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Attorneys for Plaintiffs

17 UNITED STATES DISTRICT COURT  
18 NORTHERN DISTRICT OF CALIFORNIA

19 JOHN ARMSTRONG, et al.,

20 Plaintiffs,

21 v.

22 GAVIN NEWSOM, et al.,

23 Defendants.  
24  
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Case No. C94 2307 CW

**DECLARATION OF TARA VIJAYAN,  
M.D., M.P.H., IN SUPPORT OF  
PLAINTIFFS’ MOTION TO  
PROTECT ARMSTRONG CLASS  
MEMBERS DURING COVID-19  
PANDEMIC**

Judge: Hon. Claudia Wilken  
Crtrm.: TBD, Oakland

1 I, Tara Vijayan, M.D., M.P.H., declare:

2 1. I am an Assistant Professor of Medicine in the Division of Infectious  
3 Diseases at the UCLA David Geffen School of Medicine. My research focuses on general  
4 infectious diseases, HIV medicine, global health, infectious diseases in underserved  
5 populations, medical education and antimicrobial stewardship. I am currently the Medical  
6 Director of Antimicrobial Stewardship for UCLA Health and Medical Director for  
7 COVID-19 Preparedness for the Division of Infectious Diseases. I am currently overseeing  
8 the treatment of patients with COVID-19 at UCLA hospitals. I am board-certified in  
9 Internal Medicine and Infectious Disease, and completed a three-year fellowship in  
10 Infectious Disease at UCSF Medical Center. A current copy of my CV is attached as  
11 **Exhibit 1.**

12 2. I have reviewed documentation of conditions at Joshua Hall, at California  
13 Institution for Men (“CIM”). A complete list of all documents, reports, and diagrams that I  
14 reviewed is attached as **Exhibit 2.**

15 **COVID-19 Background**

16 3. COVID-19 (caused by the SARS-CoV2 virus) is a serious disease that has  
17 reached global pandemic status. Over 12.5 million people in the world have received  
18 confirmed diagnoses of COVID-19 as of July 12, 2020, including 3.17 million people in  
19 the United States. As of July 12, 2020, according to the Centers for Disease Control and  
20 Prevention, at least 133,666 people in the United States have died due to complications  
21 from COVID-19. In California, the numbers of infected people have continued to rise in  
22 recent weeks. The best estimates by public health experts is that the pandemic will be with  
23 us for at least another year, likely until a safe and effective vaccine is developed.<sup>1</sup>

24 4. COVID-19 is a novel virus. There is no vaccine for it, nor a cure. The only  
25 treatment is supportive care. The time course of the disease can be rapid. People can

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28 <sup>1</sup> Fauci, A, Bauchner, H. Coronavirus Update. JAMA series.  
<https://www.youtube.com/watch?v=m5I5UGS9ngc>

1 show the first symptoms of infection in as little as two days after exposure, and their  
2 condition can seriously deteriorate soon after that. The effects of COVID-19 are very  
3 serious, especially for people who are most vulnerable. According to the most recent data  
4 from the Centers for Disease Control and Prevention, vulnerable people include people  
5 over the age of 50, and those of any age with underlying health problems such as – but not  
6 limited to – obesity, weakened immune systems, serious heart conditions, chronic kidney  
7 disease, COPD, and diabetes.<sup>2</sup> In the United States, African Americans, Latinos, and  
8 Native Americans suffer complications and death at much higher and disproportionate  
9 rates to their population. In California alone, Latino individuals make up 43.5% of the  
10 deaths, despite accounting for 38.9% of the population, and 77% of the deaths between the  
11 ages 35-49 despite only accounting for 41% of the population.<sup>3</sup> Among individuals  
12 between the ages 65-79, Latinos and African Americans account for 45.6% and 10.9% of  
13 deaths, despite only accounting for 21.8% and 5.5% of the population, respectively.<sup>4</sup>  
14 Older people also experience higher rates of complications and death from infection; 8 out  
15 of 10 deaths from COVID-19 are among individuals 65 and older, and the rate of  
16 hospitalizations increases exponentially with age.<sup>5</sup>

