



# CITY OF CUPERTINO

## AGENDA

### CITY COUNCIL

10350 Torre Avenue, Council Chamber  
Tuesday, March 17, 2020  
6:30 PM

Amended Special Televised Meeting

Amended at 6:10 pm on 3/16/20 to change the meeting start time.

CITY OF CUPERTINO, CITY COUNCIL MEETING

MARCH 17, 2020

TELECONFERENCE / PUBLIC PARTICIPATION INFORMATION TO MITIGATE THE SPREAD OF  
COVID-19

This meeting may include teleconference participation from a quorum of councilmembers in locations not open to the public in accordance with the Governor's Executive Order N-25-20 (March 12, 2020) allowing for deviation of teleconference rules required by the Ralph M. Brown Act. The purpose of this order was to provide the safest environment for staff and the public while allowing for public participation. The meeting will be held at 10350 Torre Avenue, Community Hall Council Chamber for any members of the public who wish to speak in person, though we highly encourage all members to participate remotely, especially those at risk. The meeting will be streamed live on Comcast Channel 26 and AT&T U-Verse Channel 99 and online at [Cupertino.org/youtube](https://Cupertino.org/youtube) and [Cupertino.org/webcast](https://Cupertino.org/webcast). Members of the public are welcome to submit comments via email to the city clerk prior to or during the time for public comment at the meeting. The City Clerk will share all comments with the City Council at the meeting and make them part of the record.

On March 16, 2020, the Santa Clara County Health Officer ordered all individuals living in the County to shelter at their place of residence, with certain exceptions, including an exception for essential governmental services. The City of Cupertino Director of Emergency Services has determined that this Special City Council meeting to consider actions related to the COVID-19 emergency only is an "essential governmental function" for purposes of that County order. Please note, however, that this meeting poses a heightened risk of COVID-19 transmission, and that older adults and individuals with existing health conditions are at particularly serious risk and should not attend.

## NOTICE AND CALL FOR A SPECIAL MEETING OF THE CUPERTINO CITY COUNCIL

NOTICE IS HEREBY GIVEN that a special meeting of the Cupertino City Council is hereby called for Tuesday, March 17, 2020, commencing at 6:30 p.m. in Community Hall Council Chamber, 10350 Torre Avenue, Cupertino, California 95014. Said special meeting shall be for the purpose of conducting business on the subject matters listed below under the heading, "Special Meeting."

### SPECIAL MEETING

#### ROLL CALL

#### ORDINANCES AND ACTION ITEMS

- Subject:** Ratification of a proclamation of local emergency related to COVID-19.  
**Recommended Action:** Adopt Resolution No. 20-028 ratifying the Director of Emergency Services' proclamation on March 11, 2020 of the existence of a local emergency resulting from community spread of the coronavirus, also known as COVID-19.  
[Staff Report](#)  
[A - Draft Resolution](#)  
[B - Proclamation of Local Emergency](#)  
[C - Coronavirus disease 2019 \(COVID-19\) Situation Report – 55](#)  
[D - Coronavirus disease 2019 \(COVID-19\) Situation Report – 51](#)
- Subject:** Actions Related to Income Loss and Evictions Due to Novel Coronavirus  
**Recommended Action:** 1. Consider directing the City Attorney to draft a resolution and emergency eviction protection ordinance directed at residents unable to pay rent as a result of the Coronavirus Disease (COVID-19).  
[Staff Report](#)  
[A - San Jose Staff Report](#)

#### ADJOURNMENT

*The City of Cupertino has adopted the provisions of Code of Civil Procedure §1094.6; litigation challenging a final decision of the City Council must be brought within 90 days after a decision is announced unless a shorter time is required by State or Federal law.*

*Prior to seeking judicial review of any adjudicatory (quasi-judicial) decision, interested persons must file a petition for reconsideration within ten calendar days of the date the City Clerk mails notice of the City's decision. Reconsideration petitions must comply with the requirements of Cupertino Municipal Code §2.08.096. Contact the City Clerk's office for more information or go to <http://www.cupertino.org/cityclerk> for a reconsideration petition form.*

*In compliance with the Americans with Disabilities Act (ADA), anyone who is planning to attend the next City Council meeting who is visually or hearing impaired or has any disability that needs special assistance should call the City Clerk's Office at 408-777-3223, 48 hours in advance of the Council meeting to arrange for assistance. Upon request, in advance, by a person with a disability, City Council meeting agendas and writings distributed for the meeting that are public records will be made available in the appropriate alternative format. Also upon request, in advance, an assistive listening device can be made available for use during the meeting.*

*Any writings or documents provided to a majority of the Cupertino City Council after publication of the packet will be made available for public inspection in the City Clerk's Office located at City Hall, 10300 Torre Avenue, during normal business hours and in Council packet archives linked from the agenda/minutes page on the Cupertino web site.*

*IMPORTANT NOTICE: Please be advised that pursuant to Cupertino Municipal Code 2.08.100 written communications sent to the Cupertino City Council, Commissioners or City staff concerning a matter on the agenda are included as supplemental material to the agenda item. These written communications are accessible to the public through the City's website and kept in packet archives. You are hereby admonished not to include any personal or private information in written communications to the City that you do not wish to make public; doing so shall constitute a waiver of any privacy rights you may have on the information provided to the City.*

*Members of the public are entitled to address the City Council concerning any item that is described in the notice or agenda for this meeting, before or during consideration of that item. If you wish to address the Council on any issue that is on this agenda, please complete a speaker request card located in front of the Council, and deliver it to the Clerk prior to discussion of the item. When you are called, proceed to the podium and the Mayor will recognize you. If you wish to address the City Council on any other item not on the agenda, you may do so by during the public comment portion of the meeting following the same procedure described above. Please limit your comments to three (3) minutes or less.*



# CITY OF CUPERTINO

## Legislation Text

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**File #:** 20-7255, **Version:** 1

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Subject: Ratification of a proclamation of local emergency related to COVID-19.

Adopt Resolution No. 20-028 ratifying the Director of Emergency Services' proclamation on March 11, 2020 of the existence of a local emergency resulting from community spread of the coronavirus, also known as COVID-19.



## OFFICE OF THE CITY CLERK

CITY HALL  
10300 TORRE AVENUE • CUPERTINO, CA 95014-3255  
TELEPHONE: (408) 777-3223 • FAX: (408) 777-3366  
CUPERTINO.ORG

## CITY COUNCIL STAFF REPORT

Meeting: March 17, 2020

### Subject

Ratification of a proclamation of local emergency related to COVID-19.

### Recommended Action

Adopt a resolution ratifying the Director of Emergency Services' proclamation on March 11, 2020 of the existence of a local emergency resulting from community spread of the coronavirus, also known as COVID-19.

### Background

Ratification of the Director of Emergency Services' (City Manager's) proclamation of a local emergency allows the City to exercise extraordinary police powers, such as evacuation; immunity for emergency actions; authorization of issuance of orders and regulations; activation of pre-established emergency provisions; and is a prerequisite for requesting state or federal assistance. Termination of the proclamation of local emergency when conditions warrant is required by law.

The facts that led up to the Director of Emergency Services' proclamation of a local emergency on March 11, 2020 are outlined below, along with additional developments that have occurred since the March 11 proclamation:

1. A novel coronavirus (named "COVID-19") was first detected in Wuhan City, Hubei Province, China, in December 2019. The Centers for Disease Control and Prevention (CDC) considered the virus to be a very serious public health threat with outcomes ranging from mild sickness to severe illness and death.
2. On January 30, 2020, the World Health Organization declared the COVID-19 outbreak a Public Health Emergency of International Concern. On January 31, 2020, the United States Secretary of Health and Human Services declared a Public Health Emergency.

3. On January 31, 2020, the first case of COVID-19 was confirmed in the County of Santa Clara ("County").
4. On February 3, 2020, the County Health Officer determined that there is an imminent and proximate threat to public health from the introduction of COVID-19 in the County and issued a Declaration of Local Health Emergency. At the same time, the County Director of Emergency Services declared the existence of a Local Emergency in the County.
5. On February 10, 2020, the County Board of Supervisors ratified and extended the Declaration of a Local Health Emergency and the Proclamation of a Local Emergency.
6. By March 4, 2020 the number of confirmed cases of COVID-19 had increased to eleven (11) in the County with confirmed community spread. The California Department of Health Services reported its first death related to COVID-19 and the Governor of California declared a state of emergency.
7. By March 5, 2020, the number of confirmed cases of COVID-19 had increased to twenty (20) in the County, with strong evidence of increasing community spread. The County expanded its guidance as a result.
8. By March 6, 2020, the number of confirmed cases of COVID-19 had increased to twenty-four (24) in the County, with strong evidence of increasing community spread.
9. By March 9, 2020, the number of confirmed cases of COVID-19 had increased to forty-three (43) in the County. On March 9, 2020, the County of Santa Clara Public Health Department announced the first death from COVID-19 in the County. The County Health Officer imposed a countywide moratorium on mass gatherings of 1,000 or more persons to mitigate the spread of COVID-19.
10. On March 10, 2020, the County Board of Supervisors again ratified and extended the Proclamation of a Local Health Emergency.
11. On March 11, 2020, the World Health Organization characterized the COVID-19 outbreak as a pandemic.<sup>1</sup>

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<sup>1</sup> World Health Organization Coronavirus disease 2019 (COVID-19)  
Situation Report – 51

12. By March 12, 2020, the number of confirmed cases of COVID-19 had increased to seventy-nine (79) in the County.
13. On March 13, 2020, President of the United States Donald Trump proclaimed that the COVID-19 outbreak in the United States constitutes a national emergency, beginning March 1, 2020. In addition, the County Health Officer imposed a countywide moratorium on gatherings of more than 100 persons and a conditional moratorium on gatherings of between 34 and 100 persons to mitigate the spread of COVID-19.
14. By March 14, 2020, the number of confirmed cases of COVID-19 had increased to one-hundred fourteen (114) in the County.
15. As of March 15, 2020, COVID-19 has spread globally to over 140 countries, infected more than 150,000 people, and killed more than 5,000 individuals.<sup>2</sup>
16. On March 16, 2020, seven Bay Area Public Health Officers, including the Officer for Santa Clara County, issued a regionwide order directing all individuals living in the County to shelter at their place of residence, with certain exceptions.
17. The efforts required to prepare for, respond to, mitigate, and recover from the emergency conditions caused by COVID-19 have imposed or will impose extraordinary requirements and expenses on the City.

