

Date: 12/2/2022

November Monthly Report

**Cumberland County Health Department COVID-19 Monthly Stats**

Sources of Data: CDRSS Case Detail Report downloaded on 12/1/2022  
2022 CCDOH COVID cases as of 12/1/2022

Reported Cases in the NJ Communicable Disease Reporting and Surveillance System

**Confirmed Positive** \* (positive PCR): **40,967** (+595 cases since 11/1/2022)

\* This includes state and federal inmates/staff

**Probable cases** \* (positive antigen test): **10,475** (+81 cases since 11/1/2022)

\* This includes state and federal inmates/staff

**Possible cases** (home-based tests): **730** (+15 cases since 11/1/2022)

Year	Confirmed	Probable	Possible
2020	8,998	1,950	67
2021	14,905	4,615	363
2022	17,064	3,910	300
Total	40,967	10,475	730

**Cumberland County COVID Confirmed Positive Total Excluding State and Federal Inmates: 36,176** (+518 confirmed cases since 11/1/2022)

**DEATHS: 609 Confirmed Deaths** (+ 4 cases since 11/1/2022)

Date recorded by CCDOH	Age	Sex
11/10/2022	70S	Male
11/29/2022	70S	Female
11/29/2022	90S	Female
11/29/2022	70S	Female

## Cumberland County COVID Positivity Report

Week of testing	Positive	Not Positive	Total Count	Percent Positive
11/1/2022 to 11/7/2022	162	4495	4657	3.5
11/8/2022 to 11/14/2022	126	4154	4280	2.9
11/15/2022 to 11/21/2022	169	4727	4896	3.5
11/22/2022 to 11/28/2022	116	3904	4020	2.8

Source: Positivity Report downloaded from CDRSS on 12/1//2022  
(Includes federal & state prison inmates/staff)

## Long Term Care/Facility Outbreaks

Current value (value from 12/2/2022)

Source: [New Jersey COVID-19 Data Dashboard \(nj.gov\)](https://www.nj.gov/health/our-work/communicable-diseases/covid-19-data-dashboard/)

### For Cumberland County – Current Outbreaks

Number of Facility-Associated COVID Outbreaks	Total COVID Cases Reported by Facilities -Residents	Total COVID Cases Reported by Facilities -Staff
8 (5)	52 (187)	35 (225)

### For Cumberland County – Cumulative Outbreaks

Number of Facility-Associated COVID Outbreaks	Total COVID Cases Reported by Facilities - Residents	Total COVID Cases Reported by Facilities -Staff	Total COVID deaths Reported by Facilities - Residents	Total COVID deaths Reported by Facilities - Staff
49	1,221	1,441	149	4

\*TOTAL Residents and Staff cases: **2,662 (+42 cases)**

\*\*Deaths in Long Term Care (residents and staff): **153 (no change)**

**Long Term Care deaths represents 25.0 % of county total deaths**

**Weekly COVID-19 surveillance: K-12 Schools for the week ending  
11/20/2022**

Percentage of schools reporting: 51 %  
 New student cases: 9  
 New staff cases: 4  
 Overall Case Rate this week: 0.9  
 Cumulative student cases: 549\*  
 Cumulative staff cases: 253\*

\*Cumulative case counts are calculated as the sum of weekly cases reported since the beginning of the current school year and are carried over from previous weeks if a school does not report

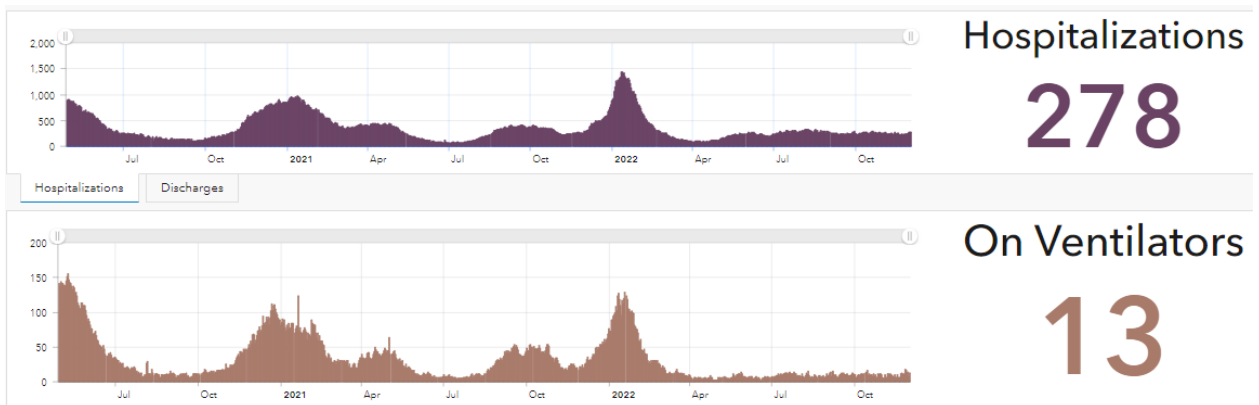
## Hospitalizations

(Current, last reported, % change)