17       5.       The effects of COVID-19 can be very serious, and can include severe  
18 respiratory illness, major organ damage, blood clots (in the lungs as well as strokes),  
19 multisystem inflammatory syndrome, and death. Patients who recover from COVID-19  
20 often suffer lasting and serious complications, including long term effects on the central  
21 and peripheral nervous systems resulting in dizziness, dysautonomia, headaches and  
22 strokes.<sup>6</sup>

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25 <sup>2</sup> <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/evidence-table.html>

26 <sup>3</sup> <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Race-Ethnicity.aspx>

27 <sup>4</sup> [https://www.cdc.gov/mmwr/volumes/69/wr/mm6928e1.htm?s\\_cid=mm6928e1\\_w](https://www.cdc.gov/mmwr/volumes/69/wr/mm6928e1.htm?s_cid=mm6928e1_w)

28 <sup>5</sup> <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/older-adults.html>

<sup>6</sup> <https://advances.massgeneral.org/neuro/article.aspx?id=1222>

1           6.       COVID-19 is easily transmitted. It is very easily spread from person to  
 2 person, and people can become infected simply by breathing the air or touching surfaces  
 3 with the virus, even after a person with the virus has left the area. It spreads through  
 4 droplets generated when an infected person coughs, sneezes, or even speaks loudly, or  
 5 through droplets of saliva or nasal discharge. Droplets can be spread within 6 feet. Smaller  
 6 aerosolized particles can disseminate further, and have been demonstrated under certain  
 7 conditions such as air conditioners.<sup>7</sup> It is also highly possible fans can disseminate droplets  
 8 even further. The viability of the virus in fecal specimens is unknown, but this remains a  
 9 concern in shared bathrooms.<sup>8</sup>

10           7.       A factor that has accelerated the transmission of the virus across the world is  
 11 the number of people who are positive for the virus but are asymptomatic or pre-  
 12 symptomatic, and not aware that they are carrying and shedding the virus. Based on data  
 13 to date, 81% of people infected with COVID-19 will have mild or no disease, 14% will be  
 14 sick enough to require hospitalization, and 5% will require ICU levels of care.<sup>9 10</sup> The fact  
 15 that so many people may have the virus but are unaware that they have it, is precisely why  
 16 public health experts have emphasized the need for shelter-in-place orders, strict limits on  
 17 assembling people in indoor spaces, and for social distancing.

18           8.       Restrictions such as shelter-in-place orders, limits on indoor assembly, mask  
 19 wearing, and social distancing are designed to “flatten the curve” of the pandemic, and  
 20 reduce the strain on community health resources and hospitals. The high rates of COVID-  
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22 <sup>7</sup> Moses FW, Gonzalez-Rothi R, Schmidt G. COVID-19 outbreak associated with air  
 23 conditioning in restaurant, Guangzhou, China, 2020. *Emerg Infect Dis.* 2020 Sep [date  
 cited]. <https://doi.org/10.3201/eid2609.201749>

24 <sup>8</sup> Xiao F, Sun J, Xu Y, Li F, Huang X, Li H, et al. Infectious SARS-CoV-2 in feces of  
 25 patient with severe COVID-19. *Emerg Infect Dis.* 2020 Aug [date cited].  
<https://doi.org/10.3201/eid2608.200681>

26 <sup>9</sup> Wu Z, McGoogan JM. Characteristics of and Important Lessons From the Coronavirus  
 27 Disease 2019 (COVID-19) Outbreak in China: Summary of a Report of 72314 Cases From  
 the Chinese Center for Disease Control and Prevention. *JAMA* 2020.

