

MEMORANDUM

April 7, 2020

To: Governors' Offices

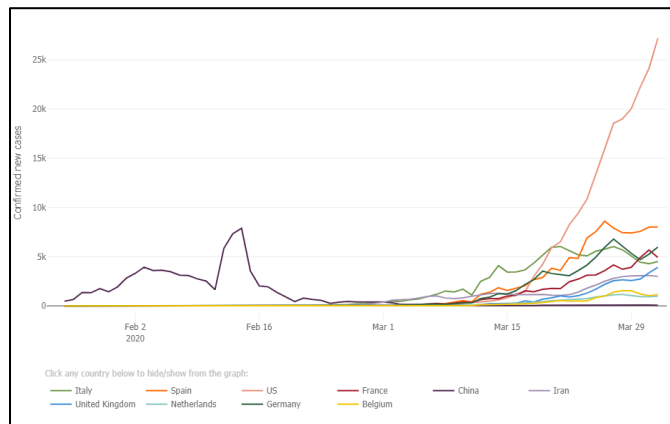
From: Bill McBride, Executive Director

Re: Implementing Effective Social Distancing Policies to Mitigate Spread of COVID-19

As COVID-19 is rapidly spreading throughout communities in the United States, policies promoting social distancing have been a critical strategy to “[flatten the curve](#)” of infections to prevent overwhelming the medical system and allow time for states to accelerate testing, public health, and health system capacity. According to [projections](#) cited by the White House, the United States could face as many as 1.5 million to 2.2 million COVID-19-related deaths without strict social distancing measures, and 100,000 to 240,000 deaths even with such policies in place.

Despite early evidence of slowing infection rates in states that have responded aggressively to implement social distancing policies, national data from Johns Hopkins University’s Coronavirus Resource Center [indicate](#) that the strength of mitigation responses in the United States has not been sufficient to bend the curve of the epidemic compared with similarly affected countries that have implemented and enforced stay-at-home orders and other social distancing measures (see Figure 1).

**Figure 1: Daily confirmed new cases (5-day moving average)
Outbreak evolution for the current 10 most affected countries**



In order to prevent a catastrophic increase in cases that could overwhelm U.S. health system capacity, President Trump [announced](#) an extension of the White House Coronavirus Task Force [guidelines](#) through April 30, recommending that all U.S. residents stay at home and practice social distancing. To support social distancing goals and mitigate the spread of COVID-19, 42 jurisdictions (39 states, two territories and the District of Columbia) have issued statewide stay at home orders, while 47 have issued limits on mass gatherings, according to NGA’s [State Action Tracking Chart](#),¹ along with a range of social distancing policies that include limits on mass gatherings, school and child-care closures, closure of nonessential businesses, restrictions on nonessential travel, curfews, voluntary self-quarantine measures, recommendations that individuals wear protective cloth face coverings in public, and other restrictions.

¹ For a map of states implementing stay at home orders and limits on mass gatherings, see Figures 3 and 4 in the Appendix.

However, the scope, enforcement and projected duration of policies to promote social distancing has varied across states. The next several weeks are a crucial period for governors to bolster and maintain social distancing policies that are sufficiently comprehensive to flatten the curve of new infections, while also concurrently working to build the robust testing, surveillance and public health infrastructure needed to move to the next phase of the epidemic response. In addition, unless the White House's target of April 30 is extended, governors and other state and local officials will have to make decisions as to whether to continue social distancing measures, or whether any relaxation is appropriate, and conversely, whether stronger measures are needed.

Considerations for Governors: Governors play a key role in promoting individual behavior change that can slow the spread of COVID-19. Early, comprehensive and sustained action to enact social distancing is critical now to reduce the spread of disease below levels that will overwhelm the health system. Some degree of social distancing measures must continue to be enforced until an effective vaccine or therapeutic is developed, particularly for high-risk populations. However, as social distancing measures work to reduce rates of viral transmission and cases begin to decrease, states will need to have the appropriate testing, surveillance and public health infrastructure to identify and meaningfully isolate infected individuals. That capacity will be critical to shift from broad population-based social distancing policies to more targeted case-based interventions. The following are recommendations for governors implementing, enforcing or considering plans to phase out or reinstate social distancing policies:

Implement early, comprehensive and sustained social distancing policies to slow the spread of the disease and avoid overwhelming the health system. Governors possess significant powers and authorities relating to the implementation of business closures, designations of essential and nonessential businesses, and personal movement restrictions during emergency periods. Layering and enforcing policies significantly increases effectiveness and compliance with social distancing goals.² Key elements of a comprehensive social distancing approach include:

