



# **Updated Los Angeles County COVID-19 Response Plan**

Los Angeles County Department of Public Health

Note: Changes made are highlighted in yellow.

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## Introduction

As we respond to the COVID-19 pandemic, Los Angeles County (LAC) will continue utilizing both the [COVID-19 hospital admission levels](#) and the [California SMARTER Plan](#) to guide the realignment of our local public health response. While we welcome our recovery from various dangerous variant surges, we anticipate the possibility of future unpredictable waves of new infections due to new variants and other factors that will require ongoing monitoring of early warning metrics and implementation of health protective approaches to meet changing mitigation needs.

The role of the LAC Department of Public Health (DPH) remains ensuring an equitable distribution of the resources and opportunities needed to prevent COVID-19 transmission and protect residents and workers from devastating consequences associated with COVID-19 illness. As we have seen in recent years, the pandemic has illuminated stark inequities in the burden of disease by race/ethnicity and geography, with Black and Brown individuals and those living in under-resourced communities experiencing higher case, hospitalization, and death rates. These disparities did not happen by chance and reflect decades of disinvestment, marginalization, and racism.

The solutions to eliminating the gaps in health outcomes require transforming systems, policies, and practices. Engaging in this work calls for a long-term commitment to centering equity work at all levels, including mitigation efforts. Calls to 'returning to normal' and minimizing public health response activities can have an unintended consequence of exacerbating inequitable outcomes since the existing healthcare and social services systems are not yet organized to provide those most vulnerable and marginalized with the necessary resources to mitigate the impact of the virus.

To ensure an equity focused response, DPH is organizing mitigation actions to:

- Protect the most vulnerable, including those at risk of experiencing elevated rates of illness and death from COVID-19
- Protect hospitals and health system functioning
- Prevent unconstrained spread and significant illness
- Prepare for future potential challenges presented by the evolving conditions of the virus

# Metrics to Assess Risk and Assign Appropriate Prevention Measures

## CDC COVID-19 Hospital Admission Levels

Los Angeles County (LAC) will continue to use the Centers for Disease Control and Prevention’s (CDC) [COVID-19 hospital admission levels](#) (Table 1) to guide assessment of risk across the county and inform the adoption of prevention strategies as described in Table 2.

LAC will implement COVID-19 mitigation strategies in response to an increase in hospital admission levels when new hospital admissions move into the High Level for at least fourteen (14) consecutive days. Strategies will revert to a lower hospital admission level when the hospital admission rate has fallen below the threshold for the higher level for at least 7 consecutive days or the hospital admission rate has been declining consistently for the prior fourteen (14) days.

For certain high-priority healthcare sectors, LA County will implement COVID-19 mitigation strategies immediately when the County’s CDC COVID-19 hospital admission level moves into the Medium Level and will revert strategies when the hospital admission level has fallen back into the Low Level for at least 2 weeks.

**TABLE 1: CDC COVID-19 Hospital Admission Levels**

Metric	Low	Medium	High	LA County’s Current Value
New COVID-19 hospital admissions per 100,000 population (7-day total)	<10.0	10.0-19.9	≥20.0	The latest value is updated weekly and posted on the <a href="#">DPH Website</a>

**TABLE 2: Community Safety Protection Measures and Prevention Strategies (Aligned with CDC COVID-19 hospital admission levels)**

The Community Safety Protection Measures and Prevention Strategies in **Table 2** below reflect mitigation efforts in four areas: indoor masking, testing, vaccination, and ventilation.

**\*NOTE:** When there is circulation of an emerging COVID-19 variant of concern that shows potential evidence of vaccine avoidance, these recommendations and requirements will be modified.

