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Chinese American  
Citizens Alliance

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# COVID-19

AND THE CHINESE AND ASIAN  
AMERICAN COMMUNITY

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Greater San Gabriel Valley  
(GSGV) Lodge of Chinese  
American Citizens Alliance

CACA Report  
Author: Shiny Weng  
August 2020





CACA Greater San Gabriel Valley Lodge (GSGV) is a Chinese American Citizens Alliance local lodge, part of the national organization formed in 1895. CACA strives to empower Chinese Americans by promoting the highest ethics and morals, by practicing and defending American citizenship in its fullest rights and responsibilities, by observing respectfully American patriotism, by preserving historical and cultural traditions, and by providing youth leadership and community learning through education. To learn more, please visit <http://www.cacagreatersangabrielvalley.org/> and <http://cacanational.org/htmlPages/history.html>.



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Photo: AFP

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COVID-19

WHERE WE  
ARE NOW

AUGUST 1ST

## Total Cases in the United States



Total  United States 

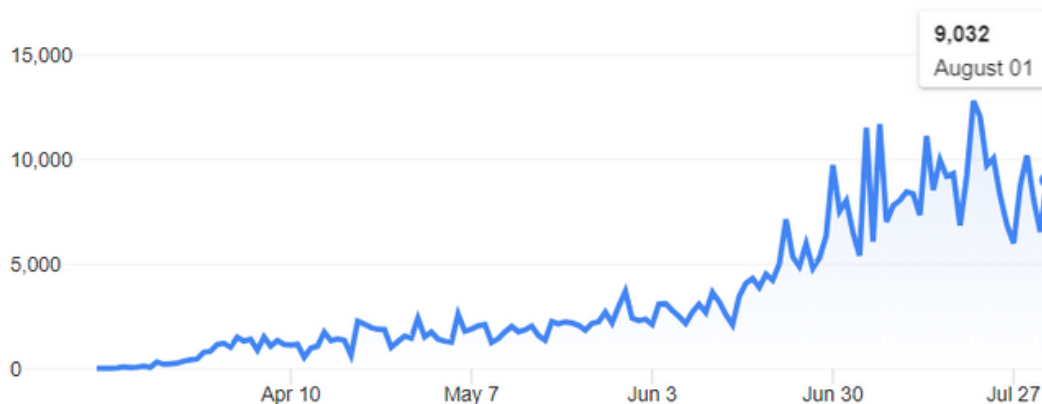
Confirmed  
**4.75M**  
+60,817

Deaths  
**157K**  
+1,207

Location	Confirmed ↓	Deaths
California	510K +9,032	9,365 +132
Florida	480K +9,642	7,021 +179
Texas	448K +9,539	7,471 +268

## Daily Change in California

New cases  United States  All time



Source: Wikipedia and The New York Times





Photo: Willam Zarit

By early March, Song had already canceled all travel plans and doctor visits and began wearing face masks in public areas.

"We already knew the disease, the virus, was really lethal, really bad stuff. But whenever we got out and saw other people, and people we knew, they would give us this feeling that we were just overreacting."

- Cindy Song

Cindy Song, a native of Jiangsu Province and a retired government employee from Washington, responded quickly to news of the COVID-19 pandemic. Warned by her Chinese friends on social media, Song began staying indoors, avoiding public areas, such as restaurants and supermarkets, wearing face masks, and maintaining safe distances from others. By early March, Song had already canceled all travel plans and doctor appointments [1]. According to Song, many believed that she was overreacting to the news of the virus. However, by the end of March, the United States had already confirmed over 25,000 cases, which continued to increase. According to data published by the CDC, there are currently over 4.5 million confirmed cases of COVID-19 [2].





*ethnic groups*

# NUMBERS & STATISTICS

According to the Centers for Disease Control and Prevention (CDC), Asians in the United States are less likely than other ethnic groups to contract and die from the coronavirus disease [8].

