information is available.

Based on current data, variant B.1.1.7 is the most common variant across the country.

Learn more about Variant Proportions in the United States.

What we are doing to learn more

Scientists are studying these variants to learn more about them and to quickly detect new variants. They want to understand whether the current and new variants

- Spread more easily from person-to-person
- Cause milder or more severe disease in people
- Are detected by currently available viral tests
- Respond to medicines currently being used to treat COVID-19
- Change the effectiveness of COVID-19 vaccines

Learn more about what CDC is doing to track variants.

Protect yourself from COVID-19

COVID-19 continues to spread in the United States and variants are circulating. Take steps to protect yourself from the virus.

- Get a <u>COVID-19 vaccine</u> when it is available to you.
- Wear <u>a mask that covers your nose and mouth</u> to help protect yourself and others.
- <u>Stay 6 feet apart from others</u> who don't live with you.
- Avoid crowds and poorly ventilated indoor spaces.
- Wash your hands often with soap and water. Use hand sanitizer if soap and water aren't available.

More Information

•SARS-CoV-2 Variant Classifications and Definitions

• Published COVID-19 Sequences

•Variant Proportions in the United States

•What is CDC doing to track SARS-CoV-2 variants?

out Variants of the Virus that Causes COVID-19 CDC		
•Global Variants Report Map		
•National Genomic Surveillance Dashboard		
•Requirement for Proof of Negative COVID-19 Test for A	All Air Passengers Arriving from the United Kingdom to the United Sta	ates
	Last Updated June 28, 2021 🗖 🗖	Π
Vour Health		
About COVID-19		
Protect Yourself		
Transmission		
Variants of the Virus		
Frequently Asked Questions		
Children & Teens	-	
Stress & Coping		
Animals & COVID-19		
Basics of COVID-19		
Symptoms	_	
Testing		
Prevent Getting Sick		
If You Are Sick		
People at Increased Risk		نې
Daily Activities & Going Out		nr
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To receive email updates about COVID-19, enter your e	email address:	Supreme
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	Visit CDC-INFO
	Call 800-232-4636
	Email CDC-INFO
	Open 24/7
	CDC INFORMATION
	About CDC
	Jobs
	Funding
	Policies
	File Viewers & Players
	Privacy
	FOIA
	No Fear Act
file:///C	[//Users/HToschi/Desktop/Exh_5_About%20Variants%20of%20the%20Virus%20that%20Causes%20COVID-19%20_%20CDC.html[7/16/2021 12:55:38 PM]

About Variants of the Virus that Causes COVID-19 | CDC

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U.S. Department of Health & Human Services USA.gov CDC Website Exit Disclaimer 🛙

EXHIBIT 6

COVID-19

Back to COVID-19 Home

When You've Been Fully Vaccinated How to Protect Yourself and Others

Updated June 17, 2021

Languages

Choosing Safer Activities



- If you are fully vaccinated, you can resume activities that you did prior to the pandemic.
- Fully vaccinated people can resume activities without wearing a mask or physically distancing, except where required by federal, state, local, tribal, or territorial laws, rules, and regulations, including local business and workplace guidance.
- If you haven't been vaccinated yet, find a vaccine.

Safer Activities

<u>COVID-19 vaccines</u> are effective at protecting you from getting sick. Based on <u>what we know</u> about COVID-19 vaccines, people who have been fully vaccinated can do things that they had stopped doing because of the pandemic.

These recommendations can help you make decisions about daily activities after you are fully vaccinated. They are *not* intended for <u>healthcare settings</u>.

Have You Been Fully Vaccinated?

In general, people are considered fully vaccinated: ±

- 2 weeks after their second dose in a 2-dose series, such as the Pfizer or Moderna vaccines, or
- 2 weeks after a single-dose vaccine, such as Johnson & Johnson's Janssen vaccine

If you don't meet these requirements, regardless of your age, you are NOT fully vaccinated. Keep taking all <u>precautions</u> until you are fully vaccinated.

If you have a condition or are taking medications that weaken your immune system, you may NOT be fully protected even if you are fully vaccinated. Talk to your healthcare provider. Even after vaccination, you may need to continue taking all <u>precautions</u>.

