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Governor Phil Murphy

# TRANSCRIPT: March 11th, 2020 Coronavirus Briefing Media


03/11/2020


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**Lieutenant Governor Sheila Oliver:** Good afternoon, everyone. In addition to the team from the Department of Health, which of course you know is led by Commissioner Judy Persichilli, Dr. Christina Tan and Assistant Commissioner Chris Neuwirth, and State Colonel of the New Jersey Police Pat Callahan, today we're also joined by Secretary of Higher Education Zakiya Smith-Ellis.

As Governor Murphy announced earlier today, we have received eight new presumptive positive test results since yesterday's briefing. Thankfully at this time there are no further deaths that have been reported related to coronavirus. Commissioner Persichilli will be able to give greater detail on these cases in just a moment.

Secretary Smith-Ellis will discuss guidance that has been given to our institutions of higher education to protect their students, their faculty and staff from the threat of infection. Chief of Staff of the Department of Education Kellie LeDet is also available with us today to respond to questions regarding responses in our public school districts.

Today, New Jersey will be receiving \$14 million in federal grants from the CDC to assist our ongoing efforts. We urge residents to continue to practice those protocols that we've been voicing to protect ourselves and others because we all have a role to play in preventing and slowing down the further spread of COVID-19.

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And to be clear, if you are feeling ill, stay home and call your regular healthcare practitioner. Going to work or school sick, even with a cold or a seasonal flu, only increases the chances that you will pass that illness on to friends or coworkers.

Now, I'm going to turn the briefing over to Commissioner Persichilli.

**Commissioner of Health Persichilli:** Good afternoon. Today we tested 22 specimens. As reported, eight returned positive. The positive cases are four from Bergen County, two from Middlesex County and two from Monmouth County. Three are female, five are male. They range in age from 17 to 66 years. The investigations of these cases have just started so contact tracing is not available at this time, however we do know that two of these cases do not have exposure to COVID-19 – either a confirmed case of COVID-19 or travel from an area that has had community spread of COVID-19. So, that's two cases.

We now have a total of 23 positive cases. We've tested at the state lab a total of 80 cases: 57 have returned negative, 23 have returned positive. As I sit here right now, we have 37 persons under investigation, which suggests that they will be having their specimens collected and those specimens will be sent to our lab today. We have received 20 of those specimens and those tests are underway as we're sitting here. 17 of those cases are awaiting the specimen.

I want to talk about the concept of community spread. Simply put, community spread is defined as person-to-person transmission without exposure to a confirmed case or a nexus to an area where community spread is identified. We're looking at all of our cases as the contact tracing comes in to assure that there are a majority of cases that have a confirmed exposure. For those that do not have a confirmed exposure, we will be putting them under further investigation. You may ask me why, so I'll answer that question before you do: the reason being, community spread indicates that the coronavirus is amongst us. And we have an expectation that that may be the case.

So, although I do not have that analysis today which could point us in the direction of community spread, we are stepping up our mitigation strategies in selected areas. Today there was a meeting with our psychiatric facilities to support their preparedness activities. Additionally, we have instructed our psychiatric facility in North Jersey to restrict all outside activities and to screen and restrict visitors where it is appropriate. That facility is adjacent to counties that have positive cases.

CMS, the Centers for Medicare and Medicaid Services, published guidance last evening for long-term care facilities. We are advising long-term care facilities to actively screen and restrict visitations to all that want entry into a long-term care facility – the reason being, if you have followed what has happened in Washington State, this is one of our most vulnerable populations. And we must protect them.

Additionally, we're in conversation with our specialized pediatric residential facilities. As you know, those facilities take care of the most vulnerable pediatric populations. We're instructing those facilities to restrict all outside activities and schooling for this population, and to make the necessary preparations for their children to receive the required education in their facility. We do not want these vulnerable children leaving the facility.

Today we hosted a call with local public health officials to identify their needs so that contact tracing for identified cases by our lab can proceed expeditiously. Our physicians today have met with the Board of Medical Examiners and they have plans to meet with the New Jersey Academy of Family Physicians this week for guidance on managing patients who seek care from them.

For mitigation interventions such as widespread school closures, cancelling of events and controlling sporting events, all of that will be determined on a case-by-case basis. Our guidance right now is to encourage people to limit those types of activities as much as possible.

Our lab is busy testing specimens, we have the capacity at our state lab right now to test 400 specimens. In order to fulfill that requirement we have added new staff and additional equipment. Additionally, we're hoping that Hackensack University Medical Center will be brought online to also assist us with the testing.

