

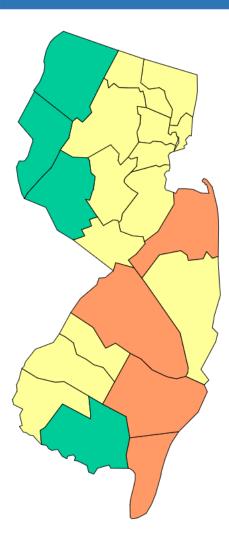
Week ending June 30, 2022



Highlights

- CDC COVID-19 <u>Community Levels</u> for the week ending June 30, 2022:
 - High in 4 counties, Medium in 13 counties, and Low in 4 counties.
 - Since last week, Morris has shifted from High to Medium and Sussex has shifted from Medium to Low. Burlington has shifted from Medium to High, and Union from Low to Medium.
 - Compared to last week, Morris and Sussex have had a reduction in the rate of new hospital admissions.
 Burlington, Cape May, and Union have had a increase in new COVID-19 cases.
 - The percentage of inpatient beds occupied by COVID-19 patients continues to be at Low levels for all counties.
- CDC COVID-19 <u>Community Transmission</u> levels used for healthcare settings are High in all counties as of June 30, 2022. Community transmission levels have not changed since the previous week.

1. COVID-19 Community Levels used for Most Settings



Layered prevention strategies can help limit severe disease and reduce potential strain on the healthcare system. <u>CDC COVID-19 Community Levels</u> are a tool to help communities and individuals determine what prevention meeasures to take.

The COVID-19 community level is determined by the higher of the new hospital admissions and inpatient beds metrics, based on the current level of new cases per 100,000 population in the past 7 days. COVID-19 community levels are classified as low, medium, or high as follows:

COVID-19 Community Levels						
New COVID-19 Cases Per 100,000 in the past 7 days	Hospitalization Indicators	Low	Medium	High		
	New COVID-19 admissions per 100,000 population (7-day total)	<10.0	10.0-19.9	≥20.0		
Fewer than 200	Percent of staffed inpatient beds occupied by COVID-19 patients (7-day average)	<10.0%	10.0-14.9%	≥15.0%		
200 or more	New COVID-19 admissions per 100,000 population (7-day total)	NA	<10.0	≥10.0		

The following table includes recommendations for protecting yourself, your family, and communities. Additional information can be found at: https://www.cdc.gov/coronavirus/2019-ncov/science/community-levels.html#anchor 47145.

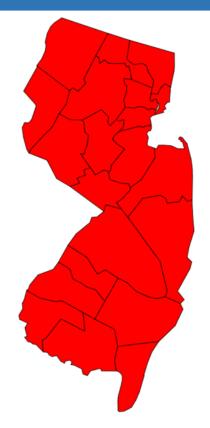
COVID-19 Community Level	Protect yourself and your family	Protect your communities, schools, and workplaces		
Low	 Stay <u>up to date</u> with COVID-19 vaccines and boosters. Stay home if you are sick. Follow <u>isolation & quarantine</u> <u>recommendations</u> and wear a mask through day 10. Get tested if exposed to someone with COVID-19, if you develop COVID-19 <u>symptoms</u>, and before/after travel. Keep at-home tests on hand. Order them for free <u>here</u>. Look for ways to <u>improve airflow when home</u> or indoors. Wash your hands frequently. Clean and disinfect your home. If you are at high risk for severe disease, have a plan for rapid testing and talk to your healthcare provider about whether you are a candidate for treatments. 	 Promote equitable access to COVID-19 <u>vaccines</u>, <u>testing</u>, treatment, <u>masks</u>, outreach, and support services, particularly for those at high risk of severe illness and vulnerable populations. Contact your <u>local health department</u> for information. Ensure <u>isolation & quarantine</u> <u>recommendations</u> are followed. Maintain good indoor <u>ventilation</u> and airflow. Teach and reinforce importance of proper <u>hand</u> <u>hygiene</u> and respiratory etiquette. Ensure routine <u>cleaning and disinfecting</u> of buildings and facilities. Maintain screening testing infrastructure to allow for easier scale up when community levels are medium or high. 		
Medium	 Follow recommendations for 'Low' above and: If you are at high risk for severe disease, talk to your healthcare provider about whether you should wear a mask and take other precautions, such as testing. If you spend time with someone at high risk for severe disease, consider self-testing before you see them and wearing a mask when indoors with them. 	 Follow recommendations for 'Low' above and: Implement screening testing or other testing strategies for people exposed to COVID-19. Implement enhanced prevention measures in high-risk congregate settings to identify cases early and prevent transmission during movement. Refer to <u>CDC guidance for correctional facilities</u>. Encourage physical distancing. 		
High	 Follow recommendations for 'Low' and 'Medium' above and: Wear a mask indoors regardless of vaccination status, particularly when in crowded areas with poor ventilation. If you are at high risk for severe disease, wear a mask or respirator that provides greater protection such as a N95 or KN95 and avoid indoor activities where you could be exposed. 	 Follow recommendations for 'Low' and 'Medium' above and: Implement universal indoor masking policies. High-risk congregate settings, like shelters, should implement facility-wide, weekly screening testing. Maximize physical distancing. Implement cohorting in daycares, schools, among farm workers and in congregate settings. 		