What You Can Do

Document received by the CA Supreme Court.

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EXHIBIT 7

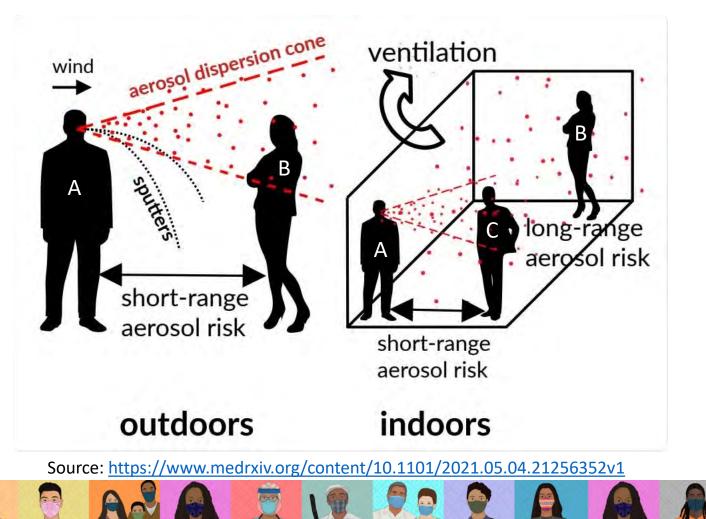
Guidance for the Use of Masks, California, USA



Tomás J. Aragón, MD, DrPH State Public Health Officer and Director California Department of Public Health June 9, 2021



Long and short-range risk of airborne transmission of SARS-CoV-2



Infection prevention mechanism	Face mask	N95
Source control	Υ	Υ
Droplet protection	Υ	Υ
Airborne protection	Ν	Υ

Infection prevention mechanism	FM	N95	W	Eng
Barrier against droplets	Υ	Y	Ν	ourt.
Filtration of aerosols	?	Y	Ν	Je C
Dilution of aerosols	Ν	Ν	Υ	lpren

W = windows (and doors) open Eng = engineering or devices (MERV13+ filtration)

Background

The COVID-19 vaccines are effective in preventing infection, disease, and spread. Unvaccinated persons are more likely to get infected and spread the virus which is transmitted through the air and concentrates indoors. About 15% of our population remains without the option for vaccination (children under 12 years old are not yet eligible) and risk for COVID-19 exposure and infection will remain until we reach full community immunity.

Background (cont'd)

The purpose of this guidance is to align with CDC recommendations and provide information about higher risk settings where masks are required or recommended to prevent transmission to persons with higher risk of infection (e.g., unvaccinated or immunocompromised persons), to persons with prolonged, cumulative exposures (e.g., workers), or to persons whose vaccination status is unknown. When people who are not fully vaccinated wear a mask correctly, they protect others as well as themselves. Consistent and correct mask use by people who are not fully vaccinated is especially important indoors.

Background (cont'd)

In workplaces, employers are subject to the Cal/OSHA COVID-19 Emergency Temporary Standards (ETS) or in some workplaces the CalOSHA Aerosol Transmissible Diseases Standard, and should consult those regulations for additional applicable requirements.

https://www.dir.ca.gov/dosh/coronavirus/ETS.html

https://www.dir.ca.gov/dosh/dosh_publications/ATD-Guide.pdf

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Guidance for individuals

Masks are **not required for fully vaccinated individuals**, except in the following settings where masks are <u>required for everyone</u>, regardless of vaccination status:

- On public transit¹ (examples: airplanes, ships, ferries, trains, subways, buses, taxis, and ride-shares) and in transportation hubs (examples: airport, bus terminal, marina, train station, seaport or other port, subway station, or any other area that provides transportation)
- Indoors in K-12 schools,² childcare³ and other youth settings.
 - Note: This may change as updated K-12 schools guidance is forthcoming, pending updates for K-12 operational guidance from the CDC.
- Healthcare settings⁴ (including long term care facilities⁵)
- State and local correctional facilities and detention centers⁶
- Homeless shelters,⁷ emergency shelters⁸ and cooling centers⁹



Guidance for individuals (cont'd)

Additionally, masks are **required* for unvaccinated individuals** in indoor public settings and businesses (examples: retail, restaurants, theaters, family entertainment centers, meetings, state and local government offices serving the public)

For additional information, individuals should refer to CDC Recommendations for Safer Activities (see <u>CDPH Masking Guidance</u> <u>Frequently Asked Questions</u> for more information).

https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/participate-in-activities.html

*Guidance for Businesses, Venue Operators or Hosts

In settings where masks are required only for unvaccinated individuals, businesses, venue operators or hosts may choose to:

- Provide information to all patrons, guests and attendees regarding vaccination requirements and allow vaccinated individuals to self-attest that they are in compliance prior to entry.
- Implement vaccine verification to determine whether individuals are required to wear a mask.

