COVID-19

Blueprint for a Safer Economy

Updates as of 9/15/2020:

- Update of California Blueprint Data Chart (Excel) displaying: county tier status, date of tier assignment, health equity measure (pending), number of consecutive weeks meeting the next tier's criteria, case rates, adjusted case rate for tier assignment, testing positivity, and test rates. Data displayed is for the weeks ending *August 29 and September 5.*
- Update of the case rate adjustment factors for tier assignment. Beginning 9/15, case rates will be adjusted based on California **median** (instead of the average) testing volume, and will be fixed from the week ending 9/5th for the next 4 weeks assignments through 10/6th.
- Update of case rate adjustment factor and appendix titled: Appendix 1: Calculation of metrics.

California has a new blueprint for reducing COVID-19 in the state with revised criteria for loosening and tightening restrictions on activities. Every county in California is assigned to a tier based on its test positivity and adjusted case rate for tier assignment including metrics from the last three weeks. The detailed plan is below.

Additional information about the Blueprint:

- Find the status of activities in your county
- Understand which activities and businesses are open in the four tiers (PDF)
- Explore the complete data by county - California Blueprint Data Chart (Excel)

Plan for Reducing COVID-19 and Adjusting Permitted Sector Activities to Keep Californians Healthy and Safe

This guidance outlines an updated framework for a safe progression of opening more businesses and activities in light of the pandemic. The framework for this guidance is informed by increased knowledge of disease transmission vulnerabilities and risk factors and is driven by the following goals:

1) To progress in phases based on risk levels with appropriate time between each phase in each county so impacts of any given change can be fully evaluated.

2) To aggressively reduce case transmission to as low a rate as possible across the state so the potential burden of flu and COVID-19 in the late fall and winter does not challenge our healthcare delivery system's ability to surge with space, supplies and staff. Also, with winter weather pushing more activities indoors, low levels of transmission in the community will make large outbreaks in these riskier settings less likely.

3) To simplify the framework and lay out clear disease transmission goals for counties to work towards.

Tier Framework

This framework lays out the measures that each county must meet, based on indicators that capture disease burden, testing, and health equity. A county may be more restrictive than this framework. This framework also notes signals of concern, including impacted healthcare capacity that may lead towards a dimming intervention. This framework replaces the current County Data Monitoring metrics. As the COVID-19 pandemic continues to be an evolving situation and new evidence and understanding emerges, the California Department of Public Health (CDPH), in collaboration with other State officials, will continue to reassess metrics and thresholds.

See chart below for the framework metrics as set according to tiers based on risk of community disease transmission. Calculation of metrics is described in Appendix 1.

	Higher Risk ⟶ Lower Risk of Community Disease Transmission***			
	Widespread Tier 1	Substantial Tier 2	Moderate Tier 3	Minimal Tier 4
Measure				
Adjusted Case Rate for Tier Assignment (Rate per 100,000 population* excluding prison cases^, 7 day average with 7 day lag)	>7	4-7	1-3.9	<1
Testing Positivity^ (Excluding prison cases^, 7 day average with 7 day lag)	>8%	5-8%	2.4.9%	<2%

^Excludes state and federal inmates

*Population denominators from the Department of Finance: State Population Projections - Total Population by County- Table P-1

**Case rate will be determined using cases confirmed by PCR

*** Counties are assigned a tier based on two metrics: test positivity and case rate. The case rate is adjusted based on testing volume per 100,000 population as described below. Due to variability in data, this adjustment does not apply to small counties (defined as those with a population less than ~100,000 residents, including Sutter County with approximately 105,000 residents)

- For counties with testing volume above the state average, the factor is less than 1, decreasing in a linear manner from 1.0 to 0.6 as testing volume increases from the state average to 2x the state average. The factor remains at 0.6 if the testing volume is greater than 2x the state average.
- For counties with testing volume below the state average, the factor is greater than 1, increasing in a linear manner from 1.0 to 1.4 as testing volume decreases from the state average to zero. However, this adjustment for low testing volume will not be applied to counties with a test positivity < 3.5%.

