



Town Council Agenda Report

Date: March 24, 2020 Item No. 5A

To: Honorable Mayor and Town Council

Subject: RESOLUTION OF THE TOWN OF APPLE VALLEY
RATIFYING PROCLAMATION NO. 2020-01 AND
PROCLAIMING THE EXISTENCE OF A LOCAL
EMERGENCY

From: Douglas Robertson, Town Manager

Submitted by: Douglas Robertson, Town Manager

Budgeted Item: Yes No N/A

RECOMMENDED ACTION:

That the Town Council ratify a proclamation proclaiming the existence of a local emergency within the Town of Apple Valley resulting from the worldwide health threat related to the Novel Coronavirus.

BACKGROUND:

The Novel Coronavirus (COVID-19) originated in Wuhan, China in late 2019 and began spreading, initially, within China and then to other countries. On January 30, 2020, the World Health Organization declared the outbreak to be a “public health emergency of international concern”. This was followed on January 31, 2020 by the United States Human Services Secretary declaring a public health emergency. Cases internationally, within the US and within California continue to rise. On March 11, 2020 the World Health Organization declared the Novel Coronavirus outbreak a pandemic.

There currently exists a threat of a local emergency due to COVID-19, which causes infectious disease resulting in symptoms of fever, coughing, and shortness of breath with outcomes ranging from mild to severe illness, and in some cases, death. Governor Newsom issued a Proclamation of a State of Emergency on March 4, 2020 in order to deal with the COVID-19 cases within California. Other local public agencies have also declared a local emergency in an attempt to marshal the resources necessary to prevent the spread of the disease.

The County is the fifth largest county in California. In order to prepare for conditions likely beyond the control of the services, personnel, equipment, and facilities of the County of San Bernardino, Board of Supervisors issued a Proclamation of a State of Emergency on March 10, 2020.

On March 19, 2020, Governor Newsom issued Executive Order N-33-20 ordering all individuals living in the State of California to stay home or at their place of residence except as needed to maintain continuity of operations of the federal critical infrastructures sectors to protect the health and well-being of all Californians.

During the existence of a local emergency, the powers and duties of the emergency organization of the Town shall be those prescribed by State law, ordinances, and resolutions of this Town, and by the current Town of Apple Valley Emergency Operations Plan, as approved by the Town Council. In addition to confirming the powers of the Director of Emergency Services, the proposed Resolution No. 2020-10 expressly authorizes the Town Manager to: (1) take action to halt residential and commercial evictions connected with the COVID-19 pandemic in line with Executive Order N-28-20; and (2) halt Town utility disconnections or shut-offs.

Pursuant to the Governor's Proclamation, the 60-day time period in Government Code section 8630, within which a local agency must renew a local emergency, has been waived. Any local emergency proclaimed will remain in effect until terminated by the Town Council.

Fiscal Impact:

The potential costs are undetermined at this time. If the Town of Apple Valley is significantly impacted by COVID-19 it may require the use of additional funding. Should this occur, a future agenda item will be submitted to the Town Council for approval. To the extent possible, the Town Manager will take necessary actions to seek reimbursement of expenses in accordance with federal disaster laws.

Attachments:

1. Resolution Number 2020-10
2. Proclamation No. 2020-01
3. Executive Order N-28-20 – Authorizes moratoria on commercial and residential evictions.
4. Executive Order N-33-20 – Governor's Stay at Home Order
5. County Health Officer Order
6. WHO Situation Report – 59
7. CDPH's release with 03202020 data for the state:
<https://www.cdph.ca.gov/Programs/OPA/Pages/NR20-028.aspx>

RESOLUTION NO. 2020-10

RESOLUTION OF THE TOWN OF APPLE VALLEY RATIFYING PROCLAMATION NO. 2020-01 AND PROCLAIMING THE EXISTENCE OF A LOCAL EMERGENCY

WHEREAS, Chapter 2.40 of the Apple Valley Municipal Code empowers the Town Manager to proclaim a local emergency when the Town of Apple Valley is affected or likely to be affected by a public calamity; and

WHEREAS, on March 21, 2020, the Town Manager, in accordance with Section 2.40.060.A(1) of the Apple Valley Municipal Code, issued Proclamation No. 2020-01 proclaiming the existence of a local emergency relating to the worldwide spread of respiratory illness due to the novel coronavirus known as COVID-19; and

WHEREAS, the Town Council must ratify the proclamation of the existence of a local emergency within seven (7) days following the proclamation; and

WHEREAS, conditions of extreme peril to the safety of persons and property have arisen within the Town of Apple Valley caused by the worldwide spread of respiratory illness due to the novel coronavirus known as COVID-19; and

WHEREAS, both the State of California and the County of San Bernardino have declared emergencies as a result of the spread of COVID-19; and

WHEREAS, on March 21, 2020, the Town was aware of just nine cases of COVID-19 infection within the County of San Bernardino, many cases have been confirmed in neighboring counties and the disease is having a global impact; and

WHEREAS, on March 19, 2020, according to the World Health Organization's Situation Report – 59, COVID-19 has spread globally to over 100 countries, infecting more than 209,000 persons and killing more than 8,700 individuals worldwide; and

WHEREAS, COVID-19 has created conditions that are likely to be beyond the control of local resources and require the combined forces of other political subdivisions to combat; and

WHEREAS, the Town's ability to mobilize local resources, coordinate interagency response, accelerate procurement of vital supplies, use mutual aid, and seek future reimbursement by the State and Federal governments will be critical to successfully responding to COVID-19; and

WHEREAS, the conditions of extreme peril warrant and necessitate the proclamation of the existence of a local emergency.

NOW, THEREFORE, BE IT RESOLVED by the Town Council of the Town of Apple Valley as follows:

Section 1. Incorporation of Recitals and Staff Report. The Town Council finds that all of the foregoing recitals and the staff report presented herewith are true and correct and are hereby incorporated and adopted as findings of the Town Council as if fully set forth herein.

Section 2. Ratification of Proclamation 2020-01. The Town Council of the Town of Apple Valley hereby ratifies Proclamation No. 2020-01 issued by the Town Manager on March 21, 2020.

Section 3. Declaration of Emergency. The Town Council of the Town of Apple Valley hereby proclaims that a local emergency now exists throughout the Town.

Section 4. Powers of Director. During the existence of said local emergency, the powers, functions, and duties of the Director of Emergency Services and the Emergency Organization of this Town shall be those prescribed by state law, ordinances, and resolutions of this Town and by the Town of Apple Valley Emergency Plan. Without limiting the following, the Town Manager, acting as the Director of Emergency Services, is expressly authorized to: (1) establish a temporary moratorium on evictions and enact other protections in accordance with Executive Order N-28-20 issued by the Governor on March 16; and (2) suspend utility disconnections or shutoffs, including trash and sewer, during the pendency of the emergency.