28 <sup>10</sup> [https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-guidance-management-  
 patients.html](https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-guidance-management-patients.html)

1 19 infection in prisons and jails in the United States, and in California in particular, present  
2 a public health and public safety threat to the broader community for two reasons. First,  
3 the virus cannot be contained behind prison or jail walls, even when movement is  
4 restricted, because of the staff that come and go from the prisons every day. Second, a real  
5 threat to the community health care systems is the possibility of a large number of  
6 incarcerated people getting sick at the same time. Because COVID-19 can spread so  
7 quickly within a prison, incarcerated people who have symptoms that need medical  
8 intervention likely will need to be treated outside the prison facilities at local hospitals,  
9 thus increasing the risk of infection to the public at large, and overwhelming treatment  
10 facilities. As local hospital systems become overwhelmed by the patient flow from jail or  
11 prison outbreaks, limited health resources will be even less available for people in the  
12 community, including people with COVID-19 or those presenting at the hospital with  
13 usual illnesses or injuries. This is exactly what has happened in recent weeks at Bay Area  
14 hospitals, with an influx of COVID-19 positive patients from San Quentin prison straining  
15 the hospital systems in multiple counties.

16 **Housing Practices at Joshua Hall in the California Institution for Men**

17 9. I have reviewed the information provided by an attorney for Defendants,  
18 declarations of people living in Joshua Hall at the California Institution for Men (CIM),  
19 photographs of the hall, and diagrams of the hall setting out the locations of the shared  
20 space and the beds and assignments of people who are both positive and negative.



1           10.     The fact that so many people are together indoors in a shared living space is  
2 a big factor in the spread of the disease. Regardless of what side of the dorm COVID-  
3 negative people are living, they are at great risk of being infected by the virus. It is  
4 impossible to stop the transmission of the virus as the dormitory is configured, given the  
5 ventilation systems and the shared toilets, urinals, showers, and sinks. The diagram shows  
6 several shared toilets for all of the people, in a relatively small, enclosed space. Even if  
7 positive and negative people are housed separately, the shared bathrooms would be a  
8 vector for droplet and contact transmission.

9           11.     I reviewed photographs of the ventilation and fans in place at Joshua Hall, as  
10 well as information from an attorney for Defendants regarding their position in the dorm:





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12. Given the temperatures in Chino, California, where the institution is located, indoor cooling is a necessity. However, the fans and vents may facilitate the spread of the virus, as noted above. The fact that the incarcerated people are not wearing their masks at all times – including while sleeping – increases the probability that positive patients’ exhalation of the virus will be spread. Fans and other cooling systems can potentially facilitate the spread of viral particles whether aerosolized or droplet.

13. I reviewed photographs of the barriers that recently were installed to divide, on the same side of the dorm, two rows of sleeping areas from two other rows.



14. In my opinion, the plastic shields and low “pony” wall shown are not adequate to contain the spread of the aerosols with the virus. This is the case even though

1 some of the beds have been grouped together into “cohorts” or groups of up to eight beds  
2 that are supposed to be separated from one another by six feet or by these shields and  
3 walls. The fans and vents can potentially spread droplet and aerosolized particles over the  
4 barriers, given they do not reach all the way to the ceiling. The ventilation system  
5 apparently is recycling the air throughout the building, and the barriers are insufficient to  
6 stop the spread of the virus. Moreover, the pony wall apparently only extends about the  
7 length of the bed row; there are other common areas in the dorm where people spend time,  
8 including the dayroom, toilet area, shower area, and common area between the beds and  
9 the toilet facilities.

10 15. I have been informed that the bathrooms are cleaned either four or six times  
11 a day, while the positive and negative populations have access to the toilets and showers at  
12 the same time. I understand that an attorney for Defendants stated: “The scheduling of  
13 use of the restroom to separate times would negative impact the population, especially the  
14 elderly and incontinent, who need access more frequently. The restrooms are cleaned by  
15 trained porters six times a day as documented on the cleaning log.” This cleaning schedule  
16 is not adequate – any fixtures used by a COVID-19 positive person should be thoroughly  
17 cleaned with disinfectant after he has used it. Pictures of the toilets are noted below, less  
18 than 6 feet apart and without lids to possibly contain particles from feces.