Source: [New Jersey COVID-19 Data Dashboard \(nj.gov\)](https://nj.gov/health/eid/ocdc/covid19/data/)

As of 12/2/2022

State: 1,229 (1,069) – increase by 15%  
 Southern Region: 278 (258) – increase by 7.8 %



## Vaccination Rate in Cumberland County

Source: [New Jersey COVID-19 Data Dashboard \(nj.gov\)](https://nj.gov/health/eid/ocdc/covid19/data/) as of 12/1/2022 10:38

People with at least one vaccine dose: 106,826 (106,549): increase of 0.3 %  
 Within estimated population over the age of 12 (124,932): 85.5 %

Individuals completing the primary series: 92,359 (91,853) increase of 0.6 %  
 Within estimated population over the age of 12 (124,932): 73.9 %

**Primary series coverage for Cumberland County** (preliminary data as of 11/21/2022)

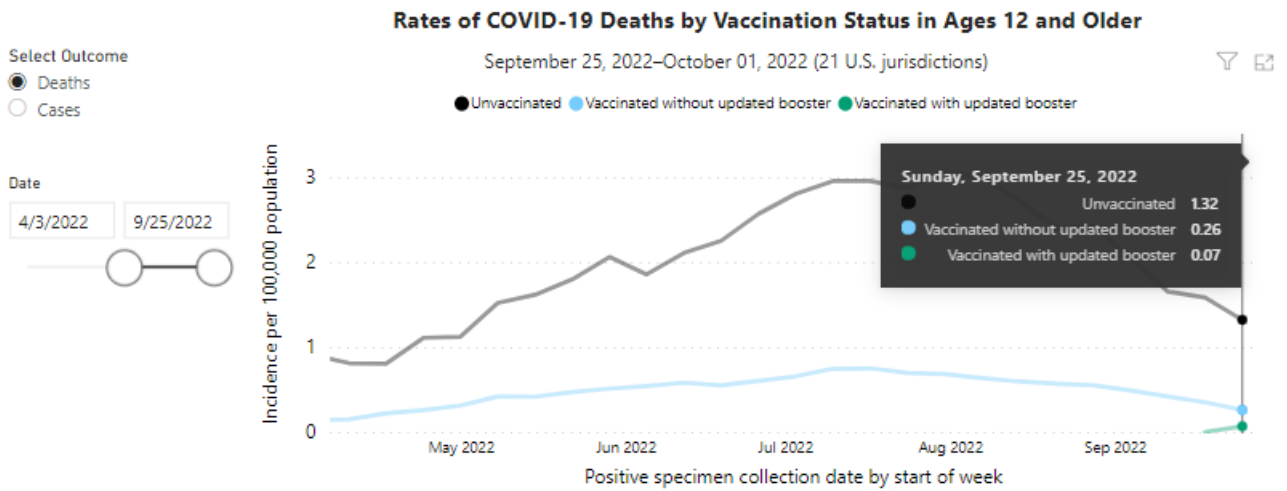
6 months to 2-year-olds: <10%

3–4-year-olds: <10%  
 5–11-year-olds: 21 %  
 12–17-year-olds: 50 %

Percentage of eligible individuals in Cumberland County who received the bivalent booster as of 11/21/2022: 11 % (preliminary data)

## Vaccine Effectiveness regarding deaths and hospitalizations

Source: [CDC COVID Data Tracker: Rates of COVID-19 Cases and Deaths by Vaccination Status](#)  
 As of 12/2/2022 11:07