Supreme Court

• Require all patrons to wear masks.

No person can be prevented from wearing a mask as a condition of participation in an activity or entry into a business.

Exemptions to masks requirements

The following **individuals** are exempt from wearing masks at all times:

- Persons younger than two years old. Very young children must not wear a mask because of the risk of suffocation.
- Persons with a medical condition, mental health condition, or disability that prevents wearing a mask. This includes persons with a medical condition for whom wearing a mask could obstruct breathing or who are unconscious, incapacitated, or otherwise unable to remove a mask without assistance.
- Persons who are hearing impaired, or communicating with a person who is hearing impaired, where the ability to see the mouth is essential for communication.
- Persons for whom wearing a mask would create a risk to the person related to their work, as determined by local, state, or federal regulators or workplace safety guidelines.



References

- 1. CDC Requirement for Face Masks on Public Transportation Conveyances and at Transportation Hubs
- 2. CDC Operational Strategy for K-12 Schools through Phased Prevention
- 3. CDC Guidance for Operating Child Care Programs during COVID-19
- 4. CDC Updated Healthcare Infection Prevention and Control Recommendations in Response to COVID-19 Vaccination
- 5. CDC Interim Infection Prevention and Control Recommendations to Prevent SARS-CoV-2 Spread in Nursing Homes
- 6. CDC Interim Guidance on Management of Coronavirus Disease 2019 (COVID-19) in Correctional and Detention Facilities
- 7. CDC Interim Guidance for Homeless Service Providers to Plan and Respond to Coronavirus Disease 2019 (COVID-19)
- 8. CDC Interim Guidance for General Population Disaster Shelters During the COVID-19 Pandemic
- 9. CDC Interim guidance to reduce the risk of introducing and transmitting SARS COV-2 in cooling centers.

EXHIBIT 8

Press room Careers at DIR Índice en espa

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California Department of Industrial Relations

Cal/OSHA

- Requirements to Protect Workers from Coronavirus
- : Statewide Industry Guidance

Cal/OSHA and Statewide Industry Guidance on COVID-19

Changes to Emergency Temporary Standards

Following the June 17 vote by the Occupational Safety and Health Standards Board to adopt the <u>revised</u> COVID-19 Prev Temporary Standards, Governor Gavin Newsom signed an <u>executive order</u> to allow the revisions to immediately take effi revised regulations reflect the state's latest COVID-19 public health guidance. The updates include changes to face cover distancing requirements. More information on the revised COVID-19 Prevention Emergency Temporary Standards can b Cal/OSHA's <u>Frequently Asked Questions</u>.

Try Cal/OSHA's Call center for questions regarding COVID-19, Heat illness Prevention & Wildfire Smoke Protections

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Face coverings required in public spaces for unvaccinated persons

Cloth face coverings are required in all indoor Department of Industrial Relations (DIR) spaces for all persons who are not fully vaccinated with limited exceptions outlined by the California Department of Public Health.

Vaccinated persons are not required to wear a face covering in indoor DIR spaces but are encouraged to do so if they prefer.

NOTICE: Removal of Cal/OSHA Interim Guidance on COVID-19 for Health Care Facilities: Severe Respirator Supply Shortages

The supply and availability of NIOSH-approved respirators, including N95s, has increased significantly over the last several months. As a result, Cal/OSHA has removed the *Cal/OSHA Interim Guidance on COVID-19 for Health Care Facilities: Severe Respirator Supply Shortages* that allowed certain strategies to extend supplies of respirators during severe shortages.