## 34

*deaths per 100,000 people*

## 5.6%

*17,320,856 asian americans (2010 Census)*

**Deaths per 100,000 people by race or ethnicity**

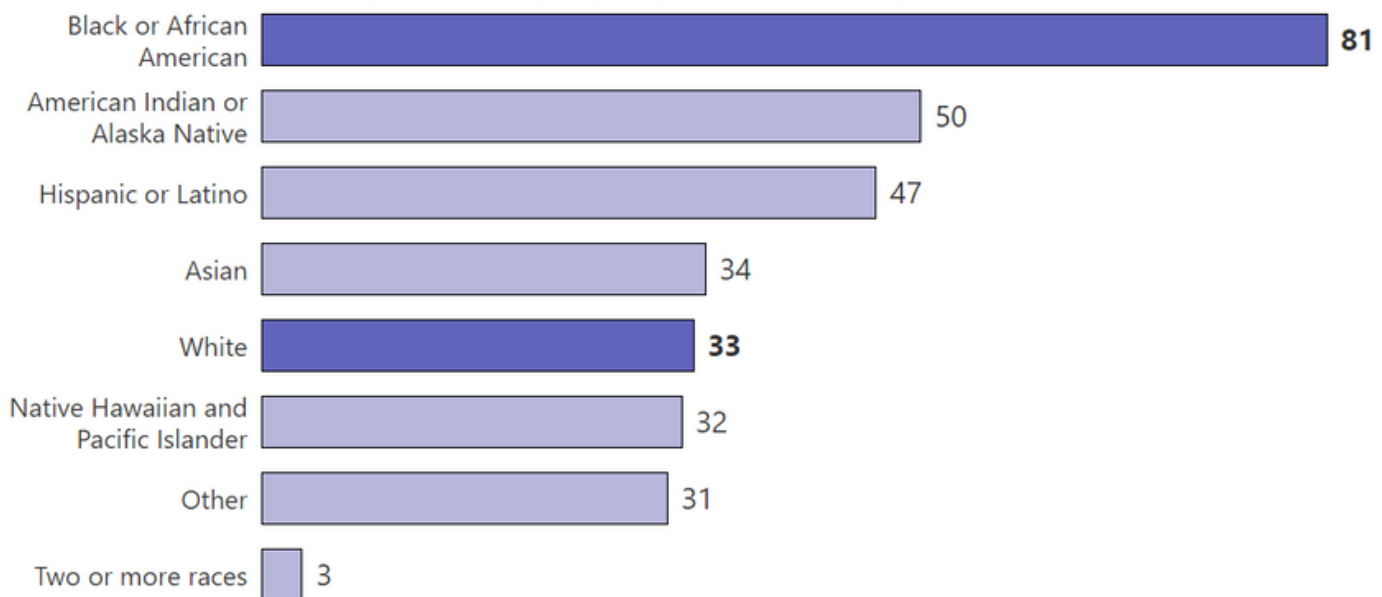


Figure: <https://covidtracking.com/race> (United States, August 14, 2020)

In some areas, such as New York City, data suggests that Asians have the lowest infection and mortality rates among all ethnic groups. According to experts, socio-economic factors have contributed to fewer reported cases of COVID-19 in the Chinese community [1]. While the Asian American community also includes many blue-collar workers nationally, Asian Americans are generally better off economically and more educated than other ethnic communities. As a result, Asian Americans tend to have more or better access to healthcare and medical insurance, larger living spaces to accommodate social distancing, and greater financial stability during shelter-in-place orders [1,4].

Chinese, Hispanics, and African Americans tend to have poorly paid service jobs. Chinese, however, are more heavily concentrated in restaurants, which shut down during the early stages of the pandemic. On the other hand, Hispanics and African Americans commonly work on the front lines [1,4].

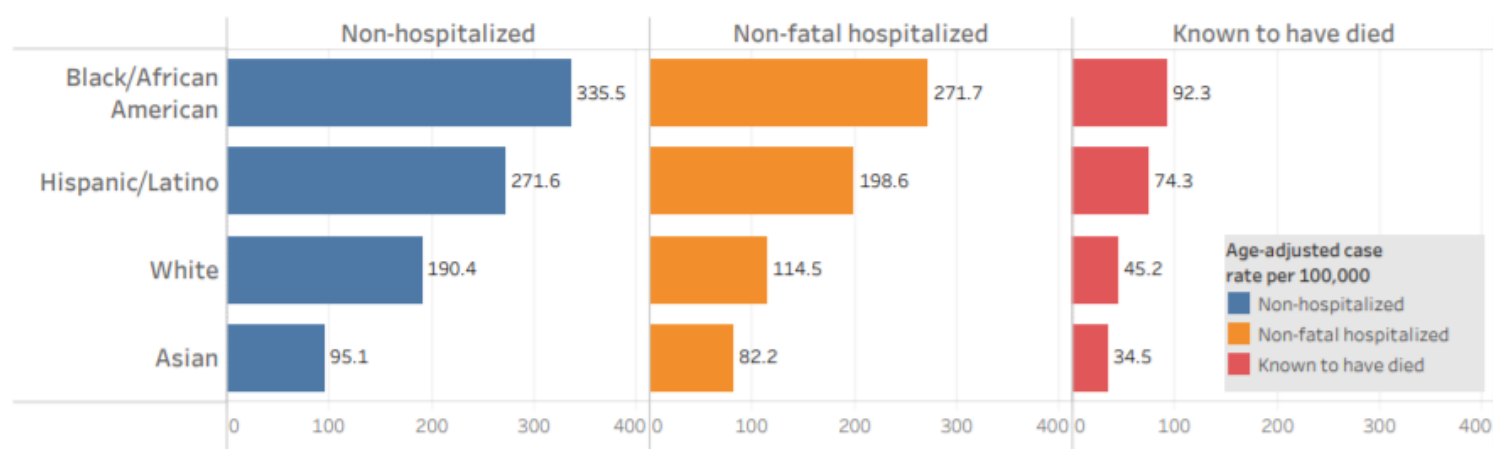


### All Cases and Deaths associated with COVID-19 by Race and Ethnicity

Race/Ethnicity	No. Cases	Percent Cases	No. Deaths	Percent Deaths	Percent CA population
Latino	205,622	58.5	4,512	46.8	38.9
White	60,095	17.1	2,868	29.8	36.6
Asian	19,017	5.4	1,183	12.3	15.4
African American	14,984	4.3	811	8.4	6.0
Multi-Race	2,914	0.8	54	0.6	2.2
American Indian or Alaska Native	822	0.2	38	0.4	0.5
Native Hawaiian and other Pacific Islander	2,034	0.6	48	0.5	0.3
Other	46,295	13.2	125	1.3	0.0
Total with data	351,783	100.0	9,639	100.0	100.0

Asians account for 5.4% of COVID-19 cases while accounting for 15.4% of the population (CA). Whites, who make up 36.6% of the population, account for 17.1% of cases. On the other hand, Latinos account for 58.5% of COVID-19 cases while representing 38.9% of the population. Blacks account for 4.3% of cases while making up 6.0% of the population. Similar trends can be seen in the death rates. Asians have lower rates of infections/deaths than other minority groups.

