



CALIFORNIA'S COVID-19 RESPONSE

February 14, 2022

Secretary Mark Ghaly, MD, MPH
California Health and Human Services Agency

Objectives

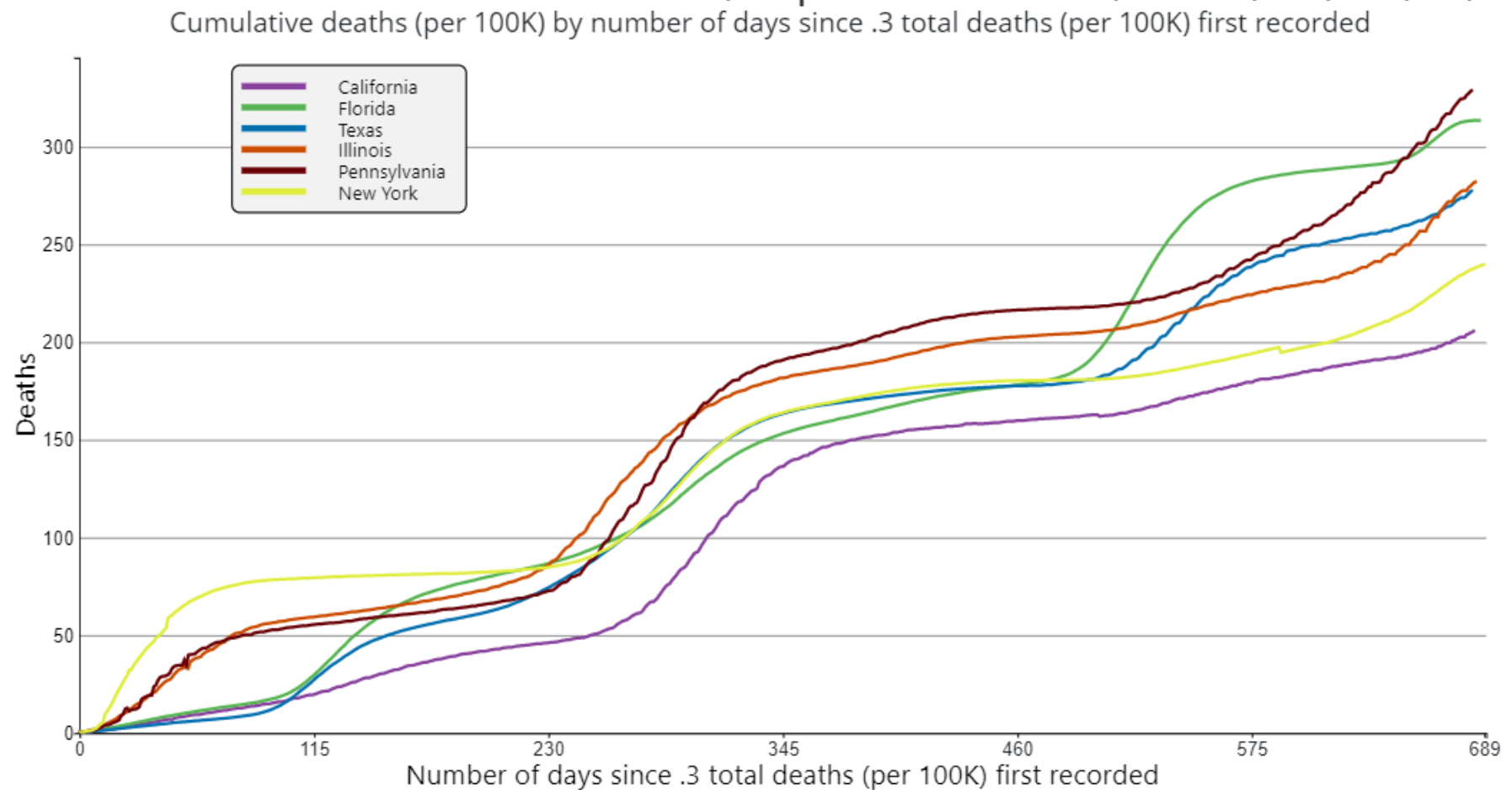
1. Outline current COVID-19 data trends
2. Provide context for state masking requirements
3. Preview approach to keep schools open and thriving



California has used science to guide our health protection strategies throughout the pandemic. Data show that, because of these strategies, we have saved lives.