The <u>U.S. Food and Drug Administration</u> (FDA) also recommends health care personnel and facilities transition away from respirator crisis capacity conservation strategies, such as decontamination of disposable respirators. Pursuant to title 8 sections 5144 and 5199, healthcare facilities are to use respirators in full accordance with their manufacturers' instructions and

their NIOSH approval.

Cal/OSHA maintains a partial list of N95 vendors who state they have large supplies on-hand.

Also available is the NIOSH Certified Equipment List that identifies all NIOSH approved respirators and approval holders.

Workplace safety and health regulations in California require employers to take steps to protect workers potentially exposed to infectious diseases like COVID-19. Cal/OSHA has posted guidance to help employers comply with these requirements and to provide workers information on how to protect themselves and prevent the spread of the disease.

Cal/OSHA recommends employers review the guidance, educational materials and model programs and plans provided by Cal/OSHA, along with an employer's existing procedures, to ensure that workers are protected.

Note: These guidelines and materials are subject to change as information is received and the situation evolves. Cal/OSHA has

archived outdated guidance for historical reference.

Statewide Resources on Safely Reopening California, Continuing Safety Measures, and County Risk Level Maps as of June 15, 2021

Cal/OSHA and other state agencies have developed guidance on the steps some businesses should take to reduce the risk of COVID-19 at work. Cal/OSHA recommends employers review the guidance relevant to their worksites, local information guidance criteria, along with the guidance on Cal/OSHA requirements below, and their existing safety procedures to ensure the workplace is protected from the spread of COVID-19.

California's COVID-19 Resources

- <u>Safely Reopening California</u>
 - Continuing Safety Measures
 - County Risk Level Map
- Beyond the Blueprint for Industry and Business Sectors Effective June 15
 - Beyond the Blueprint Questions & Answers
- Government Programs Supporting COVID-19 Sick Leave
- Benefits for Workers Impacted by COVID-19

Cal/OSHA Industry Guidance and Resources

Guidance by Industry

Note: For the most updated information on the COVID-19 Prevention Emergency Temporary Standards (ETS), visit the Cal/OSHA Emergency Temporary Standards Information and Resources page. For the latest information on the revisions to the ETS, visit Cal/OSHA's Frequently Asked Questions (FAQs) page.

Health Care Facilities

Cal/OSHA Guidance and Resources

- Hazard Alert: COVID-19 PPE Availability *Posted* June 5, 2020
 English
- Interim Guidance for Protecting Hospital Workers from Exposure to Coronavirus Disease (COVID-19) *Posted* May 22, 2020
 English | Español
- Interim Guidance for Protecting Workers at Skilled Nursing and Long-term Care Facilities Updated May 7, 2021
 English | Español | 中. (Chinese) | (Korean) | Tagalog

Mortuary and Funeral Homes

Cal/OSHA Guidance and Resources

Interim Guidance for Protecting Mortuary and Funeral Home Workers from Exposure to Coronavirus Disease (COVID-19) – *Posted* May 4, 2020
 English

June 2021

Cal/OSHA
Emergency Response
 Cal/OSHA COVID-19 Guidance and Resources Emergency Temporary Standards, Information and Resources
Revisions to the COVID-19 Prevention Emergency Temporary Standards
Worker Safety and Health in Wildfire Regions

Cal/OSHA and Statewide Industry Guidance on COVID-19

Quick Links
 File a workplace safety complaint Obtain a free consultation
Important Cal/OSHA updates
COVID-19 related violations cited Public records requests

Cal/OSHA Branches & Units
Branches
► Enforcement
Consultation Services
Units
Amusement Ride and Tramway
Asbestos and Carcinogen
Census of Fatal Occupational Injuries
Communications Program
► Crane
▶ Elevator
Heat and Agriculture Coordination Program
High Hazard
Labor Enforcement Task Force
Legal and BOI
Mining and Tunneling
Pressure Vessel
Process Safety Management
Research and Standards
Other Units

Educational Materials

- Cal/OSHA publications
- Consultation eTools

About Cal/OSHA

Contact	Us

- ► Locations Consultation offices
- ► Locations Enforcement offices
- Get Cal/OSHA email notices
- Cal/OSHA Jurisdiction