**Figure 1: California Department of Public Health (August 6, 2020)**



**Figure 2: New York City Government (May 2020)**

**Figure 1:**

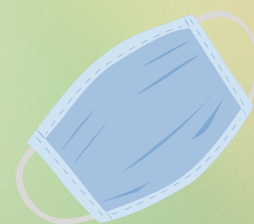
Cases: 538,416 total; 186,633 (35%) missing race/ethnicity

Deaths: 9,807 total; 168 (2%) missing race/ethnicity

\*717 cases with missing age

\*\*Census data does not include 'other race' category

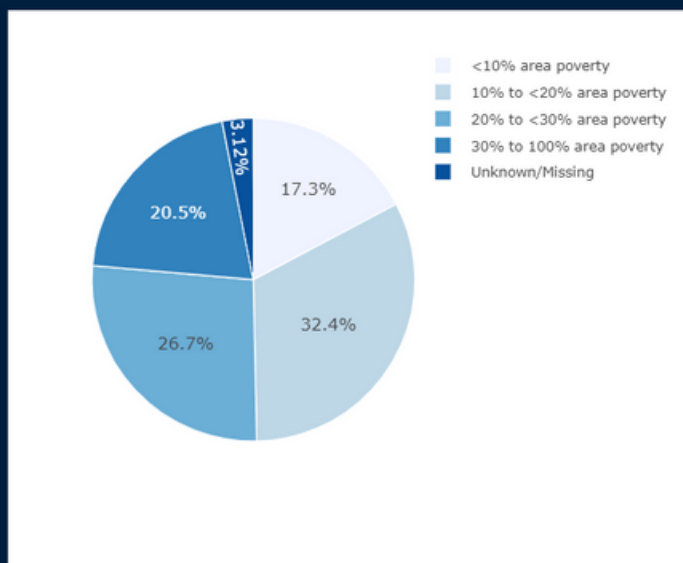
California Department of Public Health



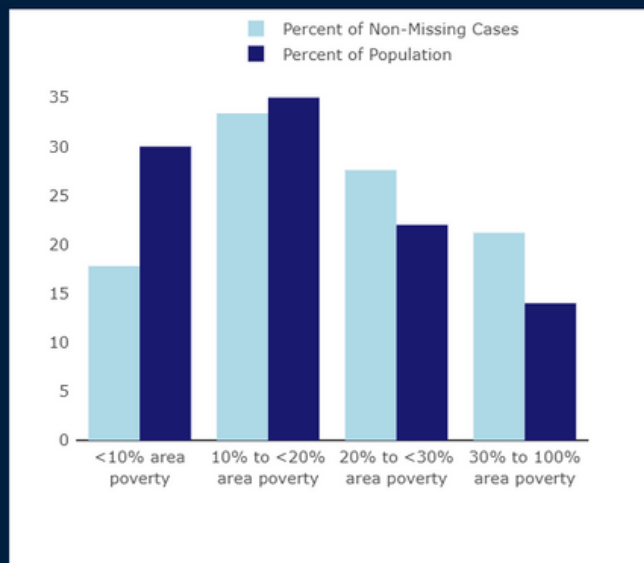


# LA COUNTY COVID-19 CASES

Demographics of Cases by Area Poverty  
August 6, 2020



Comparison of Cases by Area Poverty with Population  
August 6, 2020



## California Department of Public Health

Above: [http://dashboard.publichealth.lacounty.gov/covid19\\_surveillance\\_dashboard/](http://dashboard.publichealth.lacounty.gov/covid19_surveillance_dashboard/)  
Below: <http://publichealth.lacounty.gov/media/coronavirus/data/index.htm#graph-deathrate>

Age-Adjusted Death Rates due to COVID-19 per 100K  
August 15, 2020

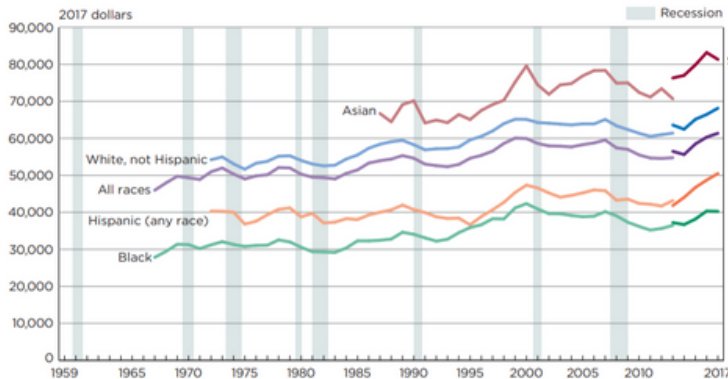
		Mortality Rate
Los Angeles County Total		48
Race/Ethnicity	Asian	37
	Black/African American	55
	Hispanic/Latino	73
	White	27
Area Poverty	<10% area poverty	25
	10% to <20% area poverty	48
	20% to <30% area poverty	65
	30% to 100% area poverty	100