While the numbers are tragic, we can take consolation in knowing our collective efforts have averted more deaths



Source: [CDC COVID Data Tracker](#)

DATA TRENDS





Cases

(7- day average by episode date)

January 14

93,046

February 14

22,875

Difference

↓ -75.4%

Hospitalizations

(COVID-19 Positive)

13,776

8,189

↓ -40.6%

Hospital Admissions

(COVID-19 Positive)

2,808

1,047

↓ -62.7%

Test Positivity

(7- day average)

22.9%

6.2%

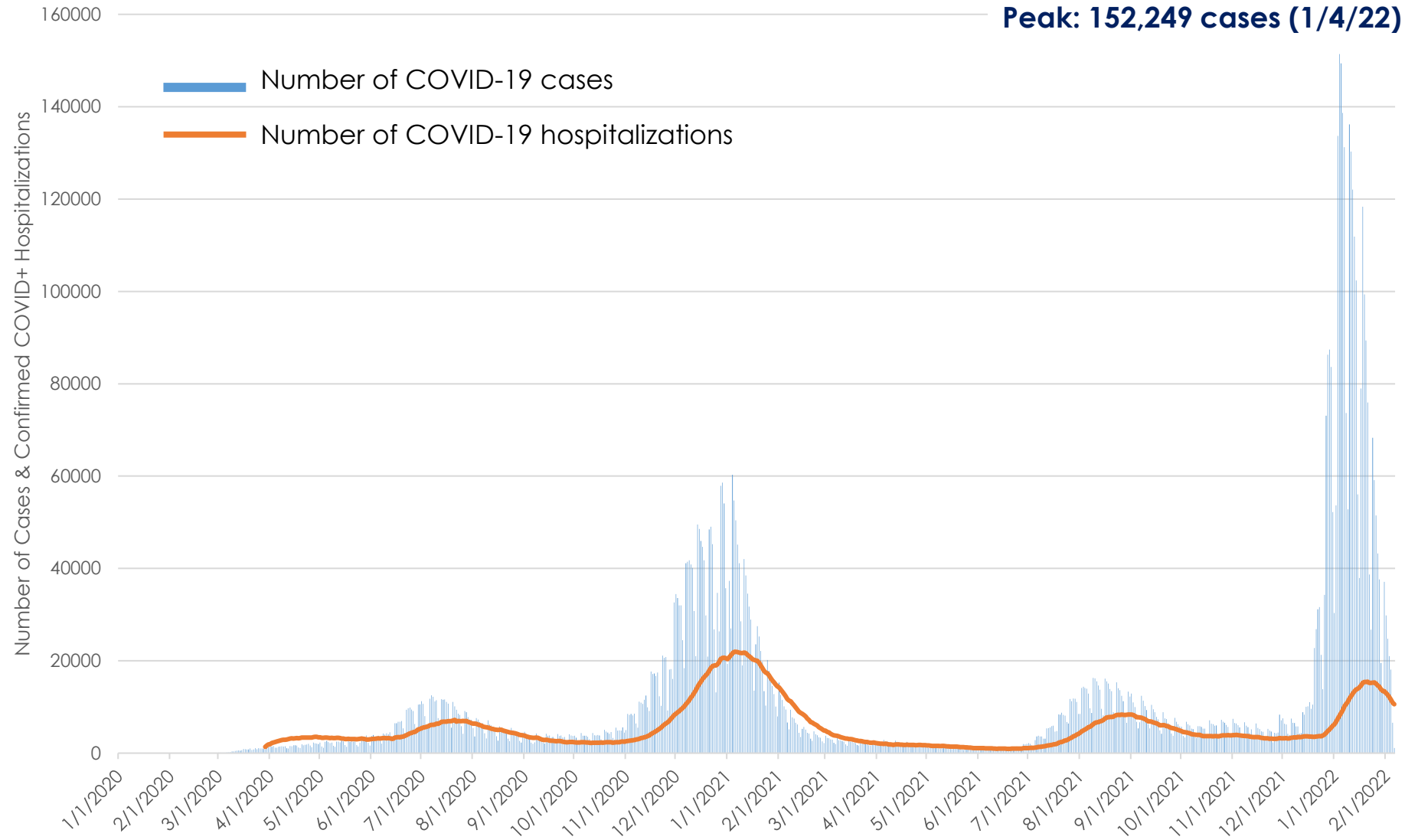
↓ -72.9%



What are the data showing us?