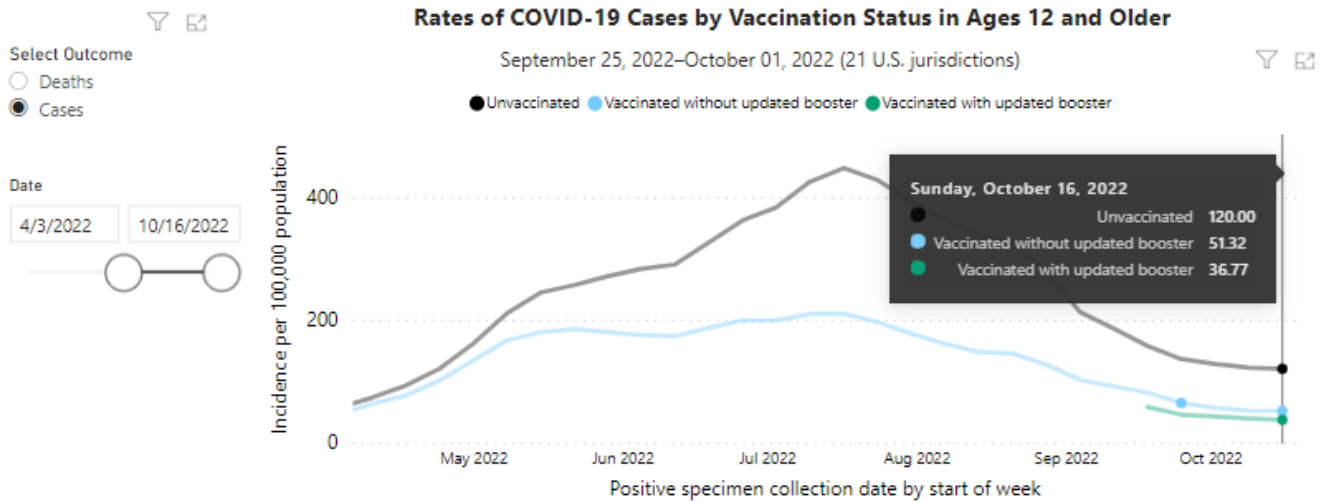
People aged 12 and older vaccinated with an updated (bivalent) booster had:

**14.9X**  
*lower risk of dying from COVID-19*

in September 2022, and

**3.2X**  
*lower risk of testing positive for COVID-19*

in October 2022, compared to unvaccinated people.



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## Summary

- All vaccinated groups had overall lower risk of dying from COVID-19 and testing positive for COVID-19 compared with people who were unvaccinated.
- Based on early surveillance data, people who were vaccinated with an updated (bivalent) booster dose had lower rates of dying from COVID-19 and slightly lower rates of testing positive for COVID-19 compared with people who were vaccinated but had not received an updated booster dose.
- Age-standardized rates of cases and deaths by vaccination status and receipt of the updated (bivalent) booster dose do not account for other factors like the higher prevalence of [previous infection](#) among the unvaccinated and un-boostered groups; waning protection related to time since vaccination; and testing practices (such as use of [at-home tests](#)), underlying conditions, and prevention behaviors which likely differ by age and vaccination status. Additionally, any data recording errors that misclassify monovalent and updated (bivalent) boosters at the time of vaccine administration would make rates between the two groups appear more similar.

In September 2022, compared to people who are up to date with COVID-19 vaccination, monthly rates of COVID-19-associated hospitalizations were **4.2x Higher in Unvaccinated Adults Ages 18 Years and Older**.