	CDC hospital admission level: <b>LOW</b>	CDC hospital admission level: <b>MEDIUM</b>	CDC hospital admission level: <b>HIGH</b>
<b>Indoor Masking</b>			
No one can be prevented from wearing a mask to participate in an activity or enter a business.			
Regardless of the CDC hospital admission level, indoor masking may be required <ul style="list-style-type: none"> <li>by individual sites, including some businesses, health facilities, schools, and workplaces.</li> <li>by Public Health when managing an outbreak, including in workplaces and congregate settings.</li> <li>by Cal/OSHA ATD Standards and Non-ETS regulations as applicable for employers, employees, and places of employment</li> </ul>			
<b>For those confirmed positive</b>	Regardless of the level: <ul style="list-style-type: none"> <li>Wear a mask if there is a need to be in the same room with others while staying home for 10 days</li> <li>People with no fever for at least 24 hours without the use of fever reducing medicine AND have no other symptoms or their symptoms are mild and improving after Day 5, may stop wearing their mask sooner (between Day 6-10) if they have two sequential negative COVID-19 tests taken at least one day apart. <i>Note that people returning to the workplace after a COVID-19 infection are required to mask around others through Day 10 per Cal/OSHA.</i></li> </ul>		
<b>People with respiratory symptoms (such as cough, runny nose, sore throat)</b>	Strongly recommended if need to be around others.		
<b>For those exposed</b>	Strongly recommended to mask indoors for 10 days after last day of exposure	Strongly recommended to mask indoors for 10 days after last day of exposure	Strongly recommended to mask indoors for 10 days after last day of exposure, unless general masking required.

	CDC hospital admission level: <b>LOW</b>	CDC hospital admission level: <b>MEDIUM</b>	CDC hospital admission level: <b>HIGH</b>
<b>All healthcare settings and congregate care facilities</b>	Strongly recommended for healthcare workers, patients, and visitors	Required for healthcare workers and visitors in licensed healthcare facilities providing inpatient care.	Required for healthcare workers providing patient care and in patient care areas  Required for all patients and visitors
<b>Correctional and detention facilities, homeless and emergency shelters</b>	Individual preference <sup>1</sup> outside of clinical areas, unless required by agency if no outbreak has occurred within 14 days	Strongly recommended outside of clinical areas, unless required by agency if no outbreak has occurred within 14 days	Strongly recommended or required depending on an assessment of local conditions at the time
<b>Public transit, transportation hub, and transportation service (including shuttle bus, ride share, and taxis)</b>	Strongly recommended, unless required by transportation agency	Strongly recommended, unless required by transportation agency	Strongly recommended or required depending on an assessment of local conditions at the time
<b>Individuals, regardless of vaccination status, in all other settings.</b>	Individual preference <sup>1</sup>	Strongly recommended for individuals <a href="#">at risk for severe illness</a> <sup>2</sup> especially when in crowded or poorly ventilated places.  Strongly recommended for those who share a home or spend time with someone who is at risk for severe illness, when they are indoors with them.	Strongly recommended or required for everyone when indoors in public, depending on an assessment of local conditions at the time.  Individuals at risk for severe illness should consider avoiding spending time indoors in public, unless it is essential. If they do spend time indoors in public, they should wear their most protective mask, such as a N95, KN95, or KF94 respirator. This is especially important when in crowded or poorly ventilated places.
<b>Testing</b>			
<b>Routine screening testing in workplaces</b>	As required by the site or sector		
<b>For those <a href="#">exposed</a></b>	Strongly recommended as soon as possible after exposure to determine infection status and again between Day 3-5 from exposure.		

	CDC hospital admission level: <b>LOW</b>	CDC hospital admission level: <b>MEDIUM</b>	CDC hospital admission level: <b>HIGH</b>
<b>For those <a href="#">confirmed positive</a></b>	Strongly recommended to exit isolation after day 5		
<b>Before gathering socially with those at elevated risk</b>	Individual preference, unless required by site/host	Recommended, unless required by site/host	Strongly recommended, unless required by site/host
<b>Visitors before going indoors at health care facilities, including congregate care sites</b>	Individual preference, unless required by site/host	Recommended, unless required by site/host	Require all visitors, regardless of COVID-19 vaccination status, to be tested prior to indoor visitation
<b>Vaccination</b>			
<b>All residents</b>	Strongly recommend having vaccines be <a href="#">up to date</a> .		
<b>Healthcare personnel (HCP) working in all licensed healthcare facilities</b>	Strongly recommended to receive the new COVID-19 vaccine. HCP who decline the new COVID-19 vaccine will be required to wear a respiratory mask when in contact with patients or working in patient-care areas during the respiratory virus season.		
<b>Environmental Mitigation</b>			
<b>Ventilation throughout indoor spaces</b>	Strongly recommended to ensure and maintain improved ventilation throughout indoor spaces		