Table 1. COVID-19 Community Levels for current week ending June 30, 2022 and change since previous week.

County	COVID Community Level			ew COVID Cases per 100,00		Admi		w Hospital Imissions r 100,000		Percentage of Inpatient Beds Occupied by COVID-19 patients		
	Current Level	Previous Week Level	Change since Previous Week	Current Value	Current Level	Change since Previous Week	Current Value	Current Level	Change since Previous Week	Current Value	Current Level	Change since Previous Week
Atlantic	High	High	(-)	218.1	200+	(–)	20.8	High	(-)	4.9%	Low	(–)
Bergen	Medium	Medium	(-)	278.5	200+	(–)	8.7	Low	(-)	3.1%	Low	(-)
Burlington	High	Medium	(个)	211.5	200+	(个)	12.6	Medium	(-)	3.3%	Low	(-)
Camden	Medium	Medium	(-)	191.1	<200	(–)	12.6	Medium	(-)	3.3%	Low	(-)
Cape May	High	High	(-)	204.3	200+	(个)	20.8	High	(-)	4.9%	Low	(-)
Cumberland	Low	Low	(-)	173.2	<200	(–)	0	Low	(-)	3.7%	Low	(-)
Essex	Medium	Medium	(-)	262	200+	(-)	8.4	Low	(-)	3.1%	Low	(-)
Gloucester	Medium	Medium	(-)	161.8	<200	(–)	12.6	Medium	(-)	3.3%	Low	(-)
Hudson	Medium	Medium	(-)	259.5	200+	(-)	8.7	Low	(-)	3.1%	Low	(-)
Hunterdon	Low	Low	(-)	194.6	<200	(–)	8.7	Low	(-)	2.4%	Low	(-)
Mercer	Medium	Medium	(-)	249.8	200+	(-)	8.4	Low	(-)	3.6%	Low	(-)
Middlesex	Medium	Medium	(-)	253.4	200+	(–)	8.4	Low	(-)	3.1%	Low	(-)
Monmouth	High	High	(-)	232.2	200+	(-)	15.6	Medium	(-)	4.8%	Low	(-)
Morris	Medium	High	(↓)	257	200+	(–)	9.6	Low	(↓)	2.2%	Low	(-)
Ocean	Medium	Medium	(-)	193.5	<200	(-)	15.6	Medium	(-)	4.8%	Low	(-)
Passaic	Medium	Medium	(-)	225.6	200+	(–)	8.7	Low	(-)	3.1%	Low	(-)
Salem	Medium	Medium	(-)	115.4	<200	(-)	12.6	Medium	(-)	3.3%	Low	(-)
Somerset	Medium	Medium	(-)	219.8	200+	(-)	8.4	Low	(-)	3.1%	Low	(-)
Sussex	Low	Medium	(↓)	172.3	<200	(–)	9.6	Low	(↓)	2.2%	Low	(–)
Union	Medium	Low	(个)	239.4	200+	(个)	8.4	Low	(-)	3.1%	Low	(–)
Warren	Low	Low	(-)	150.1	<200	(-)	8.7	Low	(-)	2.4%	Low	(-)

Source: Centers for Disease Control and Prevention. COVID Data Tracker. Atlanta, GA: US Department of Health and Human Services, CDC; 2022, June 30. <u>https://covid.cdc.gov/covid-data-tracker</u>

2. Community Transmission Levels used for Healthcare Settings



COVID-19 Community Levels should not be used to inform decisionmaking in healthcare settings, such as hospitals and nursing homes. The CDC and NJDOH recommend the use of <u>CDC Community Transmission</u> <u>levels</u> for healthcare settings to assess risk of COVID-19 transmission to inform mitigation measures.

Two indicators, case rate and percent positivity, are used to determine the level of SARS-CoV-2 transmission for a county. If the two indicators suggest different transmission levels, the higher level is selected.

