RECEIVED ON: July 11, 2022

Council Meeting: 07/12/22
Agenda Item No. 12.C

From: Dave K. <dave777k@gmail.com>
Sent: Saturday, July 9, 2022 12:48 AM
To: Cathy Warner <cathywarner@earthlink.net>; Jessica Martinez <jmartinez@cityofwhittier.org>; Octavio Cesar Martinez <omartinez@cityofwhittier.org>; Joe Vinatieri <jvcc@bewleylaw.com>; Fernando Dutra <fdutra@cityofwhittier.org>; Brian Saeki <bsaeki@cityofwhittier.org>; Rigo Garcia <rgarcia@cityofwhittier.org>
Subject: Why ZOOM and call - in public comments should continue to be allowed RE: 7/12/22 City council meeting agenda item 12.C. AB 361.

Fri. 7/7/22
To: City Council, Mayor, City manager, and City Clerk
From: David Knittle, Whittier resident

Why ZOOM and call - in public comments should continue to be allowed RE: 7/12/22 City council meeting agenda item 12.C. AB 361.

Those who take care of the immune compromised, the immune compromised themselves, and the elderly should be able to make public comments in City council meetings at this time by ZOOM and call -ins. Otherwise, they won't be able to make public comments in person at the meetings during this surge in Covid.

2 new Wildly contagious variants keeping Southern California Covid cases high , 7/7/22 article here - Why ZOOM and call - in

CC: CM; ACM; CA;Council; Original to CC; Public Binder; Department

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public comments should continue to be allowed RE: 7/12/22 City council meeting agenda item 12.C. AB 361 – Remote Meetings Under State Emergency Orders

AB 361 – Remote Meetings Under State Emergency Orders

12.C.

Recommendation: Adopt Resolution No. 2022-52, making the legally required findings to authorize the conduct of remote telephonic meetings during the state of emergency for all Brown Act bodies if necessary and rescinding Resolution No. 2022-41.

NEWS
News

Orange County Register July 7, 2022
2 new wildly contagious variants keeping Southern California COVID cases high

‘Taken as a whole, our everyday risk of exposure to (coronavirus) in the community will probably remain substantial for a while,’ said one health official

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If it seems like half the people you know have come down with COVID-19 recently, you're not alone.

Southern California is in the midst of a sustained wave of coronavirus cases that has been building since the spring, and with two new wildly contagious variants bursting onto the scene in recent weeks, the wave is showing no signs of ending.

But if you think that a lower percentage of people being hospitalized or dying because of COVID-19 these days means you don't need to take precautions like masking and getting vaccinated and boosted, well, public health experts would beg to differ.

Here are six things to know about these new variants and how you can protect yourself and your community.

What are these new variants?

