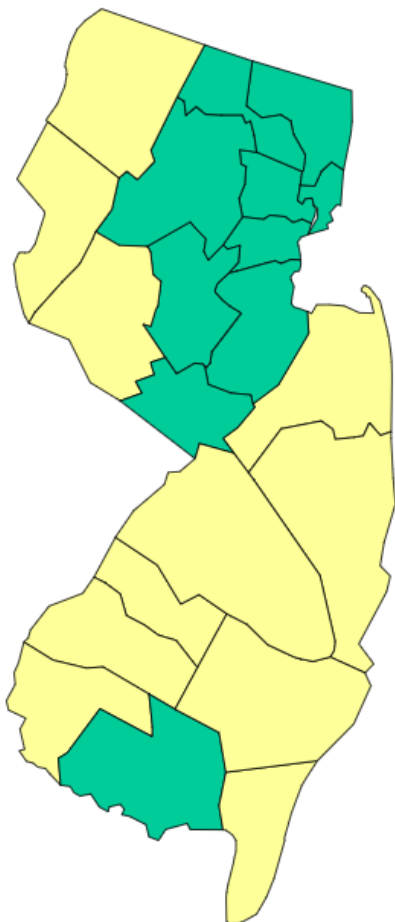


Highlights

- CDC COVID-19 [Community Levels](#) for the week ending September 15, 2022:
 - Medium in 11 counties, and Low in 10 counties.
 - Since last week, Morris has shifted from Medium to Low.
 - Compared to last week, Morris and Sussex had a decrease in the rate of new hospital admissions.
 - The percentage of inpatient beds occupied by COVID-19 patients continues to be at Low levels for all counties.
- CDC COVID-19 [Community Transmission](#) levels used for healthcare settings are High in all counties as of September 15, 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.

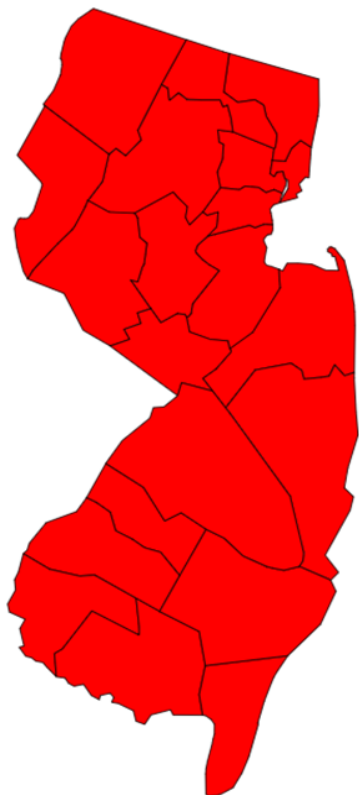
COVID-19 Community Level	Protect yourself and your family	Protect your communities, schools, and workplaces
Low	<ul style="list-style-type: none"> Stay up to date with COVID-19 vaccines and boosters. Stay home if you are sick. Avoid contact with people who have suspected or confirmed COVID-19. Follow 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 September 15, 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	(-)	136.2	<200	(-)	13.8	Medium	(-)	2.7%	Low	(-)
Bergen	Low	Low	(-)	166.1	<200	(-)	8.3	Low	(-)	3.8%	Low	(-)
Burlington	Medium	Medium	(-)	162.6	<200	(-)	13.6	Medium	(-)	4.7%	Low	(-)
Camden	Medium	Medium	(-)	154	<200	(-)	13.6	Medium	(-)	4.7%	Low	(-)
Cape May	Medium	Medium	(-)	151	<200	(-)	13.8	Medium	(-)	2.7%	Low	(-)
Cumberland	Low	Low	(-)	187.9	<200	(-)	0	Low	(-)	5.7%	Low	(-)
Essex	Low	Low	(-)	164.2	<200	(-)	8.5	Low	(-)	3.9%	Low	(-)
Gloucester	Medium	Medium	(-)	139.6	<200	(-)	13.6	Medium	(-)	4.7%	Low	(-)
Hudson	Low	Low	(-)	152.3	<200	(-)	8.3	Low	(-)	3.8%	Low	(-)
Hunterdon	Medium	Medium	(-)	176.1	<200	(-)	12.2	Medium	(-)	5.6%	Low	(-)
Mercer	Low	Low	(-)	164.7	<200	(-)	7.6	Low	(-)	4.6%	Low	(-)
Middlesex	Low	Low	(-)	192	<200	(-)	8.5	Low	(-)	3.9%	Low	(-)
Monmouth	Medium	Medium	(-)	151.6	<200	(-)	11.6	Medium	(-)	4.7%	Low	(-)
Morris	Low	Medium	(↓)	156.2	<200	(-)	7.9	Low	(↓)	2.5%	Low	(-)
Ocean	Medium	Medium	(-)	136.7	<200	(-)	11.6	Medium	(-)	4.7%	Low	(-)
Passaic	Low	Low	(-)	160.8	<200	(-)	8.3	Low	(-)	3.8%	Low	(-)
Salem	Medium	Medium	(-)	137.8	<200	(-)	13.6	Medium	(-)	4.7%	Low	(-)
Somerset	Low	Low	(-)	137.1	<200	(-)	8.5	Low	(-)	3.9%	Low	(-)
Sussex	Medium	Medium	(-)	218.5	200+	(↑)	7.9	Low	(↓)	2.5%	Low	(-)
Union	Low	Low	(-)	131.6	<200	(-)	8.5	Low	(-)	3.9%	Low	(-)
Warren	Medium	Medium	(-)	167.2	<200	(-)	12.2	Medium	(-)	5.6%	Low	(-)

Source: Centers for Disease Control and Prevention. COVID Data Tracker. Atlanta, GA: US Department of Health and Human Services, CDC; 2022, September 15. <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 September 15, 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	138.05	High	10.73	High
Bergen	High	166.17	High	10.07	High
Burlington	High	158.53	High	11.09	High
Camden	High	149.47	High	11.14	High
Cape May	High	146.68	High	7.06	Moderate
Cumberland	High	196.62	High	6.52	Moderate
Essex	High	169.34	High	10.24	High
Gloucester	High	128.93	High	11.09	High
Hudson	High	153.93	High	11.85	High
Hunterdon	High	168.05	High	9.55	Substantial
Mercer	High	159.49	High	6.78	Moderate
Middlesex	High	174.29	High	12.93	High
Monmouth	High	144.47	High	9.83	Substantial
Morris	High	156.55	High	11.3	High
Ocean	High	127.97	High	8.73	Substantial
Passaic	High	156.83	High	10.72	High
Salem	High	147.47	High	10.11	High
Somerset	High	123.73	High	10.94	High
Sussex	High	209.27	High	12.95	High
Union	High	132.83	High	8.94	Substantial
Warren	High	165.29	High	13.96	High

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"> • 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. <ul style="list-style-type: none"> ○ 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 QSO-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 recommended.
Moderate	<p>Follow considerations for ‘Low’ above and:</p> <ul style="list-style-type: none"> • Per CMS QSO-20-38 NH: In nursing homes located in counties with moderate community transmission, HCP not up to date with vaccination, should be tested weekly.
Substantial	<ul style="list-style-type: none"> • 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 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.
High	<ul style="list-style-type: none"> • Follow considerations for ‘Substantial’ above.

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](#)