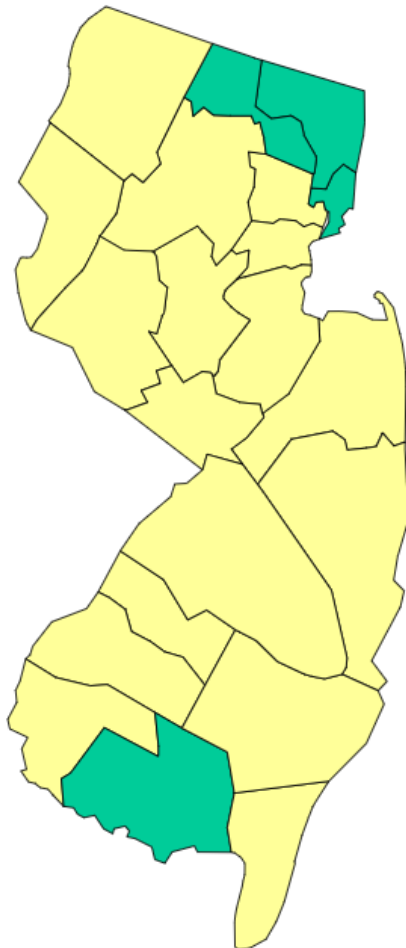


Highlights

- CDC COVID-19 [Community Levels](#) for the week ending October 6, 2022:
 - Medium in 17 counties, and Low in 4 counties.
 - Since last week, Bergen has shifted from Medium to Low. Burlington has shifted from High to Medium. Cumberland has shifted from High to Low. Essex, Hunterdon, Mercer, Middlesex, Morris, Somerset, Sussex, and Warren have shifted from Low to Medium.
 - Compared to last week, Essex, Hunterdon, Mercer, Middlesex, Morris, Somerset, Sussex, Union, and Warren had an increase in the rate of new hospital admissions. Bergen, Burlington, Cumberland, and Union had a decrease in new COVID-19 cases.
 - Since last week, Cumberland has shifted from Medium to Low level for the percentage of inpatient beds occupied by COVID-19 patients.
- CDC COVID-19 [Community Transmission](#) levels used for healthcare settings are High in all counties as of October 6, 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. [CDC COVID-19 Community Levels](#) are a tool to help communities and individuals determine what prevention measures 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
Fewer than 200	New COVID-19 admissions per 100,000 population (7-day total)	<10.0	10.0-19.9	≥20.0
	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.

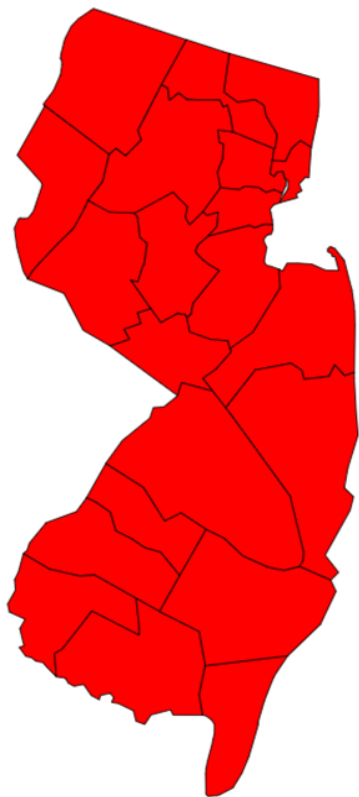
COVID-19 Community Level	Protect yourself and your family	Protect your communities, schools, and workplaces
Low	<ul style="list-style-type: none"> Stay up to date with COVID-19 vaccines and boosters. Stay home if you are sick. Avoid contact with people who have suspected or confirmed COVID-19. Follow isolation & post-exposure recommendations and wear a mask through day 10. Get tested if exposed to someone with COVID-19, if you develop COVID-19 symptoms, and before/after travel. Keep at-home tests on hand. Look for ways to improve airflow when home 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. 	<ul style="list-style-type: none"> Promote equitable access to COVID-19 vaccines, testing, treatment, masks, outreach, and support services, particularly for those at high risk of severe illness and vulnerable populations. Contact your local health department for information. Ensure isolation & post-exposure recommendations are followed. Maintain good indoor ventilation and airflow. Teach and reinforce importance of proper hand hygiene and respiratory etiquette. Ensure routine cleaning and disinfecting of buildings and facilities. Maintain screening testing infrastructure to allow for easier scale up when COVID-19 community levels are medium or high.
Medium	<p>Follow recommendations for 'Low' above and:</p> <ul style="list-style-type: none"> If you are at high risk for severe illness from COVID-19, wear a high-quality mask or respirator (e.g., N95) when indoors in public. If you spend time with someone at high risk for severe illness from COVID-19, consider self-testing before you see them and wearing a high-quality mask when indoors with them. 	<p>Follow recommendations for 'Low' above and:</p> <ul style="list-style-type: none"> Implement screening testing or other testing strategies for people exposed to COVID-19 in high-risk settings. Schools and daycares serving students at risk for severe illness from COVID-19 should consider implementing screening testing. Implement enhanced prevention measures in high-risk congregate settings to prevent transmission during movement. Refer to CDC guidance for correctional facilities. Encourage physical distancing for those at risk for severe illness from COVID-19.
High	<p>Follow recommendations for 'Low' and 'Medium' above and:</p> <ul style="list-style-type: none"> Wear a high-quality mask or respirator. If you are at high risk for severe illness from COVID-19, avoid non-essential indoor activities in public where you could be exposed. 	<p>Follow recommendations for 'Low' and 'Medium' above and:</p> <ul style="list-style-type: none"> Implement indoor masking policies. High-risk congregate settings, like shelters, should implement facility-wide, weekly screening testing. School and childcare settings may consider implementing screening testing for high-risk activities, before/after events, and after breaks. Consider cohorting in congregate settings.