# ADDITIONAL DATA

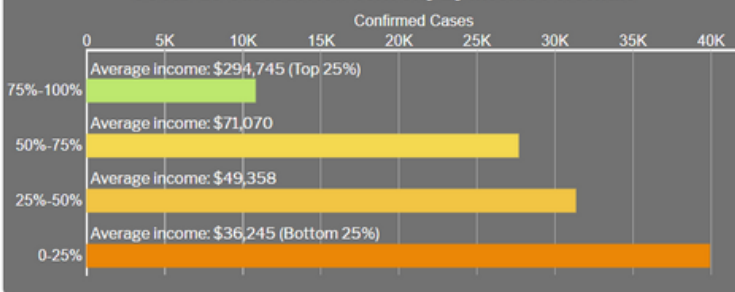
## INCOME LEVELS AND RATE RATIOS

Figure 1.  
Real Median Household Income by Race and Hispanic Origin: 1967 to 2017



Note: The data for 2013 and beyond reflect the implementation of the redesigned income questions. The data points are placed at the midpoints of the respective years. Median household income data are not available prior to 1967. For information on recessions, see Appendix A. For information on confidentiality protection, sampling error, nonsampling error, and definitions, see [www2.census.gov/programs-surveys/cps/techdocs/cpsmar18.pdf](https://www2.census.gov/programs-surveys/cps/techdocs/cpsmar18.pdf).  
Source: U.S. Census Bureau, Current Population Survey, 1968 to 2018 Annual Social and Economic Supplements.

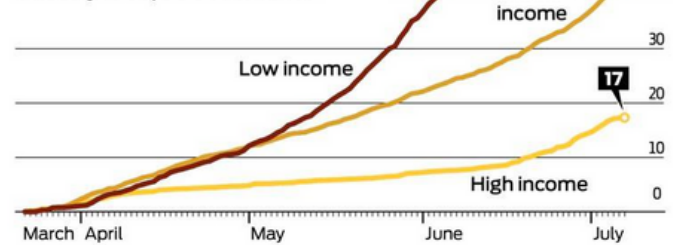
### COVID-19 Cases in New York City By Income Percentile



### Daily case rates since March by median income level

The Chronicle designated ZIP codes with household income at least 80% below the median as low income, and those at least 120% above the median as high income. Those in between were classified as middle income.

### Cases per 10,000 residents



Note: Areas with fewer than 10 confirmed cases were excluded because of gaps in Alameda County data. The data are updated daily, and past cases are sometimes added at a later date or are transferred from one ZIP code to another. The data are accurate as of July 6.

Sources: Alameda County Public Health Department, U.S. Census, Chronicle research

Todd Trumbull / The Chronicle

Socioeconomic status, access to health care, and increased exposure to COVID-19 due to occupation are several factors that influence infection rates. Asians in the United States are generally better off economically, resulting in more or better access to health care and medical insurance, greater financial stability during shelter-in-place orders, and larger living spaces to accommodate social distancing measures. Thus, as shown by the data, Asians have lower rates of cases, hospitalizations, and deaths.

Figure Above: <https://time.com/5821212/coronavirus-low-income-communities/>

## COVID-19 CASES, HOSPITALIZATION, AND DEATH BY RACE/ETHNICITY

### FACTORS THAT INCREASE COMMUNITY SPREAD AND INDIVIDUAL RISK



CROWDED SITUATIONS



CLOSE / PHYSICAL CONTACT



ENCLOSED SPACE



DURATION OF EXPOSURE

Rate ratios compared to White, Non-Hispanic Persons

American Indian or Alaska Native, Non-Hispanic persons

Asian, Non-Hispanic persons

Black or African American, Non-Hispanic persons

Hispanic or Latino persons

CASES<sup>1</sup>

2.8x higher

1.1x higher

2.6x higher

2.8x higher

HOSPITALIZATION<sup>2</sup>

5.3x higher

1.3x higher

4.7x higher

4.6x higher

DEATH<sup>3</sup>

1.4x higher

No Increase

2.1x higher

1.1x higher

Race and ethnicity are risk markers for other underlying conditions that impact health — including socioeconomic status, access to health care, and increased exposure to the virus due to occupation (e.g., frontline, essential, and critical infrastructure workers).

### ACTIONS TO REDUCE RISK OF COVID-19



WEARING A MASK



SOCIAL DISTANCING (6 FT GOAL)



HAND HYGIENE



CLEANING AND DISINFECTION



<sup>1</sup> Data source: COVID-19 case-level data reported by state and territorial jurisdictions. Case-level data include about 80% of total reported cases. Numbers are unadjusted rate ratios.

<sup>2</sup> Data source: COVID-NET (<https://www.cdc.gov/coronavirus/2019-ncov/covid-data/covidview/index.html>, accessed 08/06/20). Numbers are ratios of age-adjusted rates.

<sup>3</sup> Data source: NCHS Provisional Death Counts (<https://www.cdc.gov/nchs/nvss/vsrr/COVID19/index.htm>, accessed 08/06/20). Numbers are unadjusted rate ratios.

