



Alameda County Health Officer Order Requiring Masking in Most Indoor Public Settings (22-02) **FAQ**

The Order

Why did Alameda County reinstate an indoor mask requirement?

Alameda County is experiencing COVID-19 transmission rates as high or higher than at any point of the pandemic except the winter Omicron wave. We also know case reports reflect only a fraction of total infections because most positive at-home tests are going unreported, and many infected people do not test. During the winter Omicron wave, we estimate that 1 in 4 infections were reported and it is possible that as few as 1 in 8 or less are currently reported. We are now seeing increased hospitalizations of people with COVID-19 because of this wave. The mask requirement can help lower transmission rates and end this wave faster to prevent more hospitalizations.

When will the mask requirement be lifted?

We will lift the mask requirement when there is a sustained decline in daily case reports, as shown on our [COVID-19 data dashboard](#). Our data is preliminary for the past 7 days, and we are unlikely to lift the requirement based on preliminary data alone unless we have other strong evidence such as wastewater data that shows a decline in COVID-19 transmission. Lifting the requirement too early will weaken its effect.

Why is Alameda County doing this now?

We are experiencing one of the worst waves of COVID-19 infections that we have seen at any point during the pandemic. Throughout this wave, the Alameda County Health Officer has said that a mask requirement would be possible if the County experienced worsening severe disease, as indicated by increasing hospitalizations, or if previously hard-hit communities were again experiencing a disproportionate burden of disease. Both conditions now exist in Alameda County. With hospitalizations climbing we acted to protect the public health of Alameda County residents. We cannot speak for other jurisdictions but throughout the pandemic, Alameda County residents have embraced public health measures more strongly than many other places with the result that we have avoided the worst impacts of the pandemic.

Why aren't schools included?

Exempting K-12 schools that are still in session from the mask requirement for the remaining days of the 2021-22 school year may weaken the effect of this measure but implementing a new mask requirement for just a few days in a school setting is not easy. Fortunately, half of school districts in Alameda County ended their school year before the new masking requirement, and mask use has remained high in many schools even without a state or county requirement. We are requiring masks for summer school and other youth-settings, as practicable. We want schools and school staff to have a flexible approach to masking for children and their families.

What metrics were used to make this decision?

We are using daily hospitalizations of people with COVID-19, including ICU hospitalizations, as our main measure of severe disease. This is the same measure we have used throughout the pandemic and is available on [our dashboard](#) with a one-day delay. Currently, there are 124 people hospitalized in the County, up from 97 (a 28% increase) on May 31 when we decided to proceed with this requirement. COVID-19 hospitalizations have increased 190% since the beginning of May. We are also following average COVID-19 daily hospital admissions and conversions, which spiked from 30 to 50 between May 27 and June 1. We use daily reported [COVID-19 cases](#) by episode date (usually the date of symptom onset or lab testing) to follow transmission trends.

How have COVID-19 disparities and health equity factored into this decision?

Throughout the pandemic, lower income communities of color have experienced the worst impacts of infections, hospitalizations, and deaths. We have stated publicly during the spring wave that the re-emergence of COVID-19 disparities in previously hard-hit neighborhoods and groups would be a consideration for a new mask requirement, especially if we saw worsening severe disease. Protecting the most disadvantaged communities is a cornerstone of our COVID-19 strategy in Alameda County.

This spring wave initially followed a different pattern with lower case rates in these previously hard-hit groups, alongside low overall hospitalizations. However, that pattern is changing, and the latest preliminary data indicates Latinos are once again seeing the highest weekly case rates, 17% higher than the next highest group. It is too early to know the demographics of hospitalized patients as these are reported with a delay.

Why aren't there specific metric thresholds set to implement or lift this requirement?

We understand why people want specific thresholds for the measures that trigger actions such as this mask requirement. While thresholds can help people know what's coming, we need to consider multiple different measures, including hospitalizations, case rates, and how quickly these are changing when we act. The constantly changing nature of COVID-19 and our tools to fight it, makes it difficult to create thresholds in advance that balance these factors appropriately.

