



National Restaurant Association Statement on Centers for Disease Control Publication “Community and Close Contact Exposures Associated with COVID-19 Among Symptomatic Adults ≥18 Years in 11 Outpatient Health Care Facilities”

See what restaurants are doing to keep customers safe at [ServSafeDining.org](https://www.servsafedining.org).

Now, more than ever, it is essential that the public is able to make decisions about activities outside of their home based on complete and accurate information about the spread of coronavirus (COVID-19).

We still do not find evidence of a systemic spread of the coronavirus coming from restaurants who are effectively following our Restaurant Reopening Guidance, encouraging guests to wear masks, social distancing, and practicing good hand hygiene. In effect, the lack of a direct correlation should be evidence that, when restaurants demonstrate effective mitigation efforts, the risk is low when dining outside or inside.

The methodology used in the recent CDC article focused on the transmission of COVID-19 and restaurant visits contains numerous flaws, and the conclusions of the study are insufficient to guide consumer behavior. Across myriad industries including gyms, restaurants, and retail, the conclusions reached by the researchers are not supported. Furthermore, the results calling out restaurants specifically are not supported by the data nor the methodology.

First and foremost, there is no direct correlation between actual transmission taking place in a restaurant versus other locations (all self-reported in the study).

- The article uses statistical methodology to draw conclusions based on where people visited, face covering habits in which they used a 5-point measurement scale that the researchers selectively shortened, possibly influencing the outcome.

Correlation Does Not Equal Causation - Customer behavior outside the venue remains the major contributing factor in transmission.

- The study tells us that people who were diagnosed with COVID-19 had also dined out. There is no clear evidence that the virus was actually contracted at a restaurant versus any other community locations.

On the venue subject, the CDC study fails to distinguish between bars and coffeeshops, two establishments with decidedly different atmospheres and customer behavior. Additionally, it did not ask whether participants had dined indoors or outdoors.

- The study’s limited number of participants came from 10 states with greatly varying restrictions on restaurants during the potential period of potential exposure.



Even the CDC recognizes the limitations of the study within its report:

- “The findings in this report are subject to at least five limitations. First, the sample included 314 symptomatic patients who actively sought testing during July 1–29, 2020 at 11 health care facilities. Symptomatic adults with negative SARS-CoV-2 test results might have been infected with other respiratory viruses and had similar exposures to persons with cases of such illnesses. Persons who did not respond, or refused to participate, could be systematically different from those who were interviewed for this investigation. Efforts to age- and sex-match participating case-patients and control-participants were not maintained because of participants not meeting the eligibility criteria, refusing to participate, or not responding, and this was accounted for in the analytic approach.
- Second, unmeasured confounding is possible, such that reported behaviors might represent factors, including concurrently participating in activities where possible exposures could have taken place, that were not included in the analysis or measured in the survey. Of note, the question assessing dining at a restaurant did not distinguish between indoor and outdoor options. In addition, the question about going to a bar or coffee shop did not distinguish between the venues or service delivery methods, which might represent different exposures.
- Third, adults in the study were from one of 11 participating health care facilities and might not be representative of the United States population.
- Fourth, participants were aware of their SARS-CoV-2 test results, which could have influenced their responses to questions about community exposures and close contacts.
- Finally, case or control status might be subject to misclassification because of imperfect sensitivity or specificity of PCR-based testing (9,10).”

It is irresponsible to pin the spread of COVID-19 on a single industry. Restaurants have historically operated with highly regulated safety protocols based on the FDA’s Food Code and have taken additional steps to meet the safe operating guidelines required by CDC, FDA, OSHA, federal, state, and local officials. We continue to urge restaurants to follow the National Restaurant Association’s Reopening Guidance developed in conjunction with the CDC, FDA, and their state and local guidance. Additionally, we ask all of our customers to help us keep our employees and their fellow diners safe by following the existing guidelines.