Career Opportunities at Cal/OSHA

Cal/OSHA and Statewide Industry Guidance on COVID-19

Work for Cal/OSHA	
Become a Cal/OSHA Attorney	
Become the Deputy Chief of Consultation, Process Safety, and Engineering Services	
Become a Field Inspector	
Become an Elevator Unit Inspector	



Learn more about COVID-19 Vaccines 🕨

About DIR	Work with Us	Learn More	
Who we are	Career Opportunities	Acceso al idioma	
DIR Divisions, Boards & Commissions	Licensing, registrations, certifications & permits	Frequently Asked Questions	
Tribal Consultation	Required Notifications	Federal Funding Disclosure	
Contact DIR	Public Records Requests	Site Map	
Back to Top Conditions of U	se Disclaimer Privacy Policy Accessibility	Site Help Contact DIR	
Copyright © 20212021 State of California			

EXHIBIT 9

EXECUTIVE DEPARTMENT STATE OF CALIFORNIA

EXECUTIVE ORDER N-09-21

WHEREAS on March 4, 2020, I proclaimed a State of Emergency to exist in California as a result of the threat of COVID-19; and

WHEREAS since March 2020, the State has taken decisive and meaningful actions to reduce the spread, and mitigate the impacts, of COVID-19, saving an untold number of lives; and

WHEREAS, on November 20, 2020, the Occupational Safety and Health Standards Board (OSHSB) voted to adopt Emergency Temporary Standards to Protect Workers from COVID-19 (8 C.C.R. §§ 3205, 3205.1, 3205.2, 3205.3, 3205.4), which established various workplace safety requirements for employers related to COVID-19, including requirements for face coverings and physical distancing, and which took effect on November 30, 2020; and

WHEREAS, on December 14, 2020, I issued EO N-84-20, which suspended certain provisions of the Emergency Temporary Standards that were inconsistent with updated public health directives issued by the Department of Public Health on December 14, 2020, to ensure consistency between the public health directives and the Emergency Temporary Standards; and

WHEREAS, on June 9, 2021, the Department of Public Health issued updated public health directives related to physical distancing and face coverings, effective June 15, 2021, based upon guidelines issued by the Centers for Disease Control and Prevention; and

WHEREAS, the Emergency Temporary Standards remain integral to the State's ongoing response to COVID-19 as they afford balanced protections for workers from the spread and impact of COVID-19 as the State continues its progress in moving beyond the pandemic; and

WHEREAS, on June 11, 2021, OSHSB complied with the requirements in Section 11346.1(a)(2) of the Government Code, including noticing the public of the proposed readoption of the Emergency Temporary Standards and changes to align requirements related to physical distancing and face coverings with public health directives; and

WHEREAS, on June 17, 2021, OSHSB voted to readopt the Emergency Temporary Standards, incorporating the changes noticed on June 11, 2021 to align requirements related to physical distancing and face coverings with public health directives that were effective June 15, 2021; and WHEREAS, Section 11349.6(b) of the Government Code allows the Office of Administrative Law (OAL) up to 10 calendar days to review emergency regulations after they have been submitted to the office; and

WHEREAS, public health directives and the requirements of the Emergency Temporary Standards applicable to workplaces throughout California should be consistent to protect public health, and an extended period of misalignment would likely impose unnecessary burdens on employers, and cause confusion among employers and employees alike, impeding the State's recovery; and

WHEREAS, under the provisions of Government Code section 8571, I find that strict compliance with the provisions of Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of the Government Code would prevent, hinder, or delay appropriate actions to prevent and mitigate the effects of the COVID-19 pandemic.

NOW, THEREFORE, I, GAVIN NEWSOM, Governor of the State of California, in accordance with the authority vested in me by the State Constitution and statutes of the State of California, and in particular, Government Code sections 8567, 8571, and 8627, do hereby issue the following Order to become effective immediately:

IT IS HEREBY ORDERED THAT the readoption by OSHSB on June 17, 2021 of the Emergency Temporary Standards regarding COVID-19 prevention (OAL Matter No. 2020-1120-01E) shall not be subject to the provisions of Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of the Government Code, except as follows:

- The June 17, 2021 readoption shall be effective upon filing by OAL with the Secretary of State.
- 2) The June 17, 2021 readoption shall be subject to the time period in subdivision (h) of Section 11346.1 of the Government Code, as modified by Paragraph 1 of EO N-40-20, Paragraph 11 of EO N-66-20, Paragraph 9 of EO N-71-20, and Paragraph 10 of EO N-08-21.
- The June 17, 2021 readoption shall be considered the first readoption provided under subdivision (h) of Section 11346.1 of the Government Code.

