

**Board of Health meeting – Monday, May 18, 2020 7:30 pm – conference call**

**COVID-19 Q/A**

Question – can you explain the accuracy/discrepancies regarding data on previous reports?

Answer – now that the number of new cases has slowed considerably, time permitted for a careful, line-by-line review of all data for positive cases, which was the priority as opposed to negative cases. Next on the agenda is the same type of review for the negative cases. It is difficult to ensure accuracy in data when it is being presented as an event unfolds. Further complicating matters is how CDRSS operates. Case status is not just limited to ‘confirmed’ or ‘not a case’. Cases can also be labeled ‘under investigation’, ‘possible’, and ‘probably’. Additionally, the report for each case can be pending, LHD open, LHD review, LHD closed, reopened, DOH open, DOH review, DOH approved, deleted, E-closed, E-hold, and Merged. Yet another complication is relying upon laboratories to enter correct data for each case. We had many cases where there was no address except “Montville”, with no phone number for the case or their physician, or the lab entered the lab address and phone number and stated the lab director was the ordering physician. Some labs when entering results don’t search carefully enough to see if that individual has already been tested before, and they enter the results as a new case, and the two (or more) cases have to be merged. CDRSS, even after cases are merged, still counts each one separately. We have 5 positive cases which have been merged. Which leads to the question of County reporting – their numbers depend on how they are running their report. If they only include ‘confirmed’ cases and not those ‘under investigation’, they could miss some cases. If they don’t take into account the merged cases, their count could be too high. I don’t know how closely they are looking at their reports for the 39 municipalities that they are running reports for each day. I can only account for our own reporting.

Question – in what percentage of tracings was the index case determined?

Answer – this is also addressed in the COVID summary. We did not definitely identify any source or index patients for any of our cases. We did not identify any cases in which household and/or close contacts or cases appeared as household/close contacts for other cases. For dwelling units with multiple cases it is strongly suspected (but not proven) that the source patient was a household contact.

Question – How many people who were in quarantine were hospitalized?

Answer – 35 positive cases were hospitalized. Some of these cases were hospitalized after their illness began and they were tested, and others were tested after they were already hospitalized. Also note: cases are isolated, household and close contacts are under quarantine.

Question – How many cases under isolation (quarantine) became symptomatic or turned positive, and did any of them require hospitalization?

Answer – this requires further investigation.

Question – in the April monthly report there were 3 complaints of workers in town not wearing masks – was any follow-up done to show compliance?

Answer – REHS staff are conducting spot checks of all of the businesses in the Township, including these 3 locations.

Question – what are the average death rates for individual months? Can we state what percentage of this increase was due to COVID?

Answer – I am unable to comment on the specific number of deaths due to specific causes, but it could be speculated that any large difference in the number of deaths in March or April from the amounts usually seen for those months in past years might be related to COVID-19.

2017 – 117 total	March – 3	March YTD - 13	April – 15	April YTD - 28
2018 – 162 total	March – 14	March YTD - 35	April – 17	April YTD - 52
2019 – 168 total	March – 18	March YTD - 48	April – 14	April YTD - 62
2020 – 79 to date	March – 10	March YTD - 32	April – 47	April YTD - 79

Further, the thousands of death certificates throughout the state that indicate COVID-19 as a cause of death are being reviewed by NJOVSR and the DOH’s Center for Health Statistics, and is subject to revision at a future date.

Question – In both March and April, a specimen was sent to Trenton for rabies testing. What animal and what results?

Answer – Bat; negative.

Question – COVID fliers developed by HD and distributed to businesses – can they be sent to the Board?

Answer – they were emailed today.

Question – There were 2 cases of Varicella opened in March. There was 1 additional closed case in April. Did the staff have the time to track them down and check immunization status and contacts?

Answer – Our focus was on COVID and we did not conduct further activities for that case.

Question – Do we have the rate of positive cases for Montville?