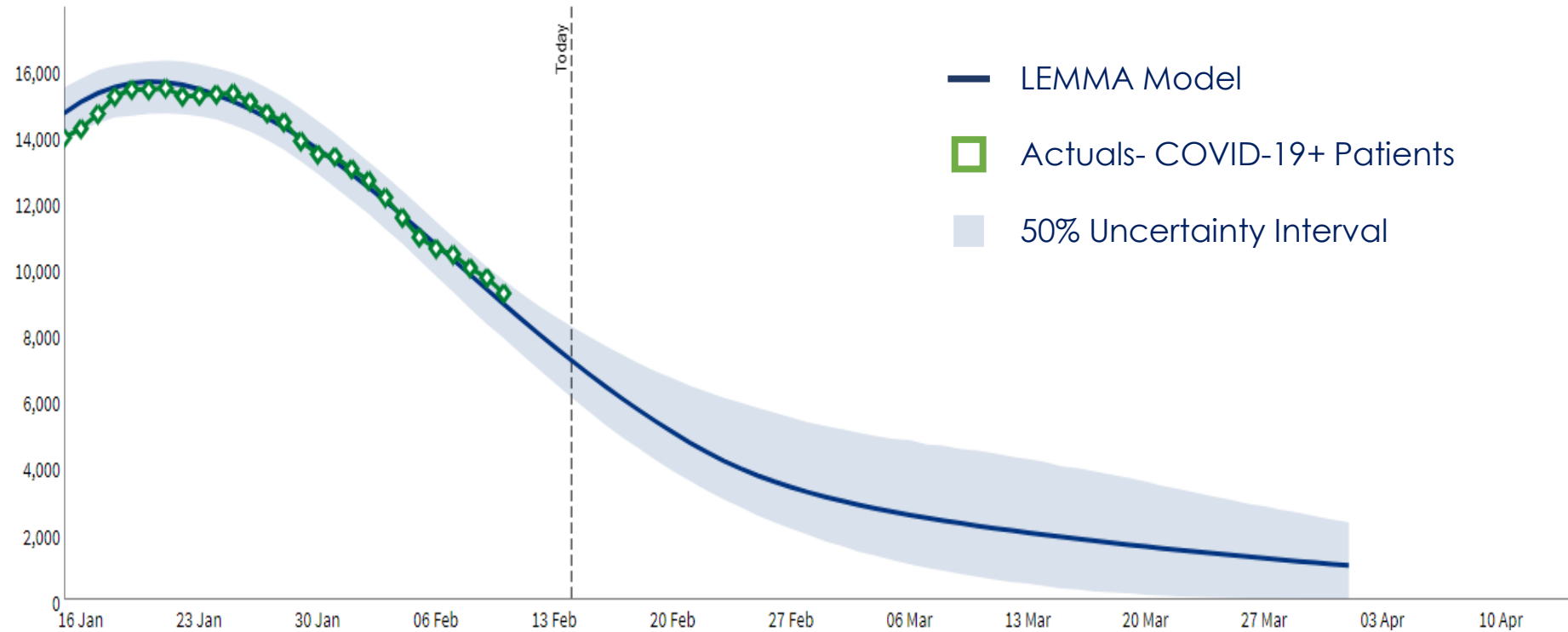
- **Cases:** Rapidly declining.
- **Hospitalizations:** Adult and pediatric trending downward.
- **Deaths:** Deaths lag hospitalizations, which lag cases. As we are seeing declining case and hospitalization rates, we anticipate that in the coming weeks, deaths will decline as well.

