

CALVERT COUNTY HEALTH DEPARTMENT

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STATE OF MARYLAND

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Dear Congregation Leaders,

As of March 12, 2021, Religious Leaders should consider the following guidance in response to the ongoing COVID pandemic. Most of the recommendations from November continue to apply. Although COVID infection rates and fatalities have dropped since their peak earlier in the winter, our current case rates are comparable to those in late November. This past week 135 cases were diagnosed in Calvert County and 8 of our residents died of COVID-related complications in the past 3 weeks. Those 60 and older, younger individuals with chronic health conditions, and members of minority races and ethnicities continue to suffer more severe consequences.

The greatest change since the previous guidance is related to the availability of vaccinations. At this point, just over half of the seniors in Calvert have received at least their first COVID vaccine dose and nearly 30% have completed their vaccination series. Among all residents, only 1 in 9 have completed their vaccinations. This means the vast majority of your parishioners remain susceptible to illness and can spread COVID.

All three of the currently approved vaccines have proven to be extremely effective at preventing serious infection, hospitalization, and death. They have also been very, very safe. It is likely that by mid- to late-April, all seniors will have had the opportunity to receive vaccination. **Congregation leaders should encourage their parishioners to get inoculated as soon as the opportunity arises. Vaccination is the most effective way for each person to stay safe at home, work, and in worship with their fellow congregation members.**

At this time, not enough people have been fully vaccinated and virus transmission rates are not low enough to safely allow a “return to normal”. **Although the Governor has lifted restrictions based on Fire Marshal occupancy codes, social distancing and face coverings should continue to be observed.** This is particularly important in any indoor setting, but even outdoors, safety precautions should continue as long as COVID transmission rates remain substantial and vaccination access is limited.

Evidence continues to demonstrate that airborne transmission is the most common route of COVID spread. Droplets can spread 3-6 feet and aerosol particles can travel significantly greater distances, particularly in indoor settings. While we are awaiting the delivery of more vaccine doses, consistent use of face masks over both mouth and nose are extremely important to reduce aerosolization and droplet dispersion. Anyone with respiratory problems that make it impossible to wear a mask should not attend group activities or services until at least 75% of the population has immunity to COVID. Even if such people have been vaccinated, a 95% reduction in infection risk is not 100%.

All changes from earlier guidance are in ***bold, italic font***:

- 1) Encourage congregants who are at high-risk of COVID complications to continue to worship in their homes (possibly viewing or listening to a live stream or recorded service) ***if they have not completed their vaccination series. Those who have completed their vaccination series can attend services. However, until there is a more substantial reduction in infection rates, it is very important that everyone wears a proper face covering and social distancing should be practiced by those from different households.***

People at high-risk include anyone age 60 or older and those with chronic medical conditions including diabetes, long-standing high blood pressure, COPD, kidney disease, sickle cell disease (sickle cell trait is not a high-risk condition), congestive heart failure, a recent history of chemotherapy, and any condition that requires immunosuppressant medications.

- 2) It is extremely important that word be sent to congregation members that anyone with any illness or anyone with a sick member in their household should not attend service for at least ***10 days***. Even if a person feels well, they could have contracted COVID from an ill family member and be capable of infecting others. Anyone with travel to areas that put them at higher risk for virus exposure should not attend services for ***10-days*** after return to Calvert. Eating inside restaurants and attending events with large numbers of people are particular concerns.

- 3) Singing by the congregation or choirs should not take place ***until vaccination rates are higher and COVID transmission in our community is lower. Once we reach the point when singing does not present a significantly increased risk of virus spread, I will send out a notice. Encouraging congregation members to get vaccinated when their opportunities arise will speed up our collective efforts to return to traditional services.***

Humming for brief periods may be considered as an alternative. Face masks should be worn at all times.

Singing dramatically increases the risk of transmitting COVID. If someone is an asymptomatic carrier of the virus, singing increases the amount of virus they exhale and at least doubles the distance the virus carries through the air.