### Analysis

The Centers for Disease Control and Prevention (CDC) considers the virus to be a very serious public health threat with outcomes ranging from mild sickness to severe illness and death. As of March 15, 2020, COVID-19 has spread globally to over 140 countries, infected more than 150,000 people, and killed more than 5,000 individuals. COVID-19 has severely impacted people, businesses, schools, and critical services worldwide. On March 9, 2020, Santa Clara County confirmed a total of 43 COVID-19 infections and alerted local jurisdictions of community spread. The County also expanded its guidance for employers

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[https://www.who.int/docs/default-source/coronaviruse/situation-reports/20200311-sitrep-51-covid-19.pdf?sfvrsn=1ba62e57\\_4](https://www.who.int/docs/default-source/coronaviruse/situation-reports/20200311-sitrep-51-covid-19.pdf?sfvrsn=1ba62e57_4)

<sup>2</sup> World Health Organization Coronavirus disease 2019 (COVID-19)  
Situation Report – 55

[https://www.who.int/docs/default-source/coronaviruse/situation-reports/20200315-sitrep-55-covid-19.pdf?sfvrsn=33daa5cb\\_8](https://www.who.int/docs/default-source/coronaviruse/situation-reports/20200315-sitrep-55-covid-19.pdf?sfvrsn=33daa5cb_8)

and businesses to reduce the risk of infection and spread of COVID-19. By March 14, 2020, the number of confirmed cases of COVID-19 had increased to one-hundred fourteen (114) in the County. On March 16, 2020, seven Bay Area Public Health Officers, including the Officer for Santa Clara County, issued a regionwide order directing all individuals living in the County to shelter at their place of residence, with certain exceptions.

Based on the County's infection case reports and expanded guidance and recommendations, the City determined that a large part of its workforce and resident population are at risk of contracting COVID-19. COVID-19 will also impact the City's ability to conduct business and programs, as infection containment and mitigation measures will result in the reduction or adjustment of meetings, public gatherings, City programs, City Council meetings and other operations that cannot be easily or immediately automated or executed remotely.

Due to the risk of prolonged impacts a COVID-19 outbreak could have on employees, residents, businesses, and operations, the City faces:

- Potential disruptions in service delivery.
- Impacts on revenue from event cancellation, and social distancing accommodations.
- Costs associated with workplace modification accommodations.
- Employee absenteeism.

A Proclamation of Local Emergency provides the authority to:

- Provide and request mutual aid from state and other governmental agencies consistent with the provisions of local ordinances, resolutions, emergency plans, and agreements.
- Promulgate orders and regulations and exercise emergency police powers necessary to provide for protection of life and property.

### Conclusion

Pursuant to the Cupertino Municipal Code and the California Government Code, the Director of Emergency Services' Proclamation of a Local Emergency must be ratified by the City Council within seven days or the proclamation shall have no further force or effect. Ratification of the Proclamation of Local Emergency allows the City to exercise emergency police powers, such as evacuation; immunity for emergency actions; authorization of issuance of orders and regulations; activation of preestablished emergency provisions; and is a prerequisite for requesting state or federal assistance.



The need to continue the local emergency will be brought before the Council for review every 60 days until conditions warrant termination, as required by law.

Sustainability Impact

None.

Fiscal Impact

To be determined.

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Prepared by: Kirsten Squarcia, City Clerk

Reviewed by: Katy Nomura, Assistant to the City Manager

Approved for Submission by: Dianne Thompson, City Manager

Attachments:

A – Draft Resolution

B – Proclamation of Local Emergency

C – Coronavirus disease 2019 (COVID-19) Situation Report – 55

D - Coronavirus disease 2019 (COVID-19) Situation Report – 51

## RESOLUTION NO. 20-\_\_

### **A RESOLUTION OF THE CUPERTINO CITY COUNCIL RATIFYING AND CONTINUING THE PROCLAMATION OF EXISTENCE OF A LOCAL EMERGENCY ISSUED BY THE DIRECTOR OF EMERGENCY SERVICES**

WHEREAS, the Emergency Services Act, Government Code section 8630, and section 2.40.060 of the Cupertino Municipal Code empower the Director of Emergency Services (City Manager or Designee) to proclaim the existence or threatened existence of a local emergency if the Council of the City of Cupertino ("City") is not in session, and require that the City Council shall take action to ratify the proclamation within seven (7) days thereafter, or the proclamation shall have no further force or effect; and

WHEREAS, pursuant to California Government Code Sections 8680.9 and 8558(c), a local emergency is a condition of extreme peril to persons or property proclaimed as such by the governing body of the local agency affected by a natural or manmade disaster; and

WHEREAS, the purpose of a local emergency proclamation is to provide extraordinary police powers, immunity for emergency actions, authorize issuance of orders and regulations, and activate pre-established emergency provisions; and

WHEREAS, a local emergency proclamation is a prerequisite for requesting state or federal assistance; and

WHEREAS, conditions of extreme peril to the safety of persons and property have arisen within the City, based on the following:

1. A novel coronavirus (named "COVID-19") was first detected in Wuhan City, Hubei Province, China, in December 2019. The Centers for Disease Control and Prevention (CDC) considers the virus to be a very serious public health threat with outcomes ranging from mild sickness to severe illness and death.
2. On January 30, 2020, the World Health Organization declared the COVID-19 outbreak a Public Health Emergency of International Concern. On January 31, 2020, the United States Secretary of Health and Human Services declared a Public Health Emergency.

3. On January 31, 2020, the first case of COVID-19 was confirmed in the County of Santa Clara ("County").
4. On February 3, 2020, the County Health Officer determined that there is an imminent and proximate threat to public health from the introduction of COVID-19 in the County and issued a Declaration of Local Health Emergency. At the same time, the County Director of Emergency Services declared the existence of a Local Emergency in the County.
5. On February 10, 2020, the County Board of Supervisors ratified and extended the Declaration of a Local Health Emergency and the Proclamation of a Local Emergency.
6. By March 4, 2020 the number of confirmed cases of COVID-19 had increased to eleven (11) in the County with confirmed community spread. The California Department of Health Services reported its first death related to COVID-19 and the Governor of California declared a state of emergency.
7. By March 5, 2020, the number of confirmed cases of COVID-19 had increased to twenty (20) in the County, with strong evidence of increasing community spread. The County expanded its guidance as a result.
8. By March 6, 2020, the number of confirmed cases of COVID-19 had increased to twenty-four (24) in the County, with strong evidence of increasing community spread.
9. By March 9, 2020, the number of confirmed cases of COVID-19 had increased to forty-three (43) in the County. On March 9, 2020, the County of Santa Clara Public Health Department announced the first death from COVID-19 in the County. The County Health Officer imposed a countywide moratorium on mass gatherings of 1,000 or more persons to mitigate the spread of COVID-19.
10. On March 10, 2020, the County Board of Supervisors again ratified and extended the Proclamation of a Local Health Emergency.