As I've said in the past, this is a rapidly evolving situation. Our goal is to give you as much information as quickly as we can where appropriate. Our mission is to protect the health of the residents of New Jersey by stopping or controlling the spread of COVID-19. Thank you.

**Lieutenant Governor Sheila Oliver:** Secretary of Higher Education Zakiya Smith-Ellis is with us. And as you know, she's been working in tandem with all of the higher ed institutions, and she has an update for you.

**Secretary of Higher Education Zakiya Smith-Ellis:** I will do brief remarks before I hand it back over to the Lieutenant Governor who I know will field questions.

I want to just start by thanking the Governor and the Lieutenant Governor and Commissioner Persichilli for them working with us around the clock to respond with our institutions of higher education. We just held a conference call with colleges and universities this morning with Assistant Commissioner Neuwirth and my office to respond to questions. They have been a tremendous resource to us and I just want to thank them for that.

We are aware that many institutions have made the decision to extend Spring Breaks, move classes online or suspend study abroad programs. These decisions have been made by the institutions themselves and we are here to support them. We understand that they make those decisions to maintain health and safety of their college communities and that's of utmost importance. And we know that they're making these careful considerations out of an abundance of caution.

The most important thing that colleges can do right now is to plan and prepare. Institutions should follow the guidance that has been developed by the Department of Health and the Centers for Disease Control and Prevention and stay informed of updates as they become available. In addition, my office has developed guidance in consultation with the other relevant state agencies that include specific recommendations and considerations as the situation evolves for colleges.

Particularly, in making decisions that impact campus life, I urge institutions to consider how to make appropriate accommodations for students for whom college is their primary residence. I understand that most institutions in the state are keeping residence halls, food establishments and other buildings open for this reason. If colleges have not already begun to do so they should be reviewing and updating their emergency operations plans to outline how they would respond to a potential case and who would be involved in the response, and how that information would be communicated during an emergency.

In response to this evolving situation, we are asking the institutions send us the latest version of these plans by this Sunday March 15<sup>th</sup>. We will be reviewing them with the New Jersey Office of Homeland Security. These plans should again include considerations and guidelines for handling basic needs for those who need it, such as housing and food; notifying the surrounding community including municipal and county leadership and the local business community; and the decision making involved in reconvening in-person instruction.

In general, if a community or institution has cases of COVID-19, local health officials will help identify those individuals and follow up with next steps. And institutions and colleges should begin to establish relationships with those local health officials now to help identify points of contact before a case is identified. The Department of Health has an easy-to-use interactive tool for that to help colleges and we're happy to assist in making those connections.

While many have done this already, the Department of Health recommends colleges postpone or cancel study abroad programs that could expose students or staff to potential community spread of COVID-19 and assist students in their return home. Prior to travelling, institutions should consider the potential risks that are involved in visiting these destinations, including the risk of transmission and the risk of quarantine upon returning.

Since the beginning of last month my office has been working with the Department of Health through the state's Coronavirus Taskforce to monitor the global outbreak and the impact it may have on our colleges and universities. We continue to meet weekly and we are working across the administration to

communicate on a daily if not hourly basis. We have our own internal department Coronavirus Taskforce Response Team that is now meeting daily as well and we are available to work with colleges that have questions.

We've also conducted an audit of institutions' emergency operations plans that we have on file. These plans are living documents and should be updated regularly, and we're looking forward to reviewing the latest versions.

Again, I would just say as the situation evolves and unfolds we'll be continuing to work with the colleges and sharing any updated guidance that comes from the Department of Health in New Jersey, the CDC or the World Health Organization. And I want to thank the institutions who have been proactive and careful in their decision making as they navigate this very challenging situation.

I'm happy to turn it back over to the Lieutenant Governor. Thank you.

**Lieutenant Governor Sheila Oliver:** Thank you, Dr. Smith-Ellis. And questions?



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**Reporter:** Yes, I had a question about a previous case I think from South Jersey - a physician at St. Joseph's Medical Center. I was wondering if you could confirm in certain cases if a lot of individuals have been seen. For example, like the case of the [inaudible], is this part of a case where Dr. Gruden's Emergency Department there Dr. James Gruden? And when you can disclose that or not, and if you can just speak to a healthcare provider who may have been exposed either to a patient and that's how he got it or if he went elsewhere and did he expose patients? I'm just wondering when he stopped seeing patients and if you've had conversations with that hospital, because they are saying "We're following all of the CDC guidelines as far as our personal protection," but here we have a physician who's in the ICU right now.