[cdc.gov/coronavirus](https://cdc.gov/coronavirus)

CS319360-A 08/08/2020





Photos: Xinhua

## OTHER POTENTIAL FACTORS

Data suggests that Asians in the United States are less likely than other ethnic groups to contract and die from the coronavirus disease [8].

One potential factor for the low rate of infection among Asians may be the "WeChat Factor." WeChat, a popular Chinese social media platform released in 2011, has a monthly active user base of more than 1 billion people. In the early stages of the pandemic, WeChat users had already begun alerting and heeding warnings of the virus in personal messages and posts [1].

Furthermore, reinforced by the recollections of the SARS outbreak from 2002 to 2003, many Asians began stocking up on food and supplies early, and many Asian businesses began enforcing social distancing regulations well before local mandates were implemented [1, 17].

In addition, Scott Frank, a public health expert at Case Western Reserve University's medical school, states that mask-wearing has also contributed to lower rates of COVID-19 infections in the Asian community [1].

"Mask wearing was something done by Asians well before the beginning of this pandemic. There's recognition that individual concerns should be subsumed for the good of the whole, rather than the more individualistic ethic that is oriented towards freedom and choice that is part of the white American privilege mentality," said Frank [1].







# TRADITIONAL CHINESE MEDICINE

In Wuhan, China, traditional Chinese medicine (TCM) played an active role in combating the novel coronavirus pneumonia (NCP) caused by COVID-19. Thus, numerous studies have been conducted to examine the potential of Chinese traditional and herbal medicines to inhibit the novel coronavirus.

In Shanghai, China, Deng-hai Zhang, Kun-In Wu, Xue Zhang, Sheng-qiong Deng, and Bing Peng executed a rational screening process to evaluate the potential of traditional Chinese medicines (TCM) to inhibit the novel coronavirus. To begin, the research team conducted a literature search for natural compounds with antiviral activities against SARS-associated coronavirus. The team then searched Chinese herbal databases to identify plants containing the selected natural compounds [9].

Of the compounds screened, 13 natural compounds that exist in traditional Chinese medicines were also found to have potential anti-coronavirus activity. Furthermore, 125 Chinese herbs, including Licorice (连翘), Forsythiae Fructus (连翘), and Mori cortex (桑白皮), were found to contain two or more of the 13 natural compounds. Ultimately, the team

concluded that Chinese herbal treatments classically used for treating viral respiratory infection could contain direct anti-COVID-19 compounds [9].

In another study, researchers treated and examined patients receiving both Chinese and Western medicine. Four patients with mild or severe cases of COVID-19 were admitted to the Shanghai Public Health Clinical Center. All four patients were given an antiviral treatment including lopinavir/ritonavir (Kaletra®), arbidol, and Shufeng Jiedu Capsule (a traditional Chinese medicine). After treatment, three of the four patients showed significant improvement in pneumonia-associated symptoms. Two of the patients tested negative for COVID-19 and were discharged. By the cutoff date for data collecting, the remaining patient with severe pneumonia also showed signs of improvement. The research team concluded that the efficacy of antiviral treatment including lopinavir/ritonavir, arbidol, and SFJDC warrants further verification in future studies [10].

With the emergence of the COVID-19 pandemic, many Chinese, particularly Chinese immigrants, began stocking up on traditional Chinese medicines as a precaution. Mayway, a Chinese medicine business in San Francisco, reported an unusual increase in orders. In New York's Chinatown, Calihouse Nutrition also reported a surge in demand for herbal remedies, such as Japanese honeysuckle and the popular cold remedy Ban Lan Gen Chong Ji. According to the shop, a forty-pound supply of medicinal herbs that would normally last about two to three weeks would now run out in just a few days [7].





Photo:  
CrimesAgainstAsians/Facebook

A man helps a shop owner pick up a display stand after a group of teenagers vandalize the store in San Francisco's Chinatown.

## REPORTS OF ANTI-ASIAN RACISM CONTINUE TO RISE AS CORONAVIRUS SPREADS

Since the outbreak of the COVID-19 pandemic, Asians and people of Asian descent from around the world have been targets of discrimination, verbal abuse, bullying, threats, and violent assaults. In many countries, such as the United States, United Kingdom, Greece, Spain, Italy, Germany, and France, government officials have directly or indirectly encouraged xenophobia and racism by using anti-Chinese rhetoric [5, 6, 11, 12].

In the United States, President Donald Trump's use of the terms "Chinese virus" and "Kung Flu" may have encouraged anti-Asian racism and xenophobia. Although Trump and other White House officials claimed that the use of such rhetoric would not negatively impact the Asian community, reports of anti-Asian harassment, attacks, and hate crimes have surged since the outbreak of the pandemic [11,12].

STOP AAPI HATE, a reporting center launched by a coalition of Asian American groups, has collected and tracked incidents of anti-Asian racism, discrimination, violence, harassment, and bullying throughout the country. In its first four weeks, the group had already received nearly 1,500 reports [19]. The reporting center received hundreds of cases in which Asian Americans were being harassed in public, accused of carrying or "bringing" the coronavirus disease, discriminated against in the workplace, or refused services from businesses or transportation [11,19].