Section 5. Cost Tracking. The Town Manager is hereby directed to ensure Town staff track costs associated with staffing, supplies, and equipment related to this emergency.

Section 6. Severability. If any provision of this Resolution or the application thereof to any person or circumstance is held invalid, such invalidity shall not affect other provisions or applications, and to this end the provisions of this Resolution are declared to be severable.

Section 7. Custodian of Records. The documents and materials that constitute the record of proceedings on which this Resolution and the above findings are based are located at the Town's offices at 14955 Dale Evans Parkway, Apple Valley, CA 92307, and the custodian of records for these documents is the Town Clerk.

Section 8. Effective Date. This Resolution shall take effect immediately upon adoption. The Mayor shall sign this Resolution and the Town Clerk shall attest and certify to the passage and adoption thereof. The local emergency shall be deemed to continue to exist until its termination is proclaimed by the Town Council of the Town of Apple Valley.

PASSED AND ADOPTED this 24th day of March, 2020.

Mayor Scott Nassif

ATTEST:

La Vonda M-Pearson, Town Clerk

PROCLAMATION NO. 2020-01

**PROCLAMATION OF THE TOWN MANAGER OF THE
TOWN OF APPLE VALLEY PROCLAIMING THE
EXISTENCE OF A LOCAL EMERGENCY**

WHEREAS, Chapter 2.40 of the Apple Valley Municipal Code empowers the Town Manager to proclaim a local emergency when the Town of Apple Valley is affected or likely to be affected by a public calamity; and

WHEREAS, the Town Manager, in his capacity as Director of Emergency Services of the Town, and in accordance with Section 2.40.060.A(1) of the Apple Valley Municipal Code, is authorized to proclaim the existence of a local emergency when the Town Council is not in session; and

WHEREAS, conditions of extreme peril to the safety of persons and property have arisen within the Town of Apple Valley caused by the worldwide spread of respiratory illness due to the novel coronavirus known as COVID-19; and

WHEREAS, both the State of California and the County of San Bernardino have declared emergencies as a result of the spread of COVID-19; and

WHEREAS, on March 21, 2020, the Town was aware of just ten cases of COVID-19 infection within the County of San Bernardino, many cases have been confirmed in neighboring counties and the disease is having a global impact; and

WHEREAS, on March 19, 2020, according to the World Health Organization's Situation Report – 59, COVID-19 has spread globally to over 100 countries, infecting more than 209,000 persons and killing more than 8,700 individuals worldwide; and

WHEREAS, COVID-19 has created conditions that are likely to be beyond the control of local resources and require the combined forces of other political subdivisions to combat; and

WHEREAS, the Town's ability to mobilize local resources, coordinate interagency response, accelerate procurement of vital supplies, use mutual aid, and seek future reimbursement by the State and Federal governments will be critical to successfully responding to COVID-19; and

WHEREAS, the conditions of extreme peril warrant and necessitate the proclamation of the existence of a local emergency.

BE IT PROCLAIMED BY THE TOWN MANAGER OF THE TOWN OF APPLE VALLEY AS FOLLOWS:

Section 1. The above recitals are true and correct and are hereby incorporated herein by this reference.

Section 2. The Town Manager of the Town of Apple Valley hereby proclaims that a local emergency now exists throughout the Town.

Section 3. During the existence of said local emergency, the powers, functions, and duties of the Director of Emergency Services and the Emergency Organization of this Town shall be those prescribed by state law, ordinances, and resolutions of this Town and by the Town of Apple Valley Emergency Plan.

Section 4. All Town Departments are hereby ordered to track costs associated with staffing, supplies, and equipment related to this emergency and to furnish the Finance Department with such information on a regular basis during the course of the emergency.

Section 5. The local emergency shall be deemed to continue to exist until its termination is proclaimed by the Town Council of the Town of Apple Valley.

Section 6. Severability. If any provision of this Proclamation or the application thereof to any person or circumstance is held invalid, such invalidity shall not affect other provisions or applications, and to this end the provisions of this Proclamation are declared to be severable.

Section 7. Effective Date. This Proclamation shall become effective immediately and shall expire on the eighth day following execution unless the Town Council takes action to ratify the proclamation.

PROCLAIMED this 21 day of March 2020.



Town Manager/
Director of Emergency Services
Town of Apple Valley

EXECUTIVE DEPARTMENT
STATE OF CALIFORNIA

EXECUTIVE ORDER N-28-20

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 and otherwise mitigate the effects of COVID-19 are needed; and

WHEREAS the economic impacts of COVID-19 have been significant, and could threaten to undermine Californians' housing security and the stability of California businesses; and

WHEREAS many Californians are experiencing substantial losses of income as a result of business closures, the loss of hours or wages, or layoffs related to COVID-19, hindering their ability to keep up with their rents, mortgages, and utility bills; and

WHEREAS Californians who are most vulnerable to COVID-19, those 65 years and older, and those with underlying health issues, are advised to self-quarantine, self-isolate, or otherwise remain in their homes to reduce the transmission of COVID-19; and

WHEREAS because homelessness can exacerbate vulnerability to COVID-19, California must take measures to preserve and increase housing security for Californians to protect public health; and

WHEREAS local jurisdictions, based on their particular needs, may therefore determine that additional measures to promote housing security and stability are necessary to protect public health or to mitigate the economic impacts of COVID-19; and

WHEREAS local jurisdictions may also determine, based on their particular needs, that promoting stability amongst commercial tenancies is also conducive to public health, such as by allowing commercial establishments to decide whether and how to remain open based on public health concerns rather than economic pressures, or to mitigate the economic impacts of COVID-19; and

WHEREAS in addition to these public health benefits, state and local policies to promote social distancing, self-quarantine, and self-isolation require that people be able to access basic utilities—including water, gas, electricity, and telecommunications—at their homes, so that Californians can work from home, receive public health information, and otherwise adhere to policies of social distancing, self-quarantine, and self-isolation, if needed; and



WHEREAS many utility providers, public and private, covering electricity, gas, water, and sewer, have voluntarily announced moratoriums on service disconnections and late fees for non-payment in response to COVID-19; and

WHEREAS many telecommunication companies, including internet and cell phone providers, have voluntarily announced moratoriums on service disconnections and late fees for non-payment in response to 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 of the State of California, and in particular, Government Code sections 8567 and 8571, do hereby issue the following order to become effective immediately:

IT IS HEREBY ORDERED THAT:

- 1) The time limitation set forth in Penal Code section 396, subdivision (f), concerning protections against residential eviction, is hereby waived. Those protections shall be in effect through May 31, 2020.
- 2) Any provision of state law that would preempt or otherwise restrict a local government's exercise of its police power to impose substantive limitations on residential or commercial evictions as described in subparagraphs (i) and (ii) below—including, but not limited to, any such provision of Civil Code sections 1940 et seq. or 1954.25 et seq.—is hereby suspended to the extent that it would preempt or otherwise restrict such exercise. This paragraph 2 shall only apply to the imposition of limitations on evictions when:
 - (i) The basis for the eviction is nonpayment of rent, or a foreclosure, arising out of a substantial decrease in household or business income (including, but not limited to, a substantial decrease in household income caused by layoffs or a reduction in the number of compensable hours of work, or a substantial decrease in business income caused by a reduction in opening hours or consumer demand), or substantial out-of-pocket medical expenses; and
 - (ii) The decrease in household or business income or the out-of-pocket medical expenses described in subparagraph (i) was caused by the COVID-19 pandemic, or by any local, state, or federal government response to COVID-19, and is documented.