11. On March 11, 2020, the World Health Organization characterized the COVID-19 outbreak as a pandemic.<sup>1</sup>
12. By March 12, 2020, the number of confirmed cases of COVID-19 had increased to seventy-nine (79) in the County.
13. On March 13, 2020, President of the United States Donald Trump proclaimed that the COVID-19 outbreak in the United States constitutes a national emergency, beginning March 1, 2020. In addition, the County Health Officer imposed a countywide moratorium on gatherings of more than 100 persons and a conditional moratorium on gatherings of between 34 and 100 persons to mitigate the spread of COVID-19.
14. By March 14, 2020, the number of confirmed cases of COVID-19 had increased to one-hundred fourteen (114) in the County.
15. As of March 15, 2020, COVID-19 has spread globally to over 140 countries, infected more than 150,000 people, and killed more than 5,000 individuals.<sup>2</sup>
16. On March 16, 2020 seven Bay Area Public Health Officers, including the Officer for Santa Clara County, issued a regionwide order directing all individuals living in the County to shelter at their place of residence, with certain exceptions.
17. The efforts required to prepare for, respond to, mitigate, and recover from the emergency conditions caused by COVID-19 have imposed or will impose extraordinary requirements and expenses on the City; and

**WHEREAS**, the City Council does hereby find that the above described conditions of extreme peril did warrant and necessitate the proclamation of the existence of a

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<sup>1</sup> World Health Organization Coronavirus disease 2019 (COVID-19)  
Situation Report – 51

[https://www.who.int/docs/default-source/coronaviruse/situation-reports/20200311-sitrep-51-covid-19.pdf?sfvrsn=1ba62e57\\_4](https://www.who.int/docs/default-source/coronaviruse/situation-reports/20200311-sitrep-51-covid-19.pdf?sfvrsn=1ba62e57_4)

<sup>2</sup> World Health Organization Coronavirus disease 2019 (COVID-19)  
Situation Report – 55

[https://www.who.int/docs/default-source/coronaviruse/situation-reports/20200315-sitrep-55-covid-19.pdf?sfvrsn=33daa5cb\\_8](https://www.who.int/docs/default-source/coronaviruse/situation-reports/20200315-sitrep-55-covid-19.pdf?sfvrsn=33daa5cb_8)

Resolution No. 20-\_\_

Page 2

local emergency in the City on March 11, 2020 and establish that the emergency conditions are ongoing; and

**WHEREAS**, California Government Code, Title 2, Division 1, Chapter 7.5 - California Disaster Assistance Act (CDAA) allows that with the Proclamation of a Local Emergency the City may seek financial assistance and may request reimbursement of the significant expenses incurred during response, if approved by the Director of the California Office of Emergency Services or Concurrence or Governor's Proclamation; and

**WHEREAS**, on March 11, 2020, the Director of Emergency Services issued a proclamation declaring the existence of a local emergency within the City; and

**WHEREAS**, the associated emergency conditions are on-going and the emergency should not be terminated at this time;

NOW, THEREFORE, BE IT RESOLVED by the City Council of Cupertino that:

1. The Proclamation of Existence of a Local Emergency, as issued by the Director of Emergency Services on March 11, 2020, is hereby ratified and confirmed.
2. The City Council has reviewed the need for continuing the declaration of local emergency and finds based on substantial evidence that the public interest and necessity require the continuance of the proclamation of local emergency related to COVID-19.
3. Said local emergency shall be deemed to continue to exist until terminated by the City Council of the City of Cupertino, and until such time, the City Council shall review, until the local emergency is terminated, the need for continuing the local emergency.
4. The Director of Emergency Services is hereby directed to report to the City Council within sixty (60) days on the need for further continuing the local emergency.
5. During the existence of said local emergency, the powers, functions and duties of the Director of Emergency Services and the emergency

Resolution No. 20-\_\_

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- organization of the City shall be those prescribed by state law, by Ordinances and Resolutions of the City, and by the City of Cupertino Emergency Operations Plan.
6. City staff is hereby authorized and directed to take any action that may be necessary or convenient to assist in obtaining federal, state or regional disaster/ emergency relief funding.
  7. The City Manager or her designee is hereby designated as the authorized representative of the City of Cupertino for the purpose of receipt, processing and coordination of all inquiries and requirements necessary to obtain county, state or federal relief assistance.
  8. The Director of Emergency Services or his/her designee shall forward a copy of this resolution to the Governor, to the California Office of Emergency Services, to the Santa Clara County Office of Emergency Management, and to all other appropriate county, state and federal agencies with an interest therein.
  9. City staff is hereby authorized and directed to take any and all actions that they or the City Attorney may deem necessary or advisable in order to effectuate the purpose and intent of this Resolution.
  10. As provided in Cupertino Municipal Code section 2.40.060 and Government Code section 8634, the Council hereby reaffirms that the Director of Emergency Services is authorized to promulgate orders and regulations necessary to provide for the protection of life and property during the existence of this local emergency. Such orders and regulations shall be in writing and shall be given widespread publicity and notice. The City Council hereby recognizes that it is not practicable to have the City Council confirm such regulations and orders during a countywide shelter in place order.
  11. This Resolution shall take effect immediately upon its adoption.

PASSED AND ADOPTED at a special meeting of the City Council of the City of Cupertino this 17th day of March, 2020, by the following vote:

Resolution No. 20-\_\_

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Vote                      Members of the City Council

AYES:

NOES:

ABSENT:

ABSTAIN:

SIGNED:  _____ Steven Scharf, Mayor City of Cupertino	  _____ Date
ATTEST:  _____ Kirsten Squarcia, City Clerk	  _____ Date



# *Proclamation*

**WHEREAS,** Cupertino Municipal Code Section 2.40.060 empowers the City Manager, as the Director of Emergency Services, to proclaim (subject to ratification by the City Council within seven days) the existence or threatened existence of a local emergency when the City is affected or likely to be affected by public calamity and the City Council is not in session; and

**WHEREAS,** the Director of the Emergency Services of the City does hereby find the following:

1. A novel coronavirus (named "COVID-19") was first detected in Wuhan City, Hubei Province, China, in December 2019. The Centers for Disease Control and Prevention (CDC) considers the virus to be a very serious public health threat with outcomes ranging from mild sickness to severe illness and death. COVID-19 has spread globally to over 85 countries, infected more than 95,000 people, and killed more than 3,000 individuals.
2. On January 30, 2020, the World Health Organization declared the COVID-19 outbreak a Public Health Emergency of International Concern. On January 31, 2020, the United States Secretary of Health and Human Services declared a Public Health Emergency.
3. On January 31, 2020, the first case of COVID-19 was confirmed in the County of Santa Clara ("County").
4. On February 3, 2020, the County Health Officer determined that there is an imminent and proximate threat to public health from the introduction of COVID-19 in the County and issued a Declaration of Local Health Emergency. At the same time, the County Director of Emergency Services declared the existence of a Local Emergency in the County.
5. On February 10, 2020, the County Board of Supervisors ratified and extended the Declaration of a Local Health Emergency and the Proclamation of a Local Emergency.
6. By March 4, 2020 the number of confirmed cases of COVID-19 had increased to eleven (11) in the County with confirmed community spread. The California Department of Health Services reported its first death related to

1. World Health Organization Coronavirus disease 2019 (COVID-19) Situation Report – 45  
[https://www.who.int/docs/default-source/coronaviruse/situation-reports/20200305-sitrep-45-covid-19.pdf?sfvrsn=ed2ba78b\\_2](https://www.who.int/docs/default-source/coronaviruse/situation-reports/20200305-sitrep-45-covid-19.pdf?sfvrsn=ed2ba78b_2)



COVID-19 and the Governor of California declared a state of emergency.

7. By March 5, 2020, the number of confirmed cases of COVID-19 had increased to twenty (20) in the County, with strong evidence of increasing community spread. The County expanded its guidance as a result.
8. By March 6, 2020, the number of confirmed cases of COVID-19 had increased to twenty-four (24) in the County, with strong evidence of increasing community spread.
9. By March 9, 2020, the number of confirmed cases of COVID-19 had increased to forty-three (43) in the County. On March 9, 2020, the County of Santa Clara Public Health Department announced the first death from COVID-19 in the County. The County Health Officer imposed a countywide moratorium on mass gatherings of 1,000 or more persons to mitigate the spread of COVID-19.
10. On March 10, 2020 the County Board of Supervisors again ratified and extended the Proclamation of a Local Health Emergency.
11. On March 11, 2020 the World Health Organization characterized the COVID-19 outbreak a pandemic.

**WHEREAS,** The above facts give rise to conditions of extreme peril to the safety and health of persons within the City.

**WHEREAS,** These conditions are or are likely to be beyond the control of the services, personnel, equipment, and facilities of the City; and

**WHEREAS,** The efforts required to prepare for, respond to, mitigate, and recover from the increasing spread of COVID-19 have and will continue to impose extraordinary requirements and expenses on the City, requiring diversion of resources from day-to-day operations; and


**WHEREAS,** The City Council of the City of Cupertino is not in session and cannot immediately be called into session.

**THEREFORE,** It is hereby proclaimed that a local emergency now exists throughout the City; and

**IT IS FURTHER PROCLAIMED AND ORDERED,** that during the existence of said local emergency, the powers, functions, and duties of the emergency organization of this City shall be those prescribed by state law, by ordinance, and resolutions of this City; and that this emergency proclamation shall expire in seven (7) days after issuance unless confirmed and ratified by the City Council of the City of Cupertino.

DATED this 11<sup>th</sup> day of March, 2020.

BY:   
Deborah Feng  
Director of Emergency Services  
City of Cupertino

ATTEST:   
Kirsten Squarcia  
City Clerk  
City of Cupertino

# Coronavirus disease 2019 (COVID-19)

## Situation Report – 55

CC 03-17-20  
18 of 40

Data as reported by national authorities by 10 AM CET 15 March 2020

### HIGHLIGHTS

- Nine new countries/territories/areas (African Region [7], European Region [1] and Region of Americas [1]) in have reported cases of COVID-19 in the past 24 hours.
- A WHO high-level technical mission concluded a visit to Iraq to support the Iraqi Ministry of Health in their COVID-19 prevention and containment measures. WHO is working around the clock to establish 3 negative-pressure [contagious respiratory disease isolation] rooms in Baghdad, Erbil and Basra to accommodate patients who might require more sophisticated medical treatment. For detailed information, please see [here](#).