**Commissioner of Health Judith Persichilli:** I can't comment on that individual case, particularly in the specificity that you gave. I can tell you that all of our hospitals - we've had a series of meetings with them. All of our hospitals are using the appropriate precautions and at this point appear to have enough PPE for the present cases that they're seeing. Our biggest concern quite frankly is the personal protective equipment over time. If surge occurs, which we expect it may, I think that we will be certainly constrained in our availability of supplies. And that's something that Chris is working on with the Governor who's intimately involved with making sure that we protect not only the residents of New Jersey but very concerned about the workforce.

**Reporter:** I wanted to ask, the two cases that you said you couldn't currently find a link to a COVID-19 patient, I want to make sure we phrase it correctly - where are those located? How sure are you that we're seeing community spread? And what kind of a watershed moment would community spread be for this outbreak?

**Commissioner of Health Judith Persichilli:** All good questions. First of all, you have to understand we meet every day. I get these broad reports about a half-hour before we meet, so I do not have the specificity that you're asking for. But we always ask, "Is there right now an identified exposure to COVID-19?" That's how I was able to share that with you. So, perhaps tomorrow I would have more information for you because contact tracing... I think I've gone over this before. Contact tracing takes awhile and it relies on the condition of the patient and also the health officer and the treating physician getting involved. Where is that watershed moment? That's a really good question and we track it every day a number of times during the day - both in the morning, the afternoon and before we all turn in at night which is now around 11:00, 12:00. I don't know where that turn is but I know the epidemiologists will tell you that we want to respond sooner than later; and we will know when it's time to take our mitigation strategies to the next level. They do remind us that what happens in a certain community may not happen in another. So, you could have widespread school closures in a certain county in perhaps North Jersey and not one in South Jersey. So, that's why we're watching it constantly. If you go on our dashboard - is that published now or it will be? We

have a dashboard. You're going to be able to go in and it'll light up where all the cases are and you'll be able to see. It's like a heat map but you'll be able to see the spread in New Jersey and you'll be able to identify for yourself where there seems to be more of an issue. And we're looking at that constantly.

**Reporter:** Commissioner, I just wanted to follow on that point. So, what you seem to be saying is that you have two possible cases that might be community spread but you haven't confirmed it yet.

**Commissioner of Health Judith Persichilli:** We have two cases where it's been documented that so far they cannot find an exposure to a positive COVID-19 case or travel from an area that has community spread, which would be like Italy, Japan, South Korea. We just don't have enough information. It takes awhile to build out these cases and we like to give you real-time information so we've been rushing here every day. You'll see most of my notes are not nicely typed; they're written because I'm in the car getting information. So, it's always going to be like a 24-hour delay for more in-depth information.

**Reporter:** Commissioner, can you detail per se which counties those two possible cases were from?

**Commissioner of Health Judith Persichilli:** I don't have that. Yeah, I just know that we have two (GovMurphy)

**Reporter:** Just one more real quick question. Have you folks identified the school that the 17-year-old goes to? (https://www.facebook.com/governorphilmurphy)

**Commissioner of Health Judith Persichilli:** I don't have that. (https://www.youtube.com/njgovernorsoffice)

**Reporter:** [inaudible] ...yesterday, if I remember correctly the post (https://www.instagram.com/governorphil/) the time that the patient expired. So, given that those cases [inaudible] should the contact tracing begin earlier on suspected cases before the tests come back positive in order to be more proactive in a case like that? (https://www.snapchat.com/add/philmurphy)

**Commissioner of Health Judith Persichilli:** Contact tracing with a PUI, a person under investigation, starts at the time they're screening the person under investigation. So, for example, if you show up in the emergency room and you say you've traveled from Italy and now you're symptomatic, you're not feeling well, in order to establish you as a person under investigation, the screening will start asking you the start of the questions of contact tracing – "Where have you been? When did you travel from Italy? Were you in Milan or north Italy? Who did you visit when you were there? What plane did you get on? When you landed, how did you get home? Were you in a car by yourself? Were you with four people? How many people in your household? Is anyone else in your household showing symptoms? When did your symptoms start?" So, we start that right away. So, I don't want you to think it's like we wait. In order to establish someone as yeah, you've got to be tested, we've already started contact tracing.