The statutory cause of action for judicial foreclosure, Code of Civil Procedure section 725a et seq.; the statutory cause of action for unlawful detainer, Code of Civil Procedure section 1161 et seq., and any other statutory cause of action that could be used to evict or otherwise eject a residential or commercial tenant or occupant of residential real property after foreclosure is suspended only as applied to any tenancy, or residential real property and any

occupation thereof, to which a local government has imposed a limitation on eviction pursuant to this paragraph 2, and only to the extent of the limitation imposed by the local government.

Nothing in this Order shall relieve a tenant of the obligation to pay rent, nor restrict a landlord's ability to recover rent due.

The protections in this paragraph 2 shall be in effect through May 31, 2020, unless extended.

- 3) All public housing authorities are requested to extend deadlines for housing assistance recipients or applicants to deliver records or documents related to their eligibility for programs, to the extent that those deadlines are within the discretion of the housing authority.
- 4) The Department of Business Oversight, in consultation with the Business, Consumer Services, and Housing Agency, shall engage with financial institutions to identify tools to be used to afford Californians relief from the threat of residential foreclosure and displacement, and to otherwise promote housing security and stability during this state of emergency, in furtherance of the objectives of this Order.
- 5) Financial institutions holding home or commercial mortgages, including banks, credit unions, government-sponsored enterprises, and institutional investors, are requested to implement an immediate moratorium on foreclosures and related evictions when the foreclosure or foreclosure-related eviction arises out of a substantial decrease in household or business income, or substantial out-of-pocket medical expenses, which were caused by the COVID-19 pandemic, or by any local, state, or federal government response to COVID-19.
- 6) The California Public Utilities Commission is requested to monitor measures undertaken by public and private utility providers to implement customer service protections for critical utilities, including but not limited to electric, gas, water, internet, landline telephone, and cell phone service, in response to COVID-19, and on a weekly basis publicly report these measures.

Nothing in this Order shall be construed to invalidate any limitation on eviction enacted by a local jurisdiction between March 4, 2020 and this date.

Nothing in this Order shall in any way restrict state or local authority to order any quarantine, isolation, or other public health measure that may compel an individual to remain physically present in a particular residential real property.

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.



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 Order.

IN WITNESS WHEREOF I have hereunto set my hand and caused the Great Seal of the State of California to be affixed this 16th day of March 2020.



GAVIN NEWSOM
Governor of California

ATTEST:

ALEX PADILLA
Secretary of State

EXECUTIVE DEPARTMENT
STATE OF CALIFORNIA

EXECUTIVE ORDER N-33-20

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 in a short period of time, COVID-19 has rapidly spread throughout California, necessitating updated and more stringent guidance from federal, state, and local public health officials; and

WHEREAS for the preservation of public health and safety throughout the entire State of California, I find it necessary for all Californians to heed the State public health directives from the Department of Public Health.

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, 8627, and 8665 do hereby issue the following Order to become effective immediately:

IT IS HEREBY ORDERED THAT:

- 1) To preserve the public health and safety, and to ensure the healthcare delivery system is capable of serving all, and prioritizing those at the highest risk and vulnerability, all residents are directed to immediately heed the current State public health directives, which I ordered the Department of Public Health to develop for the current statewide status of COVID-19. Those directives are consistent with the March 19, 2020, Memorandum on Identification of Essential Critical Infrastructure Workers During COVID-19 Response, found at: <https://covid19.ca.gov/>. Those directives follow:

ORDER OF THE STATE PUBLIC HEALTH OFFICER
March 19, 2020

To protect public health, I as State Public Health Officer and Director of the California Department of Public Health order all individuals living in the State of California to stay home or at their place of residence except as needed to maintain continuity of operations of the federal critical infrastructure sectors, as outlined at <https://www.cisa.gov/critical-infrastructure-sectors>. In addition, and in consultation with the Director of the Governor's Office of Emergency Services, I may designate additional sectors as critical in order to protect the health and well-being of all Californians.

Pursuant to the authority under the Health and Safety Code 120125, 120140, 131080, 120130(c), 120135, 120145, 120175 and 120150, this order is to go into effect immediately and shall stay in effect until further notice.

The federal government has identified 16 critical infrastructure sectors whose assets, systems, and networks, whether physical or virtual, are considered so vital to the United States that their incapacitation or



destruction would have a debilitating effect on security, economic security, public health or safety, or any combination thereof. I order that Californians working in these 16 critical infrastructure sectors may continue their work because of the importance of these sectors to Californians' health and well-being.

This Order is being issued to protect the public health of Californians. The California Department of Public Health looks to establish consistency across the state in order to ensure that we mitigate the impact of COVID-19. Our goal is simple, we want to bend the curve, and disrupt the spread of the virus.

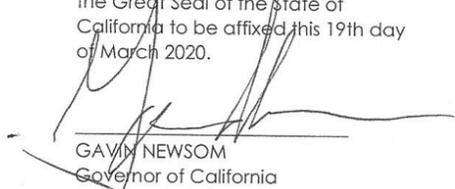
The supply chain must continue, and Californians must have access to such necessities as food, prescriptions, and health care. When people need to leave their homes or places of residence, whether to obtain or perform the functions above, or to otherwise facilitate authorized necessary activities, they should at all times practice social distancing.

- 2) The healthcare delivery system shall prioritize services to serving those who are the sickest and shall prioritize resources, including personal protective equipment, for the providers providing direct care to them.
- 3) The Office of Emergency Services is directed to take necessary steps to ensure compliance with this Order.
- 4) This Order shall be enforceable pursuant to California law, including, but not limited to, Government Code section 8665.

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 19th day
of March 2020.