### SITUATION IN NUMBERS

total and new cases in last 24 hours

#### Globally

153 517 confirmed

(10 982 new)

5735 deaths (343 new)

#### China

81 048 confirmed (27 new)

3204 deaths (10 new)

#### Outside of China

72 469 confirmed (10 955)

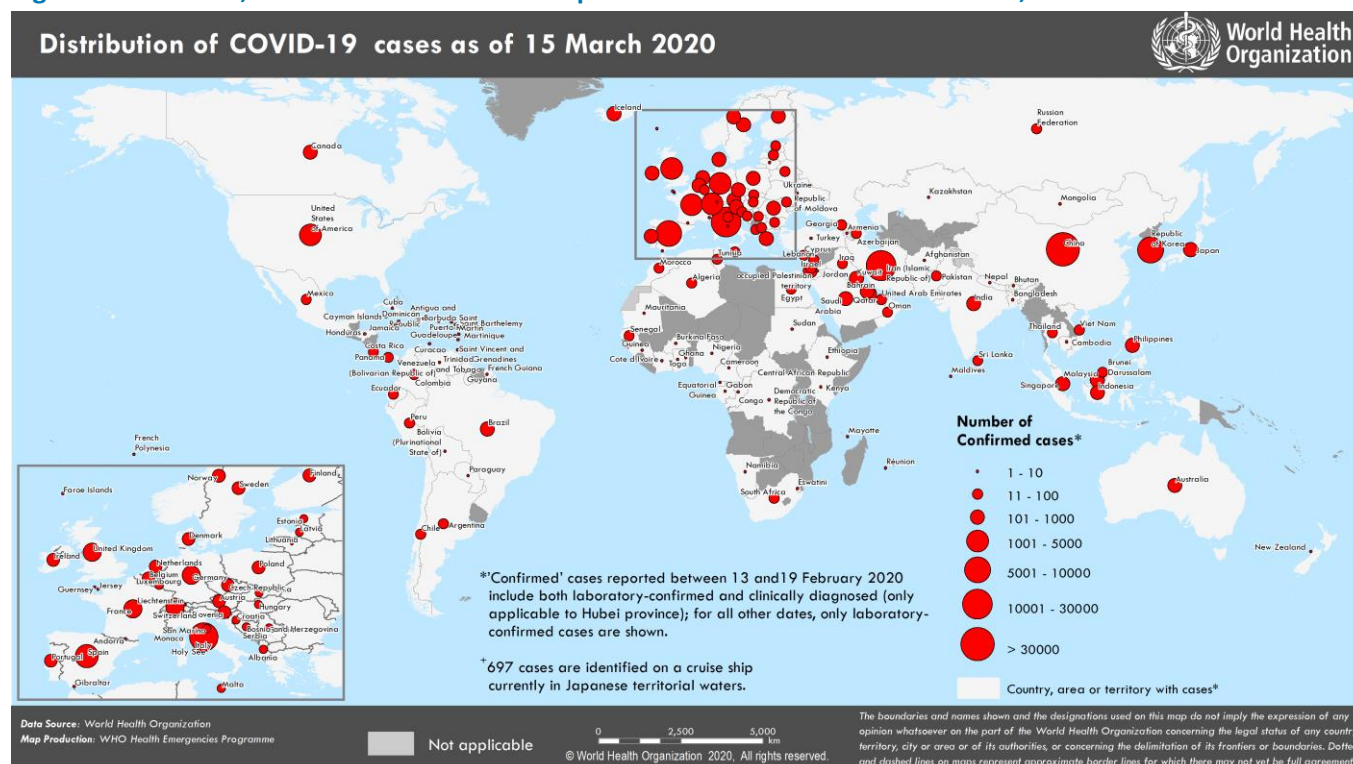
2531 deaths (333 new)

143 countries/territories/  
areas (09 new)

### WHO RISK ASSESSMENT

China	Very High
Regional Level	Very High
Global Level	Very High

Figure 1. Countries, territories or areas with reported confirmed cases of COVID-19, 15 March 2020



## SURVEILLANCE

**Table 1. Confirmed and suspected cases of COVID-19 acute respiratory disease reported by provinces, regions and cities in China, Data as of 15 March 2020**

Province/ Region/ City	Population (10,000s)	In last 24 hours			Cumulative	
		Confirmed cases	Suspected cases	Deaths	Confirmed cases	Deaths
Hubei	5917	4	1	10	67794	3085
Guangdong	11346	1	1	0	1357	8
Henan	9605	0	0	0	1273	22
Zhejiang	5737	4	2	0	1231	1
Hunan	6899	0	0	0	1018	4
Anhui	6324	0	0	0	990	6
Jiangxi	4648	0	0	0	935	1
Shandong	10047	0	0	0	760	7
Jiangsu	8051	0	1	0	631	0
Chongqing	3102	0	0	0	576	6
Sichuan	8341	0	0	0	539	3
Heilongjiang	3773	0	0	0	482	13
Beijing	2154	5	9	0	442	8
Shanghai	2424	3	24	0	353	3
Hebei	7556	0	0	0	318	6
Fujian	3941	0	0	0	296	1
Guangxi	4926	0	0	0	252	2
Shaanxi	3864	0	0	0	245	2
Yunnan	4830	0	0	0	174	2
Hainan	934	0	0	0	168	6
Guizhou	3600	0	0	0	146	2
Hong Kong SAR	745	4	0	0	141	4
Tianjin	1560	0	1	0	136	3
Shanxi	3718	0	0	0	133	0
Gansu	2637	3	0	0	132	2
Liaoning	4359	0	0	0	125	1
Jilin	2704	0	0	0	93	1
Xinjiang	2487	0	0	0	76	3
Ningxia	688	0	0	0	75	0
Inner Mongolia	2534	0	0	0	75	1
Taipei and environs	2359	3	0	0	53	1
Qinghai	603	0	0	0	18	0
Macao SAR	66	0	0	0	10	0
Xizang	344	0	0	0	1	0
<b>Total</b>	<b>142823</b>	<b>27</b>	<b>39</b>	<b>10</b>	<b>81048</b>	<b>3204</b>

**Table 2. Countries, territories or areas outside China with reported laboratory-confirmed COVID-19 cases and deaths. Data as of 15 March 2020\***

Reporting Country/ Territory/Area <sup>†</sup>	Total confirmed ‡ cases	Total confirmed new cases <sup>1</sup>	Total deaths	Total new deaths <sup>1</sup>	Transmission classification <sup>§</sup>	Days since last reported case
<b>Western Pacific Region</b>						
Republic of Korea	8162	76	75	3	Local transmission	0
Japan	780	64	22	1	Local transmission	0
Australia	249	52	3	0	Local transmission	0
Malaysia	238	41	0	0	Local transmission	0
Singapore	212	12	0	0	Local transmission	0
Philippines	111	47	6	4	Local transmission	0
Viet Nam	53	5	0	0	Local transmission	0
Brunei Darussalam	40	15	0	0	Local transmission	0
Cambodia	7	0	0	0	Local transmission	1
New Zealand	6	0	0	0	Local transmission	1
Mongolia	1	0	0	0	Imported cases only	5
<b>Territories**</b>						
French Polynesia	3	2	0	0	Imported cases only	0
<b>European Region</b>						
Italy	21157	3497	1441	173	Local transmission	0
Spain	5753	1522	136	16	Local transmission	0
France	4469	829	91	12	Local transmission	0
Germany	3795	733	8	2	Local transmission	0
Switzerland	1359	234	11	5	Local transmission	0
The United Kingdom	1144	342	21	11	Local transmission	0
Netherlands	959	155	12	2	Local transmission	0
Sweden	924	149	0	0	Local transmission	0
Norway	907	157	1	0	Local transmission	0
Denmark	827	26	0	0	Local transmission	0
Austria	800	296	1	0	Local transmission	0
Belgium	689	90	0	0	Local transmission	0
Greece	228	130	2	1	Local transmission	0
Czechia	214	64	0	0	Local transmission	0
Finland	210	101	0	0	Local transmission	0
Israel	178	78	0	0	Local transmission	0
Slovenia	141	0	0	0	Local transmission	1
Iceland	138	77	0	0	Local transmission	0
Ireland	129	39	2	1	Local transmission	0
Romania	123	59	0	0	Local transmission	0
Portugal	112	0	0	0	Local transmission	1
Poland	111	47	3	2	Local transmission	0
San Marino	92	26	5	3	Local transmission	0
Estonia	79	0	0	0	Local transmission	1
Slovakia	44	14	0	0	Local transmission	0
Bulgaria	43	36	2	1	Local transmission	0
Serbia	41	10	0	0	Local transmission	0
Albania	38	5	1	0	Local transmission	0
Luxembourg	38	0	1	0	Local transmission	1
Croatia	37	10	0	0	Local transmission	0
Russian Federation	34	0	0	0	Imported cases only	2
Hungary	32	13	0	0	Local transmission	0
Georgia	30	5	0	0	Imported cases only	0
Latvia	30	14	0	0	Imported cases only	0