According to a recent survey conducted by the Pew Research Center, approximately four-in-ten Asian adults reported that someone has acted uncomfortable around them because of their race or ethnicity. 31% of Asian adults say that they have been subject to racist slurs or jokes since the beginning of the pandemic [15].

On May 4, the Anti-Defamation League (ADL) released a list of near-daily incidents of anti-Asian racism and attacks from January. For instance, in Columbia, Maryland, neighbors shouted racist remarks at an Asian American family walking on a trail, "Coronavirus, coronavirus! Asian pig!" [14].





Photo: ABC 7 New York

## 89-YEAR-OLD CHINESE AMERICAN WOMAN SET ON FIRE IN NYC

Before the pandemic, NextShark, a source focused on global Asian news, had only received a few messages per day about cases involving anti-Asian bias. Now, NextShark receives dozens of reports every day [11]. In one specific incident, an 89-year-old Chinese American woman was set on fire in New York City. On the night of July 14, the victim had just left her home in Brooklyn when two men suddenly approached her. One of the men allegedly slapped the victim in the face

first. Moments later, the victim felt a sharp pain in her back. The victim immediately rubbed her back against a wall to put out the flames and fortunately did not suffer from any serious injuries. The male suspects did not try to steal her phone or wallet and had used a lighter or a match. The victim did not disclose the incident to her family members until the next day since she did not want them to worry [16, 18].



# ANTI-ASIAN RACISM AND XENOPHOBIA

While data suggests that Asians are the least likely to be infected or die from the coronavirus disease, many Asian Americans have experienced verbal and physical attacks.



**Justin Tsui**

First Generation Chinese-American

Justin Tsui, a registered nurse and doctorate student, was transferring trains on his way home when he was suddenly approached by a man on the train platform [13].

"You're Chinese, right?" asked the man. Tsui responded that he was Chinese American, and the man told Tsui to go back to his country, arguing that "all these sicknesses," such as the 2003 SARS outbreak, were spread by "chinks." The aggressor continued to step closer toward Tsui, who was forced to the edge of the platform.

A bystander, who Tsui says appeared to be Latino, threatened to record the incident and call the police. "Leave him alone. Can't you see he's a nurse? That he's wearing scrubs?" said the bystander. The aggressor responded by telling the bystander to "go back to [his] country too."



**Jilleen Liao**

5th or 6th Generation Chinese + Taiwanese

Jilleen Liao, a Chinese and Taiwanese American, was on a grocery run when she stopped to adjust her face mask. A taller and older man walked in her direction. "Next time, don't bring your diseases back from your country," he said [13].

"He was so close I could see the lines and wrinkles on his face," said Liao. Frightened, Liao waited for the man to walk farther away before say, "I'm American, sir. Have a nice day!" Since then, Liao fears that carrying too many bags from grocery shopping could put her in a situation in which she would not be able to defend herself.

According to Liao, it is necessary to speak up about racial inequality. "Especially as marginalized people, we can't be afraid to speak out about our experiences. I believe community building starts with relationship building—however messy or imperfect that process might look. The Black Lives Matter movement continues to show us a new world is possible," said Liao.



**Abraham Choi**

2nd Generation Korean American

Abraham Choi, a second-generation Korean American, was in a Penn Station restroom when a man stood behind him and began spitting and coughing on him. [13].

"You Chinese f-ck. All of you should die, and all of you have the Chinese virus," said the man. After the aggressor left, Choi reported the situation to the police. However, Choi was told that spitting was not a crime and that the paperwork was not worth the effort. Uncertain of what to do, Choi later anonymously posted his experience on Reddit.

Initially, Choi did not inform his parents about the situation and was hesitant to come forward in fear that his family would be targeted. However, when the number of attacks against Asian Americans began increasing, Choi felt the need to speak up.

"I'm worried about my kid. I don't want her to face this kind of racism. It should just be love that we hold for one another," said Choi.





MOVING FORWARD

# LESSONS LEARNED

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## SPOTLIGHT: SAN FRANCISCO'S CHINATOWN

# CHINESE HOSPITAL

New outbreaks in California are leading to an alarming increase in COVID-19 cases, hospitalizations, and deaths. However, one community has succeeded in controlling the virus, offering valuable lessons on how early action can help keep the virus at bay.

San Francisco's Chinatown was poised for disaster. The area consisted of 15,000 people living in approximately 22 blocks, making it one of the densest neighborhoods west of Manhattan.

To make matters worse, most of its residents are elderly citizens living in crowded single-room occupancy hotels (SROs). Such shared spaces are very unsafe, leading to some of the deadliest outbreaks in the country. However, Chinese Hospital, an acute care facility in San Francisco's Chinatown, had prepared for the worst [17].