GAVIN NEWSOM
Governor of California

ATTEST:

ALEX PADILLA
Secretary of State



**SAN BERNARDINO
COUNTY**

Public Health

Trudy Raymundo
Director

Corwin Porter
Assistant Director

Maxwell Ohikhuare, M.D.
Health Officer

Erin Gustafson, M.D., MPH
Acting Health Officer

ORDER OF THE HEALTH OFFICER OF THE COUNTY OF SAN BERNARDINO

CANCELLING ALL GATHERINGS

DATE OF ORDER: MARCH 17, 2020

Please read this Order carefully. Violation of or failure to comply with this Order is a crime punishable by fine, imprisonment, or both. (California Health and Safety Code § 120295; County Code Section 31.0101 Et. Seq.)

UNDER THE AUTHORITY OF CALIFORNIA HEALTH AND SAFETY CODE SECTIONS 101040, 101085, AND 120175, TITLE 17 CALIFORNIA CODE OF REGULATIONS SECTION 2501, AND SAN BERNARDINO COUNTY CODE SECTION 31.0101 ET. SEQ., THE HEALTH OFFICER OF THE COUNTY OF SAN BERNARDINO ("HEALTH OFFICER") ORDERS:

1. This Order revokes and replaces the Order originally issued on March 12, 2020. That order is no longer in effect as of the effective date and time of this Order.
2. Effective as of 12:01 a.m. on March 18, 2020 and continuing until 11:59 p.m. on April 6, 2020, public or private Gatherings, as defined in this Order, are hereby prohibited in the County. A "gathering" is any event or convening that brings together people in a single room or single space at the same time, such as an auditorium, stadium, arena, large conference room, meeting hall, cafeteria, or any other indoor or outdoor space. Nothing in this Order prohibits the gathering of members of a household or living unit.
3. This Order does not apply to activities such as attendance at regular school classes, work, or essential services. Certain activities are essential to the functioning of our state and must continue. Hence, this Order does not apply to essential public transportation, airport travel, grocery stores or charitable food distribution, certified farmers' markets, and shopping at a store or mall. This Order also does not apply to congregate living situations, including dormitories and homeless encampments.
4. All bars, adult entertainment establishments, and other business establishments that serve alcohol and do not serve food, shall close. All movie theatres, gyms, and health clubs shall close. Food and beverage establishments are required to follow guidance released from the California Department of Public Health on March 16, 2020 (www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/COVID-

BOARD OF SUPERVISORS

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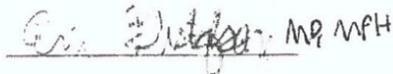
[19/Coronavirus%20Disease%202019%20and%20Food%20Beverage%20Other%20Services%20-%20AOL.pdf](#)).

5. The Health Officer strongly cautions that persons aged 65 years and older and person of any age with certain underlying health conditions are at increased risk should they contract COVID-19, and are encouraged to self-quarantine.
6. This Order is issued as a result of the worldwide epidemic of COVID-19 disease, also known as “novel coronavirus,” which has infected at least 118,000 individuals worldwide in 115 countries and is implicated in over 4,200 worldwide deaths.
7. This Order is issued based on evidence of increasing transmission of COVID-19 within the County, in the state of California, and worldwide, scientific evidence regarding the most effective approach to slow transmission of communicable diseases generally and COVID-19 specifically, as well as best practices as currently known and available to protect the public from the risk of spread of or exposure to COVID-19.
8. This Order is intended to reduce the likelihood of exposure to COVID-19, thereby slowing the spread of COVID-19 in communities worldwide. This Order will help to reduce the number of Californians who contract COVID-19 before an effective treatment or vaccine is available; protect those most likely to experience severe symptoms, such as older Californians and those with underlying chronic conditions; preserve and protect our healthcare delivery system; and minimize the social and economic impacts of COVID-19 over the long run.
9. This Order is issued in accordance with, and incorporates by reference, the: March 4, 2020 Proclamation of a State Emergency issued by Governor Gavin Newsom; the March 10, 2020 Declaration of Local Health Emergency based on an imminent and proximate threat to public health from the introduction of novel COVID-19 in San Bernardino County; the March 10, 2020 Resolution of the Board of Supervisors of the County of San Bernardino proclaiming the existence of a Local Emergency in the County of San Bernardino regarding COVID-19; and the March 10, 2020 Resolution of the Board of Supervisors of the County of San Bernardino ratifying and extending the Declaration of Local Health Emergency due to COVID-19.
10. This Order comes after the release of guidance from the California Department of Public Health (CDPH) to cancel all gatherings to fight the spread of COVID-19 (www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/COVID-19/cdph-guidance-gatherings-covid19-transmission-prevention-03-16-2020.pdf).
11. This Order is made in accordance with all applicable State and Federal laws, including but not limited to: Health and Safety Code sections 101030, et seq.; Health and Safety Code sections 120100, et seq.; and Title 17 of the California Code of Regulations section 2501.
12. This Order shall not supersede any conflicting or more restrictive orders issued by the State of California or Federal governments, including any requirements regarding child care. If any portion of this Order or the application thereof to any person or circumstance is held to be invalid the remainder of the Order, including the application of such part or provision to other persons or circumstances, shall not be affected and shall continue in full force and effect. To this end, the provisions of this Order are severable.

13. To the extent necessary, pursuant to Government Code sections 26602 and 41601 and Health and Safety Code section 101029, this order is enforceable by the Sheriff and all Chiefs of Police in the County. The violation of any provision of this Order constitutes an imminent threat to public health.

Copies of this Order shall promptly be: (1) made available at the County of San Bernardino Health Administration office located at 351 N. Mountain View Ave., #303, San Bernardino, CA 92415; (2) posted on the County of San Bernardino Public Health Department's website (wp.sbcounty.gov/dph); and (3) provided to any member of the public requesting a copy of this Order.

IT IS SO ORDERED:

 *Erin Gustafson, MD MPH*

Dated: March 17, 2020

Dr. Erin Gustafson, MD, MPH
Acting Public Health Officer
County of San Bernardino

Approved as to form and legality:



Dated: March 17, 2020

Adam Ebright
County Counsel
County of San Bernardino

Coronavirus disease 2019 (COVID-19) Situation Report – 59



Data as reported by national authorities by 00:00 CET 19 March 2020

HIGHLIGHTS

- Seven new countries/territories/areas (African Region [3], Eastern Mediterranean Region [1], European Region [1], and Region of the Americas [2]) have reported cases of COVID-19.
- The number of confirmed cases worldwide has exceeded 200 000. It took over three months to reach the first 100 000 confirmed cases, and only 12 days to reach the next 100 000.
- A new protocol to investigate the extent of COVID-19 infection in the population, as determined by positive antibody tests in the general population has been developed. The protocol is titled the [Population-based age-stratified seroepidemiological investigation protocol for COVID-19 virus infection](#). See *Subject in Focus* for details.