IT IS FURTHER ORDERED that, as soon as hereafter possible, this Order be filed in the Office of the Secretary of State and that widespread publicity and notice be given of this Order. This Order is not intended to, and does not, create any rights or benefits, substantive or procedural, enforceable at law or in equity, against the State of California, its agencies, departments, entities, officers, employees, or any other person.

> IN WITNESS WHEREOF I have hereunto set my hand and caused the Great Seal of the State of California to be affixed this 17th day of June 2021.

GAVIN NEWSOM Governor of California

ATTEST:

SHIRLEY N. WEBER, PH.D. Secretary of State

EXHIBIT 10

What is Herd Immunity and How Can We Achieve It With COVID-19? - COVID-19 - Johns Hopkins Bloomberg School of Public Health



What is Herd Immunity and How Can We Achieve It With COVID-19?

Stopping SARS-CoV-2 will require a substantial percentage of the population to be immune.

BY GYPSYAMBER D'SOUZA AND DAVID DOWDY | UPDATED APRIL 6, 2021

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When the coronavirus that causes COVID-19 first started to spread, virtually nobody was immune. Meeting no resistance, the virus spread quickly across

communities. Stopping it will require a significant percentage of people to be immune. But how can we get to that point?

In this Q&A, Gypsyamber D'Souza, PhD '07, MPH, MS, and David Dowdy, MD, PhD '08, ScM '02, explain how the race is on to get people immune by vaccinating them before they get infected.

What is herd immunity?

When most of a population is immune to an infectious disease, this provides indirect protection—or population immunity (also called herd immunity or herd protection)—to those who are not immune to the disease.

For example, if 80% of a population is immune to a virus, four out of every five people who encounter someone with the disease won't get sick (and won't spread the disease any further). In this way, the spread of infectious diseases is kept under control. Depending how contagious an infection is, usually 50% to 90% of a population needs immunity before infection rates start to decline. But this percentage isn't a "magic threshold" that we need to cross—especially for a novel virus. Both viral evolution and changes in how people interact with each other can bring this number up or down. Below any "herd immunity threshold," immunity in the population (for example, from vaccination) can still have a positive effect. And above the threshold, infections can still occur.

The higher the level of immunity, the larger the benefit. This is why it is important to get as many people as possible vaccinated.

How have we achieved herd immunity for other infectious diseases?

Measles, mumps, polio, and chickenpox are examples of infectious diseases that were once very common but are now rare in the U.S. because vaccines helped to establish herd immunity. We sometimes see outbreaks of vaccine-preventable diseases in communities with lower vaccine coverage because they don't have herd protection. (The 2019 measles outbreak at Disneyland is an example.)

For infections without a vaccine, even if many adults have developed immunity because of prior infection, the disease can still circulate among children and can still infect those with weakened immune systems. This was seen for many of the aforementioned diseases before vaccines were developed.

Other viruses (like the flu) mutate over time, so antibodies from a previous infection provide protection for only a short period of time. For the flu, this is less than a year. If SARS-CoV-2, the virus that causes COVID-19, is like other coronaviruses that currently infect humans, we can expect that people who get infected will be immune for months to years. For example, population-based studies in places like Denmark have shown that an initial infection by SARS-CoV-2 is protective against repeat infection for more than six months. But this level of immunity may be lower among people with weaker immune systems (such as people who are older), and it is unlikely to be lifelong. This is why we need vaccines for SARS-CoV-2 as well.

What will it take to achieve herd immunity with SARS-CoV-2?

As with any other infection, there are two ways to achieve herd immunity: A large proportion of the population either gets infected or gets a protective vaccine. What we know about coronavirus so far suggests that, if we were really to go back to a pre-pandemic lifestyle, we would need at least 70% of the population to be immune to keep the rate of infection down ("achieve herd immunity") without restrictions on activities. But this level depends on many factors, including the infectiousness of the virus (variants can evolve that are more infectious) and how people interact with each other.