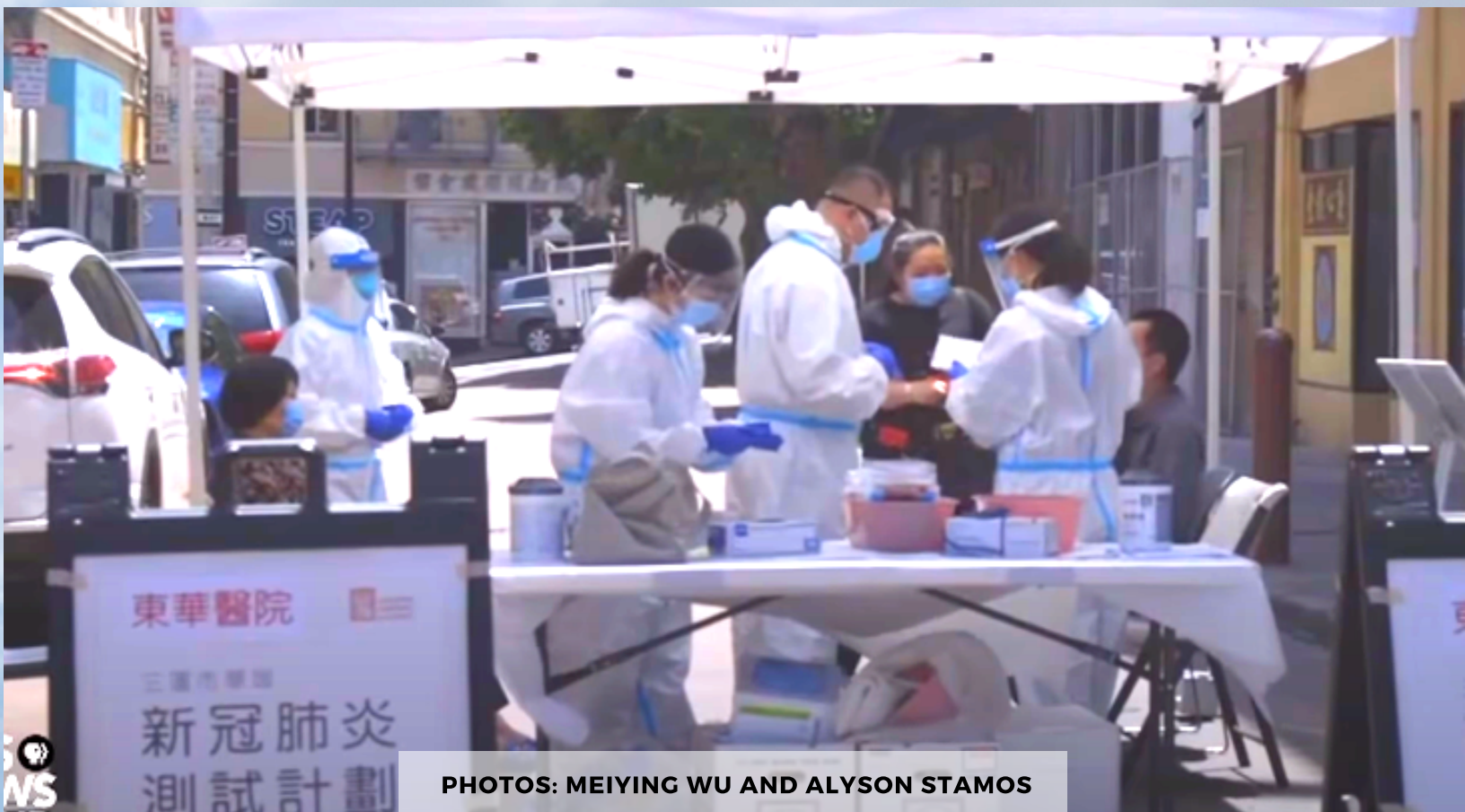
"I was expecting that we would be inundated with cases, that we would be intubating left and right, that we would have very sick patients filling our E.R., basically, to be overrun. Luckily, that hasn't been the case," said Jessica Li, MD.

According to CEO Jian Zhang, learning from China's experiences has contributed to fewer cases of COVID-19.

"We can have an outbreak in Chinatown because we have a lot of people going back to China for Chinese New Year. [But] because the outbreak happened in China first, [we] learned a lot of lessons. We don't have to go through that in order to learn what to do." said Zhang.







PHOTOS: MEIYING WU AND ALYSON STAMOS



We don't have a vaccine yet. We don't have a cure, so meaning that outbreaks still can happen any time, so we cannot let our guard down. **So, we still need to stay vigilant.**

– Jian Zhang  
CEO of Chinese Hospital

Since January, there have been less than 20 cases of COVID-19 in Chinatown, accounting for one of the lowest rates of infection in San Francisco. In January, Zhang's staff had already begun masking respiratory patients outside the hospital to avoid transmission. Her network in China has sent hundreds of shipments of personal protective equipment (PPE) to Chinese Hospital [17].

Zhang is also helping to mobilize others. In early February, Zhang teamed up with community leaders and city officials to alert and educate residents on proper sanitation practices. Currently, Chinese Hospital is offering free COVID-19 testing services to residents.

According to Zhang, it is vital to remain alert and take precautionary actions.

“We don't have a vaccine yet. We don't have a cure, so meaning that outbreaks still can happen any time, so we cannot let our guard down. So, we still need to stay vigilant,” said Zhang.





"Our community realized the potential risk for an outbreak early on because a lot of us experienced the SARS outbreak. A lot of people died."

– Chi Wing Pau (through translator)

**PHOTOS: MEIYING WU AND ALYSON STAMOS**



With the rapid increase in COVID-19 cases, local Chinese businesses are taking action to spread awareness.