**Reporter:** Can you talk to us a little bit about the recommendations for the long-term care facilities? [inaudible]

**Commissioner of Health Judith Persichilli:** Our goal right now is to restrict all visiting unless there is a patient at end-of-life or hospice and requires support, or if there is a mental health condition that would be worsened if the visitor is not allowed in. However, no one will be allowed in if they have a fever, if they're coughing, if they have any respiratory symptoms; or, similar to screening, if they have travelled from an area that has had community spread or has had contact with someone that is a COVID-19 patient.

**Reporter:** Commissioner, could you take a step back and give us a little perspective? We're talking about the possibility of community spread. This is not exactly a shock. It's expected from what I understand. I keep talking to people and they're like, "What is the big deal? Why are we hysterical about this?" It spreads like the flu, the death rates seem to be slightly higher but we really don't know because many more people may be infected than we're aware of at this point because the testing has been extremely limited. And most people don't die; many people don't even get that sick. Some of the people who have tested positive are not in the hospital. People are running out and buying soap, toilet paper, stocking up on all kinds of things. How big of a threat do you perceive this to be for the average person who is not immunosuppressed, extremely old or I don't know what?

**Commissioner of Health Judith Persichilli:** I'm going to let Dr. Tan respond to that because you know, the biggest thing -and I want to make this comment before Dr. Tan starts – is there is no vaccine for this. That's number one. Number two, the treatment for the patient is the same whether they come in positive or negative because they're treating the symptoms. That's an interesting difference from most situations. Usually you test positive, you treat in a certain way. We don't have any prescribed treatment at this point in time, so patients are treated, supportive care. As their symptoms come up their symptoms are treated. Dr. Tan, do you want to talk about the epidemiological big deal?

**State Epidemiologist Dr. Christina Tan:** Well, I actually first just wanted to take a step back and just kind of describe... This might have been touched upon before but the concept of what we mean by 'risk' – risk of becoming ill versus risk of serious illness, hospitalization, death. And again, just to hammer this particular point home is that the current risk for the general public for development of COVID-19 illness is still low. However, there are communities where we're seeing some of these sporadic cases that we're monitoring as well as pockets where we're seeing clustering of COVID-19 illnesses – where, if you're exposed to those communities, whether it's in New York or California, Washington – you're going to be at higher risk for actually getting COVID-19 because of the intensity of the virus being present in the community. Then you have the separate concept of risk, vulnerability to becoming seriously ill; potentially being hospitalized or having death associated with COVID-19. And then, that is again alluding to all the conversations about vulnerable populations. We're talking about the older individuals, we're talking about individuals with weakened immune systems; underlying conditions like heart, lung, kidney disease, diabetes. So, that's that concept.

**Reporter:** So, what's the risk to the average person?

**State Epidemiologist Dr. Christina Tan:** So, the risk to the average person really depends on what you're seeing from a local epidemiology perspective as far as where they might be, what they might be exposed to. But generally speaking, for the entire country, for all of New Jersey – depending on where you are – it's still a low risk.

**Reporter:** I don't mean to be silly about it but if you guys came in every day and gave us the latest update on the number of flu cases and hospitalizations, deaths, how would it compare to what we're seeing with COVID-19?

**State Epidemiologist Dr. Christina Tan:** Yeah, and again, the reason why we're also very concerned, too, is because this is a new situation that we're seeing. And we're still in the process of trying to characterize what the scope of illness is. And for that reason, to the point that we're trying to develop vaccines and other therapeutics, we have to be really mindful and do our best steps that we can to protect our New Jerseyans in general. But thank you for the question about the scope in comparison to other illnesses. Influenza kills many, many individuals every single year and we know that we see a lot of deaths here in New Jersey. It's not a reportable condition here in New Jersey because it so widely impacts New Jersey. That's why we follow what's called influenza-like illness just to monitor trends. And then, what we see in the community every single year is usually you start with sporadic activity in one geographic area and then it kind of just spreads out. But that's our opportunity to give the messages to get vaccinated if you haven't already gotten vaccinated. I'd like to see everybody to raise their hand who has gotten the flu shot this year. Thank you very much. But then also the issue about making sure that you take those everyday prevention steps that have been emphasized time and time again.

**Reporter:** Has the CDC come back with any test results? And if not have they given any [inaudible]?

**DOH Assistant Commissioner Chris Neuwirth:** The CDC has not given us any confirmatory results yet nor have we received an explanation as to the delay.

**Reporter:** Is it time to revisit the HIPAA regulation. Obviously it's meant to protect the patient's and their family's privacy. Yesterday I was interviewing a county official about the case and they did not release the municipality of where that case was from or the hospital where that patient went to. But in a public health situation, should more information be released about patients so we can really be more aware of their contact and their risk.