Belarus	21	0	0	0	Local transmission	1
Cyprus	21	7	0	0	Imported cases only	0
Azerbaijan	19	8	0	0	Imported cases only	0
Bosnia and Herzegovina	18	7	0	0	Local transmission	0
North Macedonia	13	4	0	0	Local transmission	0
Malta	12	0	0	0	Imported cases only	2
Republic of Moldova	12	4	0	0	Imported cases only	0
Lithuania	9	3	0	0	Imported cases only	0
Armenia	8	0	0	0	Local transmission	1
Kazakhstan	6	6	0	0	Imported cases only	0
Turkey	5	0	0	0	Imported cases only	1
Liechtenstein	4	0	0	0	Imported cases only	2
Ukraine	3	0	1	0	Local transmission	1
Andorra	2	0	0	0	Imported cases only	1
Monaco	2	0	0	0	Under investigation	1
Holy See	1	0	0	0	Under investigation	9
<b>Territories**</b>						
Faroe Islands	9	6	0	0	Imported cases only	0
Gibraltar	1	0	0	0	Under investigation	11
Guernsey	1	0	0	0	Imported cases only	5
Jersey	2	0	0	0	Imported cases only	2
<b>South-East Asia Region</b>						
Indonesia	117	48	4	1	Local transmission	0
India	107	25	2	0	Local transmission	0
Thailand	75	0	1	0	Local transmission	2
Sri Lanka	11	5	0	0	Local transmission	0
Maldives	10	1	0	0	Local transmission	0
Bangladesh	3	0	0	0	Local transmission	6
Bhutan	1	0	0	0	Imported cases only	9
Nepal	1	0	0	0	Imported cases only	51
<b>Eastern Mediterranean Region</b>						
Iran (Islamic Republic of)	12729	1365	608	94	Local transmission	0
Qatar	337	75	0	0	Local transmission	0
Bahrain	211	1	0	0	Local transmission	0
Kuwait	112	12	0	0	Local transmission	0
Saudi Arabia	103	41	0	0	Local transmission	0
Egypt	93	0	2	0	Local transmission	1
Iraq	93	0	9	0	Local transmission	1
Lebanon	93	16	3	0	Local transmission	0
United Arab Emirates	85	0	0	0	Local transmission	2
Pakistan	28	7	0	0	Imported cases only	0
Oman	20	1	0	0	Imported cases only	0
Morocco	18	11	1	0	Local transmission	0
Tunisia	16	0	0	0	Local transmission	1
Afghanistan	10	3	0	0	Imported cases only	0
Jordan	1	0	0	0	Imported cases only	12
Sudan	1	0	0	0	Imported cases only	1
<b>Territories**</b>						
occupied Palestinian territory	38	3	0	0	Local transmission	1
<b>Region of the Americas</b>						
United States of	1678	0	41	0	Local transmission	1



America						
Canada	244	68	1	0	Local transmission	0
Brazil	121	23	0	0	Local transmission	0
Chile	61	18	0	0	Local transmission	0
Argentina	45	11	2	0	Local transmission	0
Peru	43	15	0	0	Local transmission	0
Mexico	41	15	0	0	Imported cases only	0
Panama	27	0	1	0	Local transmission	1
Colombia	24	8	0	0	Local transmission	0
Costa Rica	23	0	0	0	Local transmission	1
Ecuador	23	0	0	0	Local transmission	1
Jamaica	8	1	0	0	Local transmission	0
Guyana	1	0	1	0	Imported cases only	2
Paraguay	6	0	0	0	Local transmission	1
Dominican Republic	5	0	0	0	Imported cases only	5
Cuba	4	0	0	0	Imported cases only	1
Bolivia (Plurinational State of)	3	0	0	0	Imported cases only	2
Puerto Rico	3	0	0	0	Imported cases only	1
Honduras	2	0	0	0	Imported cases only	3
Venezuela (Bolivarian Republic of)	2	0	0	0	Imported cases only	1
Antigua and Barbuda	1	0	0	0	Imported cases only	1
Saint Vincent and the Grenadines	1	0	0	0	Imported cases only	2
Trinidad and Tobago	1	0	0	0	Imported cases only	1
Territories**						
French Guiana	7	1	0	0	Imported cases only	2
Martinique	10	4	0	0	Imported cases only	0
Saint Martin	2	0	0	0	Under investigation	12
Saint Barthelemy	1	0	0	0	Under investigation	12
Cayman Islands	1	0	0	0	Imported cases only	1
Guadeloupe	3	2	0	0	Imported cases only	0
Curaçao	2	2	0	0	Imported cases only	0
African Region						
South Africa	38	21	0	0	Local transmission	0
Algeria	37	11	3	1	Local transmission	0
Senegal	21	11	0	0	Local transmission	0
Burkina Faso	3	1	0	0	Imported cases only	0
Cameroon	3	1	0	0	Local transmission	0
Cote d'Ivoire	3	2	0	0	Imported cases only	0
Democratic Republic of the Congo	2	0	0	0	Imported cases only	1
Ghana	2	1	0	0	Imported cases only	0
Namibia	2	2	0	0	Imported cases only	0
Nigeria	2	0	0	0	Imported cases only	6
Central African Republic	1	1	0	0	Imported cases only	0
Congo	1	1	0	0	Imported cases only	0
Equatorial Guinea	1	1	0	0	Imported cases only	0
Eswatini	1	1	0	0	Imported cases only	0
Ethiopia	1	0	0	0	Imported cases only	1
Gabon	1	0	0	0	Imported cases only	1
Guinea	1	0	0	0	Imported cases only	1

Kenya	1	0	0	0	Imported cases only	1
Mauritania	1	1	0	0	Imported cases only	0
Togo	1	0	0	0	Imported cases only	8
<b>Territories**</b>						
Réunion	6	1	0	0	Imported cases only	0
Mayotte	1	1	0	0	Imported cases only	0
<b>Subtotal for all regions</b>	<b>71772</b>	<b>10955</b>	<b>2524</b>	<b>333</b>		
International conveyance (Diamond Princess)	697	0	7	0	Local transmission	1
<b>Grand total</b>	<b>72469</b>	<b>10955</b>	<b>2531</b>	<b>333</b>		

\*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:

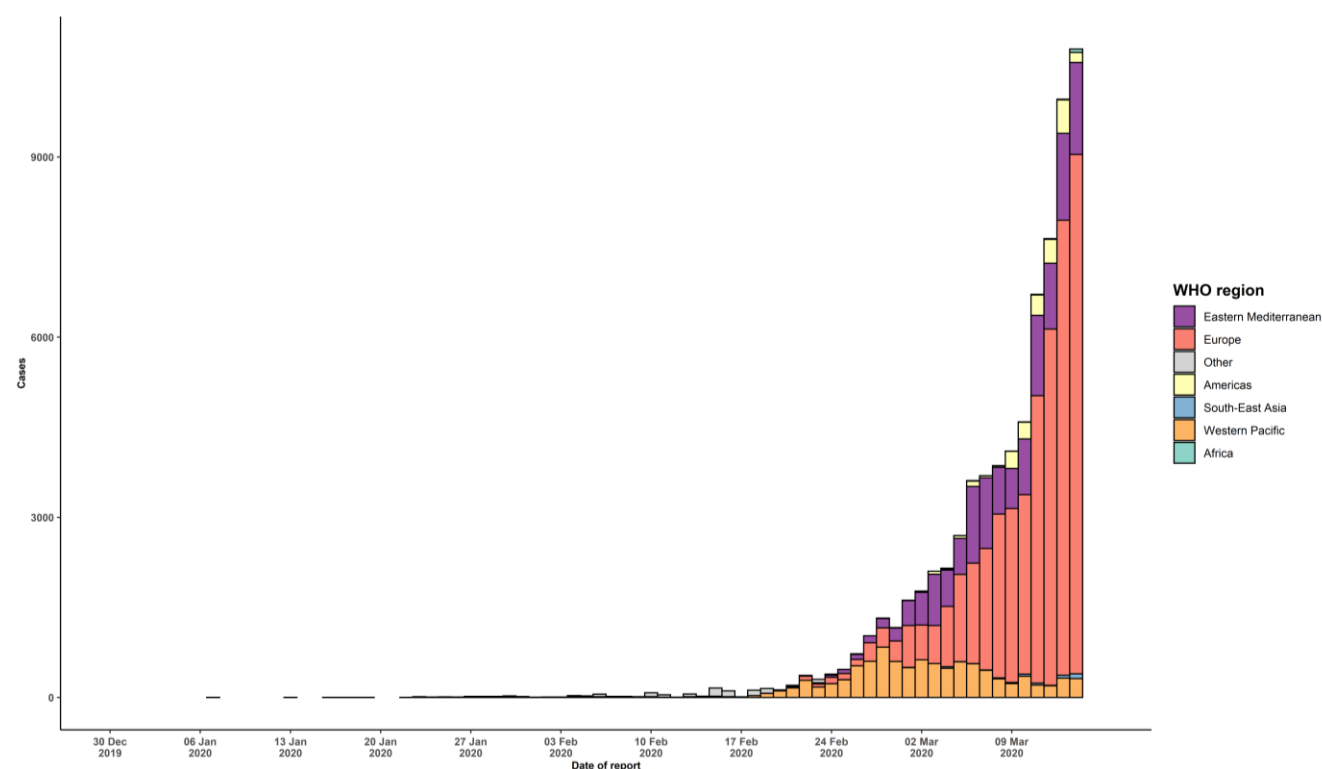
- **Community transmission** is evidenced by the inability to relate confirmed cases through chains of transmission for a large number of cases, or by increasing positive tests through sentinel samples (routine systematic testing of respiratory samples from established laboratories).
- **Local transmission** 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

<sup>1</sup>Due to a retrospective data consolidation exercise, some numbers may not reflect the exact difference between yesterday's and today's totals.