Answer – Approximately 23% but that data is tentative. The rate could change after a line-by-line review of negative cases is conducted. 214 positives, tentatively 710 negatives. Tentative: (214 plus 710 equals) 924 individuals tested (roughly 4% of the Montville population of 21,240).

Question – How many contact tracers will be needed?

Answer – this was addressed in one of the updates to the Board but as a reminder, the formula that the state is using is 15 contact tracers per 100,000 population. For Montville’s population of 21,000, that would equal 5. We have myself, the two public health nurses, and the 2 Rutgers graduate student volunteers. The state is also hiring approximately 1000 more contact tracers in addition to those already in operation. If there is a second wave or surge, we would be able to transfer some of our investigations to the state contact tracers.

Question – Do we know how COVID-19 entered into the long-term care facilities?

Answer – Not definitively. It is highly suspected that it was brought in by staff, visiting medical professionals, and residents who were transported out to medical facilities and subsequently returned back to the facility.

Question – has contact tracing been done for cases in the LTC facilities, and has any common link been identified?

Answer – all cases have been investigated, including those in LTC facilities, and no common link has been identified.

Question – Have the facilities reworked their plans so if there is another surge, the facilities will be safe? Did they file plans with DOH?

Answer – LTC facilities are required to update their Outbreak plan (on file with DOH) with the updated testing regimen. This must be completed and submitted to DOH by May 19<sup>th</sup>. They have not been required by DOH to make any other changes in their Outbreak plan.

Question – Has DOH checked compliance with closures of businesses in town, specifically the restaurants?

Answer – The Police Department is the agency that is authorized to enforce state Executive Orders. Violation of a state Executive Order is a disorderly persons offense. NJDOH does not conduct inspections of in response to complaints of violations of state Executive Orders – they are referred to the Police Department. The Montville Health Department has been in almost daily communication with the Chief of Police since early March and has provided the Police Department with educational materials to distribute to area businesses (retail food and others) on the Executive Orders they must comply with. There are over 100 retail food establishments in the Township, and many other non-food businesses. There were no complaints received about not closing or amending service to take-out/curbside as required. There were 3 complaints about businesses having employees wearing masks. There was 1 complaint about a lack of a plexiglass barrier that will be included on the May monthly report. This is at Condurso's. They have been contacted, they have ordered the barriers, and they will be installed as soon as the materials are received.

Question – Does the Town have a plan for reopenings? Are we simply waiting for the state, or have we developed some other data-driven criteria to re-open? Has there been any dialogue with business owners in the town about reopening – what do they feel would be the best way to do this?

Answer – The Township is required to comply with Executive Orders from the state in that regard. The Governor today announced in a press release some of those benchmarks. The press release and accompanying information is listed on the HD's COVID page.

Question – If the township should have businesses reopened how will we monitor for the first few cases in the second wave of the pandemic?

Answer – the Health Department will follow the same protocols that we have been with cases reported in CDRSS.

Question – Are we developing a plan for a wide-scale immunization of the population through cooperation with local health care providers, our own immunization program, etc. once a vaccine is available?

Answer – the Health Department has a Point of Distribution (POD) plan for distribution of vaccine/medication. The Health Department ran an exercise to test this plan in 2018, which involved the coordination of several agencies, including DPW, the Police Department, and the First Aid Squad. We had a throughput of approximately 200 persons per hour. It would require approximately 100 hours of running the POD to vaccinate all residents of the Township. Having a drive-through POD could help speed that throughput. The County also has regional POD plans, and they are being encouraged by the state to have municipalities participate in regional PODS instead of each municipality holding their own individual POD.

Question – what percentage of the population has tested positive for COVID?

Answer – As of today, 1% of the total population of Montville (214 cases for 21240 residents) tested positive. Approximately 23% (214 out of 924 results total) tested positive – this is subject to change after review of negative cases.

Question – what is the average population of the animals in the shelter?

Answer – that varies daily and also by season, but population at on the last day of each month this year was:

January: 17 dogs and 39 cats

February: 15 dogs and 28 cats

March: 12 dogs and 28 cats

April: 5 dogs and 28 cats