SITUATION IN NUMBERS

total (new) cases in last 24 hours

Globally

209 839 confirmed (16 556)
8778 deaths (828)

Western Pacific Region

92 333 confirmed (488)
3377 deaths (20)

European Region

87 108 confirmed (10 221)
4084 deaths (591)

South-East Asia Region

657 confirmed (119)
23 deaths (14)

Eastern Mediterranean Region

19 518 confirmed (1430)
1161 deaths (150)

Region of the Americas

9144 confirmed (4166)
119 deaths (50)

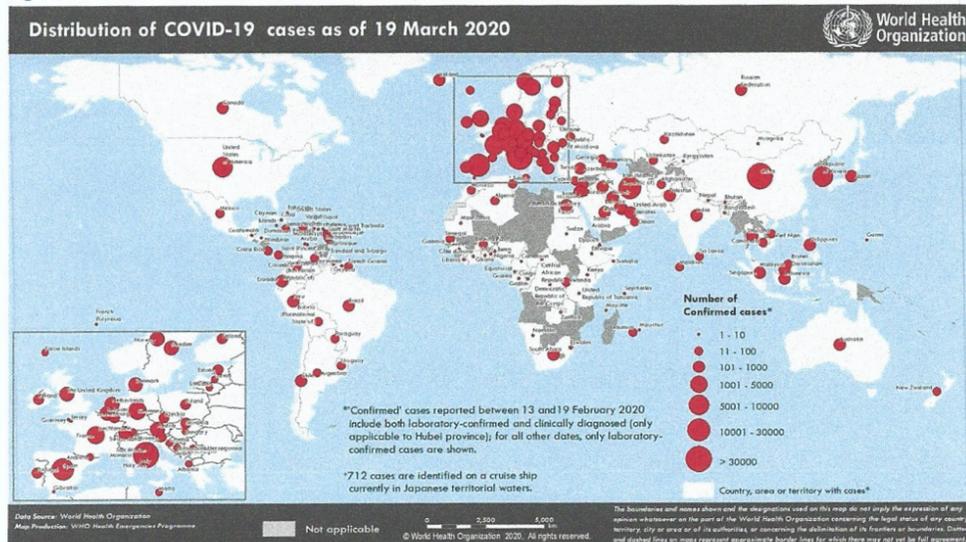
African Region

367 confirmed (132)
7 deaths (3)

WHO RISK ASSESSMENT

Global Level Very High

Figure 1. Countries, territories or areas with reported confirmed cases of COVID-19, 19 March 2020



SUBJECT IN FOCUS: New protocol for Early Epidemiologic investigations for public health response

With the emergence of COVID-19 virus, many uncertainties remain as to certain epidemiological, seroepidemiological (related to identifying antibodies in the population), clinical and virological characteristics of the virus and associated disease. Studies to assess these characteristics in different settings are critical to furthering our understanding. They will also provide the robust information needed to refine forecasting models and inform public health measures.

As such, WHO, in collaboration with technical partners, has adapted early epidemiological investigations protocols from pandemic influenza and from MERS-CoV, to better understand these characteristics and how they may be used to inform public health measures.

To date, five early seroepidemiological **core protocols and data collection forms** are available on the WHO COVID-19 [Technical guidance website](#).

All protocols propose a standardized methodology to allow data and biological samples to be systematically collected, taking into consideration local setting and outbreak characteristics, and shared rapidly in a format that can be easily aggregated, tabulated and analyzed across many different settings globally.

Study Protocol	Objectives
The First Few COVID-19 cases and contacts transmission investigation protocol (FFX)	<p>To provide descriptions and/or estimates of the:</p> <ul style="list-style-type: none"> • clinical presentation of COVID-19 infection and course of associated disease • secondary infection rate (SIR) and secondary clinical attack rate of COVID-19 infection among close contacts (overall, and by key factors such as setting, age and sex, for various end-points) • serial interval of COVID-19 infection • symptomatic proportion of COVID-19 cases (through contact tracing and laboratory testing); and identification of possible routes of transmission
Households transmission of COVID-19 investigation protocol	<ul style="list-style-type: none"> • To better understand the extent of transmission within a household by estimating the secondary infection rate for household contacts at an individual level, and factors associated with any variation in the secondary infection risk • To characterize secondary cases including the range of clinical presentation, risk factors for infection, and the extent and fraction of asymptomatic infections • To characterize serologic response following confirmed COVID-19 infection
Assessment of COVID-19 risk factors among Health workers protocol	<ul style="list-style-type: none"> • To better understand the extent of human-to-human transmission among health care workers, by estimating the secondary infection rate for health care worker contacts at an individual level • To characterize the range of clinical presentation of infection and the risk factors for infection among health care workers • To evaluate effectiveness of infection prevention and control measures among health care workers
Surface sampling of COVID-19 for health care professionals	<ul style="list-style-type: none"> • To assess the extent and persistence of surface contamination with COVID-19 virus • To identify environmental surfaces which may play a role in onwards transmission of COVID-19 infection
Population based serologic survey	<ul style="list-style-type: none"> • To estimate age-specific seroprevalence

The latest protocol, the [Population-based age-stratified seroepidemiological investigation protocol for COVID-19 virus infection](#), is intended to provide key epidemiological and serologic characteristics of COVID-19 virus in the general population. Specifically, data from this protocol will provide critical information about the extent of infection (as measured by the presence of antibodies in study subjects) in the general population, age-specific infection

cumulative incidence, and the fraction of people with asymptomatic or subclinical infection.

The results of these investigations, whether individually or pooled across study sites/countries, will allow further understanding and provide robust estimates of key clinical, epidemiological and virological characteristics of the COVID-19 virus, including:

- Key epidemiological parameters, such as: secondary infection rate and secondary clinical attack rate of COVID-19 infection among close contacts, asymptomatic fraction of infection, serial interval and incubation period of COVID-19, the basic reproduction number of COVID-19 infection
- Clinical presentation of COVID-19 infection and course of associated disease
- Risk factors for transmission and infection, and identification of possible routes of transmission
- Impact of infection prevention and control measures in health care settings
- Serological response following symptomatic COVID-19 infection
- Age-stratified seroprevalence of antibodies against COVID-19 virus
- Cumulative incidence of infection, including extent of age-specific infection
- Infection and disease-severity ratios (case-hospitalization ratio [CHR] and case-fatality ratio [CFR])
- Viral load and shedding profiles
- Viral persistence on surfaces

To date, 13 countries across five of the six WHO regions, including both high-income and low-and middle-income countries, have begun to implement at least one of the early investigation protocols. A further 18 countries have signaled their intention to implement one of the protocols. WHO will continue to support countries in their epidemiological investigations through the provision of clear and comprehensive protocols.