New countries/territories/areas are shown in red.

**Figure 2. Epidemic curve of confirmed COVID-19 cases reported outside of China (n=72 469), by date of report and WHO region through 15 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, English, French, Chinese, Spanish, Portuguese, and Russian); Critical Care of Severe Acute Respiratory Infections (available in English and French); Health and safety briefing for respiratory diseases - ePROTECT (available in English, French, and Russian); Infection Prevention and Control for Novel Coronavirus (COVID-19) (available in English and Russian); and COVID-19 Operational Planning Guidelines and COVID-19 Partners Platform to support country preparedness and response.

- 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 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**

- 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](#).

# Coronavirus disease 2019 (COVID-19)

## Situation Report – 51

Data as reported by national authorities by 10 AM CET 11 March 2020

### HIGHLIGHTS

- WHO Director-General in his regular media briefing today stated that WHO has been assessing this outbreak around the clock and we are deeply concerned both by the alarming levels of spread and severity, and by the alarming levels of inaction. WHO therefore have made the assessment that COVID-19 can be characterized as a pandemic. For detailed information, please see [here](#).
- Four new countries/territories/areas (Bolivia [Plurinational State of], Jamaica, Burkina Faso and Democratic Republic of the Congo) have reported cases of COVID-19 in the past 24 hours.
- The COVID-19 virus infects people of all ages. However, evidence to date suggests that two groups of people are at a higher risk of getting severe COVID-19 disease. These are older people; and those with underlying medical conditions. WHO emphasizes that all must protect themselves from COVID-19 in order to protect others. For more information, please see 'subject in focus'.
- On 10 March, the IFRC, UNICEF and WHO issued a new guidance to help protect children and schools from transmission of the COVID-19 virus. The guidance provides critical considerations and practical checklists to keep schools safe. More information can be found [here](#).

### SITUATION IN NUMBERS

total and new cases in last 24 hours

#### Globally

118 326 confirmed (4627 new)  
4292 deaths (280 new)

#### China

80 955 confirmed (31 new)  
3162 deaths (22 new)

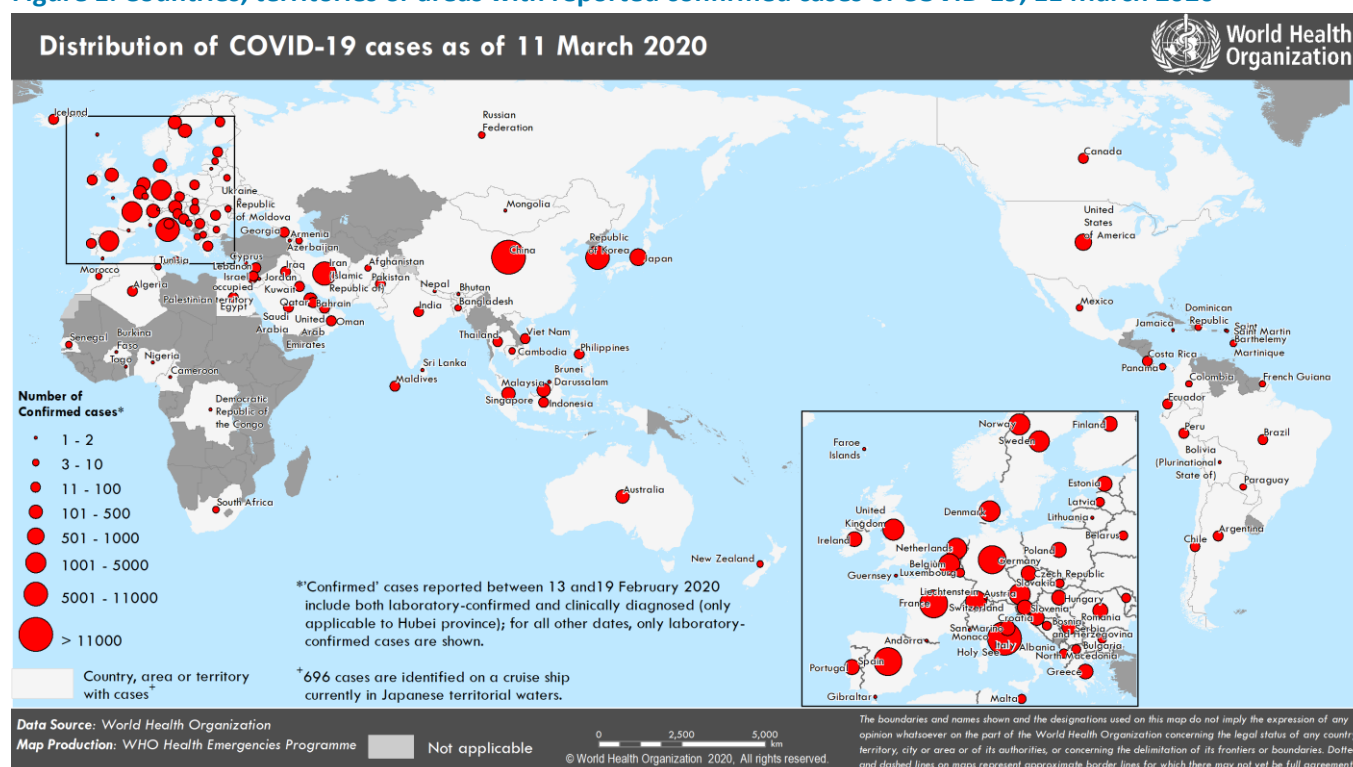
#### Outside of China

37 371 confirmed (4596 new)  
1130 deaths (258 new)  
113 countries/territories/  
areas (4 new)

### WHO RISK ASSESSMENT

China	Very High
Regional Level	Very High
Global Level	Very High

Figure 1. Countries, territories or areas with reported confirmed cases of COVID-19, 11 March 2020



## SUBJECT IN FOCUS: Risk Communication guidance - COVID-19, older adults and people with underlying medical conditions

The virus that causes COVID-19 infects people of all ages. However, evidence to date suggests that two groups of people are at a higher risk of getting severe COVID-19 disease. These are older people (that is people over 60 years old); and those with underlying medical conditions (such as cardiovascular disease, diabetes, chronic respiratory disease, and cancer). The risk of severe disease gradually increases with age starting from around 40 years. It's important that adults in this age range protect themselves and in turn protect others that may be more vulnerable.

WHO has issued advice for these two groups and for community support to ensure that they are protected from COVID-19 without being isolated, stigmatized, left in a position of increased vulnerability or unable to access basic provisions and social care. This advice covers the subject of receiving visitors, planning for supplies of medication and food, going out safely in public and staying connected with others through phone calls or other means. It is essential that these groups are supported by their communities during the COVID-19 outbreak. WHO emphasizes that all people must protect themselves from COVID-19, which will also protect other.

### Key advice for older adults and people with pre-existing conditions:



When you have visitors to your home, exchange "1 metre greetings", like a wave, nod, or bow.



Ask visitors and those you live with to wash their hands.



Regularly clean and disinfect surfaces in your home, especially areas that people touch a lot.



If someone you live with isn't feeling well (especially with possible COVID-19 symptoms), limit your shared spaces.



If you become ill with symptoms of COVID-19, contact your healthcare provider by telephone before visiting your healthcare facility.



Make a plan in preparation for an outbreak of COVID-19 in your community.



When you go out in public, follow the same preventative guidelines as you would at home.



Stay up to date using information from reliable sources.