California COVID-19 Case Rate Adjustment Factor

Testing Volume	Case Rate Adjustment Factor*
0	1.4
0.25*Average	1.3
0.50*Average	1.2
0.75*Average	1.1
Average	1
1.25*Average	0.9
1.5*Average	0.8
1.75*Average	0.7
2.0*Average and above	0.6

- Counties with fewer than ~100,000 individuals, including Sutter County, will be exempted from case rate adjustments, and counties with test positivity <3.5% will be exempted from adjustment for testing rates lower than the state average.
- If the two metrics are not the same tier, the county's tier assignment will be determined by the more restrictive of the two. For example, if a county's test positivity corresponds to tier 3 (orange, moderate), but the case rate corresponds to tier 1 (purple, widespread), the county will be assigned as tier 1.

Moving through the Tiers

Rules of the framework:

1. CDPH will assess indicators weekly on Mondays and release updated tier assignments on Tuesdays .
2. A county must remain in a tier for a minimum of three weeks before being able to advance to a less restrictive tier.
3. A county can only move forward one tier at a time, even if metrics qualify for a more advanced tier.
4. If a county's adjusted case rate for tier assignment and test positivity measure fall into two different tiers, the county will be assigned to the more restrictive tier.
5. City local health jurisdiction (LHJ) data will be included in overall metrics, and city LHJs will be assigned the same tier as the surrounding county
6. An LHJ may continue to implement or maintain more restrictive public health measures if the local health officer determines that health conditions in that jurisdiction warrant such measures.

To advance:

1. A county must have been in the current tier for a minimum of three weeks.
2. A county must meet criteria for the next less restrictive tier for both measures for the prior **two** consecutive weeks in order to progress to the next tier.
3. In addition, the state will establish health equity measures that demonstrate a county's ability to address the most impacted communities within a county.

To move back:

1. During the weekly assessment, if a county's adjusted case rate and/or test positivity has fallen within a more restrictive tier for two consecutive weekly periods, the county must revert to the more restrictive tier.
2. At any time, state and county public health officials may work together to determine targeted interventions or county wide modifications necessary to address impacted hospital capacity and drivers of disease transmission, as needed.
3. Counties will have three days to implement any sector changes or closures unless extreme circumstances merit immediate action.

Risk Criteria

Activities and sectors will begin to open at a specific tier based on risk-based criteria (PDF), as outlined below. Lower risk activities or sectors are permitted sooner and higher risk activities or sectors are not permitted until later phases. Many activities or sectors may increase the level of operations and capacity as a county reduces its level of transmission.

Criteria used to determine low/medium/high risk sectors

- Ability to accommodate face covering wearing at all times (e.g. eating and drinking would require removal of face covering)
- Ability to physically distance between individuals from different households
- Ability to limit the number of people per square foot
- Ability to limit duration of exposure
- Ability to limit amount of mixing of people from differing households and communities
- Ability to limit amount of physical interactions of visitors/patrons
- Ability to optimize ventilation (e.g. indoor vs outdoor, air exchange and filtration)
- Ability to limit activities that are known to cause increased spread (e.g. singing, shouting, heavy breathing; loud environs will cause people to raise voice)

Schools

Schools may reopen—for in-person instruction based on equivalent criteria to the July 17th School Re-opening Framework (PDF) previously announced. That framework remains in effect except that Tier 1 is substituted for the previous County Data Monitoring List (which has equivalent case rate criteria to Tier 1). Schools in counties within Tier 1 are not permitted to reopen for in-person instruction, with an exception for waivers granted by local health departments for TK-6 grades. Schools that are not authorized to reopen, including TK-6 schools that have not received a waiver, may provide structured, in-person supervision and services to students under the Guidance for Small Cohorts/Groups of Children and Youth.

Schools are eligible for reopening at least some in-person instruction following California School Sector Specific Guidelines once the county is out of Tier 1 (and thus in Tier 2) for at least 14 days, which is similar to being off the County Data Monitoring List for at least 14 days. As noted above, an LHJ may continue to implement or maintain more restrictive public health measures if the local health officer determines that health conditions in that jurisdiction warrant such measures.

As stated in the July 17th School Re-opening Framework (PDF), schools are not required to close if a county moves back to Tier 1, but should consider surveillance testing of staff.