Table 1. COVID-19 Community Levels for current week ending October 6, 2022 and change since previous week.

County	COVID Community Level			New COVID-19 Cases per 100,000			New Hospital Admissions per 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	Medium	Medium	(-)	172.2	<200	(-)	13.5	Medium	(-)	2.8	Low	(-)
Bergen	Low	Medium	(↓)	174.5	<200	(↓)	9.5	Low	(-)	4.3	Low	(-)
Burlington	Medium	High	(↓)	172.4	<200	(↓)	15.5	Medium	(-)	4.6	Low	(-)
Camden	Medium	Medium	(-)	154.4	<200	(-)	15.5	Medium	(-)	4.6	Low	(-)
Cape May	Medium	Medium	(-)	179.3	<200	(-)	13.5	Medium	(-)	2.8	Low	(-)
Cumberland	Low	High	(↓)	199.3	<200	(↓)	0	Low	(-)	7.4	Low	(↓)
Essex	Medium	Low	(↑)	156.2	<200	(-)	11.2	Medium	(↑)	4.1	Low	(-)
Gloucester	Medium	Medium	(-)	150.5	<200	(-)	15.5	Medium	(-)	4.6	Low	(-)
Hudson	Low	Low	(-)	146.1	<200	(-)	9.5	Low	(-)	4.3	Low	(-)
Hunterdon	Medium	Low	(↑)	134.3	<200	(-)	11.3	Medium	(↑)	3.7	Low	(-)
Mercer	Medium	Low	(↑)	190.2	<200	(-)	10.3	Medium	(↑)	4.1	Low	(-)
Middlesex	Medium	Low	(↑)	180.1	<200	(-)	11.2	Medium	(↑)	4.1	Low	(-)
Monmouth	Medium	Medium	(-)	157.9	<200	(-)	11.6	Medium	(-)	4.7	Low	(-)
Morris	Medium	Low	(↑)	150.1	<200	(-)	11.2	Medium	(↑)	3.2	Low	(-)
Ocean	Medium	Medium	(-)	179.7	<200	(-)	11.6	Medium	(-)	4.7	Low	(-)
Passaic	Low	Low	(-)	168.2	<200	(-)	9.5	Low	(-)	4.3	Low	(-)
Salem	Medium	Medium	(-)	133	<200	(-)	15.5	Medium	(-)	4.6	Low	(-)
Somerset	Medium	Low	(↑)	163.9	<200	(-)	11.2	Medium	(↑)	4.1	Low	(-)
Sussex	Medium	Low	(↑)	177.2	<200	(-)	11.2	Medium	(↑)	3.2	Low	(-)
Union	Medium	Medium	(-)	183.3	<200	(↓)	11.2	Medium	(↑)	4.1	Low	(-)
Warren	Medium	Low	(↑)	146.3	<200	(-)	11.3	Medium	(↑)	3.7	Low	(-)

Source: Centers for Disease Control and Prevention. COVID Data Tracker. Atlanta, GA: US Department of Health and Human Services, CDC; 2022, October 6. <https://covid.cdc.gov/covid-data-tracker>

2. Community Transmission Levels used for Healthcare Settings



COVID-19 Community Levels should not be used to inform decision-making in healthcare settings, such as hospitals and nursing homes. The CDC and NJDOH recommend the use of [CDC Community Transmission levels](#) 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 October 6, 2022

County	Community Transmission Level	New cases per 100,000 persons in the past 7 days		Percentage of positive NAAT tests in the past 7 days	
Atlantic	High	172.18	High	9.03	Substantial
Bergen	High	174.53	High	9.34	Substantial
Burlington	High	172.45	High	10.14	High
Camden	High	154.4	High	10.04	High
Cape May	High	179.27	High	10.2	High
Cumberland	High	199.3	High	6.57	Moderate
Essex	High	156.2	High	9.71	Substantial
Gloucester	High	150.53	High	11.56	High
Hudson	High	146.05	High	10.25	High
Hunterdon	High	134.28	High	10.18	High
Mercer	High	190.24	High	7.09	Moderate
Middlesex	High	180.11	High	12.12	High
Monmouth	High	157.89	High	10.58	High
Morris	High	150.05	High	11.61	High
Ocean	High	179.68	High	10.08	High
Passaic	High	168.19	High	10.53	High
Salem	High	133.04	High	10.09	High
Somerset	High	163.86	High	12.21	High
Sussex	High	177.24	High	12.45	High
Union	High	183.34	High	10.12	High
Warren	High	146.29	High	12.4	High

