



State of California—Health and Human
Services Agency
**California Department of
Public Health**



June 28, 2020

TO: Counties on the County Monitoring List

SUBJECT: Proposal for Selective Sector Closing of Bars in Counties on the County Monitoring List

Proposal for Selective Sector Closing of Bars in Counties on the County Monitoring List

Background

As part of the State's efforts to address COVID-19, the State monitors county specific data and provides technical assistance, support and interventions to counties that have concerning levels of disease transmission, hospitalizations, or insufficient testing. Counties on the County Monitoring List are under active monitoring by the state, and may receive targeted engagement and technical support from CDPH and other agencies and departments including the Business, Consumer Services and Housing Agency, the Department of Industrial Relations and the California Department of Food and Agriculture. Counties that do not demonstrate substantial progress at 14 days are candidates for reinstating community measures. (1)

As of June 27th, there are 15 counties on the County Monitoring List. As of June 27th, all of them will have been on the list for three or more days. Seven will have been on the list for 14 days or more.

To reduce disease transmission and to protect residents across the state, one strategy available to the state is to work with counties to reverse some or all of the sector openings currently allowed under the State order.

On June 5th, the state posted guidance allowing for the opening of bars in counties as of June 12th, if their opening could be allowed by local public health officer order (2). Of the 15 counties on the County Monitoring List, all except four have allowed for the opening of bars. Those four include Contra Costa, Imperial, San Joaquin and Santa Clara.

Proposed action

Given current rates of disease transmission in some counties and the need to reduce non-essential gatherings where mixing and disease spread occur, CDPH recommends that all counties on the list for three or more consecutive days but less than 14 days, close bars through local health officer order (or do not allow for the opening if bars have not yet been allowed to open in the county). Further, counties which have been on the list for 14 days or greater, are required to immediately close bars within the county. Reopening at that time would be subject to

county health office approval, as per usual protocol.

The scope of this action is defined as follows:

- Brewpubs, breweries, bars, and pubs, should close until those establishments are allowed to resume operation per state guidance and local permission, unless they are offering sit-down, dine-in meals. Alcohol can only be sold in the same transaction as a meal.
- Dine-in restaurants, brewpubs, breweries, bars, and pubs that provide sit-down meals should follow the dine-in restaurant guidance (PDF) and should continue to encourage takeout and delivery service whenever possible.
- Brewpubs, breweries, bars, and pubs that do not provide sit-down meals themselves, but can contract with another vendor to do so, can serve dine-in meals provided both businesses follow the dine-in restaurant guidance (PDF) and alcohol is only sold in the same transaction as a meal.
- Venues that are currently authorized to provide off sale beer, wine, and spirits to be consumed off premises and do not offer sit-down, dine-in meals should follow the guidance for retail operations (PDF) and offer curbside sales only, until local and/or statewide rules allow additional retail activity.
- Producers of beer, wine, and spirits should follow the guidance for manufacturing operations (PDF).
- This guidance is not intended for concert, performance, or entertainment venues. Those types of establishments should remain closed until they are allowed to resume modified or full operation through a specific reopening order or guidance. Establishments that serve full meals must discontinue this type of entertainment until these types of activities are allowed to resume modified or full operation.
- Brewpubs, breweries, bars, and pubs in counties unaffected by this order and whose health officer has approved further reopening may follow the guidance for restaurants, wineries, and bars on the COVID-19 County Roadmap website.

Justification

Community spread of infection is of increasing concern across the state, and in particular for those counties on the County Monitoring List. Beyond the impact on the general population, community spread increases the likelihood of expanded transmission of COVID-19 in congregate settings such as nursing homes, homeless shelters, jails and prisons. Infection of vulnerable populations in these settings can be catastrophic, both in terms of high rates of morbidity and mortality of individual residents, as well as through the high demand such infections would place on the hospital delivery system. Higher levels of community spread also increase the likelihood of infection among individuals at high risk of serious outcomes from COVID-19, including the elderly and those with underlying health conditions who might live or otherwise interact with an infected individual.

California's Pandemic Resiliency Roadmap for reopening is a risk-based framework that guides state and local governments on a path to re-opening industries under strict workplace modifications. Whereas other industries and establishments were permitted to open with modifications in Stage 2, bars are in Stage 3 because they pose the highest risk of all sectors allowed to open so far. They create an environment anchored in significantly high levels of community mixing of individuals outside of one's own household, increasing the risk escalating the R-effective, or effective transmission rate, of COVID-19.

A bar, foundationally, is a social setting where typically not only small groups convene, but also where groups mix with other groups. Physical movement within the establishment, duration of time spent in the establishment, and the degree of social mixing within individuals and groups are all greater in bars than in other hospitality sectors. Further, alcohol consumption slows brain activity, reduces inhibition, and impairs judgment, factors which contribute to reduced compliance with recommended core personal protective measures, such as the mandatory use of face coverings and maintaining six feet of distance from people outside of one's own household. Louder

environments and the cacophony of conversation that are typical in bar settings, also require raised voices and greater projection of oral emitted viral droplets. The sector's workforce faces higher exposure to diseases transmission because of the environment in which they work, compounded by the necessity for patrons to remove face coverings to consume drinks, especially while seated at a bar or moving around and mixing. In their totality, these factors present a higher likelihood of transmission of the coronavirus within groups, between groups, and among the workforce. These factors have led to an increasing concern by public health professionals within California and throughout the nation identifying bars as the highest risk sector of non-essential business currently open. There is a growing body of evidence tracing large COVID-19 outbreaks in both urban and rural states, to bars.

Beyond higher risk of transmission in bar settings, contact tracing, a key measure needed to control spread, is also more challenging in bars. Undertaking contact tracing of a droplet-spread communicable disease based on exposure at a bar is extremely difficult because of the constant mixing among persons, including unknowing prolonged and close contact, and lack of record-keeping of patron attendance. Unlike other sectors where tracking who comes in and out of a setting and where duration of visits are shorter, bars are particularly challenged to do these tasks as well as necessary, even under the best of modifications.

Bars generally attract a younger adult population. While younger adults without co-morbidities tend to have less severe symptoms and overall disease outcomes, increased cases, even in this cohort, will lead to increased hospitalizations and deaths. As the virus spreads more broadly in this population, younger individuals become a source of spread to more vulnerable adults and the broader community, a factor that is complicated by the fact that younger individuals have a higher likelihood of asymptomatic or mildly symptomatic infection.

1 County Data Monitoring

2 County Variance Information

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