In our experience even carefully chosen thresholds require constant re-evaluation. Once we set a threshold, it is very hard to change strategies, even if conditions warrant it. This can result in restrictions being put in place too early or left in place for too long. For this reason, we did not set thresholds. Instead, since this wave started, we have stated that rising hospitalizations and re-emerging disparities were the conditions under which we would potentially re-institute a mask requirement.

Masks and Requirements

Do mask requirements work?

Yes, mask requirements work. County-level mask requirements have been associated with faster improvements in COVID-19 waves, and Alameda County has successfully used mask requirements as part of a layered strategy to avoid the worst impacts of the pandemic. COVID-19 is a respiratory disease spread through the air, and high-quality, well-fitting masks worn over the nose and mouth in indoor spaces lower the risk of infection. KF94, KN95 or N95 masks are the best for this purpose, due to higher quality filtration. While [masks have been shown to reduce COVID-19 transmission](#) among groups in indoor settings, COVID-19 can still spread despite this requirement, especially in private settings or settings where people need to remove their masks, for example to eat or drink. However, with more masking in more settings, we will reduce the spread of infection.

Can a mask requirement work in Alameda County?

Absolutely. Our residents have masked up more than those of most other places during past waves, reaching 94% self-reported mask use during the Omicron wave in online survey data. We are asking Alameda County residents to mask up again to help protect themselves and each other. After the Omicron wave subsided and before the latest requirement, mask use remained high in Alameda County at 60-65% on the same survey, and this latest requirement will help again increase use to limit the spread of COVID-19.

Why do children need to wear masks?

Children can get COVID-19 and spread it to others. Exempting our hundreds of thousands of residents who are children from this requirement would prevent it from having the desired effect. [The American Academy of Pediatrics continues to encourage masks for children over 2 for COVID-19 prevention when community transmission is high.](#) Furthermore, the mask requirement for children is "as practicable," meaning that occasional unmasking by children in indoor settings is permissible under the order. We only ask teachers, staff, and administrators to educate students and families about the requirement and support students to mask up, but not to enforce compliance for those unable or unwilling to comply. Such responsibility has placed too much strain on the education workforce and will undermine our goal to keep children in classrooms.



State of the Pandemic

What is the status of reported cases in the Bay Area?

For Alameda County, reported cases from May 31, June 1, and June 2 are all among the highest single day case totals we have seen during this spring wave. These data are still preliminary, and totals could be higher once final. Some Bay Area jurisdictions saw case increases before Alameda County and may now be seeing case reports flatten out, but there is no sign of a plateau in Alameda County yet.

Aren't people being hospitalized for other things and testing positive for COVID?

Our hospitalization numbers include people hospitalized for severe symptoms due to COVID-19 disease as well as those hospitalized for other things but who test positive for COVID-19. This has been true in each wave, and we do not have real-time estimates of the breakdown. However, increases in hospitalizations reflect increases in both categories of people, which can lead to a concerning increased burden on our health care system. Of note, people with COVID-19 who are hospitalized for other reasons are an added strain and risk to the health care systems, because they can spread COVID-19 to high-risk people and require higher levels of care precautions.

Aren't we at lower risk of severe disease with so many people vaccinated and boosted?

Many residents are at low risk for severe disease due to vaccination and boosting, immunity from prior infection, and access to COVID-19 treatments as well as due to their underlying health status. However, some residents remain vulnerable even if up to date on vaccinations, and our recent hospitalizations and deaths have been a mix of vaccinated and unvaccinated individuals. When this much COVID-19 is circulating in our communities, the amount of severe disease will increase even when we have multiple layers of protection available to our residents.

Haven't we all already had COVID-19? Aren't we all going to get it?

It is estimated that 56% of Californians had COVID-19 by the end of February 2022. Many people had yet to get COVID-19 before this wave, which is why many of us are hearing of so many cases within our networks right now. Without a vaccine that halts transmission, we are all likely to be exposed to COVID-19 multiple times in our lives and most if not all of us will get it, perhaps many times. However, when we see increases in severe illness in our communities, that means that there is more we can do to try to prevent the worst impacts of COVID-19 and give people more of a chance to avoid the worst outcomes.

We should not treat hospitalization and death as inevitable. During the bad flu season of 2017-18, 1690 people died of the flu statewide. Since January 1, 2022, despite widespread vaccine availability, boosters, and medical treatments, 15,024 Californians have died of COVID-19.