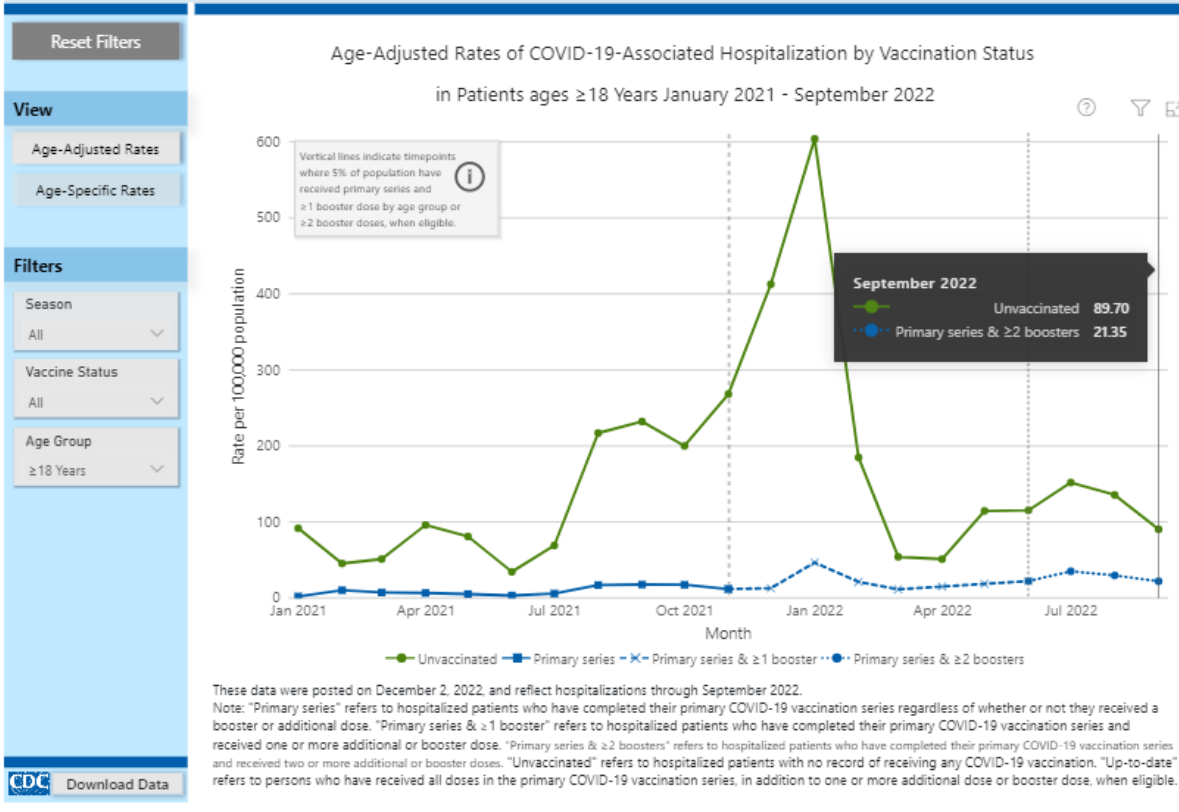
**1.5x Higher**  
in Unvaccinated Children  
Ages 5-11 Years

**1.6x Higher**  
in Unvaccinated Adolescents  
Ages 12-17 Years

**3.5x Higher**  
in Unvaccinated Adults  
Ages 18-49 Years

**4.2x Higher**  
in Unvaccinated Adults  
Ages 50-64 Years

**4.5x Higher**  
in Unvaccinated Adults  
Ages 65 Years and Older



## Variants (New Jersey)

week ending on 11/12/2022

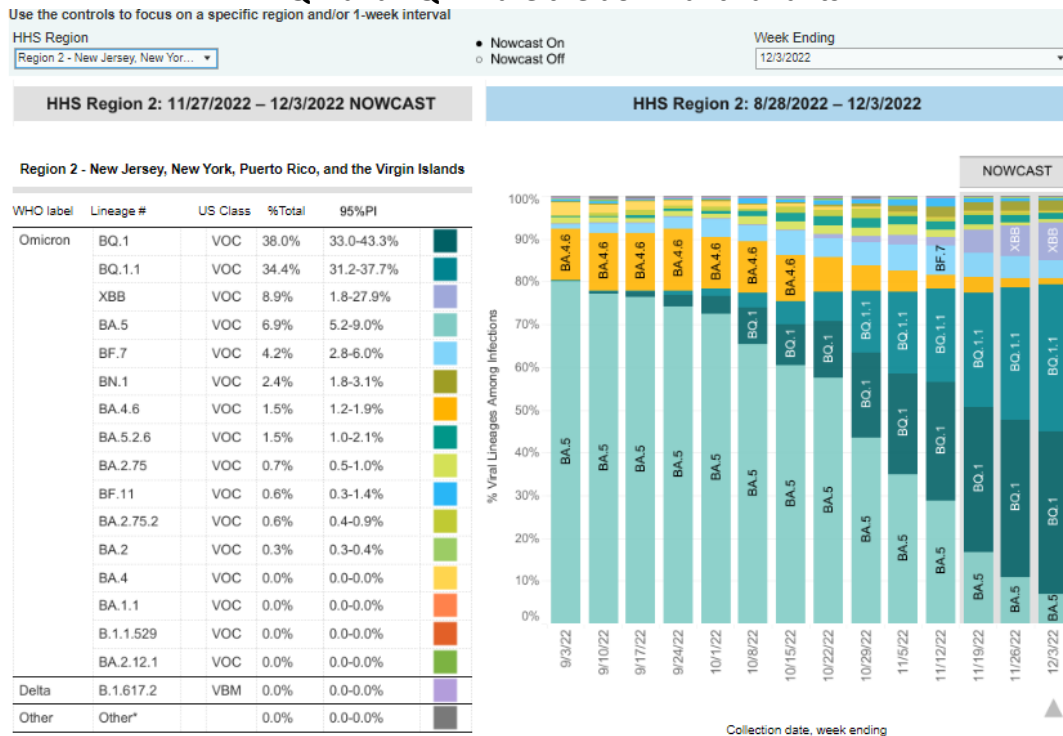
Source: COVID-19 Variant Surveillance Report (MMWR Week 45)