For more information, please contact: EarlyInvestigations-2019-nCoV@who.int

SURVEILLANCE

Table 1. Countries, territories or areas with reported laboratory-confirmed COVID-19 cases and deaths. Data as of 19 March 2020*

Reporting Country/ Territory/Area [†]	Total confirmed † cases	Total confirmed new cases [‡]	Total deaths	Total new deaths [‡]	Transmission classification [§]	Days since last reported case
Western Pacific Region						
China	81174	58	3242	11	Local transmission	0
Republic of Korea	8413	93	84	3	Local transmission	0
Japan	873	44	29	1	Local transmission	0
Malaysia	673	120	2	2	Local transmission	0
Australia	510	96	6	1	Local transmission	0
Singapore	313	47	0	0	Local transmission	0
Philippines	187	0	14	2	Local transmission	1
Viet Nam	66	5	0	0	Local transmission	0
Brunei Darussalam	56	2	0	0	Local transmission	0
Cambodia	35	11	0	0	Local transmission	0
New Zealand	20	9	0	0	Local transmission	0
Mongolia	5	1	0	0	Imported cases only	0
Territories**						
Guam	5	2	0	0	Local transmission	0
French Polynesia	3	0	0	0	Imported cases only	3
European Region						
Italy	35713	4207	2978	473	Local transmission	0
Spain	13716	2538	598	107	Local transmission	0
France	9043	0	244	0	Local transmission	1
Germany	8198	1042	13	0	Local transmission	0
Switzerland	3010	353	21	2	Local transmission	0
The United Kingdom	2630	672	103	0	Local transmission	0
Netherlands	2051	0	58	0	Local transmission	1
Austria	1646	314	4	1	Local transmission	0
Belgium	1486	0	14	0	Local transmission	1
Norway	1423	115	3	0	Local transmission	0
Sweden	1279	112	3	0	Local transmission	0
Denmark	1044	67	4	0	Local transmission	0
Portugal	642	194	2	1	Local transmission	0
Czechia	522	30	0	0	Local transmission	0
Israel	427	0	0	0	Local transmission	2
Greece	418	0	5	0	Local transmission	1
Finland	359	40	0	0	Local transmission	0
Ireland	292	0	2	0	Local transmission	1
Poland	287	0	5	0	Local transmission	1
Slovenia	286	0	1	0	Local transmission	1
Estonia	258	33	0	0	Local transmission	0
Iceland	250	25	0	0	Local transmission	0
Romania	246	62	0	0	Local transmission	0
Luxembourg	210	63	2	1	Local transmission	0
Turkey	191	51	2	1	Local transmission	0
Russian Federation	147	54	0	0	Imported cases only	0
San Marino	109	5	14	3	Local transmission	0
Slovakia	105	8	0	0	Local transmission	0
Serbia††	96	11	0	0	Local transmission	0
Bulgaria	92	11	2	0	Local transmission	0

Armenia	84	32	0	0	Local transmission	0
Croatia	81	16	0	0	Local transmission	0
Latvia	71	11	0	0	Imported cases only	0
Albania	59	2	2	1	Local transmission	0
Cyprus	58	25	0	0	Local transmission	0
Hungary	58	8	1	0	Local transmission	0
Malta	48	10	0	0	Imported cases only	0
Belarus	46	10	0	0	Local transmission	0
Georgia	38	4	0	0	Imported cases only	0
Bosnia and Herzegovina	36	7	0	0	Local transmission	0
Kazakhstan	36	3	0	0	Imported cases only	0
North Macedonia	36	5	0	0	Local transmission	0
Republic of Moldova	36	0	0	0	Local transmission	1
Azerbaijan	34	13	1	1	Imported cases only	0
Lithuania	26	1	0	0	Imported cases only	0
Liechtenstein	25	18	0	0	Imported cases only	0
Ukraine	16	7	2	0	Local transmission	0
Uzbekistan	16	0	0	0	Imported cases only	1
Monaco	9	0	0	0	Under investigation	2
Kyrgyzstan	3	3	0	0	Under investigation	0
Montenegro	2	0	0	0	Imported cases only	1
Holy See	1	0	0	0	Under investigation	12
Territories**						
Faroe Islands	58	11	0	0	Imported cases only	0
Andorra	39	23	0	0	Imported cases only	0
Gibraltar	8	5	0	0	Under investigation	0
Jersey	5	0	0	0	Imported cases only	1
Greenland	2	0	0	0	Under investigation	1
Guernsey	1	0	0	0	Imported cases only	9
South-East Asia Region						
Indonesia	227	55	19	14	Local transmission	0
Thailand	212	35	1	0	Local transmission	0
India	151	14	3	0	Local transmission	0
Sri Lanka	42	13	0	0	Local transmission	0
Maldives	13	0	0	0	Local transmission	3
Bangladesh	10	2	0	0	Local transmission	0
Bhutan	1	0	0	0	Imported cases only	12
Nepal	1	0	0	0	Imported cases only	55
Eastern Mediterranean Region						
Iran (Islamic Republic of)	17361	1192	1135	147	Local transmission	0
Qatar	442	0	0	0	Local transmission	1
Bahrain	256	5	1	0	Local transmission	0
Pakistan	241	54	0	0	Imported cases only	0
Saudi Arabia	238	67	0	0	Local transmission	0
Egypt	196	30	6	2	Local transmission	0
Iraq	164	0	12	0	Local transmission	1
Kuwait	142	12	0	0	Local transmission	0
Lebanon	133	13	4	1	Local transmission	0
United Arab Emirates	113	15	0	0	Local transmission	0
Jordan	52	13	0	0	Imported cases only	0
Morocco	49	11	2	0	Local transmission	0
Oman	33	9	0	0	Imported cases only	0