Chi Wing Pau, manager of Far East Cafe, one of the largest restaurants in San Francisco's Chinatown, realized the potential risk for an outbreak and shared preventative messages with his customers and co-workers [\[17\]](#).

"Our community realized the potential risk for an outbreak early on because a lot of us experienced the SARS outbreak. A lot of people died," said Pau. "I hung up the flyers in the restrooms, kitchen, and outside the restaurant. I also told our staff everything I learned on how to prevent infection."

Although the restaurant is currently closed for business, the staff at Far East Cafe are working to prevent the spread of the virus.

"We're making a few hundred meals a day for elderly residents in the SROs. This helps minimize using the shared kitchen and the chance of being infected," said Pau.



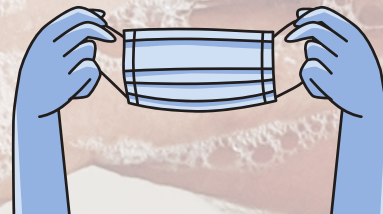




# PROTECTING YOURSELF AND OTHERS

There is currently no vaccine to prevent the coronavirus (COVID-19) infection. The most effective way to prevent infection is to avoid being exposed to the virus. The CDC recommends everyday preventative actions to help prevent the spread of viruses [\[20\]](#).

- Know how COVID-19 spreads
  - Person-to-person.
  - Between people who are in close contact with one another (within about 6 feet).
  - Through respiratory droplets (produced when an infected person sneezes, coughs, or talks).
  - Some recent studies suggest that coronavirus may be spread by people who are not showing symptoms (e.g. fever, cough, shortness of breath, etc.).
- Avoid close contact with people who are sick.
- Maintain 6 feet distance between yourself and others.
- When sick, limit contact with others as much as possible to prevent infections.
- Cover your nose and mouth with a mask. Everyone should wear a mask when in a public setting.
- Cover your nose and mouth with a tissue when you cough or sneeze. Do not spit. Throw the tissue in the trash after you use it. Immediately wash your hands with soap and water for at least 20 seconds.
- Avoid touching your eyes, nose, and mouth with unwashed hands.
- Clean and disinfect frequently touched surfaces and objects that may be contaminated with germs (e.g. Doorknobs, Toys, etc.)
- Wash your hands often with soap and water for at least 20 seconds. If soap and water are not available, use an alcohol-based hand sanitizer that contains at least 60% alcohol.
- Wash your hands
  - Before eating or preparing food
  - Before touching your face
  - After using the restroom
  - After leaving a public place
  - After blowing your nose, coughing, or sneezing
  - After handling your mask
  - After changing a diaper
  - After caring for someone sick
  - After touching animals or pets
- Monitor your health daily. Be alert for symptoms (e.g. fever, cough, shortness of breath, etc.).





# BOOSTING YOUR IMMUNE SYSTEM



Dr. Peng Zhiyong, Director of the COVID-19 Intensive Care Unit at Wuhan University, offers advice on protecting yourself and others from infection. According to Dr. Zhiyong,

- Limit your contact with others. Some people may be asymptomatic carriers of COVID-19. However, individuals without symptoms of the coronavirus disease may still be able to spread the virus! Please put a hold on all social gatherings!

According to Dr. Zhong Nanshan, having a weakened immune system may increase your risk of severe illness from COVID-19.

- You may enhance your immunity by:
  - Getting enough sleep! Adults should aim for at least 7 hours of sleep per night.
  - Maintaining a healthy diet.
    - Remember to eat high-quality protein (e.g. meats, poultry, seafood, eggs, seeds, nuts, beans, etc.). Specific amino acids found in protein will help protect the body against pathogens, allowing your immune system to work efficiently and effectively.
    - Avoid eating too much sugar, especially refined sugars.
    - Eat fruits and vegetables.
  - Increasing Vitamin D. Spend some time in the sun! You may also take vitamin supplements to strengthen your body's general immune response.
  - Engage in moderate exercise.
  - Try to minimize stress.
- Rinse your mouth after arriving home. Good oral hygiene is a part of good health.
- Studies in Japan, Israel, and Finland have shown that taking a hot bath may help reduce your chance of infection.

## An Important Note:

No supplement, diet, or lifestyle modification (aside from social distancing and practicing proper hygiene) can protect you from being infected from COVID-19. The strategies listed above may boost your body's immune system, but they do not specifically protect you from COVID-19.

Please continue to monitor your health and the COVID-19 situation. Remember to practice good hygiene and take all the necessary steps to protect yourself and others from the coronavirus disease.



# OTHER RESOURCES

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## **CDC Covid-19 Data Tracker:**

<https://www.cdc.gov/covid-data-tracker/#cases>

## **Facts about COVID-19:**

<https://www.cdc.gov/coronavirus/2019-ncov/index.html>

## **California COVID-19 Updates:**

<https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Immunization/ncov2019.aspx>

## **Symptoms of COVID-19:**

<https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>

## **Frequently Asked Questions about COVID-19:**

<https://www.cdc.gov/coronavirus/2019-ncov/faq.html>

## **STOP AAPI HATE:**

<http://www.asianpacificpolicyandplanningcouncil.org/stop-aapi-hate/>

## **World Health Organization (WHO):**

<https://www.who.int/emergencies/diseases/novel-coronavirus-2019>

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