- **Stay-at-home orders:** Also referred to as “shelter in place,” stay-at-home orders provide strong encouragement for social distancing (e.g., keeping a 6-foot distance between individuals) and outline requirements on what essential daily living activities are exempted and allowed. These orders have been issued in three ways: (i) statewide, (ii) in affected counties, and (iii) more targeted toward high-risk groups. Enforcement policies generally range from civil penalties to misdemeanor charges against individuals who knowingly and willfully violate the stay-at-home orders. Additionally, certain states have issued stay-at-home guidance, containing much of the same public policy around social distancing. NGA has [recommendations](#) for governors when considering or implementing personal movement restrictions.
- **Nonessential business closures:** These policies typically are issued in tandem with stay-at-home orders to clarify business continuity and operations. States have utilized the Cybersecurity and Infrastructure Agency's (CISA) continued [guidance](#) on essential critical infrastructure workforce to help with their decision-making. NGA has [recommendations](#) for governors when considering or implementing business closures.

² In 2007, the Centers for Disease Control and Prevention (CDC) [issued](#) interim community mitigation planning guidance to assist state and local officials with developing a strategy for pandemic influenza. Specifically, the CDC recommended that social distancing measures should be initiated early in the course of a pandemic before explosive growth and in the case of severe and protracted pandemics, and that they be maintained consistently during an epidemic wave in a community. The guidelines recommend using community-based strategies in combination with individual infection-control measures, such as hand washing and cough etiquette.

- **Bans on large gatherings:** These policies limit mass gatherings by setting a maximum threshold ranging from prohibiting all mass gatherings to specifying maximums often enforced through law-enforcement partnerships dispersing groups that willfully violate these policies. The Centers for Disease Control and Prevention (CDC) has [recommended](#) cancelling mass gatherings of any size in locations with a “substantial level of community transmission.” Many states also have limited on-site service for restaurants and bars to limit crowds, limiting services to takeout or delivery.
- **School closures:** These policies direct public and, in some cases, private schools to close for a period of time and implement distance learning to continue educational development. State departments of education have released state-specific guidance waiving end-of-year testing and revising requirements for students to matriculate.

In deciding which actions to take, there are a number of legal considerations. State governments obtain their quarantine authority powers from state constitutions and statutes and implement those orders in concert with federal and local governmental powers. States derive such authority from constitutional “police power functions,” which protect the health, safety and welfare of persons within their borders, as well as laws and/or regulations authorizing quarantine actions by governors and executive branch agencies (e.g. state health authorities). Given these exigent circumstances and shifting dynamics, governor’s offices and other state officials will need to work closely with legal counsel, local and state public health officials, and attorneys general to review interpretation of state powers and laws when determining how to implement social distancing measures, and whether (and when) to rescind personal movement restrictions.

Assess critical mitigation factors and metrics when considering plans to implement, phase out, or reinstate social distancing policies.

Decisions to implement or relax social distancing guidelines should be based on key factors and metrics such as the rate of new cases in communities, COVID-19 hospitalization rates, mortality rates and health system capacity to address anticipated surges in cases. Hospitals must have the resources they need, including sufficient personal protective equipment and ventilators, before relaxation of social distancing measures is considered.

The ability to relax current social distancing restrictions also will depend heavily on the capacity for wide-scale testing (sufficient to test every person suspected of having COVID-19 and all contacts of known cases) and the development of the public health infrastructure needed to rapidly test individuals, identify cases and isolate them at home or in another location, conduct contact tracing, and have contacts quarantine at home for 14 days. State leaders also will need to conduct surveillance and tracking of cases to detect any resurgence in uncontrolled community spread, and plan for how they will re-impose social distancing if it becomes necessary.

Convene key state and local stakeholders and develop a coordinated plan for response and recovery and develop communication strategies that prioritize transparency, clear communication of strategic goals, and addressing stakeholder concerns. Cross-sector buy-in to a concrete and coordinated plan of action and a uniform message are essential for leadership and public buy-in. Include key stakeholders such as state and local public health leaders, governors’ legal counsel, state and local public safety officials, members of the business community and other stakeholders to inform a data-driven, coordinated plan for a public health and economic response and recovery.



- Several governors and states, including [Georgia](#), [Utah](#), [Wyoming](#) and [Washington](#), have appointed members to serve on economic recovery task forces to align, manage and deploy resources, as well as to develop an economic recovery plan.
- Under Utah Governor Gary Herbert, Utah’s Economic Response Task Force developed “[Utah Leads Together](#),” a plan for a public health and economic recovery that outlines plans in three phases with anticipated timelines: urgent, stabilization and recovery.