**Commissioner of Health Judith Persichilli:** That's really, really great comments and an excellent question. We talk every day at the Department of Health about the appropriateness of the information that we share with all of you. We take into consideration obviously HIPAA violations. We also look at our statutes that identify the types of information we can give and the statute says very clearly it should be information that advances the cause of public health in New Jersey. Part of us releasing information down to the specificity of particularly the counties is for the public of those counties to be aware that there is a case in their county and they should step up their own personal hygiene situation – that they should wash their hands and stay home if they're sick, all the things we've been warning people about. At this point, as this increases, I think knowing county spread is probably valuable enough from a public health perspective but that's my own opinion. But your question is well put because we challenge ourselves every day at the Department of Health, is what is the appropriate information to give to everyone to advance our mission of public health?

**Charlie Stile, The Record:** On this question of risk, I notice that every day you've done these briefings with this public service announcement that you said the general public's at low risk. I notice you didn't do that today. I wonder if that's related to the possibility that you might have indications of possible community spread. And the second part is I guess how do you square your ability to say that there's a low risk of catching this when we've had this well-documented problem with a lack of tests? We don't really have adequate tests out there to measure the extent of this problem.

**Commissioner of Health Judith Persichilli:** Well, the reason I didn't come out with that statement is because I keep telling my Communications people that they give me the same words to say over and over again. So, I would rather... But I'm with Dr. Tan. We do believe that generally the overall risk is low, but again, you bring up some excellent points. When we don't have good numbers, good numerators and denominators, assessing the percentage of risk and the percentage of population that has coronavirus, how many of them – it's suggested that 80%, 85% of them will be home and feeling flu-like symptoms and doing well. 15% will end up in the hospital and a very small percentage of that 15% will go on to be extremely ill or expire. It's a novel virus. The concern is because it's a novel virus. And when something new is exhibited in humans we follow it very carefully but it's difficult to make overall assumptions. But it's a big population but at this point I think we still think that the risk is low but we're watching it. I can't sugarcoat it.

**Reporter:** Commissioner, can you talk about, do you know how long it takes from the onset of the disease for it to kind of cycle through and until people, I guess for lack of a better word, become healthy again? And have you seen in any of the previous cases that you're talking about, have those people come through and then were determined to be healthy?

**Commissioner of Health Judith Persichilli:** I think I'll let Dr. Tan take that.

**State Epidemiologist Dr. Christina Tan:** To address the first question, I think what you're referring to is when people might become ill from the point that they're exposed? Is that what you're asking?

**Reporter:** How long are you sick for? How long does it take to get better?

**State Epidemiologist Dr. Christina Tan:** Oh, okay. So, the duration of illness really depends. Some individuals might have mild illness that lasts several days whilst unfortunately, some other individuals who unfortunately have complications associated with COVID-19, who might require hospitalization, the duration of the treatment, the clinical course might be much longer. Sorry I can't elaborate too much more on that. It's a range.

**Reporter:** Have any of the people who have tested positive, have they returned to healthy yet? Or are they all still in the throes of it?

**Commissioner of Health Judith Persichilli:** I don't have any of that information for the New Jersey residents.

**Reporter:** Just a couple questions. [inaudible question]

**Commissioner of Health Judith Persichilli:** First of all, I don't have any of the conditions. As I explained, we just got this information. So, I have nothing – I don't have anything more on the case histories. But one of the things we will be looking at, particularly for the six that have a reported type of exposure, exactly whether that's with any other individual in New Jersey. But I just don't have that today.

**Reporter:** A question for the health folks, sort of a two-part question – hand sanitizers and wipes, disinfectant. Is there stuff for the hand sanitizers, are some of them more effective than others? Is there a particular ingredient, maybe a particular strength that we're looking for that kills viruses that we know? And with regard to the disinfectant stuff that you put on a bannister or a tabletop or whatever, you just slap it on and wipe it off? Do you leave it on? I mean, in New Rochelle they were showing video of people washing down the train station. They'd spray it and then wipe it and that would be the end of it.

**Commissioner of Health Judith Persichilli:** Okay, for hand sanitizer we like to see and we recommend 60% alcohol or higher. For disinfectant, if you go on our website we do have guidance for disinfectant. My understanding is that the disinfectants that public institutions use is more than adequate. We just ask them to amplify their cleaning; in other words, do it more times during the day than they normally would do it.

**Reporter:** I've been told and I read on some of the instructions on these labels that you're supposed to leave this stuff on for four minutes.