## SURVEILLANCE

**Table 1. Confirmed and suspected cases of COVID-19 acute respiratory disease reported by provinces, regions and cities in China, Data as of 11 March 2020**

Province/ Region/ City	Population (10,000s)	In last 24 hours			Cumulative	
		Confirmed cases	Suspected cases	Deaths	Confirmed cases	Deaths
Hubei	5917	13	6	22	67773	3046
Guangdong	11346	0	1	0	1353	8
Henan	9605	0	0	0	1272	22
Zhejiang	5737	0	0	0	1215	1
Hunan	6899	0	0	0	1018	4
Anhui	6324	0	0	0	990	6
Jiangxi	4648	0	0	0	935	1
Shandong	10047	1	0	0	759	6
Jiangsu	8051	0	0	0	631	0
Chongqing	3102	0	0	0	576	6
Sichuan	8341	0	0	0	539	3
Heilongjiang	3773	1	0	0	482	13
Beijing	2154	6	2	0	435	8
Shanghai	2424	2	18	0	344	3
Hebei	7556	0	0	0	318	6
Fujian	3941	0	0	0	296	1
Guangxi	4926	0	0	0	252	2
Shaanxi	3864	0	0	0	245	1
Yunnan	4830	0	1	0	174	2
Hainan	934	0	0	0	168	6
Guizhou	3600	0	0	0	146	2
Tianjin	1560	0	2	0	136	3
Shanxi	3718	0	0	0	133	0
Liaoning	4359	0	1	0	125	1
Gansu	2637	1	0	0	125	2
Hong Kong SAR	745	5	0	0	120	3
Jilin	2704	0	0	0	93	1
Xinjiang	2487	0	0	0	76	3
Ningxia	688	0	0	0	75	0
Inner Mongolia	2534	0	0	0	75	1
Taipei and environs	2359	2	0	0	47	1
Qinghai	603	0	0	0	18	0
Macao SAR	66	0	0	0	10	0
Xizang	344	0	0	0	1	0
<b>Total</b>	<b>142823</b>	<b>31</b>	<b>31</b>	<b>22</b>	<b>80955</b>	<b>3162</b>

**Table 2. Countries, territories or areas outside China with reported laboratory-confirmed COVID-19 cases and deaths. Data as of 11 March 2020\***

Reporting Country/ Territory/Area <sup>†</sup>	Total confirmed <sup>‡</sup> cases	Total confirmed new cases	Total deaths	Total new deaths	Transmission classification <sup>§</sup>	Days since last reported case
<b>Western Pacific Region</b>						
Republic of Korea	7755	242	60	6	Local transmission	0
Japan	568	54	12	3	Local transmission	0
Singapore	166	6	0	0	Local transmission	0
Malaysia	129	12	0	0	Local transmission	0
Australia	112	20	3	0	Local transmission	0
Philippines	49	16	1	0	Local transmission	0
Viet Nam	35	4	0	0	Local transmission	0
New Zealand	5	0	0	0	Local transmission	4
Cambodia	3	1	0	0	Local transmission	0
Brunei Darussalam	1	0	0	0	Imported cases only	1
Mongolia	1	0	0	0	Imported cases only	1
<b>European Region</b>						
Italy	10149	977	631	168	Local transmission	0
France	1774	372	33	3	Local transmission	0
Spain	1639	615	36	8	Local transmission	0
Germany	1296	157	2	0	Local transmission	0
Switzerland	491	159	3	1	Local transmission	0
Netherlands	382	61	4	1	Local transmission	0
The United Kingdom	373	50	6	3	Local transmission	0
Sweden	326	78	0	0	Local transmission	0
Norway	277	85	0	0	Local transmission	0
Belgium	267	28	0	0	Local transmission	0
Denmark	262	172	0	0	Local transmission	0
Austria	182	51	0	0	Local transmission	0
Greece	89	16	0	0	Local transmission	0
Israel	75	36	0	0	Local transmission	0
San Marino	63	14	2	0	Local transmission	0
Czechia	61	23	0	0	Local transmission	0
Iceland	61	0	0	0	Local transmission	1
Portugal	41	11	0	0	Local transmission	0
Finland	40	0	0	0	Local transmission	1
Ireland	34	10	0	0	Local transmission	0
Slovenia	31	8	0	0	Local transmission	0
Romania	25	10	0	0	Local transmission	0
Georgia	23	8	0	0	Imported cases only	0
Poland	22	6	0	0	Local transmission	0
Croatia	16	4	0	0	Local transmission	0
Estonia	13	3	0	0	Imported cases only	0
Hungary	13	4	0	0	Local transmission	0
Serbia	12	11	0	0	Local transmission	0
Albania	10	8	0	0	Local transmission	0
Bulgaria	10	6	0	0	Local transmission	0
Azerbaijan	9	0	0	0	Imported cases only	4
Belarus	9	3	0	0	Local transmission	0
Latvia	8	2	0	0	Imported cases only	0
North Macedonia	7	0	0	0	Local transmission	1
Russian Federation	7	0	0	0	Imported cases only	4

Slovakia	7	0	0	0	Local transmission	1
Luxembourg	5	0	0	0	Imported cases only	1
Bosnia and Herzegovina	4	2	0	0	Local transmission	0
Malta	4	0	0	0	Imported cases only	1
Republic of Moldova	3	2	0	0	Imported cases only	0
Cyprus	2	0	0	0	Imported cases only	1
Andorra	1	0	0	0	Imported cases only	8
Armenia	1	0	0	0	Imported cases only	9
Holy See	1	0	0	0	Under investigation	5
Liechtenstein	1	0	0	0	Imported cases only	5
Lithuania	1	0	0	0	Imported cases only	12
Monaco	1	0	0	0	Under investigation	10
Ukraine	1	0	0	0	Imported cases only	7
<b>Territories**</b>						
Faroe Islands	2	0	0	0	Imported cases only	2
Gibraltar	1	0	0	0	Under investigation	7
Guernsey	1	0	0	0	Imported cases only	1
<b>South-East Asia Region</b>						
India	60	16	0	0	Local transmission	0
Thailand	59	6	1	0	Local transmission	0
Indonesia	27	8	1	1	Local transmission	0
Maldives	8	4	0	0	Local transmission	0
Bangladesh	3	0	0	0	Local transmission	2
Bhutan	1	0	0	0	Imported cases only	5
Nepal	1	0	0	0	Imported cases only	47
Sri Lanka	1	0	0	0	Imported cases only	44
<b>Eastern Mediterranean Region</b>						
Iran (Islamic Republic of)	8042	881	291	54	Local transmission	0
Bahrain	110	1	0	0	Local transmission	0
United Arab Emirates	74	15	0	0	Local transmission	0
Kuwait	69	4	0	0	Imported cases only	0
Iraq	61	0	6	0	Local transmission	1
Egypt	59	0	1	0	Local transmission	1
Lebanon	41	9	1	1	Local transmission	0
Qatar	24	6	0	0	Imported cases only	0
Saudi Arabia	20	5	0	0	Local transmission	0
Oman	18	0	0	0	Imported cases only	1
Pakistan	16	0	0	0	Local transmission	1
Tunisia	6	4	0	0	Local transmission	0
Afghanistan	4	0	0	0	Imported cases only	3
Morocco	3	1	1	1	Imported cases only	0
Jordan	1	0	0	0	Imported cases only	8
<b>Territories**</b>						
occupied Palestinian territory	30	4	0	0	Local transmission	0
<b>Region of the Americas</b>						
United States of America	696	224	25	6	Local transmission	0
Canada	93	16	1	1	Local transmission	0
Brazil	34	9	0	0	Local transmission	0

Argentina	17	5	1	0	Imported cases only	0
Chile	17	4	0	0	Local transmission	0
Ecuador	15	0	0	0	Local transmission	2
Costa Rica	13	4	0	0	Local transmission	0
Peru	11	2	0	0	Local transmission	0
Panama	8	7	1	1	Imported cases only	0
Paraguay	8	7	0	0	Local transmission	0
Mexico	7	0	0	0	Imported cases only	3
Dominican Republic	5	0	0	0	Imported cases only	1
Colombia	3	0	0	0	Imported cases only	1
Bolivia (Plurinational State of)	2	2	0	0	Imported cases only	0
Jamaica	1	1	0	0	Imported cases only	0
<b>Territories**</b>						
French Guiana	5	0	0	0	Imported cases only	3
Martinique	3	1	0	0	Imported cases only	0
Saint Martin	2	0	0	0	Under investigation	8
Saint Barthelemy	1	0	0	0	Under investigation	8
<b>African Region</b>						
Algeria	20	0	0	0	Local transmission	2
South Africa	7	0	0	0	Imported cases only	1
Senegal	4	0	0	0	Imported cases only	6
Burkina Faso	2	2	0	0	Imported cases only	0
Cameroon	2	0	0	0	Local transmission	4
Nigeria	2	0	0	0	Imported cases only	2
Democratic Republic of the Congo	1	1	0	0	Imported cases only	0
Togo	1	0	0	0	Imported cases only	4
<b>Subtotal for all regions</b>	<b>36675</b>	<b>4596</b>	<b>1123</b>	<b>258</b>		
International conveyance (Diamond Princess)	696	0	7	0	Local transmission	3
<b>Grand total</b>	<b>37371</b>	<b>4596</b>	<b>1130</b>	<b>258</b>		

\*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.