- (1) Individual preference means that no person can be prevented from wearing a mask as a condition of participation in an activity or entry into a business. Individuals are encouraged to choose to wear a mask based on their preference and personal risk.
- (2) Individuals at elevated risk include: elderly, unvaccinated, those with underlying medical conditions, immunocompromised individuals, and those living in high poverty communities. This means that a person with one or more of these conditions who gets very sick from COVID-19 (has severe illness from COVID-19) is more likely to: be hospitalized, need intensive care, require a ventilator to help them breathe, or die. See [CDC website](#) for more details on the underlying medical conditions associated with elevated risk of severe COVID-19 illness.

### **LAC Early Alert Signals and Levels of Concern**

Public Health will monitor the following signals to provide early indication of concerning trends that can result in future high rates of transmission and/or increased illness severity. The signals

in **Table 3** below include four (4) community-wide measures (variants of concern, Emergency Department COVID-19 visits, cumulative case rate in high poverty communities, SARS-CoV-2 wastewater concentration) and four (4) sector specific measures (outbreaks at Skilled Nursing Facilities [SNFs], outbreaks at Transitional Kindergarten (TK) through 12th grade schools, outbreaks at settings assisting persons experiencing homelessness [PEH], clusters at worksites). An alert in any measure that reaches the threshold for medium or high concern will trigger an in-depth review of contributing factors and the possibility of modifications to community prevention strategies.

**TABLE 3: LAC Early Alert Signals**

LAC Early Alert Signals: Indicator Thresholds	LAC Early Alert Signals: Low Concern	LAC Early Alert Signals: Medium Concern	LAC Early Alert Signals: High Concern	LAC Early Alert Signals: LA County's Current Values
<b>Percent of specimens sequenced that are identified as a new variant or subvariant of interest* (based on WHO, CDC, or local designation)</b>	Less than 10% of sequenced specimens	10%-20% of sequenced specimens	More than 20% of sequenced specimens	Latest values are updated weekly and posted on the <a href="#">DPH Website</a>
<b>7-day average of the percent of Emergency Department (ED) encounters classified as coronavirus-related</b>	Less than 5% of ED encounters	Between 5% and 10% of ED encounters	More than 10% of ED encounters	
<b>7-day cumulative age-adjusted case rate for the lowest income areas (30-100% area poverty)</b>	Case rate is <100 per 100,000	Case rate is 100-200 per 100,000	Case rate is >200 per 100,000	
<b>Current SARS-CoV-2 wastewater concentration as a percentage of the Winter 2022-2023 peak concentration value</b>	Less than 30%	30%-60%	More than 60%	
<b>Number of new outbreaks in skilled nursing facilities over the past 7 days</b>	≤20 new outbreaks in past 7 days	21-30 new outbreaks in past 7 days	>30 new outbreaks in past 7 days	
<b>Number of new outbreaks in TK-12 school classrooms over the past 7 days</b>	≤10 new outbreaks in past 7 days	11-20 new outbreaks in past 7 days	>20 new outbreaks in past 7 days	
<b>Number of new outbreaks in PEH settings over the past 7 days</b>	≤10 new outbreaks in past 7 days	11-20 new outbreaks in past 7 days	>20 new outbreaks in past 7 days	
<b>Number of worksite cluster reports in the past 7 days</b>	<150 worksite cluster reports in past 7 days	150-350 worksite cluster reports in past 7 days	>350 worksite cluster reports in past 7 days	

\*A “new” variant or subvariant of interest is defined as a variant or subvariant that has been detected in LA County for less than 12 weeks from the date it was first detected locally for the 5th time. If a new variant of interest is also designated a Variant of High Consequence based on WHO or CDC designation, it will result in immediate designation at the level of “High Concern.”

**Priority Sector Mitigation Measures**

For each of the sectors, **Table 4** provides additional general mitigation measures and other measures that should be implemented based on an assessment of the situation including metrics such as in **Table 1** and **Table 3**. Please see individual sector guidance for more information.