1           16.     It is my strong opinion that people who are positive for COVID-19 should  
2 not be housed in Joshua Hall with people who are COVID-19-negative. The risk of  
3 transmission simply is too high. I am particularly concerned that many of the people in the  
4 dorm who are COVID-19-negative are of advanced age and/or have serious underlying  
5 medical conditions, putting them at significantly increased risk of complications or death  
6 from COVID-19.

7           17.     In our own medical facilities, patients with known cases of COVID-19 are  
8 given their own separate wards in the hospital and all staff wear personal protective  
9 equipment when going in and out of these single occupancy (or, in other hospitals,  
10 cohorted) rooms which include surgical masks, gowns, gloves and faceshields or goggles,  
11 regardless of how symptomatic the patients are. Current strategies for reopening schools  
12 that are being considered include ensuring smaller sized classrooms (15 at most in a  
13 particular room) and such mitigation efforts in a population in whom the SARS-CoV2  
14 prevalence is unknown (i.e., asymptomatic individuals, who may constitute 13% of those  
15 infected) is essential. Enforcing universal masking among all staff is essential, but not  
16 sufficient.

17           18.     Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury that the  
18 foregoing is true and correct.

19           Executed at Los Angeles, California, the 13th day of July, 2020.

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22 \_\_\_\_\_  
Tara Vijayan, M.D.

# **Exhibit 1**

**Tara Vijayan, MD, MPH**[tvijayan@mednet.ucla.edu](mailto:tvijayan@mednet.ucla.edu)

updated: July 12, 20

**EDUCATION:**

1997-2001	University of California, Berkeley	B.A.	Literature, Mol Biology
2002-2007	Albert Einstein College of Medicine	M.D.	Medicine
2007-2008	University of California, San Francisco	Intern	Internal Medicine
2008-2010	University of California, San Francisco	Resident	Internal Medicine
2008-2010	UCSF Global Health Pathway	Resident	Clinical Scholar
2010-2013	University of California, San Francisco	Fellow	Infectious Diseases
2011-2012	University of California, Berkeley	M.P.H	Epidemiology
2011-2013	University of California, San Francisco	Research Fellow	
	Mentors: Elvin Geng, Jeff Martin, Diane Havlir		
2015-2017	University of California, Los Angeles	Medical Education Fellowship	

**CURRENT POSITIONS:**

**Assistant Clinical Professor, Division of Infectious Diseases, DGSOM, UCLA**  
**Block 6 Co-Chair, David Geffen School of Medicine, University of California, Los Angeles**  
**Co-Chair, MD 998.08 MS IV Teaching Fellowship (elective), DGSOM, UCLA**  
**Chair of the Antibiotic Subcommittee, Pharmaceuticals and Therapeutics, UCLA Health**  
**Medical Director, Antimicrobial Stewardship Program, UCLA Health**  
**Faculty Director, Medical Education Concentration, UCLA Multicampus ID Fellowship**  
**Core Faculty, UCLA Multicampus Fellowship, David Geffen School of Medicine**  
**Member of Admissions Committee, DGSOM**  
**Faculty Facilitator, Healers Art Course, Jan-March 2020**

**LICENSES AND CERTIFICATION:**

2008	Medical Licensure, California (A107177)
2010	Board Certified, American Board of Internal Medicine, 8/2010
2012	Board Certified, Infectious Diseases, 10/2012
2013	Credentialed as an HIV Specialist through the American Academy of HIV Medicine
2019	Buprenorphine prescriber (X-Waiver)