California's COVID-19 experience by the numbers



Models project steep decline in hospitalizations

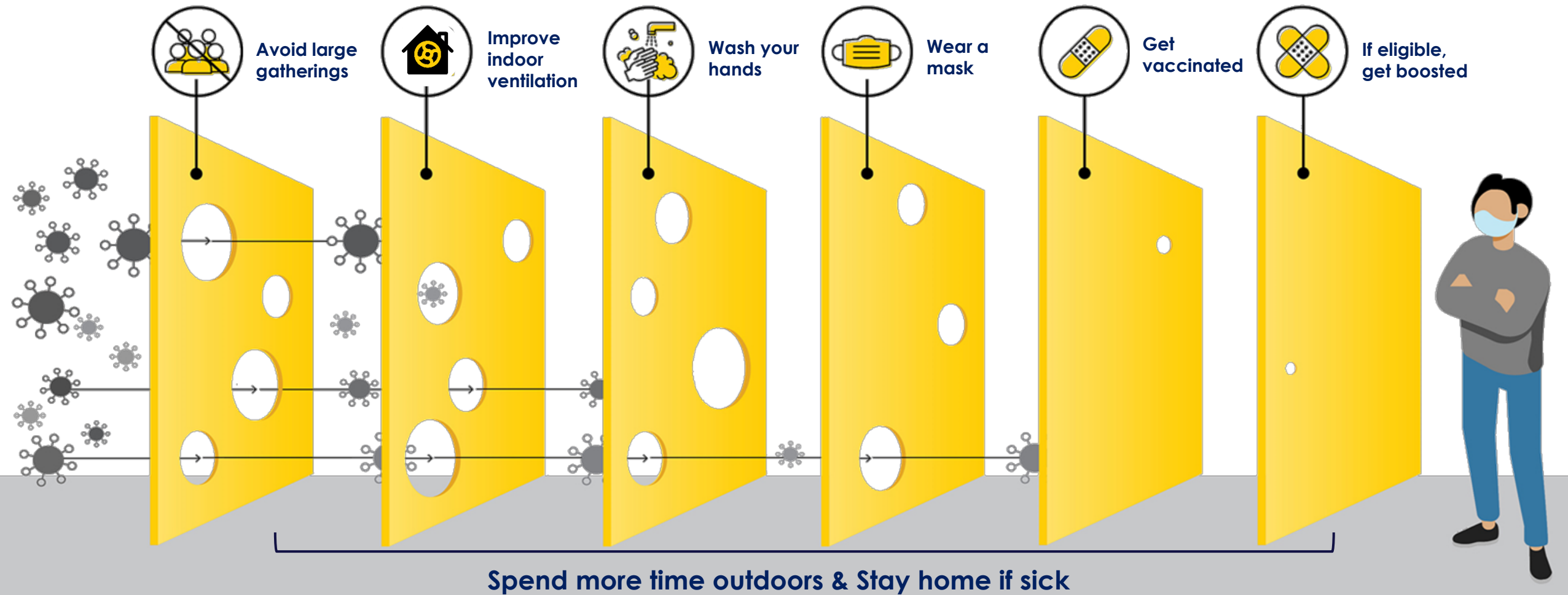
The LEMMA model uses hospital numbers to model case numbers which is useful during times when cases are under-reported



Our approach has adapted to the changing conditions of the COVID-19 pandemic, and we have learned to deploy mitigation strategies in more precise, smarter ways.



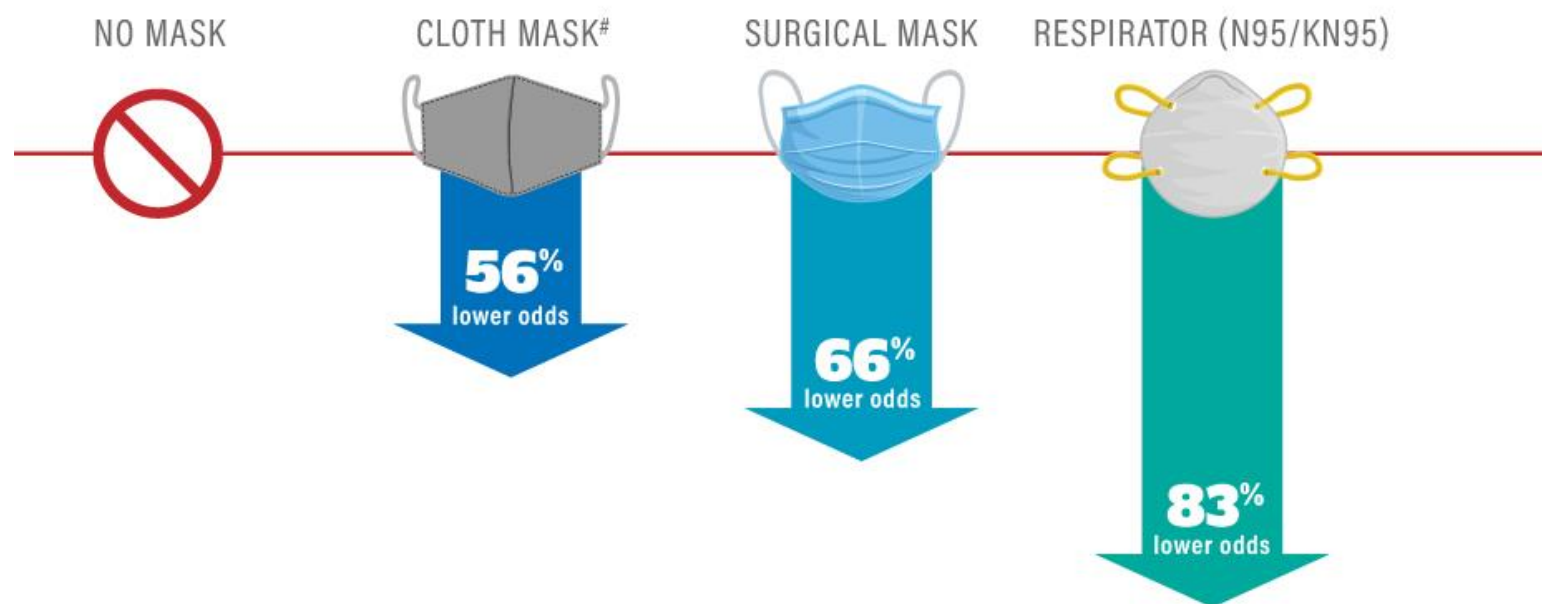
Multiple layers of protection against COVID-19 infection