Learn from early U.S. and international responses to the pandemic. With social distancing measures intended to slow the speed of infections in the initial “surge” phase, invest in planning and building the infrastructure needed for a phased relaxation of restrictions, drawing on lessons learned from early U.S. and international responses to the epidemic. While there currently is little data to evaluate the effectiveness of social distancing interventions for COVID-19, early indications from outbreaks in Seattle and the Bay Area suggest that social distancing measures are beginning to slow the rate of new infections. In Singapore and South Korea, robust testing, case identification, isolation of the sick, contact tracing and quarantine of contacts have allowed these countries to maintain greater levels of economic activity while continuing to limit the spread of the virus.

Early U.S. Examples to Guide Action:

- Washington Governor Jay Inslee implemented a range of social distancing measures: first issuing an [emergency declaration](#) Feb. 29 and subsequently implementing a cascade of social distancing policies, culminating in a statewide [stay-at-home order](#) March 23. Although data is uncertain, early modeling estimates that on average each infected person was spreading the virus to 2.7 other people in early March. With social distancing measures in place, modeling [conducted](#) by the Institute of Disease Modeling suggests that number may have dropped to 1.4.
- Similarly, six Bay Area counties acted in conjunction to require residents to shelter in place, followed by a [statewide order](#) by California Governor Gavin Newsom. Local officials and health systems [report](#) that these measures — and public compliance with social distancing — have resulted in a leveling-off of infections and has thus far avoided exceeding hospital capacity in those locations.

International Examples to Learn From:

- The province of Wuhan, China, where the virus was first detected, delayed implementing population-level social distancing until [six weeks after](#) first detecting community transmission. Because of this delay, the health care system in Wuhan was overwhelmed, with nearly 20,000 individuals needing hospitalization simultaneously. In contrast to Wuhan, the city of Guangzhou, China, acted rapidly to close schools, ban large gatherings and isolate confirmed cases within one week of detecting the first case in the city. Such quick decision-making translated into the city [experiencing](#) a peak number of hospitalized cases that was just one hundredth of the level in Wuhan.
- Leveraging previous experiences with the Severe Acute Respiratory Syndrome (SARS) outbreak in 2003, Singapore, Taiwan and Hong Kong also have shown early successes limiting the spread of this virus. In these locations, stringent public health action to identify and isolate cases, and trace contacts of every case and place them in home quarantine, have kept transmission of the virus at a [manageable](#) level. This has reduced the number of sick individuals in hospitals and limited the death rates. Recoveries in these regions have outpaced active cases. Governments in these countries have taken a variety of social distancing measures in addition to the case-based interventions above. But it should be noted that the capacity to find as many cases as possible and break chains of transmission in a more targeted way has been key to successful epidemic management in these countries.



Facilitate a regional multi-state approach. Many governors are forming regional partnerships to coordinate policies and messaging on social distancing, as well as on efforts to address the economic impacts of COVID-19.

- Governors of Connecticut, New York, New Jersey and Pennsylvania are [partnering](#) to develop and maintain consistent standards across the region.
- The governors of Maryland and Virginia and the mayor of D.C. have been [working closely](#) on expanding testing capacity in the region, a regional framework for supporting businesses, and ongoing coordinated messaging to encourage residents to be good neighbors by staying home.

Additional Federal Resources

CDC's community mitigation measures, also known as [nonpharmaceutical interventions \(NPIs\)](#), are individual and community actions designed to limit the transmission of infectious diseases that can be spread from person to person, such as seasonal influenza and coronavirus. NPIs can include personal hygiene or wellness behaviors and state and locally-led social distancing policies to reduce the spread of a disease within the community. The CDC has published [guiding principles](#) for state and local mitigation strategies to address coronavirus, which include the need to consider local epidemiological data, community characteristics, healthcare capacity, and public health capacity to guide decision-making.

Other Resources

- 2020 CDC *Implementation of Mitigation Strategies for Communities with Local COVID-19 Transmission* [link](#)
- 2017 CDC *Community Mitigation Guidelines to Prevent Pandemic Influenza* [link](#)
- 2007 CDC *Interim Pre-Pandemic Planning Guidance: Community Strategy for Pandemic Influenza Mitigation in the United States: Early, Targeted, Layered use of Nonpharmaceutical Interventions* [link](#)
- National Academy of Medicine *Rapid Expert Consultation on Social Distancing for the COVID-19 Pandemic* [link](#)
- Infectious Disease Society of America *Social Distancing Fact Sheet* [link](#)
- Kaiser Family Foundation *State Data and Policy Actions to Address Coronavirus* [link](#)
- NGA *State Action Tracking Chart* [link](#)
- American Enterprise Institute *National Coronavirus Response: A Roadmap to Reopening* [link](#)
- Center for American Progress *A National and State Plan to End the Coronavirus Crisis* [link](#)