County Data Adjudication Process

If a county finds that there is discrepancy between the county's and state's calculated data for the above defined measures, the county shall notify the CDPH Local Coordinator. The county may request a meeting to discuss with local and state epidemiology leads to compare data. In addition, CDPH is working with the California Conference of Local Health Officers and County Health Executives Association of California to develop other methodologies to assess qualitative and contextual information impacting these metrics and the most appropriate interventions.

Once a discrepancy is adjudicated by CDPH, any updated tier status will be determined by CDPH and the tier status will be reflected on the public website within 48 hours, as appropriate.

APPENDIX 1: Calculation of metrics

Metric	Definition
Case Rate (rate per 100,000 excluding prison cases,7-day average with 7-day lag)	Calculated as the average (mean) daily number of COVID-19+ cases, excluding cases among persons incarcerated at state or federal prisons (identified as cases with an ordering facility name or address associated with prison locations), over 7 days (based on episode date), divided by the number of people living in the county/region/state. This number is then multiplied by 100,000. Due to reporting delays, there is a 7 day lag built into this calculation. For example, for data updated through 8/22/20, the case rate will be dated as 8/15/20 and will include the average case rate from 8/9/20 - 8/15/20.

Linear adjusted case Rate per 100,000 per day, excluding prisoners (7-day average with 7-day lag)	Calculated as the case rate multiplied by a case rate adjustment factor that is based on the difference between the county testing volume (testing volume, tests per 100,000 per day, described below) and the median testing volume calculated across all counties. The median testing volume thus forms an anchor for this adjustment and is recalculated every four weeks to prevent undue fluctuation while remaining sensitive to evolving testing trends. For counties with a testing volume above the median, the adjustment factor is less than 1, decreasing in a linear manner from 1.0 to 0.6 as testing volume increases from the anchor point to 2x that value. The adjustment factor remains at 0.6 if the county testing volume is greater than 2x the state median. For counties with a testing volume below the state median, the adjustment factor is greater than 1, increasing in a linear manner from 1.0 to 1.4 as county testing volume decreases from the state median to zero. The linear adjustment formula can be expressed mathematically as follows: 1-(((county testing rate – state median testing rate)/state median testing rate) * 0.4) There are two conditions in which this formula is not applied. The first is small counties, those with a population less than approximately 100,000 based on CA Department of Finance population projections (see reference * in tier framework table). The small county exception prevents potential spurious adjustment due to fluctuations in testing influenced by secular events unrelated to underlying transmission risk. As a second condition for exception from the adjustment, counties with a testing volume below the state median and testing positivity < 3.5% are not adjusted, based on the assumption that volume of testing in these counties may not need to be as high with low test positivity. Under both these conditions, the adjusted case rate is equal to the unadjusted rate.

Overall testing Positivity, excluding prisoners over 7-days (PCR only, 7-day lag)	Calculated as the total number of positive polymerase chain reaction (PCR) tests for COVID-19 over a 7-day period (based on specimen collected date) divided by the total number of PCR tests conducted; this excludes tests for: (a) persons out of state or with unknown county of residence and (b) persons incarcerated at state or federal prisons (identified as cases with an ordering facility name or address associated with prison locations). This number is then multiplied by 100 to get a percentage. Due to reporting delay (which may be different between positive and negative tests), there is a 7-day lag. *Example:* For cumulative lab data received on 6/30/20, reported test positivity is dated as 6/23/20 and is calculated based on tests with specimen collection dates from 6/17-6/23
Tests per 100,000 per day, excluding prisoners (7-day average with 7-day lag)	Calculated as the number of polymerase chain reaction (PCR) tests per day over a 7-day period (based on specimen collection date), excluding tests for persons incarcerated at state or federal prisons (identified as cases with an ordering facility name or address associated with prison locations), and divided by the number of people living in the county/region/state. This number is then multiplied by 100,000. Due to reporting delay, there is a 7-day lag included in the calculation. Example: For cumulative lab data received through 8/22/20, the reported 7-day average number of tests will be dated as 8/15/20 and will include PCR tests with specimen collection dates from 8/9/20 - 8/15/20.

Helpful Links

- Find the status of activities in your county
- Understand which activities and businesses are open in the four tiers (PDF)
- Explore the complete data by county (Excel)
- School Re-opening Framework (PDF)

- Guidance for Small Cohorts/Groups of Children and Youth
- www.covid19.ca.gov

Page Last Updated : September 15, 2020