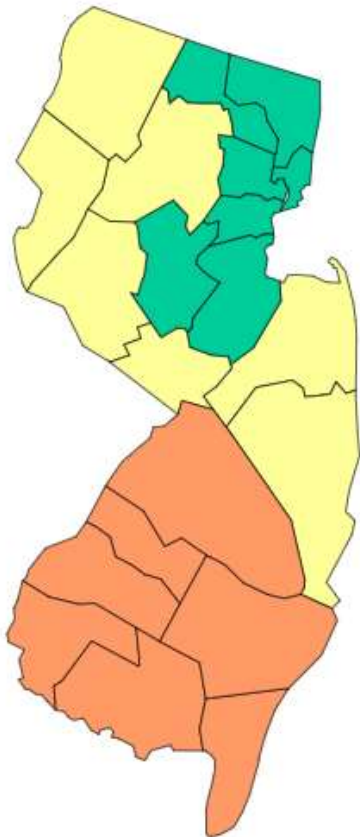


Highlights

- CDC COVID-19 [Community Levels](#) for the week ending February 9, 2023:
 - High in 7 counties, Medium in 7 counties, and Low in 7 counties.
 - Since last week, Atlantic and Cape May have increased from Medium to High. Hunterdon, Mercer, and Warren have increased from Low to Medium. Bergen, Essex, Hudson, Middlesex, Passaic, Somerset, and Union have decreased from Medium to Low.
 - Compared to last week, Atlantic, Cape May, Hunterdon, Mercer, and Warren have had increased rates of new hospital admissions. Bergen, Essex, Hudson, Middlesex, Passaic, Somerset, and Union have had decreased rates of new hospital admissions.
 - The percentage of inpatient beds occupied by COVID-19 patients is low all counties.
- CDC COVID-19 [Community Transmission](#) levels used for healthcare settings are High in 19 counties and Substantial in 2 counties as of February 9, 2023.
 - Since last week, Sussex increased from Substantial to High and Warren decreased from High to Substantial in community transmission levels.

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.

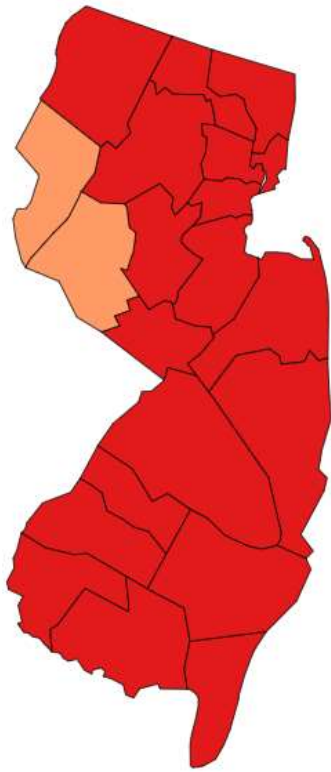
COVID-19 Community Level	Protect yourself and your family	Protect your communities, schools, and workplaces
Low	<ul style="list-style-type: none"> Stay up to date with COVID-19 vaccines and boosters. Stay home if you are sick. Avoid contact with people who have suspected or confirmed COVID-19. Follow 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. https://www.covid.gov/tests 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 (LHD) 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"> Schools serving students who are at risk for getting very sick with COVID-19, such as those with moderate or severe immunocompromise or complex medical conditions, can consider implementing screening testing.
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 enhanced prevention measures in high-risk congregate settings, such as in homeless service sites and correctional facilities. Enhanced strategies include requiring universal indoor masking regardless of vaccination status, increasing/improving ventilation, increasing physical distance between individuals in congregate areas, and holding group activities outdoors. High-risk congregate settings should consult with their LHD about implementing facility-wide routine screening testing. School and childcare settings may consider implementing screening testing for high-risk activities, before/after events, and when returning from breaks such as, holidays, spring break, and/or at the beginning of the school year.