**NOTE:** All sectors should follow the minimum requirements related to indoor masking, testing, vaccination, and ventilation measures set forth in **Table 2:** The Community Safety Protection Measures and Prevention Strategies.

**TABLE 4: Priority Sector Response**

General Mitigation Measures	Enhanced Mitigation Measures
<p><b>SECTOR: Skilled Nursing Facilities</b></p> <p>*The measures in this table are general information for the public. Healthcare facilities must follow specific LAC DPH guidance and CDPH and CMS requirements.</p>	
<ul style="list-style-type: none"> <li>• Strongly recommend that those that are eligible are <a href="#">up to date</a> with COVID-19 vaccines.</li> <li>• Ensure adequate testing capacity to meet routine screening and response testing requirements as defined by the state’s All Facility Letters (AFLs), county HOOs, and CMS QSO-20-38-NH (Revised 09/23/2022), whichever is more protective.</li> <li>• Ensure timely access to therapeutics.</li> <li>• Test all symptomatic staff and residents.</li> <li>• Report all cases among residents and report 3 linked cases within 7 days among staff. Continue aggressive management of outbreaks and expanded infection control measures. Conduct contact tracing and assure proper isolation of cases and quarantining of close contacts based on the Guidelines for Preventing &amp; Managing COVID-19 in Skilled Nursing Facilities.</li> <li>• Follow all DPH requirements during an outbreak</li> </ul>	<ul style="list-style-type: none"> <li>• Require mask for all staff and visitors during the entire time while in the facility.</li> <li>• Require all visitors to test for COVID-19 within 24 hours before their visit. If not done prior to arrival at the facility, SNFs will offer over-the-counter antigen tests for visitors to self-test prior to entry.</li> </ul>

General Mitigation Measures	Enhanced Mitigation Measures
<ul style="list-style-type: none"> <li>• Test contacts within facility as required after exposure.</li> <li>• Continue to provide consultation, education, and information on optimal infection control practices.</li> <li>• Prioritize DPH assistance with outbreaks.</li> </ul>	
<p><b>Resources for Skilled Nursing Facilities:</b></p> <ol style="list-style-type: none"> <li>1) <a href="#">Guidelines for Preventing &amp; Managing COVID-19 in Skilled Nursing Facilities</a></li> <li>2) <a href="#">COVID-19 Guidelines for Community Care Facilities</a></li> <li>3) <a href="#">Infection Prevention Guidance for Healthcare (including EMS) Personnel</a></li> </ol>	
<p><b>SECTOR: Transitional Kindergarten (TK)-12 Grade</b></p>	
<ul style="list-style-type: none"> <li>• Strongly recommend that all eligible staff and students are <a href="#">up to date</a> with COVID-19 vaccines.</li> <li>• Follow COVID-19 exposure management guidance for TK-12 schools.</li> <li>• Report clusters of 3 or more linked confirmed cases among staff and students who were on campus at any point within the 7 days prior to illness onset date.</li> <li>• Prioritize DPH assistance with outbreak management. During an outbreak, the Public Health Outbreak Response team may require changes in safety protocols. This may include more stringent guidance to control further spread on site.</li> <li>• Optimize ventilation in indoor spaces in schools. Follow standard infection control guidance, including actively having sick students and staff remain home when sick, isolate when infected and wear a mask for 10 days after last exposure,</li> <li>• Strongly encourage school-based health centers to enroll as COVID-19 vaccine providers.</li> </ul>	<ul style="list-style-type: none"> <li>• Adhere to any public health safety protections issued for schools.</li> <li>• Strongly recommend testing before attending large indoor gatherings and after engaging in higher risk activities, like travel or having been in crowded indoor spaces, as resources allow.</li> <li>• Increase messaging to students and staff about the importance of layering in additional precautions to protect against COVID-19.</li> </ul>
<p><b>Resources for Transitional Kindergarten (TK)-12 Grade and Other Educational Settings:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">COVID-19 Prevention and Response Guidelines for Education Settings</a></li> </ul>	