**HONORS AND AWARDS:**

2001-2002	Americorps Fellowship, St. Anthony Free Medical Clinic, San Francisco, CA
2003	Pediatric Academic Society/Society for Pediatric Research Fellowship, UCSF
2005-2006	Doris Duke Clinical Research Fellowship, Yale University School of Medicine
2005-2006	Farr Scholar, Yale University School of Medicine
2006	Global Health Fellowship, Albert Einstein College of Medicine
2006	Alpha Omega Alpha, Albert Einstein College of Medicine
2007	Glasgow-Rubin Achievement Citation, American Medical Women's Association
2011	Infectious Disease Society of America travel award: excellence in abstract submission
2012	Infectious Disease Society of America travel award: excellence in abstract submission
2017	Invited by American Board of Internal Medicine to take part in Standard Setting Process for Infectious Disease Boards
2019	Golden Apple Award, given by DGSOM Class of 2021
2020	Los Angeles Magazine, Top Doctor

2020 Golden Apple Award, given by DGSOM Class of 2020

**KEYWORDS/AREAS OF INTEREST:**

Infectious diseases in underserved populations, HIV medicine, clinical infectious diseases, implementation science, medical education, antimicrobial stewardship

**PROFESSIONAL ACTIVITIES**

**CLINICAL ACTIVITIES:**

2009-2010 Moonlighting as a Medical Hospitalist at UCSF Mount Zion and Cancer Research Institute for 1 shift per 3 months

2010-2011 Infectious Diseases Consult Service at UCSF, SFGH, San Francisco VA (SFVAMC)  
Transplant ID Consult Service at UCSF for 2 months  
Infectious Diseases Clinic for one half-day per week (SFVAMC)  
Needlestick hotline coverage at SFGH for 2 months

2011- present Moonlighting one weekend per month for East Bay AIDS Center (privileges at Alta Bates Medical Center and Summit Medical Center)

2011-2012 Moonlighting as internist at Contra Costa Regional Medical Center  
2012 Transplant ID Consult Service at UCSF for two weeks at a time

2011-2013 Moonlighting Staff Physician, East Bay AIDS Center

2011-2013 Infectious Diseases Clinic for one half-day every other week (UCSF)  
HIV Clinic for one half-day every other week (UCSF Positive Health Practice)

2012-2014 Moonlighting as Infectious Disease Consultant Contra Costa Regional Medical Center

2013-2014 San Francisco VA medical center, Department of Internal Medicine

July 2013- Dec 2014 San Francisco VA medical center, Attending Physician on ID service

May 2013-Jan 2015 Attending physician, East Bay AIDS Center, Oakland, CA

May 2013-Jan 2015 Assistant Professor of Medicine, WOS, Division of Infectious Diseases, UCSF

February 2015-present Assistant Professor of Medicine, Step II-IV, Division of Infectious Diseases, UCLA

**INTERNATIONAL WORK AND ACTIVITIES:**

2000 Research in medical anthropology, University of Cape Town, RSA (6 months)

2006 Global Health Fellowship, St. John's Medical Center, Bangalore, India (1.5 months)

2009 Physician, Family AIDS Care and Education (FACES) Clinic, Rongo, Kenya (1 month)

2010 Physician, Project Medishare, Port-au-Prince, Haiti (1 week)

2012 Research, International Epidemiologic Database to Evaluate AIDS, Uganda and Kenya

**MENTORSHIP:**

Research Mentorship

Academic Year	Student/Fellow	Role
2016-present	Luis Tulloch (2016-18) Roma Patel (2016-18) Josh Jeharajah (2017-2019) Jean Gibb (2017-2019) Amy Dora (2018-2020) Kusha Davar (2019-present)	Director of Medical Education Concentration: led infectious fellows through projects, submitted abstracts, senior author on 2 papers, 1 published, 1 to be submitted

2018	Shilpa Vashista	Mentor for Medical Education Pathway in Internal Medicine Residency
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**Informal Teaching**

2008-2010 Teaching on medicine service to interns and medical students, UCSF  
 2008-present Precept medical, pre-medical and nursing students in student-run homeless clinic, UCSF  
 2011-2013 Teaching on the infectious diseases consult service to residents and students, UCSF  
 2015-present Teaching on the infectious disease consult service to fellows, residents and students, UCLA  
 2015- present Precepting in Clinic to 2nd and 3rd year medical students, internal medicine and med-peds residents and infectious disease fellows