Community transmission risk is classified as low, moderate, substantial, or high as follows:

Community Transmission Levels						
Indicator	Low	Moderate	Substantial	High		
New cases per 100,000 persons in the past 7 days	<10	10 - 49.99	50 - 99.99	≥100		
Percentage of positive NAAT tests in the past 7 days	<5%	5 - 7.99%	8 - 9.99%	≥10.0%		

Table 2. COVID-19 Transmission Levels as of June 30, 2022

County	Community Transmission Level	-	0,000 persons in the 7 days	Percentage of positive NAAT tests in the past 7 days		
Atlantic	High	218.08	High	11.55	High	
Bergen	High	278.48	High	12.13	High	
Burlington	High	211.52	High	10.35	High	
Camden	High	191.13	High	9.3	Substantial	
Cape May	High	204.26	High	6.24	Moderate	
Cumberland	High	173.21	High	5.42	Moderate	
Essex	High	261.96	High	10.42	High	
Gloucester	High	161.85	High	8.53	Substantial	
Hudson	High	259.52	High	9.75	Substantial	
Hunterdon	High	194.58	High	8.69	Substantial	
Mercer	High	249.84	High	7.82	Moderate	
Middlesex	High	253.44	High	12.7	High	
Monmouth	High	232.23	High	11.05	High	
Morris	High	256.99	High	11.78	High	
Ocean	High	193.52	High	9.3	Substantial	
Passaic	High	225.58	High	10.36	High	
Salem	High	115.41	High	7.69	Moderate	
Somerset	High	219.8	High	10.88	High	
Sussex	High	172.26	High	10.56	High	
Union	High	239.42	High	10.48	High	
Warren	High	150.09	High	9.96	Substantial	

Source: Centers for Disease Control and Prevention. COVID Data Tracker. Atlanta, GA: US Department of Health and Human Services, CDC; 2022, June 30. <u>https://covid.cdc.gov/covid-data-tracker</u>