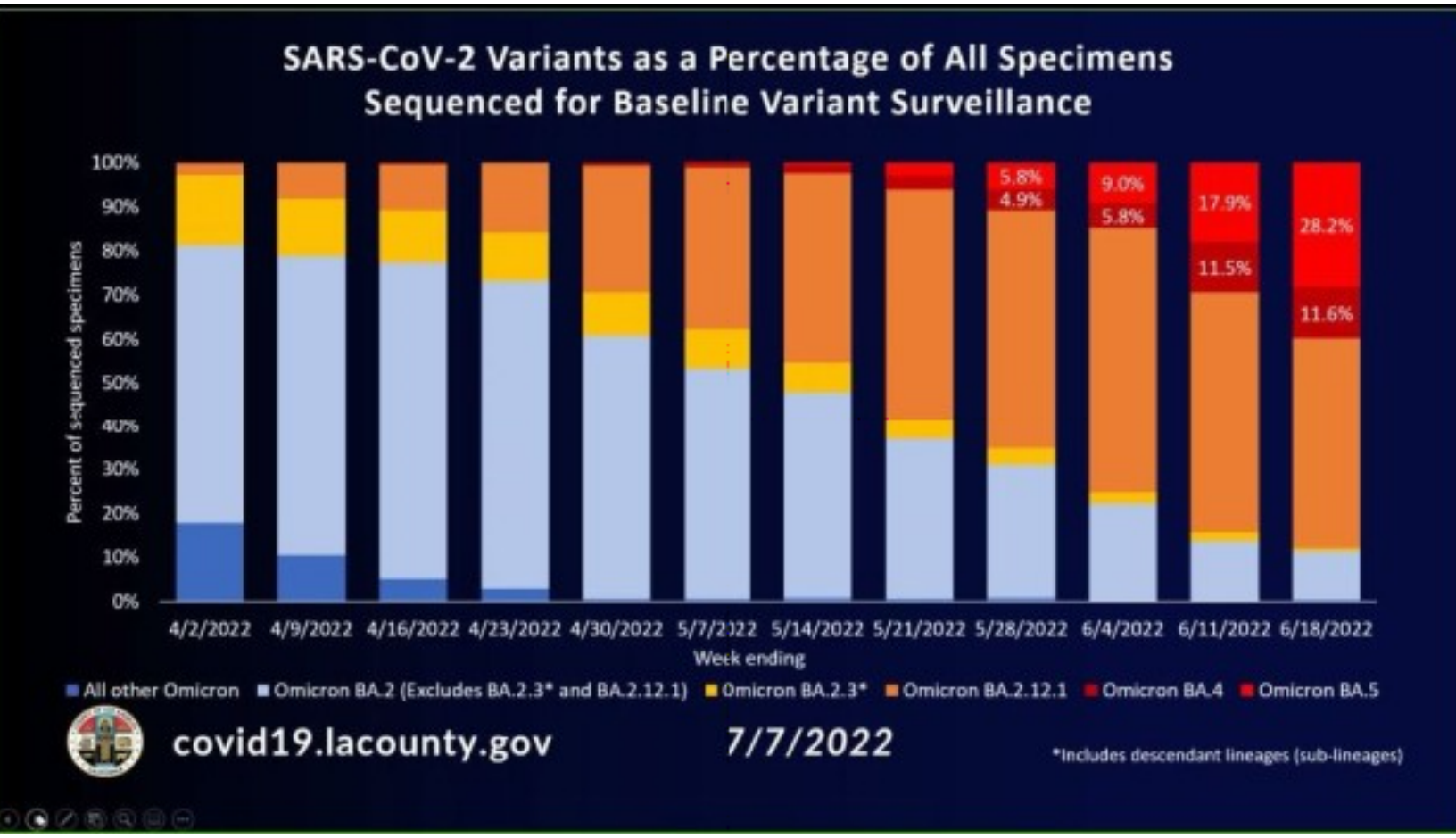
They're actually subvariants of omicron, the strain that was first detected in South Africa around Thanksgiving and caused last winter's huge surge in the United States.