**INVITED PRESENTATIONS:**

2009 CME for clinical staff at the Family AIDS Center and Education clinic in Rongo, Kenya:  
 Depression  
 Hepatitis B-HIV co-infection

2010 Noon conference, San Francisco General Hospital: Hepatitis B-HIV co-infection

2010 Noon conference, San Francisco VA Medical Center: Cases in Infectious Diseases

2010-2011 Infectious Diseases Grand Rounds, UCSF:  
 Landouzy's septicemia (disseminated TB) in an HIV-infected patient  
 VZV-related progressive outer retinal necrosis in a gentleman with sarcoidosis  
 Disseminated Salmonella infections  
 Amebic liver abscesses in men who have sex with men  
 Reactivated Hepatitis B infection in a woman with breast cancer  
 Japanese Encephalitis Virus  
 Cryptococcal Immune Reconstitution Inflammatory Syndrome (IRIS)  
 Infectious and non-infectious causes of leukemoid reactions

2012 Infectious Diseases Grand Rounds Journal Club, UCSF, February 2013:  
 Newer regimens for the treatment of latent tuberculosis infection

2012 UCSF-UC Berkeley Joint Infectious Diseases Retreat:  
 Timing and determinants of antiretroviral initiation in patients with HIV-associated TB

2012 UCSF primary care resident ambulatory core curriculum: HIV management  
 UCSF primary care resident ambulatory core curriculum: Latent TB infection

2013 UCSF PRIME curriculum: Antiretroviral therapy initiation  
 Guest speaker for Ambulatory Case Conference, UCSF: TB peritonitis, February 2013  
 Infectious Diseases Grand Rounds, Journal Club, UCSF, Feb 2013:  
 Fecal Microbiota Transplantation

2014 UCSF PRIME curriculum: Cases in Ambulatory HIV Care

2014 East Bay AIDS Education and Training Center Conference: Seminar on Current Topics  
 in Infectious Diseases

2015 Infectious Diseases in the Homeless Population, lecture for medical students, UCLA  
 Clinical manifestations of HIV, Epidemiology M228 Biology of HIV, UCLA  
 Skin and Soft Tissue Infections, Residents in Department of Medicine, UCLA  
 Sexually Transmitted Disease, Block 6, David Geffen School of Medicine  
 Infectious Disease Grand Rounds: Innovations in Medical Education

2016 Diabetic Foot Infections, Infectious Disease Fellows, UCLA  
 Skin and Soft Tissue Infections, SM Noon Conference

- Sexually Transmitted Disease in Pregnancy, Maternal Fetal Medicine Fellows, UCLA
- 2017 Respiratory Viral Pathogens, Infectious Disease Fellows  
 Diabetic Foot Infections, SM Noon Conference  
 Skin and Soft Tissue Infections, SM Noon Conference  
 Mycobacterial Diseases and Endemic Mycoses, Thoracic Surgery Conference  
 Infectious Diseases in the Geriatric Patient, UCLA Board Review Course for Geriatric Medicine, Sept, 2017  
 Funny, you don't look like you are from Los Angeles! Implicit Biases: It is the Elephant in the Room. Annual Doctoring and PBL Tutors Conference. November 2017
- 2018 Mock Medical School Lecture for Transfer Students at UCLA (undergraduate):  
 "Dysuria," January 2018  
 ID Grand Rounds- Joint Conference on Managing Patients with CF, April 2018  
 Iris Cantor Women's Health Conference: Skin and Soft Tissue Infections, March 2018  
 How to Complete an Evaluation, Brief Talk for Infectious Disease Faculty, June 2018  
 Infectious Diseases in Older Persons, UCLA Geriatrics Board Review CME Sept 2018  
 Implicit Bias seminar for UCLA IM Residents, Ambulatory Curriculum Sept-Oct 2018
- 2019 Grand Rounds St. Vincent's Medical Center: Choosing Antibiotics Wisely Feb 28, 2019  
 4<sup>th</sup> UCLA Health Advanced Practice Provider Conference: Choose Antibiotics Wisely March 30, 2019  
 Dysuria, Mock Medical School Lecture for Undergraduates at UCLA, Jan 2019  
 Respiratory Viral Infections, UCLA Multicampus Fellowship, Feb 2019  
 Infectious Diseases in Older Persons, UCLA Geriatrics Board Review CME Sept 2019  
 Chairperson, pre-conference seminar on infectious diseases, UCLA Geriatrics Board Review, CME Sept 2019  
 Noon Conference, Skin and Soft Tissue Infections, SM Hospital and RRMC  
 "Walking on Eggshells: How to Have Difficult Conversations with your Learner." Given as part of Doctor IV seminar as well as Doctoring retreat, December 2019
- 2020 "Health Equity Story Slam" Department of Medicine Grand Rounds, January 2020  
 "What's New in Infectious Diseases." Surgery Grand Rounds March 4, 2020  
 "Clinical Management of COVID-19" DGSOM, May 1, 2020, DGSOM  
 COVID-19 Update, DOM grand rounds. "Re-writing Treatment Guidance." May 6, 2020  
 Roundtable on COVID-19 for DOM with Otto Yang, Omai Garner, May 7, 2020  
 Oral abstract "Walking on Eggshells" AAMC Group on Diversity and Inclusion Conference , Miami, FL May 1-4, 2020