Source: Centers for Disease Control and Prevention. COVID Data Tracker. Atlanta, GA: US Department of Health and Human Services, CDC; 2022, October 6. <https://covid.cdc.gov/covid-data-tracker>

Recommendations for Healthcare Settings

Information from this table is adopted from CDC [Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019](#) (COVID-19) Pandemic, Centers for Medicare & Medicaid services (CMS) & NJDOH. *This table does not supersede any federal or state requirements.*

Low	<ul style="list-style-type: none"> • Establish a process to identify and manage individuals with suspected or confirmed SARS-CoV-2 infection. • Ensure everyone entering the facility is aware of recommended actions to prevent SARS-CoV-2 transmission to others, especially when they (1) have a positive SARS-CoV-2 viral test; (2) symptoms of COVID-19; (3) close contact or a higher-risk exposure to someone with SARS-CoV-2. • Encourage everyone to remain up to date with all recommended COVID-19 vaccine doses. • Healthcare facilities could choose to not require universal source control. Source control is still recommended for those who: <ul style="list-style-type: none"> ○ Have suspected or confirmed SARS-CoV-2 infection or other respiratory infection; or ○ Had close contact (patients/residents and visitors) or higher risk exposure with someone with SARS-CoV-2 infection, for 10 days after their exposure; or ○ Reside or work on a unit/area of the facility experiencing a SARS-CoV-2 outbreak; or ○ As recommended by public health authorities; or ○ Are located in a county where the COVID-19 Community Level is high. • Optimize the use of engineering controls and indoor air quality. • Create a process to respond to SARS-CoV-2 exposures among healthcare personnel (HCP) and others. • Screening testing for identifying asymptomatic infection is likely lower when in counties with lower levels of SARS-CoV-2 community transmission and should generally be performed at the discretion of the facility. However, settings covered under ED 21-011 should continue to test in accordance with the current directive.
Moderate	<ul style="list-style-type: none"> • Follow considerations for 'Low'
Substantial	<ul style="list-style-type: none"> • Refer to 'Low' and 'Moderate' above, in addition to this section. • Long-term care facilities (LTCFs) must have a plan for implementing universal use of personal protective equipment (PPE), pursuant to ED 21-012. This includes consideration for implementing universal use of NIOSH-approved N95 or equivalent and eye protection for HCP during all patient encounters or in specific areas of the facility at higher risk for SARS-CoV-2 transmission, and all aerosol-generating procedures. • Consider increasing the frequency of daily patient/resident monitoring for fever and other signs of COVID-19 or an acute respiratory infection. • LTCFs should provide testing to visitors or encourage visitors to test on their own within 2-3 days before coming to facility, pursuant to ED 21-012. (Note: Visitors are not required to be tested as a condition of visitation) • Consider universal source control for everyone in a healthcare setting when they are in areas of the healthcare facility where they could encounter patients/residents.
High	<ul style="list-style-type: none"> • Refer to 'Low' 'Moderate' and 'Substantial' above, in addition to this section. • Source control is recommended for everyone in a healthcare setting when they are in areas of the healthcare facility where they could encounter patients/residents. <ul style="list-style-type: none"> • HCP could choose not to wear source control when they are in well-defined areas that are restricted from patient/resident access (e.g., staff meeting rooms) <u>if they do not otherwise meet the criteria for source control and COVID-19 Community Levels are not also high.</u> When COVID-19 Community Levels are high, source control is recommended for everyone in all areas of the facility. • Regardless of vaccine status, nursing home patients/residents are recommended to be tested upon admission (including those who leave the facility for ≥ 24 hours) and, if negative, tested again 48 hours after the first negative test and, if negative, again 48 hours after the second negative test. Patients/residents admitted to the nursing home should also wear source control for 10 days following their admission. • Non-LTCFs should have a plan to implement universal use of PPE. Recommend implementing universal use of NIOSH-approved N95 or equivalent and eye protection for HCP during all patient encounters or specific areas of the facility at higher risk for SARS-CoV-2 transmission, all aerosol-generating procedures, and surgical procedures that might pose a higher risk for transmission if the patient has or is incubating SARS-CoV-2 infection.

This report will be updated weekly, on Thursdays, and posted at:

<https://www.nj.gov/health/cd/statistics/covid/index.shtml>.

For additional information visit:

[NJDOH Communicable Disease Service: COVID-19](#)

[NJ COVID-19 Information Hub](#)