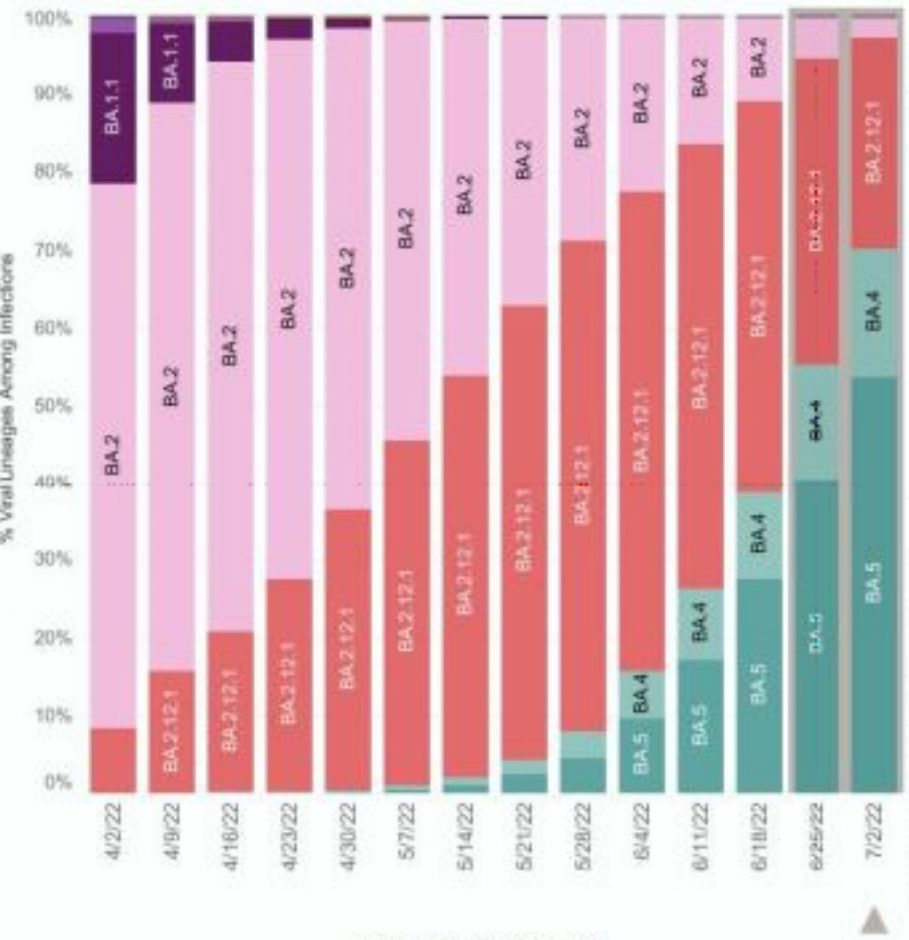
Since then, omicron has continued to mutate quickly.

"New variants come along and they outcompete the old variants," said Andrew Noymer, an epidemiologist at UC Irvine. He noted that the same thing happens with influenza, but

it's happening much faster with COVID-19, "just one wave after another after another of new variants."

Each new branch that shoots off the family tree from the original omicron trunk gets a new series of letters and numbers. Two branches, known as BA.2 and BA.2.12.1, became dominant this spring, and now subvariants known as BA.4 and