Tunisia	29	5	0	0	Local transmission	0
Afghanistan	22	0	0	0	Imported cases only	1
Djibouti	1	1	0	0	Under investigation	0
Somalia	1	0	0	0	Imported cases only	2
Sudan	1	0	1	0	Imported cases only	4
Territories**						
occupied Palestinian territory	44	3	0	0	Local transmission	0
Region of the Americas						
United States of America	7087	3551	100	42	Local transmission	0
Canada	569	145	8	7	Local transmission	0
Brazil	291	57	1	1	Local transmission	0
Chile	238	82	0	0	Local transmission	0
Ecuador	155	97	2	0	Local transmission	0
Peru	145	59	0	0	Local transmission	0
Colombia	93	48	0	0	Local transmission	0
Mexico	93	11	0	0	Imported cases only	0
Panama	86	17	1	0	Local transmission	0
Argentina	79	14	2	0	Local transmission	0
Costa Rica	50	9	0	0	Local transmission	0
Venezuela (Bolivarian Republic of)	36	3	0	0	Imported cases only	0
Uruguay	29	23	0	0	Imported cases only	0
Dominican Republic	21	0	1	0	Local transmission	1
Jamaica	13	1	0	0	Local transmission	0
Bolivia (Plurinational State of)	12	1	0	0	Imported cases only	0
Paraguay	11	2	0	0	Local transmission	0
Cuba	10	5	1	0	Local transmission	0
Honduras	9	1	0	0	Imported cases only	0
Trinidad and Tobago	7	2	0	0	Imported cases only	0
Guatemala	6	0	1	0	Imported cases only	1
Guyana	4	1	1	0	Local transmission	0
Bahamas	3	2	0	0	Local transmission	0
Barbados	2	2	0	0	Imported cases only	0
Saint Lucia	2	0	0	0	Imported cases only	3
Antigua and Barbuda	1	0	0	0	Imported cases only	5
Montserrat	1	1	0	0	Imported cases only	0
Saint Vincent and the Grenadines	1	0	0	0	Imported cases only	5
Suriname	1	0	0	0	Imported cases only	3
Territories**						
Guadeloupe	33	15	0	0	Imported cases only	0
Martinique	23	7	0	0	Imported cases only	0
French Guiana	11	4	0	0	Imported cases only	0
Puerto Rico	5	2	0	0	Imported cases only	0
Aruba	4	2	0	0	Imported cases only	0
Saint Martin	4	2	0	0	Under investigation	0
Curaçao	3	0	0	0	Imported cases only	1
Saint Barthélemy	3	0	0	0	Under investigation	3
United States Virgin Islands	2	0	0	0	Imported cases only	1
Cayman Islands	1	0	1	0	Imported cases only	5

African Region						
South Africa	116	54	0	0	Local transmission	0
Algeria	72	12	6	2	Local transmission	0
Senegal	36	9	0	0	Local transmission	0
Burkina Faso	26	6	1	1	Imported cases only	0
Rwanda	11	4	0	0	Local transmission	0
Cameroon	10	5	0	0	Local transmission	0
Cote d'Ivoire	9	3	0	0	Imported cases only	0
Ghana	9	1	0	0	Imported cases only	0
Nigeria	8	6	0	0	Imported cases only	0
Democratic Republic of the Congo	7	4	0	0	Local transmission	0
Kenya	7	4	0	0	Local transmission	0
Ethiopia	6	1	0	0	Imported cases only	0
Seychelles	6	2	0	0	Imported cases only	0
Congo	3	2	0	0	Imported cases only	0
Equatorial Guinea	3	2	0	0	Imported cases only	0
Gabon	3	2	0	0	Imported cases only	0
Mauritius	3	3	0	0	Under investigation	0
United Republic of Tanzania	3	2	0	0	Imported cases only	0
Liberia	2	1	0	0	Local transmission	0
Mauritania	2	1	0	0	Imported cases only	0
Namibia	2	0	0	0	Imported cases only	4
Zambia	2	2	0	0	Imported cases only	0
Benin	1	0	0	0	Imported cases only	1
Central African Republic	1	0	0	0	Imported cases only	4
Eswatini	1	0	0	0	Imported cases only	4
Gambia	1	1	0	0	Imported cases only	0
Guinea	1	0	0	0	Imported cases only	4
Togo	1	0	0	0	Imported cases only	11
Territories**						
Réunion	12	3	0	0	Imported cases only	0
Mayotte	3	2	0	0	Imported cases only	0
Subtotal for all regions	209127	16556	8771	828		
International conveyance (Diamond Princess)	712	0	7	0	Local transmission	3
Grand total	209839	16556	8778	828		

*Numbers include both domestic and repatriated cases

†The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of WHO concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

‡Case classifications are based on [WHO case definitions](#) for COVID-19.

§Transmission classification is based on WHO analysis of available official data and may be subject to reclassification as additional data become available. Countries/territories/areas experiencing multiple types of transmission are classified in the highest category for which there is evidence; they may be removed from a given category if interruption of transmission can be demonstrated. It should be noted that even within categories, different countries/territories/areas may have differing degrees of transmission as indicated by the differing numbers of cases and other factors. Not all locations within a given country/territory/area are equally affected.

Terms:

- **Community transmission** is evidenced by the inability to relate confirmed cases through chains of transmission for a large number of cases, or by increasing positive tests through sentinel samples (routine systematic testing of respiratory samples from established laboratories).
- **Local transmission** indicates locations where the source of infection is within the reporting location.
- **Imported cases only** indicates locations where all cases have been acquired outside the location of reporting.
- **Under investigation** indicates locations where type of transmission has not been determined for any cases.
- **Interrupted transmission** indicates locations where interruption of transmission has been demonstrated (details to be determined)

** "Territories" include territories, areas, overseas dependencies and other jurisdictions of similar status

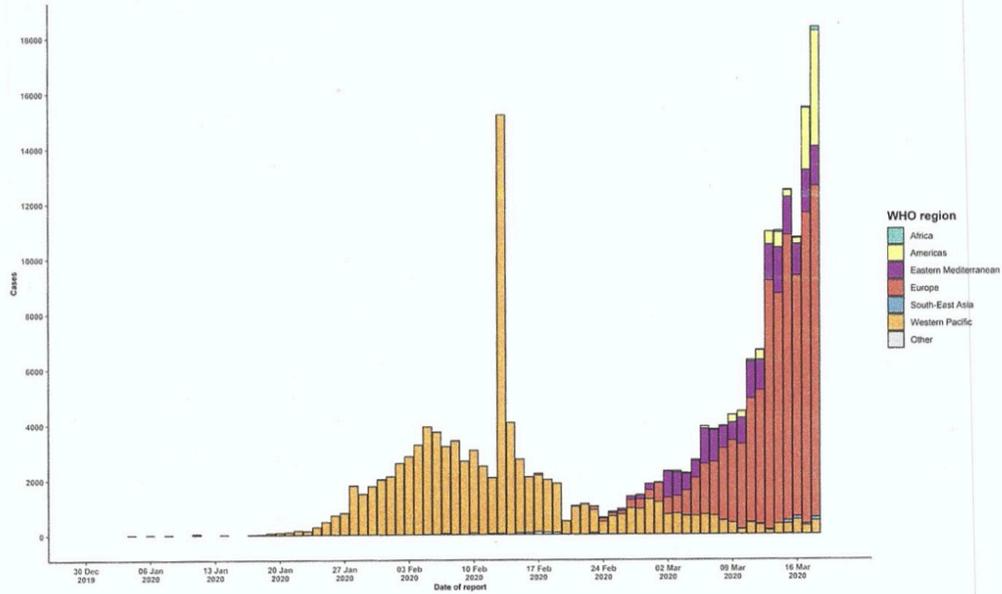
**Including 13 cases from Kosovo^[1]

[1] All references to Kosovo should be understood to be in the context of the United Nations Security Council resolution 1244 (1999).