**LEADERSHIP ROLES:**

- 2019- present Medical Director, Antimicrobial Stewardship Program  
 2018- present Co-Chair of MS4 elective MD 999.08 Teaching Fellowship  
 2016- present Block 6 Co-Chair  
 2016-present Faculty Director of Medical Education Concentration  
 2011-2012 Chief fellow, Division of Infectious Diseases, UCSF  
 2002-2006 Founder and editor of Ad Libitum, Literary and Art Magazine of Albert Einstein College of Medicine

**PROFESSIONAL ORGANIZATIONS AND TASK FORCES:**

- 2010-present Member, Infectious Diseases Society of America  
 2016-2017 Cultural Competency Task Force, UCLA  
 June 2017 Participated in American Board of Internal Medicine Standard Setting Process

2017-present Medical Education Committee, UCLA Multicampus ID Fellowship  
2019-present Teaching and Learning Resources Work Group of the IDSA Medical Education  
Community of Practice  
2019-present Curriculum Redesign Task Force, Phase III Program Evaluation & Assessment  
Committee  
2020- present LCME accreditation task force

**CME COURSES ATTENDED:**

2008 Medical Management of HIV/AIDS, UCSF  
2010 International Congress of Infectious Diseases, Miami, FL  
2011 Infectious Diseases Society of America national meeting, Boston, MA  
2012 Clinical Tuberculosis Intensive, Curry National Tuberculosis Program, San Francisco  
2012 Infectious Diseases Society of America national meeting, San Diego, CA  
2015 Infectious Disease Society of America National Meeting, San Diego, CA  
2017 Infectious Disease Society of America National Meeting, San Diego, CA  
2018 Developing Faculty Competencies in Assessment: An Interactive Workshop for UCLA  
Clinical Educators, February 2018  
UCSF Developing Medical Educators of the 21<sup>st</sup> Century Conference March 2018  
Infectious Disease Society of America National Meeting (ID Week), SF, CA, Oct 2018  
2019 2019 NBME Invitational Conference for Educators (May 15 - 16, 2019) at the  
Indianapolis Marriott Downtown hotel in Indianapolis, Indiana.  
Infectious Disease Society of America National Meeting (ID Week) Washington DC  
October 2019

**RESEARCH AND CREATIVE ACTIVITIES**

**RESEARCH AWARDS AND GRANTS:**

**Past**

Doris Duke Clinical Research Fellowship, Yale University School of Medicine 6/1/05-5/31/06