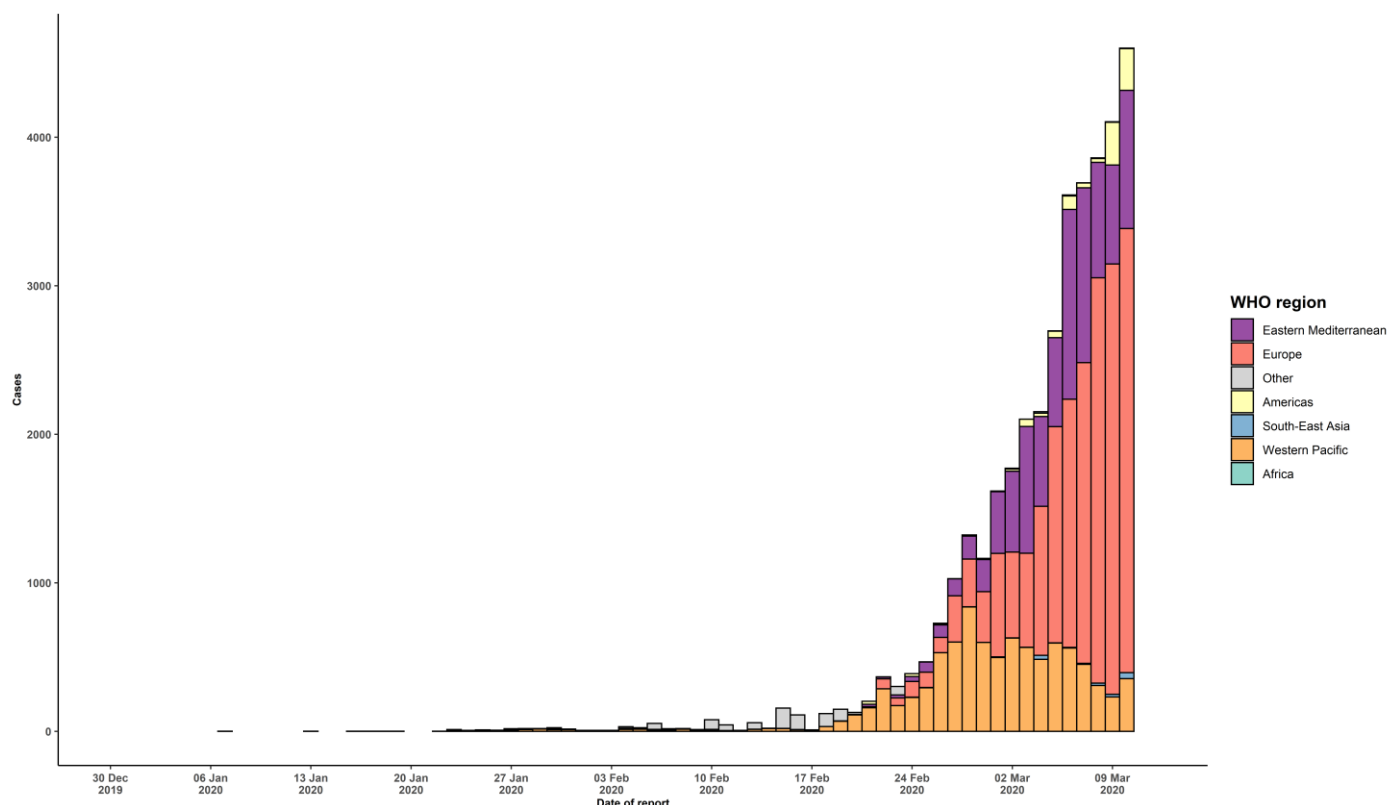
Terms:

- **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



**Figure 2. Epidemic curve of confirmed COVID-19 cases reported outside of China , by date of report and WHO region through 11 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, English, French, Chinese, Spanish, Portuguese, and Russian); Critical Care of Severe Acute Respiratory Infections (available in English and French); Health and safety briefing for respiratory diseases - ePROTECT (available in English, French, and Russian); Infection Prevention and Control for Novel Coronavirus (COVID-19) (available in English and Russian); and COVID-19 Operational Planning Guidelines and COVID-19 Partners Platform to support country preparedness and response.
- 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 of 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](#).



# CITY OF CUPERTINO

## Legislation Text

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**File #:** 20-7254, **Version:** 1

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Subject: Actions Related to Income Loss and Evictions Due to Novel Coronavirus

1. Consider directing the City Attorney to draft a resolution and emergency eviction protection ordinance directed at residents unable to pay rent as a result of the Coronavirus Disease (COVID-19).



## HOUSING DIVISION

CITY HALL  
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TELEPHONE: (408) 777-3308 • CUPERTINO.ORG

### CITY COUNCIL STAFF REPORT

Meeting: March 17, 2020

#### Subject

Actions Related to Income Loss and Evictions Due to Novel Coronavirus

#### Recommended Action

1. Consider directing the City Attorney to draft a resolution and emergency eviction protection ordinance directed at residents unable to pay rent as a result of the Coronavirus Disease (COVID-19)

#### Discussion

The State of California and the County of Santa Clara have declared a state and local emergency, respectively, to help prepare for a broader spread of COVID-19. On March 10, 2020, the City of San Jose directed its City Attorney to draft a resolution, ordinance and urgency ordinance imposing a temporary moratorium on evictions for nonpayment of rent due to wage loss resulting from the COVID-19 pandemic. See Attachment A. The City of San Jose is implementing this urgency ordinance to prevent families from being evicted from their homes during this public health crisis. As the response to this public health emergency escalates, many residents will feel direct economic impacts from business closure, event cancellation and layoffs. The City Council could consider giving the same direction as the City of San Jose.

#### Sustainability Impact

There are no sustainability impacts.

#### Fiscal Impact

There is no fiscal impact.

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Prepared by: Kerri Heusler, Housing Manager

Reviewed by: Heather Minner, City Attorney

Approved by: Deborah Feng, City Manager

Attachments:

A - City of San Jose Staff Report (Actions Related to Income Loss and Evictions Due to Novel Coronavirus)

COUNCIL AGENDA: 3/10/2020

ITEM:



# Memorandum

**TO:** CITY COUNCIL  
**SUBJECT:** SEE BELOW

**FROM:** Mayor Sam Liccardo  
**DATE:** March 6, 2020

**APPROVED:**

**DATE:**

3/6/20

**SUBJECT: ACTIONS RELATED TO INCOME LOSS AND EVICTIONS DUE TO NOVEL CORONAVIRUS**

## RECOMMENDATION

- A. Place this matter on the March 10, 2020 Council agenda, pursuant to Government Code Section 54954.2(b)(1) that the State of California and County of Santa Clara have issued a declaration of emergency, and Section 54954.2(b)(2), such that information gathered over the last 72 hours has given rise to a need to act timely.
- B. Direct City Attorney to prepare a resolution, an ordinance, and a companion urgency ordinance providing for a temporary moratorium on evictions in the City of San José for renters on the basis of nonpayment of rent ("affected renters") where that failure to pay rent results from wage loss resulting from the novel coronavirus (COVID-19) pandemic, under the following conditions:
  1. Ordinance will become effective upon Council adoption of a resolution declaring that the moratorium is effective due to the declaration of the County Public Health Officer, or other State or Federal Authority, of an emergency related to COVID-19;
  2. The temporary moratorium shall remain in effect for a period of thirty (30) days from the Council resolution, but the City Manager shall return to enable Council to consider an extension to a longer period as the circumstances dictate;
  3. The temporary moratorium must not extend beyond the duration of the City's Resolution, but may be extended for a longer period by agreement of the Council;
  4. Affected renters must demonstrate substantial loss of income, through documentation or other objectively verifiable means, resulting from the COVID-19 pandemic or the declaration of the County Public Health Officer, or other State or Federal Authority e.g.,



**COUNCIL AGENDA: 3/10/2020**

**ITEM:**

**Page 2**

from (a) job loss, (b) a reduction of compensated hours of work, (c) store, restaurant, or office closure, (d) the need to miss work to care for a home-bound school-age child, or (e) other similarly-caused loss of income that resulted since the City's Resolution;

5. Affected renters must notify their landlords on or before the day that rent is due that they have substantial loss of income as a result of the declared emergency related to COVID-19, resulting in business closure, substantial loss of compensable hours of work and wages, or layoffs.
- C. The legislation shall include findings of potential job loss, wage loss, or other impacts for specific industries—such as hotels, conventions, or theaters—resulted from the COVID-19 pandemic.
- D. The City shall join the Apartment Association in advocating with the relevant organizations for temporary relief for burdened, unpaid landlords from the burden of such costs as property taxes, utility charges, and foreclosure.
- E. The City Attorney shall evaluate the potential for including in the legislation a 120-day period for affected tenants to become current on past due rent.

**Background**

The County of Santa Clara has announced a public health emergency resulting from the spread of the novel coronavirus (COVID-19). As of March 5, 2020, there are 20 confirmed cases in the County. As more nimble testing methods are introduced, and more proactive, comprehensive testing occurs, we should expect the number of confirmed cases to increase rapidly reflecting the widespread clusters of infected people.

As the response to this public health emergency escalates, increasingly, many residents will feel direct economic impacts as well. One preschool has shut down already, and likely others will follow; many parents who must tend to their children at home will lose wages as a result. Cancelled conventions, hotel bookings, and public events will result in lost business throughout the hospitality industry, and their employees lose paychecks and jobs.

We must avoid the creation of greater public health emergency that would result from subjecting thousands more families to homelessness, and we must protect our residents from the fear of potential eviction resulting from economic dislocation.

In tough times, San José residents pull together. As this epidemic unfolds, we will draw deeply on the character of our community to care for one another – and pull each other up to safer ground.