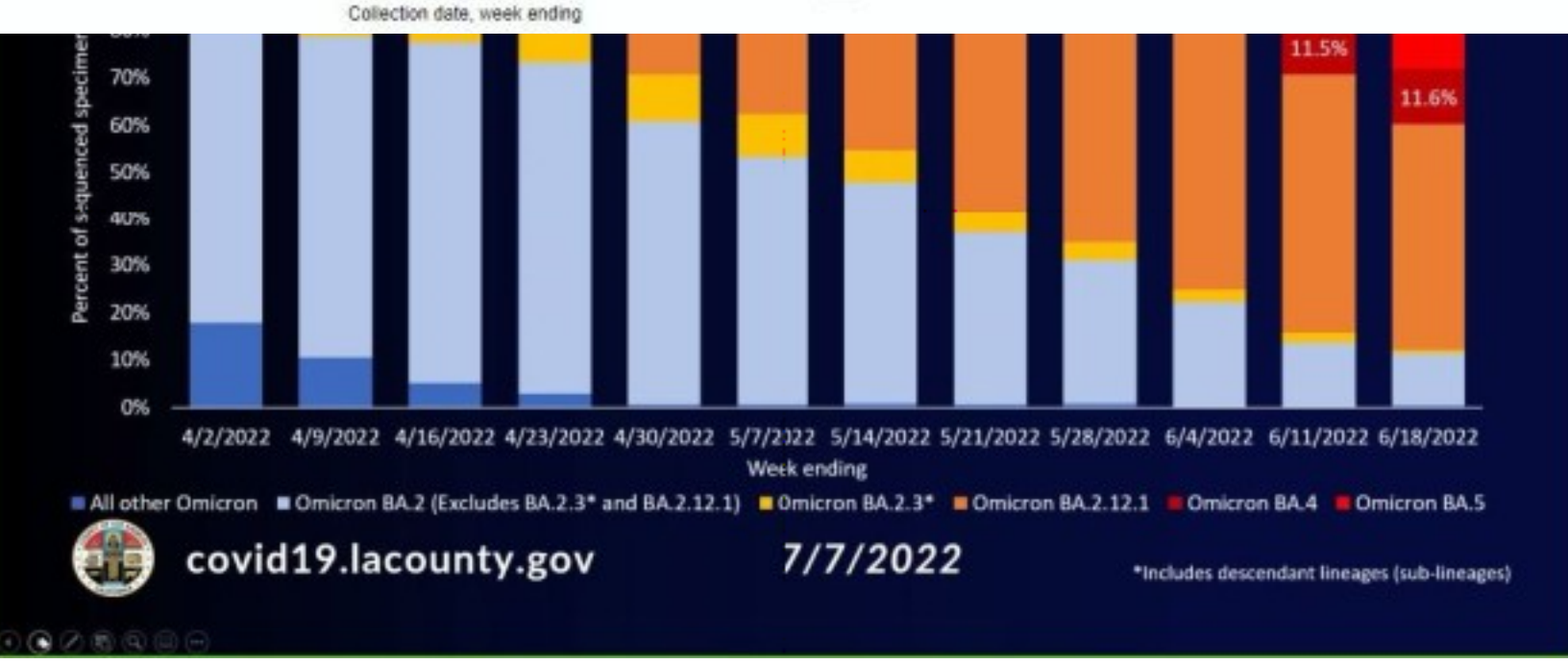




USA

WHO label	Lineage #	US Class	%Total	95%PI
Omicron	BA.5	VOC	53.6%	49.5-57.6%
	BA.2.12.1	VOC	27.2%	24.2-30.3%
	BA.4	VOC	16.5%	13.9-19.4%
	BA.2	VOC	2.8%	2.4-3.3%
	B.1.1.529	VOC	0.0%	0.0-0.0%
	BA.1.1	VOC	0.0%	0.0-0.0%
Delta	B.1.617.2	VBM	0.0%	0.0-0.0%
Other	Other*		0.0%	0.0-0.0%

* Enumerated lineages are US VOC and lineages circulating above 1% nationally in at least one week period. "Other" represents the aggregation of lineages which are circulating <1% nationally during all weeks displayed.
** These data include Nowcast estimates, which are modeled projections that may differ from weighted estimates generated at later dates
# AY.1-AY.133 and their sublineages are aggregated with B.1.617.2. BA.1, BA.3 and their sublineages (except BA.1.1 and its sublineages) are aggregated with B.1.1.529. For regional data, BA.1.1 and its sublineages are also aggregated with B.1.1.529, as they currently cannot be reliably called in each region. Except BA.2.12.1, BA.2 sublineages are aggregated with BA.2. BA.5.1 is aggregated with BA.5.