 rooms, treatment areas, or participating in group activities. Use a N95 or higher-level respirator for aerosol generating procedures in dental settings. Consider increasing the frequency of daily patient/resident monitoring for fever and other signs of COVID-19 or an acute respiratory infection. Per ED-21-012 & CMS QSO-20-39-NH: Provide testing to visitors or encourage visitors to test on their own within 2-3 days before coming to facility (Note: Visitors are not required to be tested as a condition of visitation) Per CMS QSO-20-38 NH: In nursing homes located in counties with substantial to high community transmission, HCP not up to date with vaccination, should have a viral test twice a week. 		Recommendations for Healthcare Settings
Services (CMS) & NIDOH. This table does not supersede any federal or state requirements. Implement source control and physical distancing measures. Certain allowances could be considered to forgo use of well-fitting source control and physical distancing in counties with low community transmission. - Healthcare personnel (HCP) should wear source control when they are in areas of the healthcare facility where they could encounter patients (e.g., hospital cafeteria, common halls/corridors). Encourage everyone to remain up to date with all recommended COVID-19 vaccine doses. Establish a process to identify and manage individuals with suspected or confirmed SARS-CoV-2 infection. Optimize the use of engineering controls and indoor air quality. Create a process to respond to SARS-CoV-2 exposures among HCP and others. Actively evaluate patients/residents at least daily for fever and other signs of COVID-19 or an acute respiratory infection. Per CIMS 020-20-38 NH: In <u>pursing homes</u> located in counties with low community transmission, expanded screening testing for asymptomatic HCP, regardless of vaccination status, is not recommended. Moderate Follow considerations for 'Low' above and: For CMS 020-0-38 NH: In <u>pursing homes</u> located in counties with moderate community transmission. Per CMS 020-2-38 NH: In <u>pursing homes</u> located in counties with moderate community transmission. Follow considerations for 'Low' above and: Per CMS 020-2-38 NH: In <u>pursing homes</u> located in counties with moderate community transmission. <th></th> <th>on from this table is adopted from CDC Interim Infection Prevention and Control Recommendations for</th>		on from this table is adopted from CDC Interim Infection Prevention and Control Recommendations for
This table does not supersede any federal or state requirements. Implement source control and physical distancing measures. Certain allowances could be considered to forgo use of well-fitting source control and physical distancing in counties with low community transmission. Healthcare personnel (HCP) should wear source control when they are in areas of the healthcare facility where they could encounter patients (e.g., hospital cafeteria, common halls/corridors). Encourage everyone to remain up to date with all recommended COVID-19 vaccine doses. Establish a process to identify and manage individuals with suspected or confirmed SARS-CoV-2 infection. Optimize the use of engineering controls and indoor air quality. Create a process to respond to SARS-CoV-2 exposures among HCP and others. Actively evaluate patients/residents at least daily for fever and other signs of COVID-19 or an acute respiratory infection. Facilities might elect to use a risk-based approach for determining which residents require quarantine upon admission. Per CMS 050-20-38 NH: In nursing homes located in counties with low community transmission, expanded screening testing for asymptomatic HCP, regardless of vaccination status, is not transmission, HCP not up to date with vaccination, should be tested weekly. Source control and physical distancing (when physical distancing is feasible and will not interfere with provision of care) are recommended for everyone in a healthcare setting. This is particularly important for individuals, regardless of their vaccination status, who live or work in counties with substantial to high community transmission. <	<u>Healthcare</u>	Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic, Centers for Medicare & Medicaid
 Implement source control and physical distancing measures. Certain allowances could be considered to forgo use of well-fitting source control and physical distancing in counties with low community transmission. Healthcare personnel (HCP) should wear source control when they are in areas of the healthcare facility where they could encounter patients (e.g., hospital cafeteria, common halls/confors). Encourage everyone to remain <u>up to date</u> with all recommended COVID-19 vaccine doses. Establish a process to identify and manage individuals with suspected or confirmed SARS-COV-2 infection. Optimize the use of engineering controls and indoor air quality. Create a process to respond to SARS-COV-2 exposures among HCP and others. Actively evaluate patients/residents at least daily for fever and other signs of COVID-19 or an acute respiratory infection. Per CMS QSO-20-38 NH:: In <u>unsing homes</u> located in counties with low community transmission, expanded screening testing for asymptomatic HCP, regardless of vaccination status, is not recommended. Follow considerations for 'Low' above and: Per CMS QSO-20-38 NH:: In <u>unsing homes</u> located in counties with moderate community transmission, HCP not up to date with vaccination, should be tested weekly. Source control and physical distancing (when physical distancing is feasible and will not interfere with provision of care) are recommended for everyone in a healthcare setting. This is particularly important for individuals, regardless of their vaccination status, who live or work in counties with substantial to high community transmission. Facilities must have a plan for implementing universal use of PPE. This includes consideration for implementing universal use of NPE. This includes consideration for implementing universal use of NPE. This includes consideration for implementing universal use of NOSH approved NPS or equi		
 considered to forgo use of well-fitting source control and physical distancing in counties with low community transmission. Healthcare personnel (HCP) should wear source control when they are in areas of the healthcare facility where they could encounter patients (e.g., hospital cafeteria, common halls/corridors). Encourage everyone to remain <u>up to date</u> with all recommended COVID-19 vaccine doses. Establish a process to identify and manage individuals with suspected or confirmed SARS-CoV-2 infection. Optimize the use of engineering controls and indoor air quality. Create a process to respond to SARS-CoV-2 exporces among HCP and others. Actively evaluate patients/residents at least daily for fever and other signs of COVID-19 or an acute respiratory infection. Facilities might elect to use a risk-based approach for determining which residents require quarantine upon admission. Per CMS OSO-20-38 NH: In <u>nursing homes</u> located in counties with low community transmission, expanded screening testing for asymptomatic HCP, regardless of vaccination status, is not recommended. Follow considerations for 'Low' above and: Source control and physical distancing (when physical distancing is feasible and will not interfere with provision of care) are recommended for everyone in a healthcare setting. This is particularly important for individuals, regardless of sceletria, schulsky teatment room), arrange seating so that patients who are not up to date with all recommended COVID-19 vaccine doses could be in the same space (e.g., waiting rooms, cafeterias, diayis treatment room), arrange seating so that patients can sit at least 6 feet apart, especially in counties with substantial to high community transmission. Facilities must have a plan for implementing universal use of PPE. This includes consideration for implementing universal use of NOS AS-CoV-2 transmission.		This table does not supersede any federal or state requirements.