## SECTOR: Shelters and Interim Housing Serving Persons Experiencing Homelessness (PEH)

- |   |   |
|---|---|
| <ul style="list-style-type: none"> <li>• Strongly recommend that staff and residents are <a href="#">up to date</a> with COVID-19 vaccines.</li> <li>• Offer well-fitting masks to all residents and staff.</li> <li>• Ensure adequate supply of tests for close contacts and symptomatic persons.</li> <li>• Test all symptomatic persons for COVID-19 regardless of vaccination status.</li> <li>• Ensure access to therapeutics.</li> <li>• Continue to provide consultation, education, and information on optimal infection control practices.</li> <li>• Provide cohorting/isolation space onsite at congregate facilities where possible.</li> <li>• Assure proper isolation of cases.</li> <li>• Report three or more cases among staff and residents within a 7-day period to DPH.</li> <li>• Prioritize DPH assistance with outbreak management.</li> <li>• Continue aggressive management of outbreaks and expanded infection control measures.</li> </ul> | <ul style="list-style-type: none"> <li>• Masking strongly recommended or required depending on an assessment of local conditions at the time.</li> <li>• Strongly recommend weekly screening testing of all residents and staff, regardless of vaccination status. If resources allow, conduct screening testing twice a week.</li> </ul> |
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### Resources for Shelters and Interim Housing Facilities:

- [Guidance for Homeless Shelters and Service Agencies](#)

## SECTOR: Worksites

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|---|---|
| <ul style="list-style-type: none"> <li>• Employers must provide a respirator to all employees who are working indoors or in vehicles with more than one person upon request for voluntary use</li> <li>• Employers shall provide face coverings and ensure they are worn by employees when required by Cal/OSHA or DPH regulation or order and should make surgical masks or higher-filtration masks (e.g., N95s, KN95s, KF94s) with good fit available at all times.</li> <li>• Ensure information regarding vaccinations, testing and therapeutics is available to employees.</li> <li>• Encourage worker vaccination.</li> </ul> | <ul style="list-style-type: none"> <li>• Strongly recommend masking indoors for workers at elevated risk with significant contact with the public or other workers.</li> <li>• Strongly recommend masking indoors and in shared vehicles for all workers.</li> <li>• Strong recommendation to implement physical distancing in communal areas such as breakrooms and cafeterias.</li> </ul> |
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<ul style="list-style-type: none"> <li>• Exclude COVID-19 cases from the workplace until they are no longer an infection risk and meet the Cal/OSHA return-to-work criteria.</li> <li>• Workers who have a close contact or are exposed to a COVID-19 case should test as soon as possible to determine their status and test again within 3-5 days and should wear a well-fitting mask while indoors around others. During an outbreak, more protective measures are required.</li> <li>• Employers required to report to DPH if 3 or more linked COVID-19 cases are known or reported at a worksite within a 7-day period.</li> <li>• Investigate workplace outbreaks; employers to implement safety measures that limit transmission.</li> <li>• Continue to provide consultation, education, and information on optimal infection control practices.</li> <li>• Optimize ventilation at worksites.</li> <li>• Actively encourage and support employees to stay home when sick.</li> </ul>	
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**Resources for Worksites:**

- 1) [Responding to COVID-19 in the Workplace](#)
- 2) [Best Practices to Prevent COVID-19—Guidance for Businesses and Employers](#)