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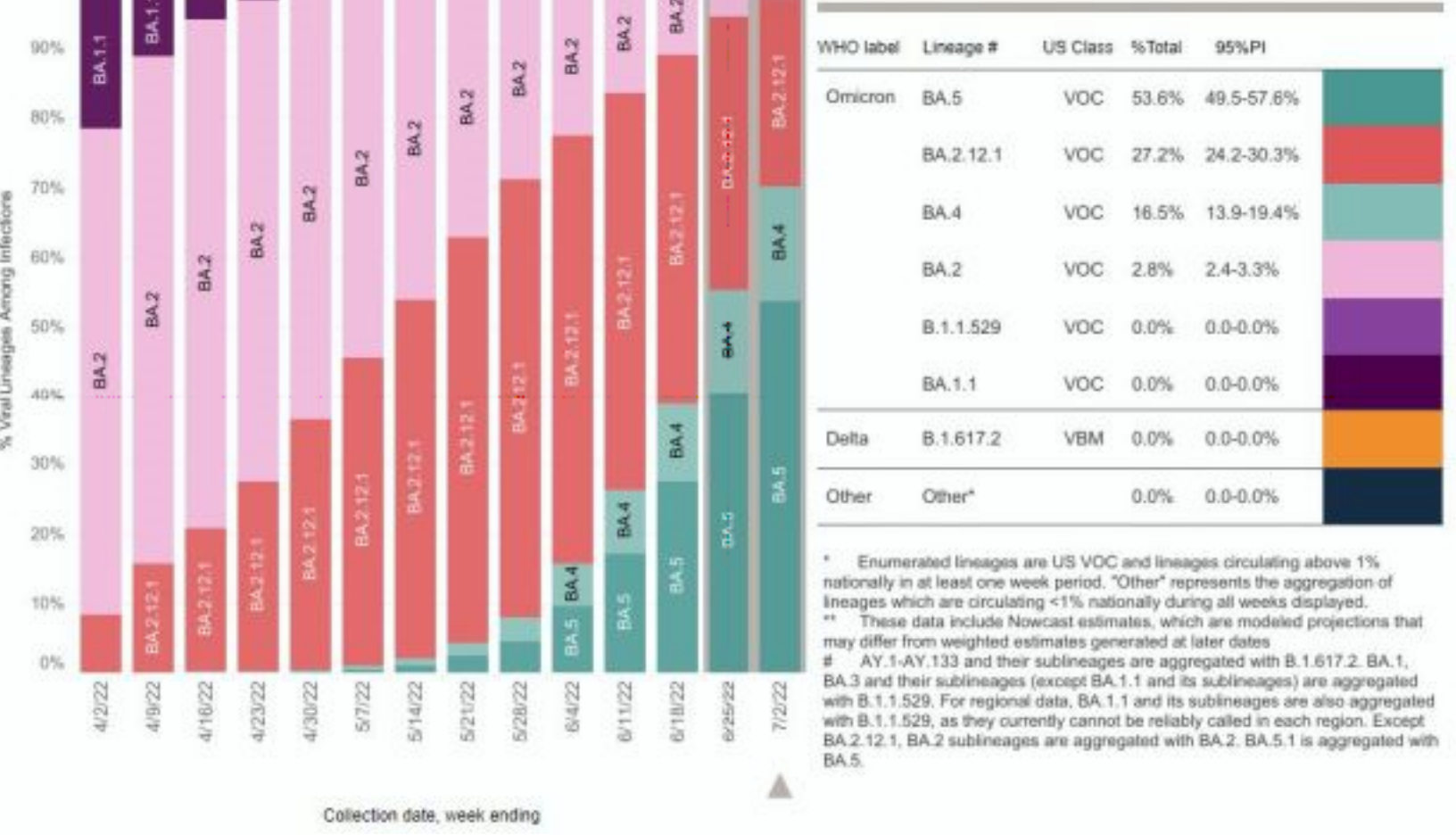

1 of 2

A chart from the Centers for Disease Control and Prevention shows how the BA.4 and BA.5 omicron subvariants are taking over from BA.2 and BA.2.12.1 as the dominant strains in the U.S.

How dangerous are BA.4 and BA.5?

George Rutherford, a professor of epidemiology at UC San Francisco, said the better word would be “disruptive,” not dangerous.

“They don’t necessarily cause more severe disease — school’s still out on that right now,” he said. The difference between them and previous variants and subvariants is that they’re much, much more transmissible. “They’ve also picked up a few mutations that make them more difficult for the immune system to recognize.”

So instead of receding, the current wave — which is responsible for nearly 1 million confirmed cases in California since April, out of the 9.5 million total since the pandemic started — is being sustained by these new subvariants’ extreme contagiousness and ability to evade immunity. Even people who are fully vaccinated and boosted, or who had a recent infection, are getting breakthrough cases and reinfections.

That’s pushed Southern California case rates back to levels not seen since February, when the original omicron wave was ebbing.

On the other hand, hospitalizations — while up significantly from their lows of a few

months ago — haven't risen back to the levels seen in previous surges.

"The current elevated case counts aren't by themselves worrisome," said Matthew Zahn, deputy county health officer for the Orange County Health Care Agency, in light of the fact that hospitalizations "continue to remain much lower than previous surges."

"But it is worth noting that the current surge began in May, shows no sign of slowing in July, and new variants continue to emerge," he said. "Taken as a whole, our everyday risk of exposure to (coronavirus) in the community will probably remain substantial for a while."

So is vaccination still important?

The answer is a resounding yes from public health experts.

"Getting vaccinated is still the best way to protect yourself and your family, even with the emergence of new variants," San Bernardino County Health Officer Michael A. Sequira said.