Due to differences in reporting methods, retrospective data consolidation, and reporting delays, the number of new cases may not always reflect the exact difference between yesterday's and today's totals. WHO COVID-19 Situation Reports present official counts of confirmed COVID-19 cases, thus differences between WHO reports and other sources of COVID-19 data using different inclusion criteria and different data cutoff times are to be expected.

New countries/territories/areas are shown in red.

Figure 2. Epidemic curve of confirmed COVID-19, by date of report and WHO region through 19 March 2020



STRATEGIC OBJECTIVES

WHO's strategic objectives for this response are to:

- Interrupt human-to-human transmission including reducing secondary infections among close contacts and health care workers, preventing transmission amplification events, and preventing further international spread*;
- Identify, isolate and care for patients early, including providing optimized care for infected patients;
- Identify and reduce transmission from the animal source;
- Address crucial unknowns regarding clinical severity, extent of transmission and infection, treatment options, and accelerate the development of diagnostics, therapeutics and vaccines;
- Communicate critical risk and event information to all communities and counter misinformation;
- Minimize social and economic impact through multisectoral partnerships.

*This can be achieved through a combination of public health measures, such as rapid identification, diagnosis and management of the cases, identification and follow up of the contacts, infection prevention and control in health care settings, implementation of health measures for travelers, awareness-raising in the population and risk communication.

PREPAREDNESS AND RESPONSE

- To view all technical guidance documents regarding COVID-19, please go to [this webpage](#).
- WHO has developed interim guidance for laboratory diagnosis, advice on the use of masks during home care and in health care settings in the context of the novel coronavirus (2019-nCoV) outbreak, clinical management, infection prevention and control in health care settings, home care for patients with suspected novel coronavirus, risk communication and community engagement and Global Surveillance for human infection with novel coronavirus (2019-nCoV).
- WHO is working closely with International Air Transport Association (IATA) and have jointly developed a guidance document to provide advice to cabin crew and airport workers, based on country queries. The guidance can be found on the [IATA webpage](#).
- WHO has been in regular and direct contact with Member States where cases have been reported. WHO is also informing other countries about the situation and providing support as requested.
- WHO is working with its networks of researchers and other experts to coordinate global work on surveillance, epidemiology, mathematical modelling, diagnostics and virology, clinical care and treatment, infection prevention and control, and risk communication. WHO has issued interim guidance for countries, which are updated regularly.
- WHO has prepared a [disease commodity package](#) that includes an essential list of biomedical equipment, medicines and supplies necessary to care for patients with 2019-nCoV.
- WHO has provided recommendations to reduce risk of [transmission from animals to humans](#).
- WHO has published an [updated advice for international traffic in relation to the outbreak of the novel coronavirus 2019-nCoV](#).
- WHO has activated the R&D blueprint to accelerate diagnostics, vaccines, and therapeutics.
- OpenWHO is an interactive, web-based, knowledge-transfer platform offering online courses to improve the response to health emergencies. [COVID-19 courses can be found here](#). Specifically, WHO has developed online courses on the following topics: A general introduction to emerging respiratory viruses, including novel

coronaviruses (available in Arabic, Chinese, English, French, Russian, Spanish, Portuguese, Persian, Serbian, and Turkish); Clinical Care for Severe Acute Respiratory Infections (available in English, French, Russian, and Vietnamese); Health and safety briefing for respiratory diseases - ePROTECT (available in English, French, Russian, Indonesian, and Portuguese); Infection Prevention and Control for Novel Coronavirus (COVID-19) (available in English, French, Russian, Spanish, Indonesian, Italian, Japanese, Portuguese, and Serbian); and COVID-19 Operational Planning Guidelines and COVID-19 Partners Platform to support country preparedness and response (available in English and coming soon in additional languages).

- WHO is providing guidance on early investigations, which are critical in an outbreak of a new virus. The data collected from the protocols can be used to refine recommendations for surveillance and case definitions, to characterize the key epidemiological transmission features of COVID-19, help understand spread, severity, spectrum of disease, impact on the community and to inform operational models for implementation of countermeasures such as case isolation, contact tracing and isolation. Several protocols are available [here](#). One such protocol is for the investigation of early COVID-19 cases and contacts (the "[First Few X \(FFX\) Cases and contact investigation protocol for 2019-novel coronavirus \(2019-nCoV\) infection](#)"). The protocol is designed to gain an early understanding of the key clinical, epidemiological and virological characteristics of the first cases of COVID-19 infection detected in any individual country, to inform the development and updating of public health guidance to manage cases and reduce the potential spread and impact of infection.

RECOMMENDATIONS AND ADVICE FOR THE PUBLIC

If you are not in an area where COVID-19 is spreading or have not travelled from an area where COVID-19 is spreading or have not been in contact with an infected patient, your risk of infection is low. It is understandable that you may feel anxious about the outbreak. Get the facts from reliable sources to help you accurately determine your risks so that you can take reasonable precautions (see [Frequently Asked Questions](#)). Seek guidance from WHO, your healthcare provider, your national public health authority or your employer for accurate information on COVID-19 and whether COVID-19 is circulating where you live. It is important to be informed of the situation and take appropriate measures to protect yourself and your family (see [Protection measures for everyone](#)).

If you are in an area where there are cases of COVID-19 you need to take the risk of infection seriously. Follow the advice of WHO and guidance issued by national and local health authorities. For most people, COVID-19 infection will cause mild illness however, it can make some people very ill and, in some people, it can be fatal. Older people, and those with pre-existing medical conditions (such as cardiovascular disease, chronic respiratory disease or diabetes) are at risk for severe disease (See [Protection measures for persons who are in or have recently visited \(past 14 days\) areas where COVID-19 is spreading](#)).

CASE DEFINITIONS

WHO periodically updates the [Global Surveillance for human infection with coronavirus disease \(COVID-19\)](#) document which includes case definitions.

For easy reference, case definitions are included below.

Suspect case

- A. A patient with acute respiratory illness (fever and at least one sign/symptom of respiratory disease (e.g., cough, shortness of breath), AND with no other etiology that fully explains the clinical presentation AND a history of travel to or residence in a country/area or territory reporting local transmission (See [situation report](#)) of COVID-19 disease during the 14 days prior to symptom onset.

OR

B. A patient with any acute respiratory illness AND having been in contact with a confirmed or probable COVID-19 case (see definition of contact) in the last 14 days prior to onset of symptoms;

OR

C. A patient with severe acute respiratory infection (fever and at least one sign/symptom of respiratory disease (e.g., cough, shortness breath) AND requiring hospitalization AND with no other etiology that fully explains the clinical presentation.

Probable case

A suspect case for whom testing for COVID-19 is inconclusive.

- Inconclusive being the result of the test reported by the laboratory

Confirmed case

A person with laboratory confirmation of COVID-19 infection, irrespective of clinical signs and symptoms.

- Information regarding laboratory guidance can be found [here](#).