MASKING

Masks reduce your chances of getting COVID-19



Source: [CDC MMWR](#)






Our decisions on masking put into context

	December 10 th	January 5 th	February 7 th
Masking Approach	Announced temporary public indoor masking requirement	Announced extension of temporary indoor masking requirement for 1 month	Announced move from requirement to strong recommendation of indoor public masking
Data Trends	Cases climbing fast Spread was faster than ever Hospitals were already above average census	Cases nearly 3 times peak from January 2021 Spread was still expanding Hospitals were struggling	Cases coming down Spread was contracting Hospital staffing improving; COVID-19 census dropping fast and total census was improving
Level of Uncertainty	Very High	High	Lower

What does masking look like after February 15?

	REQUIRED	STRONGLY RECOMMENDED	RECOMMENDED	OPTIONAL
Public Indoor (Vaccinated)			<input checked="" type="checkbox"/>	
Public Indoor (Unvaccinated)	<input checked="" type="checkbox"/>			
Health Care (Vaccinated & Unvaccinated)	<input checked="" type="checkbox"/>			
Schools & Childcare (Vaccinated & Unvaccinated)	<input checked="" type="checkbox"/>			
Long-Term Care (Vaccinated & Unvaccinated)	<input checked="" type="checkbox"/>			
Jails & Prisons (Vaccinated & Unvaccinated)	<input checked="" type="checkbox"/>			

NOTE: Local requirements may be more restrictive from the above state requirements.





SCHOOLS

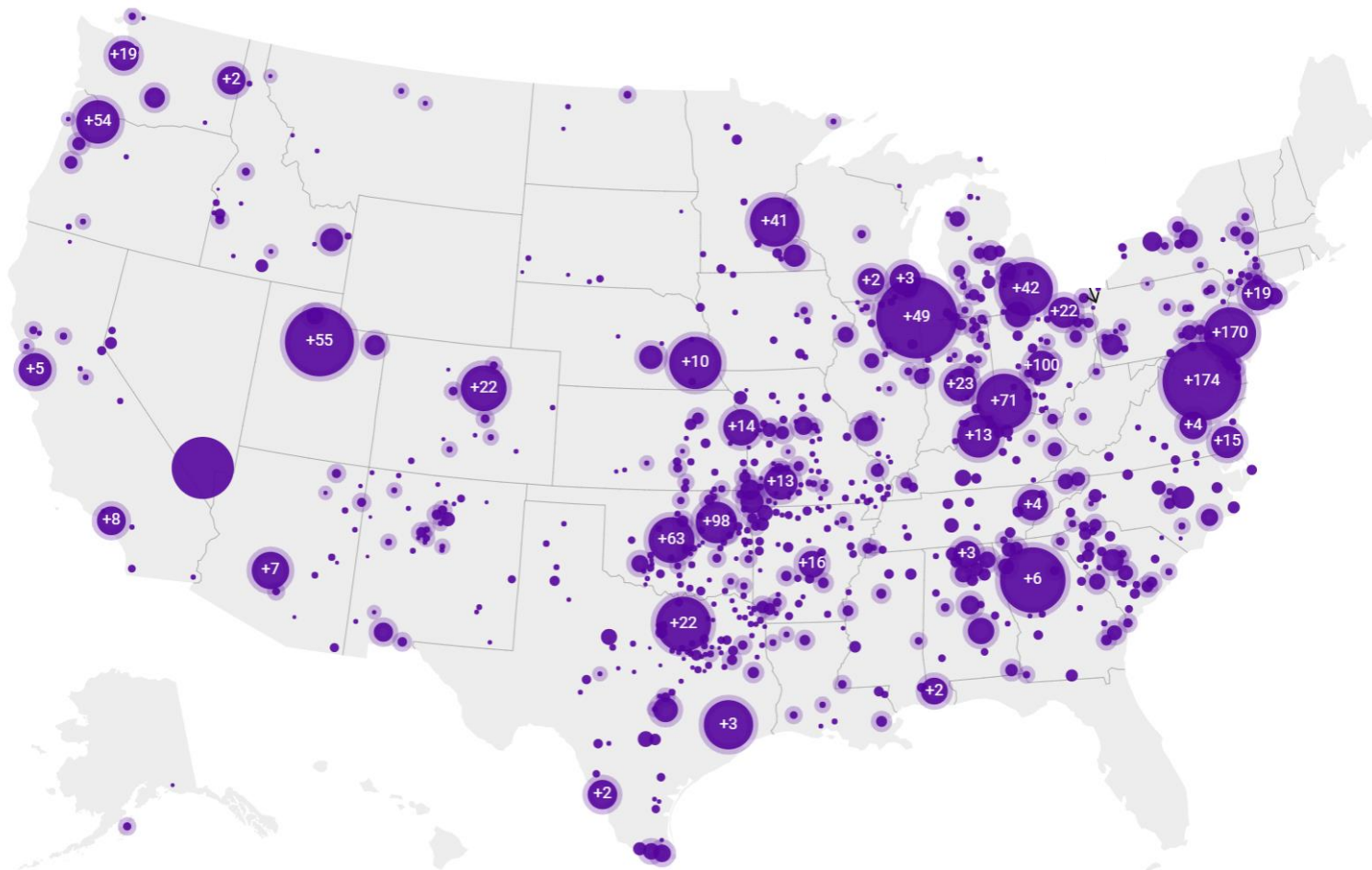
A winning formula: mitigation and outcomes this schoolyear