The vaccines no longer do a great job at stopping infection altogether, because of the way the virus has evolved. But they are still very effective at preventing severe disease.

"If you're vaccinated and double boosted, let's say, that will go a long way to keeping you out of the ICU, but it WILL NOT, in upper case, prevent reinfection," Noymer said. "No, I cannot give you an airtight guarantee that you won't wind up in the ICU, but all things being equal, if you're vaccinated and boosted, you're better off."
According to the latest data from the California Department of Public Health, unvaccinated people are 5.4 times more likely to get COVID-19, 7.5 times more likely to be hospitalized with it and 14.5 times more likely to die from it than people who are vaccinated and boosted.
What about wearing masks?

The experts were also unanimous in their support for indoor masking, especially while cases are elevated, and especially among people who are at higher risk or have close contact with high-risk people.

Those asymptomatic cases are one of the reasons — people can spread the disease even if they don't know they're contagious.

"The fact that many persons may be infected, but are without symptoms, means that crowded indoor spaces become even more likely places where transmission can occur," said Robert Kim-Farley, a UCLA expert in epidemiology and infectious diseases.

Experts said the standard from early in the pandemic — you're at risk if you're within 6 feet of someone for 15 minutes or more — isn't really helpful anymore. If you're outside where the air can circulate, you're probably at low risk, but inside, the virus can travel a considerable distance and it doesn't take 15 minutes to invade.

"If you're in a grocery store with 50 other people, chances are very, very high that

somebody in that grocery store will be infected, maybe a couple," said John Swartzberg, an infectious disease specialist at UC Berkeley. "If they're not wearing a mask, they don't have to be within 6 feet of you to cause infection."

In other words, he said: "Don't go into a grocery store without a mask on."

If the disease is less severe now, what's the big deal?

Long COVID is still a big concern.

Swartzberg said he's in a high risk group because of his age, and for much of the pandemic, he worried about being hospitalized or dying from COVID-19.

"I don't really worry about that anymore," he said. He's up-to-date on his vaccinations and has access to medications that could also help prevent severe disease if he becomes infected.

"On the other hand, I worry about long COVID, which would ruin the rest of my life, or has the potential to," Swartzberg said.

He noted that literature suggests anywhere from 5% to 30% of people who get infected — with about 15% being a good middle estimate — develop long-term symptoms including fatigue, fever, respiratory and heart issues, neurological problems and digestive symptoms.

"I don't want to get long COVID, so if it's between wearing a mask when I go to the grocery store and being prudent in other settings, or getting long COVID, I think it's a no-brainer," Swartzberg said.

Additionally, while fewer people are getting severe COVID-19 than before, there are still large parts of the population at higher risk. In a presentation Thursday, July 7, Los Angeles County Public Health Director Barbara Ferrer said that includes the 34% of L.A. County residents who are age 50 and older, 28% of adults who are obese, 25% who have high blood pressure, 11% who have diabetes, 11% who use tobacco and 7% of adults and children who have asthma.

What's next?

Asked this question, Swartzberg chuckled. Everyone wants to know, but no one can really say for sure. He did, however, say he has hope that as we keep building immunity from vaccinations and infections, we're going to be able to handle the virus better, and that with science "progressing at warp speed," better vaccinations and treatments are on the horizon.

In the immediate future, if hospitalizations rise much more, Southern California could soon join the Bay Area and much of central California in the CDC's high-risk level.

RELATED ARTICLES

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Ferrer said Thursday that if L.A. County reaches that level and stays there for two weeks, the county would reinstate a universal indoor mask mandate, something she said could happen by the end of this month.

No one can predict what new variants will emerge, but most experts expect that there will be another surge this winter. But there's reason to think future waves won't be as devastating as past ones.

"Looking at the history of viral infection, people like to point out that many viruses start out with a huge explosion of disease, then gradually tone down so they're just in the background, part of the normal cycle, like the common cold," said Michael Buchmeier, a virologist and immunologist who just retired from UC Irvine. "We may be seeing that right now. We may be at the point it has evolved to not be as dangerous."