**Commissioner of Health Judith Persichilli:** Well, they should follow the instructions.

**Reporter:** Can you just discuss that maybe different products might have different guidance about that?

**Commissioner of Health Judith Persichilli:** On our guidance it identifies all the products that are acceptable and appropriate for coronavirus. You can go on our website, New Jersey Department of Health.

**Reporter:** You mentioned there could be a problem in terms of supplies if there's a surge and how we'll likely see a problem. I just wanted to see what needed to be done about that. [inaudible] And just relating to that, we did interview a patient at HUMC and he paints not a great picture of the level of preparedness and protection, that the healthcare providers there were wearing... He said it took them five days to get him into isolation. So, I don't know if you want to respond to both of those but in terms of the tests.

**DOH Assistant Commissioner Chris Neuwirth:** Well, I certainly can't speak to the circumstances around that case you're referring to. But of course, a public health crisis where our frontline health providers in acute care facilities, long-term care facilities and EMS agencies are doing their best to ensure their workforce is protected. With a supply chain, with stress on the supply chain from all directions there's going to be issues around insuring that the supply of PPE is readily available and sufficient enough for those individuals who need to use it. And so, we're working with healthcare facilities of all types to ensure they have strategies in place to conserve the available PPE that they do have on hand. The CDC has promulgated guidance specifically around using alternate PPE, including facemask respirators so that individuals who are performing invasive procedures that generate respiratory aerosols are using the higher level of PPE, like n95s. We're also using expired material for training and education purposes so that they don't use unexpired materials. And there's a whole host of strategies that are available on our website that we encourage acute care facilities, long-term care facilities and EMS agencies to review and begin incorporating that technical guidance into their plans if they haven't done so already.

**Brenda Flanagan, NJTV:** You had mentioned that you want people to limit certain activities, limit their participation in certain activities. Can you give some specifics to people or overall guidance, what should people be avoiding?

**Commissioner of Health Judith Persichilli:** Generally I think largescale gatherings in close quarters would be the general guideline – a political rally.

**Brenda Flanagan, NJTV:** I mean, do you go to the movies, do you go to a basketball game? Do you go to...

**Commissioner of Health Judith Persichilli:** Yeah, at this point I think people need to make their own decisions based on the guidance that we're giving them, which is to be careful about being near people. Don't sit next to someone who is sniffing and coughing. If someone is, move. If you don't feel well, stay home. And I'm not kidding when I say close quarters. You know that concerts are close quarters and people are enjoying the concert, but also singing and coughing, things like that. You just don't want to expose yourself on a general basis to that but definitely right now.

**Reporter:** Lieutenant Governor, does the state have a plan to allow state workers to work from home, and is the state set up for something... If there is a plan is the state set up for something that would be widespread?

**Lieutenant Governor Sheila Oliver:** As we are speaking, the head of our Civil Service Commission who has oversight over the workforce, they are developing precisely what you are asking. In addition, our Office of Information Technology is gearing up. If we have to begin to have employees work from home, we're making sure that we will have ability for people to have access to our systems within our mainframe. So yes and yes would be my answer to you.



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**Reporter:** A quick clarification. You talked about the long-term care facilities' visiting restrictions. Are those just the ones that are owned by the state or you're giving that guidance to everybody?



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**Commissioner of Health Judith Persichilli:** We gave that guidance to all of them statewide.



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**Reporter:** Okay. And so, today we're hearing about these cases...



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**Commissioner of Health Judith Persichilli:** I mean, we really don't know. We look at what's going on in the rest of the country, and you can't ignore what happened in Washington State in the long-term care facility. And the vulnerability of those patients is so obvious we're erring on the side of caution. To the degree that it does not affect the patients, hold off on the visitors for awhile.



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**Reporter:** And I don't want to oversimplify things but how much is community spread almost like a circuit breaker [inaudible]?

**Commissioner of Health Judith Persichilli:** Yeah, I think it is. That's my opinion. Dr. Tan? Yeah, I mean we talk every day, and again, this is a situation where we're looking at cases, we're looking at the contacts. We're looking at where they're located and trying to put in as many protections as we can.

**Lieutenant Governor Sheila Oliver:** Yes, I want to go back to the question about employees and working from home policies. So, I've asked Matt Platkin who has worked on those policies to further elaborate on that question.

**Chief Counsel Matt Platkin:** Just to clarify, Matt, the Civil Service Commission yesterday, following the Governor's executive order on Monday, issued guidelines to all state employees regarding flexible leave policies as well as directed all departments to update their continuance of operations plans, their COOPs as it's called. We've set a deadline for as late as noon on Monday but preferably earlier for them to update those plans. In those plans it will designate ... as well as create plans for work-from-home policies. So, we are very actively engaged on it.