Ruth L. Kirschstein National Research Service Award (PD: Chambers) 7/1/11-5/1/13

Institutional Research Training Grant

T32 AI007641-06A2

NIH/PHS

Role: Trainee

**PRESS RELEASES**

Interviewed for BYU XM Radio on influenza. October 9, 2018

<https://www.byuradio.org/episode/888427d8-9384-48d2-abfd-7c4d70a0a0f4?playhead=1436&autoplay=true>

Cited in NYT article on Influenza: January 12, 2018, <https://www.nytimes.com/2018/01/12/well/live/flu-h3n2-virus-care-remedy.html>

Cited in Today Show article on “The Man Flu” December 17, 2017, <https://www.today.com/health/man-flu-real-t119791>

**REVIEWER**

Annals of Internal Medicine, October 2018

Formerly reviewer for AIDS Care, BMC Infectious Diseases (2012-2016)

Annals of Internal Medicine, May 2020

## PUBLICATION/BIBLIOGRAPHY

### RESEARCH PAPERS

#### A. RESEARCH PAPERS (PEER REVIEWED)

1. **Vijayan, T**, Benin, AL, Wagner, K, Romano, S, Andiman, WA. “Transitioning Adolescents with Perinatally-Acquired HIV to Adult Medicine.” *AIDS Care*, Volume 21, Issue 10 October 2009, 1222-1229.
2. **Vijayan, T**, Chiller, T, Klausner, J. Sensitivity and specificity of a new cryptococcal antigen lateral flow assay in serum and cerebrospinal fluid.” *MLO Med Lab Obs*. 2013 Mar;45(3):16, 18, 20.
3. **Vijayan, T**, Klausner, J. “Integrating clinical services for HIV, tuberculosis and cryptococcal disease in the developing world: a step forward with two novel diagnostic tests” *Journal of International Association of Providers of AIDS Care*, 2013 Sep-Oct;12(5):301-5.
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B. RESEARCH/PERSPECTIVE PAPERS - PEER REVIEWED (IN PRESS)

C. RESEARCH PAPERS - PEER REVIEWED (SUBMITTED):

RESEARCH PAPERS (NON-PEER REVIEWED)

D. RESEARCH PAPERS - NON-PEER REVIEWED

1. **Vijayan, T**, Pelfrey, J, Klausner, J. Cryptococcal Lateral Flow Assay, YRG newsletter.

E. RESEARCH PAPERS - NON-PEER REVIEWED (IN PRESS)

None

F. RESEARCH PAPERS - NON-PEER REVIEWED (SUBMITTED)

None

**CHAPTERS**

CHAPTERS (IN PRESS)

1. **Vijayan, T**, Gonzales, R. Acute Sinusitis. In: Chiovaro J, Durand K, Lai C., eds. UCSF Outpatient Medicine Pocket Preceptor. University of California San Francisco. November 2009.
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7. Patel, R, Relan, A, and **Vijayan, T**. “Flipping Expectations: Are Active Learning Strategies Sufficient or Necessary To Teach Principles of Antimicrobial Stewardship in Medical School?.” ID Week, San Diego, October 2017
8. Allyn, P, Schaenman, J, Schwartz, B, **Vijayan, T**. “West Coast Transplant ID Conference: A Model for Building Community In ID Disciplines?” ID Week 2018, San Francisco.

# **Exhibit 2**

Documents Reviewed by Dr. Tara Vijayan, M.D., M.P.H.

Declarations of People in Joshua Hall (Booth Decl. Exs. Z, AA, BB, CC, EE)

Diagram of Joshua Hall, dated 7/9/20 (Booth Decl., Ex. DD; Amarillas-Diaz Decl. Ex. A)

Photographs of Joshua Hall

- March 2019 and October 2019 Tour Photos (Lomio Decl. Exs. A-B)
- Photos of Fans, Ventilation System, and Barriers produced July 2019 (Lomio Decl. Ex. R)

Correspondence from CDCR to Plaintiffs' Counsel, 7/8/20 and 7/10/20 (Lomio Decl. Exs. Q, R)