Table 1. COVID-19 Community Levels for current week ending February 9, 2023 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	High	Medium	(↑)	150.2	<200	(-)	22.8	High	(↑)	5	Low	(-)
Bergen	Low	Medium	(↓)	161.0	<200	(-)	7.5	Low	(↓)	4.8	Low	(-)
Burlington	High	High	(-)	174.3	<200	(-)	21	High	(-)	6.1	Low	(-)
Camden	High	High	(-)	189.0	<200	(-)	21	High	(-)	6.1	Low	(-)
Cape May	High	Medium	(↑)	158.6	<200	(-)	22.8	High	(↑)	5	Low	(-)
Cumberland	High	High	(-)	253.5	200+	(-)	27.4	High	(-)	8.5	Low	(↓)
Essex	Low	Medium	(↓)	144.3	<200	(-)	9.8	Low	(↓)	4.7	Low	(-)
Gloucester	High	High	(-)	165.6	<200	(-)	21	High	(-)	6.1	Low	(-)
Hudson	Low	Medium	(↓)	140.3	<200	(-)	7.5	Low	(↓)	4.8	Low	(-)
Hunterdon	Medium	Low	(↑)	85.2	<200	(-)	12.2	Medium	(↑)	4.3	Low	(-)
Mercer	Medium	Low	(↑)	169.8	<200	(-)	11.4	Medium	(↑)	5.8	Low	(-)
Middlesex	Low	Medium	(↓)	121.9	<200	(-)	9.8	Low	(↓)	4.7	Low	(-)
Monmouth	Medium	Medium	(-)	140.8	<200	(-)	12.2	Medium	(-)	6.5	Low	(-)
Morris	Medium	Medium	(-)	123.8	<200	(-)	10.9	Medium	(-)	3.2	Low	(-)
Ocean	Medium	Medium	(-)	148.9	<200	(-)	12.2	Medium	(-)	6.5	Low	(-)
Passaic	Low	Medium	(↓)	182.3	<200	(-)	7.5	Low	(↓)	4.8	Low	(-)
Salem	High	High	(-)	150.7	<200	(-)	21	High	(-)	6.1	Low	(-)
Somerset	Low	Medium	(↓)	115.8	<200	(-)	9.8	Low	(↓)	4.7	Low	(-)
Sussex	Medium	Medium	(-)	113.2	<200	(-)	10.9	Medium	(-)	3.2	Low	(-)
Union	Low	Medium	(↓)	131.6	<200	(-)	9.8	Low	(↓)	4.7	Low	(-)
Warren	Medium	Low	(↑)	80.8	<200	(-)	12.2	Medium	(↑)	4.3	Low	(-)

Source: Centers for Disease Control and Prevention. COVID Data Tracker. Atlanta, GA: US Department of Health and Human Services, CDC; 2023, February 9. <https://covid.cdc.gov/covid-data-tracker>

2. Community Transmission Levels used for Healthcare Settings



In general, 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 February 9, 2023

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	150.19	High	11.96	High
Bergen	High	161.02	High	8.51	Substantial
Burlington	High	174.25	High	11.32	High
Camden	High	188.95	High	11.24	High
Cape May	High	158.63	High	7.53	Moderate
Cumberland	High	253.47	High	7.98	Moderate
Essex	High	144.31	High	8.01	Substantial
Gloucester	High	165.62	High	12.61	High
Hudson	High	140.25	High	8.28	Substantial
Hunterdon	Substantial	85.23	Substantial	6.99	Moderate
Mercer	High	169.83	High	6.74	Moderate
Middlesex	High	121.93	High	9.71	Substantial
Monmouth	High	140.76	High	9.76	Substantial
Morris	High	123.82	High	9.82	Substantial
Ocean	High	148.88	High	9.9	Substantial
Passaic	High	182.33	High	9.62	Substantial
Salem	High	150.68	High	9.55	Substantial
Somerset	High	115.83	High	11.85	High
Sussex	High	113.18	High	8.77	Substantial
Union	High	131.57	High	7.73	Moderate
Warren	Substantial	80.75	Substantial	7.49	Moderate

Source: Centers for Disease Control and Prevention. COVID Data Tracker. Atlanta, GA: US Department of Health and Human Services, CDC; 2023, February 9. <https://covid.cdc.gov/covid-data-tracker>

Recommendations for Healthcare Settings*

This table uses the [CDC’s Community Transmission levels](#) for healthcare settings, which are separate from the [CDC’s COVID-19 Community Levels](#). 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.

***Licensed health care providers subject to [DCA Administrative Order No. 2022-01](#) are required to follow NJDOH guidance.**
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 ○ Are admitted to a nursing home (including those who leave the nursing home for ≥ 24 hours) source control should be worn for 10 days; 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. • Develop a plan for implementing universal use of personal protective equipment (PPE). 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. • 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. • Long-term care facilities (LTCFs) may provide testing to visitors.
Moderate	<ul style="list-style-type: none"> • Follow recommendations for ‘Low’
Substantial	<ul style="list-style-type: none"> • Refer to ‘Low’ and ‘Moderate’ above, in addition to this section. • Consider increasing the frequency of daily patient/resident monitoring for fever and other signs of COVID-19 or an acute respiratory infection. • Consider 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. • 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. • 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.