**SECTOR: Highly Impacted Communities**

<ul style="list-style-type: none"> <li>• Increase <a href="#">up to date</a> vaccination coverage.</li> <li>• Ensure access to vaccinations, testing and therapeutics in communities hardest-hit by COVID-19.</li> <li>• Continue investment in community-based organizations (CBOs) and faith-based organizations (FBOs) working in communities hardest hit to provide resource linkages, conduct COVID-19 outreach and education, and facilitate access to vaccination opportunities.</li> <li>• Continue Public Health Councils program to provide critical support to low-wage essential workers; consider broader efforts to support other essential, low-wage worker industries not previously included in the pilot program.</li> </ul>	<ul style="list-style-type: none"> <li>• Prioritize community and workplace outreach and vaccination efforts in communities showing increased rates of transmission and/or illness severity.</li> <li>• Promote enhanced and targeted outreach by CBOs and other partners to support growing demand for education resources.</li> <li>• Expand PH Council outreach in essential low-wage worker industries disproportionately impacted by outbreaks.</li> <li>• Assess quarantine and isolation (QI) housing capacity if rates of transmission and/or illness severity continue to increase. Explore</li> </ul>
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	<p>increased QI housing capacity, if necessary.</p> <ul style="list-style-type: none"> <li>• Support access to PPE and screening testing in priority sectors and communities.</li> <li>• Amplify CBO/FBO messaging for communities of concern; convene CBO/FBO partners to discuss strategies and resources to mitigate the spread of COVID-19.</li> </ul>
<p><b>Resources for Highly Impacted Communities:</b></p> <ol style="list-style-type: none"> <li>1) <a href="#">COVID-19 Vaccine: Find a Vaccination Provider</a></li> <li>2) <a href="#">COVID-19 Vaccine: Host a Mobile Vaccine Clinic</a></li> <li>3) <a href="#">Los Angeles County Department of Public Health, Center for Health Equity Monthly Newsletter Sign-Up Page</a></li> <li>4) <a href="#">Public Health Councils webpage</a></li> </ol>	

## LAC COVID-19 Preparedness Plan

Much of the COVID-19 Response Plan depends on our ability to focus resources on response actions and preparedness activities. Response actions include addressing increasing levels of community risk and early alert signals that may be sector specific. Preparedness activities are focused on strategies that consistently allow the county to respond to changing conditions.

**TABLE 5: Preparedness Dashboard**

Preparedness Actions	Needs Improvement	Adequate	Outstanding	LA County's Current Values
<b>Access to vaccines:</b> Number of mobile vaccination sites per week	Less than 200	200-300	More than 300	Latest values are updated weekly and posted on the <a href="#">DPH Website</a>
<b>Access to vaccines:</b> Number of fixed vaccination sites offering free vaccinations	Less than 550	550-649	More than 650	
<b>Access to vaccines:</b> Percentage of eligible homebound residents referred to DPH and vaccinated who received their vaccine within 2 weeks from date of referral	Less than 60%	60%-75%	More than 75%	

Preparedness Actions	Needs Improvement	Adequate	Outstanding	LA County's Current Values
<b>Vaccine uptake:</b> Percentage of residents 65+ who are <a href="#">up to date</a> on COVID-19 vaccines <sup>1</sup>	Less than 60%	60%-90%	More than 90%	
<b>Testing access for LA County residents:</b> Number of antigen tests distributed by DPH in the past week <sup>2</sup>	Less than 100,000	100,000-150,000	More than 150,000	
<b>Testing access at Schools:</b> Percentage of TK-12 public schools that have capacity for response testing	Less than 80%	80%-90%	More than 90%	
<b>Testing access at SNFs:</b> Percentage of Skilled Nursing Facilities (SNFs) that have capacity for routine response testing	Less than 90%	90%-99%	100%	
<b>Access to therapeutics:</b> Number of sites in the most vulnerable communities <sup>3</sup> that dispense therapeutics <sup>4</sup>	Less than 150 sites	150-250 sites	More than 250 sites	
<b>Access to therapeutics:</b> Percentage of eligible residents using the call center who received recommended therapeutics	Less than 80%	80%-90%	More than 90%	
<b>Surveillance – Sequencing:</b> Number of positive case specimens that are sequenced in the most recent two-week period	Less than 150	150-300	More than 300	
<b>Surveillance –Wastewater:</b> Number of Service Planning Areas (SPAs) represented in wastewater collection and testing 3X/week	Less than 5	5-7	8	
<b>Surveillance – EDs:</b> Percentage of EDs reporting COVID-like illness data	Less than 80%	80%-90%	More than 90%	

(1) Percent of LA County residents who have received 1 updated vaccine, regardless of whether they have received any original COVID-19 vaccines.

(2) The "Testing access for LA County residents" metric includes antigen tests distributed by DPH to all sites, including schools and SNFs.

- (3) The “most vulnerable” communities are classified based upon at least 11 community characteristics, including economic, housing, environment, social, education, transportation and health care compiled in the California Department of Public Health Vaccine Equity Metric or by having a fully vaccinated population coverage less than the overall Los Angeles County estimate.
- (4) Therapeutics include oral and injectable medications used to prevent infection or disease progression among those with infection.

