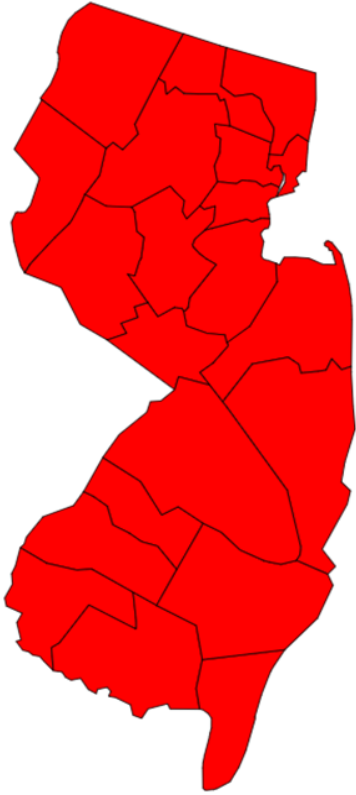


2. Community Transmission Levels used for Healthcare Settings



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 August 11, 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	245	High	13.76	High
Bergen	High	230.21	High	13.01	High
Burlington	High	227.69	High	12.46	High
Camden	High	257.67	High	14.48	High
Cape May	High	272.71	High	11.16	High
Cumberland	High	306.3	High	9.07	Substantial
Essex	High	289	High	13.19	High
Gloucester	High	217.39	High	13.57	High
Hudson	High	281.68	High	14.33	High
Hunterdon	High	176.09	High	11.85	High
Mercer	High	269.44	High	9.44	Substantial
Middlesex	High	262.77	High	14.39	High
Monmouth	High	234	High	13.57	High
Morris	High	206.16	High	13.82	High
Ocean	High	224.81	High	12.24	High
Passaic	High	243.51	High	14.37	High
Salem	High	203.57	High	15.01	High
Somerset	High	215.54	High	13.88	High
Sussex	High	193.61	High	12.05	High
Union	High	224.32	High	11.09	High
Warren	High	164.34	High	11.38	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](#)