For questions or concerns related to the contents of this memo, please contact NGA staff:

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Appendix

Figure 2: “Stay-at-Home Orders and Guidance Issued by States (as of April 6, 2020)”

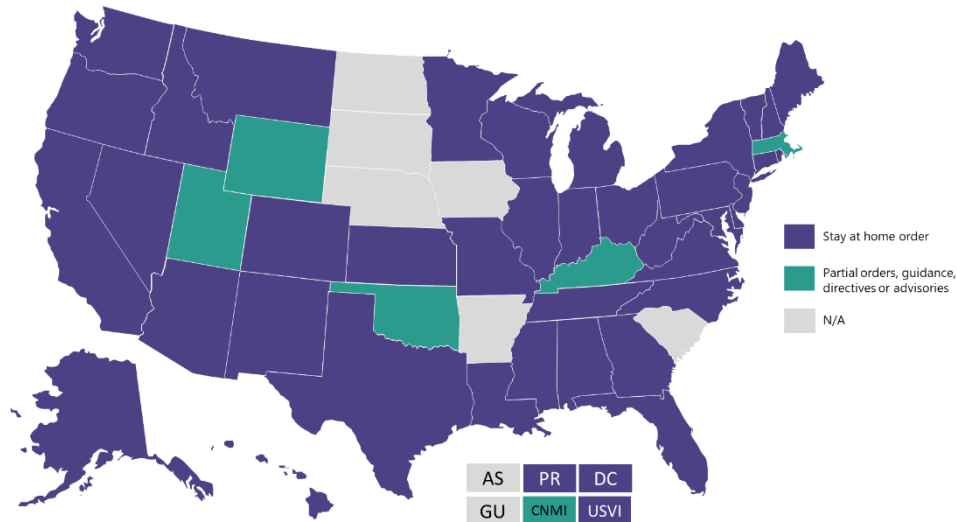


Figure 2. NGA data indicate 42 jurisdictions (39 states, 2 territories, and District of Columbia) have issued state-wide stay at home orders. Five states and one territory have issued partial orders, advisories, directives, or orders for special populations. States/territories that haven't issued orders are: Arkansas, Iowa, Nebraska, North Dakota, South Carolina, South Dakota, Guam and American Samoa.

Figure 3. State Limits on Mass Gatherings (as of April 6, 2020)

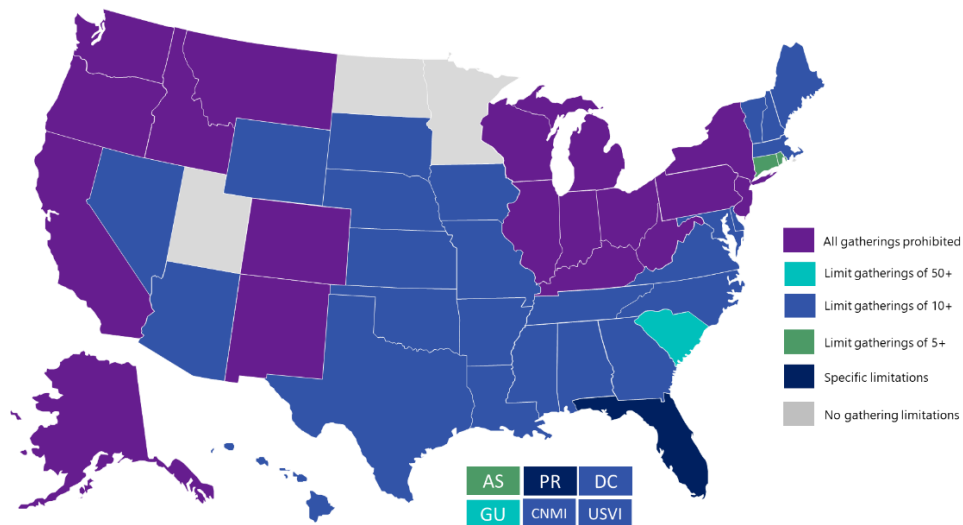


Figure 3. NGA data indicate 47 states have issued limits on mass gatherings. Guam and Puerto Rico also have imposed mandatory limits on large gatherings. Massachusetts’ order is for the ages 70+, guidance for all others; Oklahoma’s orders are for vulnerable populations only and includes a 10-person limit to mass gatherings for all others; Nebraska limits are for 30 counties; North Dakota has a recommendation; Kentucky, Utah and Wyoming have issued stay-at-home guidance.