The lessons we have learned from navigating more than three years of the pandemic will inform preparedness activities for LA County. The five focus areas identified below include: preparedness for outbreak management, vaccine distribution/information dissemination, testing, therapeutic distribution, and surveillance.

### **Outbreak Management Preparedness**

Outbreak notification letters which include recommended and required mitigation measures will be sent to all sites experiencing an outbreak. Sites may be required by DPH to implement mitigation measures, such as indoor masking, routine testing, and other infection control measures, to limit the spread of COVID-19 among residents, employees, and students. See, County Health Officer Order for applicable COVID-19 case reporting requirements.

### **Vaccination Preparedness**

Vaccinations provide the most powerful personal and community protection from COVID-19. Increasing coverage by ensuring access and addressing concerns regarding vaccine efficacy and safety remain priority activities. The following actions are essential components of the preparedness plan:

- Increase up-to-date vaccination coverage among those at elevated risk for severe illness and those working/living with those at elevated risk.
- Provide focused support for Skilled Nursing Facilities with technical assistance, education, and incentives to increase the proportion of patients and staff who are up to date on vaccinations.
- Maintain a network of at least 200 mobile sites per week that can provide access to vaccines in low-coverage communities and at schools.
- Maintain an extensive community-located clinic and pharmacy vaccination network to ensure access across the entire county.
- Increase numbers of medical providers offering vaccines to their patients through their routine services. Emphasize pediatricians incorporating COVID-19 vaccination into routine vaccination practice.
- Increase participation of health plans in ensuring homebound residents have access to vaccinations and boosters.

- Maintain homebound services to provide vaccinations to those at elevated risk for severe illness.
- Increase the number of residents trained as community ambassadors, parent ambassadors, and student ambassadors.
- Increase funding for CBOs and FBOs to support dissemination of vaccination information and promote access to vaccine clinics.
- Provide expanded services in at least 2 Public Health vaccination sites to provide multiple COVID-19 resources including vaccination, testing, therapeutics, and mental health services.

### **Testing Preparedness**

- Testing may continue to be required by businesses, local or state HOOs, Cal/OSHA or state AFLs in high-risk settings (e.g., SNFs, shelters, correctional facilities, health care facilities, schools), and for outbreak management.
- Access to free and accessible testing for those with symptoms, exposures, exiting isolation or quarantine, or complying with travel and return to work/school requirements, is important. While there are requirements that health plans provide reimbursement to their members for testing, not everyone is insured and there is neither sufficient supply of tests nor ability for all members to purchase tests. Community testing sites that provide free and accessible testing to residents will remain essential over the upcoming months.
- Distribution of antigen test kits continues to be needed in high-risk settings and communities with high case rates, where testing remains an essential strategy for protecting workers and community members/residents.

### **Therapeutic Distribution Preparedness**

The supply of effective therapeutics is currently widely available but there remains a need to ensure that those with less access to health care can receive appropriate therapeutics. This includes the following:

- Ensure a vast network of providers with information, supply of therapeutics, and prescribing ability across the county, with emphasis on deep penetration in hard hit and low-resourced communities.
- Ensure a vast network of distribution sites (including pharmacies and community clinics) that can distribute oral medications with no barriers with deep penetration in hard-hit and less-resourced communities.
- Provide a call center where residents can get more information about therapeutics and

how to access therapeutics; provide culturally and linguistically appropriate information and information on accessing free medications.

- Provide a telehealth platform that provides services free of charge for those who are uninsured, underinsured or have difficulty accessing therapeutics through their own providers. This resource would augment sites that can prescribe and distribute oral therapeutics in low-resourced communities.

### **Surveillance Preparedness**

To maintain an early alert system that can track the presence of emerging variants of concern, the following is required:

- Capacity to sequence at least 300 positive specimens over a 2-week period.
- Ability to expand wastewater surveillance to all areas of the county.
- Expanded sentinel surveillance capacity to detect changing patterns in community rates of respiratory illness that might indicate the emergence of a new variant.