## Variant Surveillance– Cumulative Summary

Lineage (WHO Classification)	Proportion of Variant Sequenced from Dec 20, 2020 (%)	Proportion of Variant Sequenced in last 4 weeks (%)
<b>Variant of Concern</b>		
<b>BA.5 (Omicron) #</b>	13.9%	32.1%
<b>BQ.1 (Omicron)</b>	0.6%	27.5%
<b>BQ.1.1 (Omicron)</b>	0.3%	15.2%
<b>BA.4.6 (Omicron)</b>	1.4%	7.9%
<b>BF.7 (Omicron)</b>	0.2%	6.4%
<b>BA.5.2.6 (Omicron)</b>	0.1%	2.9%
<b>BA.2.75 (Omicron)</b>	0.1%	1.7%
<b>XBB (Omicron)</b>	0.0%	1.6%
<b>BN.1 (Omicron)</b>	0.0%	1.3%
<b>BA.2 (Omicron)</b>	12.8%	0.8%
<b>BF.11 (Omicron)</b>	0.0%	0.6%
<b>BA.4 (Omicron)</b>	1.5%	0.5%
<b>BA.2.75.2 (Omicron)</b>	0.0%	0.2%
<b>BA.2.12.1 (Omicron)</b>	11.3%	0.1%
<b>BA.1.1 (Omicron)</b>	3.8%	0.1%
<b>BA.1.1.529 (Omicron)</b>	6.2%	0.0%

Source: [CDC COVID Data Tracker](https://covid19.cdc.gov/) as of 12/2/2022

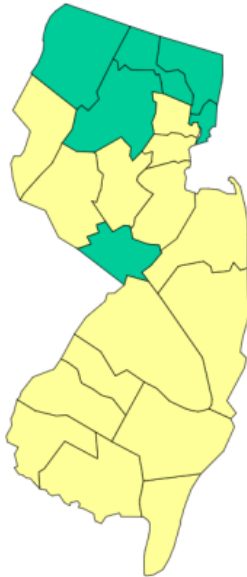
### BQ.1 and BQ.1.1 are the dominant variants



# NJ COVID-19 Weekly Surveillance Report

## Week ending 11/24/2022

### 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](https://www.cdc.gov/coronavirus/2019-ncov/science/community-levels.html#anchor_47145).

### 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%



## 1. Current Influenza Activity Level

This report summarizes surveillance information for influenza and other viral respiratory illnesses reported to the New Jersey Department of Health (NJDOH) Communicable Disease Service. As per regulation, influenza is a laboratory reportable condition but it is not possible to count every case that occurs since some individuals will not seek medical care or may never get tested. Surveillance is conducted year round and this report is published from October to May. The [Morbidity and Mortality Weekly Report \(MMWR\) week](#) is the time frame used by the Centers for Disease Control and Prevention (CDC) for disease reporting and activity Levels are defined in the table on page 7 of this report. **Counts displayed below are the cumulative totals reported for the season beginning with MMWR week 40, week ending October 8, 2022.**

State Activity Level	
HIGH	
Regional Data	
<b>Northwest</b> <small>Morris, Passaic, Sussex, Warren</small>	HIGH
<b>Northeast</b> <small>Bergen, Essex, Hudson</small>	HIGH
<b>Central West</b> <small>Hunterdon, Mercer, Somerset</small>	HIGH
<b>Central East</b> <small>Middlesex, Monmouth, Ocean, Union</small>	HIGH
<b>Southwest</b> <small>Burlington, Camden, Gloucester, Salem</small>	HIGH
<b>Southeast</b> <small>Atlantic, Cape May, Cumberland</small>	HIGH



**33067**  
Cases reported (PCR & Rapid)

**11**  
Outbreaks (Long Term Care)

**0**  
Pediatric flu deaths (confirmed)