recommended. Moderate Follow considerations for 'Low' above and: Per CMS QS0-20-38 NH: In nursing homes located in counties with moderate community transmission, HCP not up to date with vaccination, should be tested weekly. Source control and physical distancing (when physical distancing is feasible and will not interfere with provision of care) are recommended for everyone in a healthcare setting. This is particularly important for individuals, regardless of their vaccination status, who live or work in counties with substantial to high community transmission. Facilities must have a plan for implementing universal use of PPE. This includes consideration for implementing universal use of NIOSH-approved N95 or equivalent for HCP during all patient encounters or specific areas of the facility at higher risk for SARS-CoV-2 transmission. In situations when patients who are not up to date with all recommended COVID-19 vaccine doses could be in the same space (e.g., waiting rooms, cafeterias, dialysis treatment room), arrange seating so that patients can sit at least 6 feet apart, especially in counties with substantial or high transmission. This might require scheduling appointments to limit the number of patients in waiting rooms, treatment areas, or participating in group activities. Use a N95 or higher-level respirator for aerosol generating procedures in dental settings. Consider increasing the frequency of daily patient/resident monitoring for fever and other signs of COVID-19 or an acute respiratory infection. Per ED-21-012 & CMS OSO-20-39-NH: Provide testing to visitors or encourage visitors to test on their own within 2-3 days before coming to facility (Note: Visitors are not required to be teste	Low	 considered to forgo use of well-fitting source control and physical distancing in counties with low community transmission. Healthcare personnel (HCP) should wear source control when they are in areas of the healthcare facility where they could encounter patients (e.g., hospital cafeteria, common halls/corridors). Encourage everyone to remain <u>up to date</u> with all recommended COVID-19 vaccine doses. Establish a process to identify and manage individuals with suspected or confirmed SARS-CoV-2 infection. Optimize the use of engineering controls and indoor air quality. Create a process to respond to SARS-CoV-2 exposures among HCP and others. Actively evaluate patients/residents at least daily for fever and other signs of COVID-19 or an acute respiratory infection. Facilities might elect to use a risk-based approach for determining which residents require quarantine upon admission. Per <u>CMS QSO-20-38 NH</u>: In <u>nursing homes</u> located in counties with low community transmission,
 with provision of care) are recommended for everyone in a healthcare setting. This is particularly important for individuals, regardless of their vaccination status, who live or work in counties with substantial to high community transmission. Facilities must have a plan for implementing universal use of PPE. This includes consideration for implementing universal use of NIOSH-approved N95 or equivalent for HCP during all patient encounters or specific areas of the facility at higher risk for SARS-CoV-2 transmission. In situations when patients who are not up to date with all recommended COVID-19 vaccine doses could be in the same space (e.g., waiting rooms, cafeterias, dialysis treatment room), arrange seating so that patients can sit at least 6 feet apart, especially in counties with substantial or high transmission. This might require scheduling appointments to limit the number of patients in waiting rooms, treatment areas, or participating in group activities. Use a N95 or higher-level respirator for aerosol generating procedures in dental settings. Consider increasing the frequency of daily patient/resident monitoring for fever and other signs of COVID-19 or an acute respiratory infection. Per <u>ED-21-012 & CMS QSO-20-39-NH</u>: Provide testing to visitors or encourage visitors to test on their own within 2-3 days before coming to facility (Note: Visitors are not required to be tested as a condition of visitation) Per <u>CMS QSO-20-38 NH</u>: In <u>nursing homes</u> located in counties with substantial to high community transmission, HCP not up to date with vaccination, should have a viral test twice a week. 	Moderate	 Follow considerations for 'Low' above and: Per <u>CMS QSO-20-38 NH</u>: In <u>nursing homes</u> located in counties with moderate community
High Follow considerations for 'Substantial' above	Substantial	 with provision of care) are recommended for everyone in a healthcare setting. This is particularly important for individuals, regardless of their vaccination status, who live or work in counties with substantial to high community transmission. Facilities must have a plan for implementing universal use of PPE. This includes consideration for implementing universal use of NIOSH-approved N95 or equivalent for HCP during all patient encounters or specific areas of the facility at higher risk for SARS-CoV-2 transmission. In situations when patients who are not up to date with all recommended COVID-19 vaccine doses could be in the same space (e.g., waiting rooms, cafeterias, dialysis treatment room), arrange seating so that patients can sit at least 6 feet apart, especially in counties with substantial or high transmission. This might require scheduling appointments to limit the number of patients in waiting rooms, treatment areas, or participating in group activities. Use a N95 or higher-level respirator for aerosol generating procedures in dental settings. Consider increasing the frequency of daily patient/resident monitoring for fever and other signs of COVID-19 or an acute respiratory infection. Per ED-21-012 & CMS QSO-20-39-NH: Provide testing to visitors or encourage visitors to test on their own within 2-3 days before coming to facility (Note: Visitors are not required to be tested as a condition of visitation) Per CMS QSO-20-38 NH: In nursing homes located in counties with substantial to high community
	High	 Follow considerations for 'Substantial' above.

This report will be updated weekly, on Thursdays, and posted at: <u>https://www.nj.gov/health/cd/statistics/covid/index.shtml</u>. For additional information visit: <u>NJDOH Communicable Disease Service: COVID-19</u> <u>NJ COVID-19 Information Hub</u>