For example, when the population reduces their level of interaction (through distancing, wearing masks, etc.), infection rates slow down. But as society opens up more broadly and the virus mutates to become more contagious, infection rates will go up again. Since we are not currently at a level of protection that can allow life to return to normal without seeing another spike in cases and deaths, it is now a race between infection and injection.

What are the possibilities for how herd immunity could play out?

In the worst case (for example, if we stop distancing and mask wearing and remove limits on crowded indoor gatherings), we will continue to see additional waves of surging infection. The virus will infect—and kill—many more people before our vaccination program reaches everyone. And deaths aren't the only problem. The more people the virus infects, the more chances it has to mutate. This can increase transmission risk, decrease the effectiveness of vaccines, and make the pandemic harder to control in the long run.

In the best case, we vaccinate people as quickly as possible while maintaining distancing and other prevention measures to keep infection levels low. This will take concerted effort on everyone's part. But if we continue vaccinating the population at the current rate, in the U.S. we should see meaningful effects on transmission by the end of the summer of 2021. While there is not going to be a "herd immunity day" where life immediately goes back to normal, this approach gives us the best long-term chance of beating the pandemic.

The most likely outcome is somewhere in the middle of these extremes. During the spring and early summer (or longer, if efforts to vaccinate the population stall), we will likely continue to see infection rates rise and fall. When infection rates fall, we may relax distancing measures—but this can lead to a rebound in infections as people interact with each other more closely. We then may need to re-implement these measures to bring infections down again.

Will we ever get to herd immunity?

Yes—and hopefully sooner rather than later, as vaccine manufacturing and distribution are rapidly being scaled up. In the United States, current projections are that we can get more than half of all American adults fully vaccinated by the end of Summer 2021—which would take us a long way toward herd immunity, in only a few months. By the time winter comes around, hopefully enough of the population will be vaccinated to prevent another large surge like what we have seen this year. But this optimistic scenario is not guaranteed. It requires widespread vaccine uptake among all parts of the population—including all ages and races, in all cities, suburbs, and countrysides. Because the human population is so interconnected, an outbreak anywhere can lead to a resurgence everywhere.

This is a global concern as well. As long as there are unvaccinated populations in the world, SARS-CoV-2

will continue to spread and mutate, and additional variants will emerge. In the U.S. and elsewhere, booster vaccination may become necessary if variants arise that can evade the immune response provoked by current vaccines.

Prolonged effort will be required to prevent major outbreaks until vaccination is widespread. Even then, it is very unlikely that SARS-CoV-2 will be eradicated; it will still likely infect children and others who have not been vaccinated, and we will likely need to update the vaccine and provide booster doses on some regular basis. But it is also likely that the continuing waves of explosive spread that we are seeing right now will eventually die down—because in the future, enough of the population will be immune to provide herd protection.

What should we expect in the coming months?

We now have multiple effective vaccines, and the race is on to get people vaccinated before they get infected (and have the chance to spread infection to others). It is difficult to predict the future because many factors are at play—including new variants with the potential for increased transmission, changes in our own behavior as the pandemic drags on, and seasonal effects that may help to reduce transmission in the summer months. But one thing is certain: The more people who are vaccinated, the less opportunity the virus will have to spread in the population, and the closer we will be to herd immunity.

We have seen that the restrictions needed over time have varied as preventive measures have worked to drive infection rates down, but we have also seen these rates resurge as our responses have relaxed. Once we get enough people vaccinated to drive down infection rates more consistently, we should be able to gradually lift these restrictions. But until the vaccine is widely distributed and a large majority of the population is vaccinated, there will still be a risk of infection and outbreaks—and we will need to take some precautions.

In the end, though, we will build up immunity to this virus; life will be able to return to "normal" eventually. The fastest way to get to that point is for each of us to do our part in the coming months to reduce the spread of the virus—continue to wear masks, maintain distance, avoid high-risk indoor gatherings, and get vaccinated as soon as a vaccine becomes available to us.

Gypsyamber D'Souza is a professor and David Dowdy an associate professor in Epidemiology at the Bloomberg School.



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