**Reporter:** Have we had a single case of a college student in New Jersey being diagnosed as having novel coronavirus? And whatever the answer is, is there a concern that maybe the colleges – yeah, you want to be erring on the side of caution, but to start doing everything online and telling kids just not to show up to classes and so forth, is that really warranted at this point or not?

**Commissioner of Health Judith Persichilli:** I don't have that information. It doesn't come to mind which leads me to believe that at this point perhaps not.

**Secretary of Higher Education Zakiya Smith-Ellis:** I think as you all know, the colleges are all autonomous and independent and determine when they're going to be open and closed, when they're going to have Spring Break and things of this nature. I think they're doing these things out of an abundance of

caution and we want to support them in doing what they believe is best for the well-being of the students on campus. We are giving them guidance about what to do if and when there might be a case, how to appropriately quarantine students, things of that nature.

**Charlie Stile, The Record:** Following up on the earlier response, you expressed confidence that there's low risk. But where is the source of that confidence based on? Is it just simply because the population is spread out? I'm not sure, I'm not clear as to where your confidence lies that people are low-risk. We're one of the most populated states in the country. We're at a nexus with New York, mass transit. I'm trying to get my head around it.

**Commissioner of Health Judith Persichilli:** I'm going to let Dr. Tan help me with that one.

**State Epidemiologist Dr. Christina Tan:** Yeah, it is a difficult scenario to characterize. What we do know right now is that we have several individuals who have known contacts with COVID-19 cases. So, we recognize that those are clustering around other known cases. There are others where we're still trying to identify what that source of exposure is right now. However, at this time we are still seeing kind of like sporadic cases throughout various regions in our state. Certainly, as we monitor and as we start to identify more cases we'll be able to have a better sense of real time context of the case might be. As I just mentioned, when you have individuals who are clustered around other cases, that's a different scenario than just an individual who might have an unknown source. Many of our communicable diseases we don't ever identify a source, so where else could they have it come from? From the community. However, what we're concerned about is looking at sustained spread, sustained community spread at the community level where then we kind of have to reconsider or reinforce some of those community mitigation efforts.

: [inaudible question] And then, a separate question, would you investigate anybody who had died before they'd been tested? [inaudible]

**Commissioner of Health Judith Persichilli:** Let me start with someone who's died who hadn't been tested. If the person expired from a pneumonia of undetermined source and perhaps had no other comorbid conditions, and you would wonder why did this person have this particular condition, that might be something that the Medical Examiner would look at. The first part of your question about Little Egg Harbor...

**Reporter:** [inaudible question]

**Commissioner of Health Judith Persichilli:** I can't speak to that.

**DOH Assistant Commissioner Chris Neuwirth:** It's important to remember that right now New Jersey is still using the CDC's criteria for persons under investigation as the threshold for individuals that we're testing at the state lab.

**Reporter:** [inaudible question] And are there any plans to treat milder cases [inaudible] to separate the varying cases?

**Commissioner of Health Judith Persichilli:** Let's start with the second part. I think we'll get to the point where all mild cases, even moderate cases – just think of yourselves, if you've ever had the flu – can stay home. And they should stay home, because taking up a hospital bed when you do not have a severe illness or you don't need an intensive service. Severity of illness, intensity of service determines whether you should be admitted to a hospital. So, we believe that a lot of mild and moderate cases will definitely stay home because they will not need hospitalization at all and probably don't even need to be tested. There'll just be symptomatic treatment similar to a lot of other issues. And the first part?

**Reporter:** How many patients could be hospitalized?

**Commissioner of Health Judith Persichilli:** Well, the surge is really interesting and we've met a number of times with the hospitals particularly, because a surge in patients that require hospitalization is what we would be most concerned about. So, I think you've heard me say before we've done an inventory of our

negative pressure rooms and we know we have capacity for 700 cases. The hospitals all have emergency preparedness plans that look at that resiliency. They've all identified what stockpiles they have of personal protective equipment. And I'm talking repeatedly, constantly almost every day with the head of the Hospital Association so we keep very much informed. And we're looking at surges in the emergency room, which is the biggest issue right now – people coming in, the worried well that want to be tested. I understand why they're there; they're scared. But on the other hand, it's really with, you know, with [MTALB] we need to see every patient; triage every patient, see every patient. So, we're looking at some alternatives for surge EDs that can be easily constructed around the state if we need it. We already have two that we know that are already licensed. They were licensed during a prior epidemic and they're prepared to go online. So, we're looking at more of that. So, it's something we're looking at day-by-day.