By focusing on layers of mitigation, California has safely kept staff and kids in classrooms

- 31.1 million Californians have stepped up to get vaccinated
- \$850 million invested into school safety protocols
- 23.5 million high-quality masks sent to school staff
- 5.9 million tests have been administered at schools to-date, and
- 15.1 million at-home tests have been distributed to school communities



Despite having the most K-12 public school students (12%) in the country, California schools have experienced far fewer (1%) school closures



Source: [K-12 School Opening Tracker \(burbio.com\)](https://burbio.com)





Our approach: humility, flexibility and evidence

California has not been afraid to lead on school safety, implementing evidence and experience-informed policies:

- Implementing universal masking at the start of the school year.
- Adopting smarter testing policies, including permitting use of Antigen and Over-the-Counter tests.
- Transitioning away from some mitigation approaches in favor of ones more strongly supported by the evidence. For example, shifting away from physical distancing and individualized contact tracing.



The factors that inform our approach

- **Prioritizing in-person instruction**
 - There is no substitute, particularly for vulnerable populations
- **Prioritizing safe in-person instruction**
 - We must ensure that there is low risk of catching COVID-19 in school for students and staff
- **Masking requirements will expire as conditions improve**
 - Masks are not intended to be in place in perpetuity
 - The question is when, not if
- **Remain prepared to adjust with conditions of the virus**

Future of school masking

Based on our data, it is reasonable that we're getting close to a point where state masking requirements can be relaxed.

- Remaining vigilant on surveillance, continue to track data and conditions.
- We must ensure that any decision protects the health and well being of students and staff.
- We must remain humble to the unpredictability of this virus.

FEBRUARY 15

No change to school masking requirement



FEBRUARY 28

Reassess data/conditions (e.g., case rate, test positivity, hospitalizations, pediatric hospitalizations and vaccine rates) for future change to statewide school masking requirement.

No single indicator, composite look at conditions

- **Cases**
 - The key is the direction and slope of the trajectory
- **Hospitalizations**
 - Provides insight into disease severity
 - Ultimately what drives impact on health care delivery system
 - Must track closely pediatric hospitalizations and ICU admissions
- **Vaccination Rates**
 - Vaccines save lives and reduce transmission – however, their impact takes weeks to make a difference
 - We will continue to prioritize getting vaccine rates up for students
- **National and Global Trends**
 - Trends elsewhere may apply to California
 - Earliest impacted areas have continued to experience reductions





**A science-driven approach entails
constantly evaluating ALL of these factors as
well as their directionality, which is what
California has been doing from the start.**



OUR ACTIONS SAVE LIVES.