**Lieutenant Governor Sheila Oliver:** Are there any more questions from the media? Yes?

**Reporter:** I have a question. How many of the 23 confirmed cases are healthcare workers and [inaudible] he or she, where did he or she go to school?

**Commissioner of Health Judith Persichilli:** I don't know the school question. This is just from memory, I think two maybe. But we do have healthcare workers who are home on quarantine and being followed by the local health officers but I don't have a number.

**Lieutenant Governor Sheila Oliver:** Okay, if there are no further questions this is going to conclude today's briefing...

**Reporter:** I do have one. Do you have a timeline on when you expect to confirm this possible community spread? Is that something you think we'll know tonight? Or not just because you're going to add all these...

**Commissioner of Health Judith Persichilli:** It's evolving. I look at it, we look at it day by day, and I'm not being glib when I say hour by hour. It's when things occur. We map it, we look at it, we determine where it's coming from, the exposures. So, it's really a day-by-day situation. And as I said, we could have it in the north part of the state and not the south part of the state, so there's not going to be a blanket – at this point – a blanket.

**Reporter:** But I mean confirmation of these cases.

**Commissioner of Health Judith Persichilli:** Oh, I hope to get more information on these cases. It takes about 24 to 48 hours.

**Reporter:** And would you say that there is community spread if you just have one person without a connection either through a case of travel or a person who had it?

**Commissioner of Health Judith Persichilli:** That's the start of the investigation of well, why did this person get it? Is this person-to-person transmission? Are there other person-to-person transmissions in this particular community where we cannot find a documented exposure?

**Reporter:** Is there a number? Can it just be one?

**Commissioner of Health Judith Persichilli:** No, no.

**Reporter:** If somebody, the guidance is go self-quarantine or they go, they get tested; they're positive but then they're not really showing many symptoms and they're staying home, is there a specific length of time beyond the 14 days? Are they then clear to live a normal life?

**Commissioner of Health Judith Persichilli:** Well, definitely they can live a normal life but I think there's serial testing afterwards.

**State Epidemiologist Dr. Christina Tan:** Currently there is a clearance process. CDC has some guidance with regard to COVID-19 cases that we would monitor individuals after the resolution of their symptoms and we would monitor, do some serial testing. We do anticipate that there might be some changes in the guidance coming up pretty soon, and again, I'm not trying to be vague – it's just that we recognize that there might be some changes in the guidance for medical clearance. Because as we get more cases, as we get more information about what medical clearance means, that modifies what that is.

**Reporter:** Right now though, somebody could go back to work?

**State Epidemiologist Dr. Christina Tan:** After they're medically cleared, yeah.

**Reporter:** And they'll be medically cleared right after the 14-day period?

**State Epidemiologist Dr. Christina Tan:** There is supposed to be some serial testing that's done, but that's in the process of being reevaluated right now, especially in the context of the testing considerations right now, about where we prioritize doing the testing. But I did want to mention just on a related note about individuals who are in self-quarantine, after asymptomatic individuals who are asked to self-quarantine complete their 14 days, no risk to people when they go back to work. And so, it's really important if you all can get that message out there, that because we want to limit stigmatization, we want to make sure that people get back in the community as soon as they can. And we're sometimes encountering that and we're sometimes seeing that. So again, individuals who are self-quarantined, who after they complete their quarantine period, 14 days after the last exposure, no problems going back into the community.



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**Commissioner of Health Judith Persichilli:** I just want to clarify. I think a person said does one person mean community spread? No, that's sporadic. I just want to make that clear. One person does not, it would be a cluster.



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**Reporter:** I want to follow up on a few of the cases that you mentioned over the weekend, I believe it was Sunday. It was cases 5 and 6. At the time on Sunday you had mentioned that they were not traceable, or not in a condition to be able to have an interview with the investigators. Has that changed? Have you been able to talk to these individuals who were in pretty bad shape over the weekend?



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**Commissioner of Health Judith Persichilli:** Yeah, I don't have that information. I have not heard that they cannot be traced. That's done by the local health officers. If you can imagine, the local health officers are just that – they're local. And they're doing their work and then feeding it into our communicable disease service. So, I don't keep track of all of that personally but it is taken care of.

**Lieutenant Governor Sheila Oliver:** Okay, thanks everyone.

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