Consideration can be given for soloists to perform if they have completed their vaccination series, but there is still some risk that vaccinated people can spread the virus. Choral singing continues to carry substantial risk of spread. Since vaccination is not 100% effective, having groups of people singing is premature until community transmission rates are lower.

Factors that need to be taken into consideration include the quality of the ventilation system (see #8) and the separation of the soloist from others. Older buildings tend to have poor air circulation and allow aerosolized viruses to linger in the air and accumulate across larger areas of the room. If a soloist performs, she/he should be at least 25-feet from the closest person and wear a face covering. If the service takes place outside, the soloist should ideally be downwind from the congregation.

Although song is such an elemental part of religious tradition, this is one time when it is critically important for us all to modify our established behaviors for the safety of our fellow human beings. As the Good Book teaches, in each of our actions, we must be protective of the most vulnerable.

- 4) If possible, services should be held outside. This helps dissipate viral particles much more effectively than indoor settings. I realize that the weather in Southern Maryland is not always conducive to outdoor events and some congregations may not have the physical space or equipment to hold services outdoors. If outdoor services are feasible, members of the congregation should be encouraged to bring their own fold-up chairs.

- 5) Regardless of the setting, members of the congregation should be more than 6 feet apart in each direction. Family members living in the same household do not need to be spaced apart.

The Governor's Orders for attendance at religious services are no longer pegged to Fire Marshall capacity. The critical considerations are: 1) adequately spacing people of different households, 2) have everyone properly wear face coverings, and 3) tell people to stay home if they feel ill or have any known exposure to someone who may have COVID.

- 6) Keep services as short as you reasonably can. Virus transmission is a result of the proximity and duration of exposure to an infected person. The longer someone is near an infected person, the more likely they are to get sick. Given the potential for severe illness with COVID-19, it is very important to limit the time people spend in group settings.

7) When possible, consider outdoor settings for children's gatherings. Children's services or daycare areas should have no more than 15 people in a room, including supervising adults. If the room is small, please adjust the number of occupants accordingly. Children should wash their hands with soap and water (preferable) or apply hand sanitizer before entering the room. Children over the age of two should be encouraged to wear face masks.

Face masks are mandatory for all children over the age of 5 (this is not new, but considering that it will be months before the vaccines are approved for children, it bears emphasis). Consider a craft day that allows children to design or make their own masks with the help of adult volunteers. There are many online guides to making face masks for COVID prevention.

Instead of grouping strictly by age, please consider assigning children from the same household to the same room. Children should attend the same room with the same adult supervisors from week-to-week. Grouping by household and keeping the same assigned rooms each week will decrease the number of children who are potentially exposed to a carrier of COVID. Space children apart as much as reasonable. Children from the same household may sit or play together.

If there are several services in a day, the books, toys, or other materials used should be different for each group of children so virus isn't transmitted via objects. Common touch surfaces should be thoroughly wiped with disinfectant after each group of children leave the room. Please give at least 15 minutes between groups to allow for cleaning and air circulation. If windows or doors can be opened between groups, please do this.

8) Regardless of how indoor services are conducted, efforts should be made to maximize the flow of fresh air into buildings, improve air circulation, and use the best quality filters that your budget can accommodate. Please consult your HVAC contractor to see what adjustments can be made to your system so that optimal air flow is circulating prior to the start of services and other activities. If windows open, take advantage the fresh air to the extent that the weather permits.

Portable HEPA filter units are reasonable in smaller rooms, such as those used for children's activities, but they are not practical for main congregation halls. Consult *Consumer Reports* or your HVAC consultant for brands that have proven reliable and effective.

9) Common touch surfaces in bathrooms should be cleaned with a basic disinfectant after each service is completed. Please factor this into the timing of services.

10) Consider taping a weekly message, sermon, or service for those who can't safely attend in-person services. This can be placed ahead of time on a Facebook or other social media outlet. For those without internet access, it could be placed on a phone recording.

11) No physical contact should occur between religious leaders and congregants ***until higher rates of vaccination have been achieved.*** COVID-19 is more easily spread than the flu. Physical contact of any kind puts you at risk as well as those in your ministry.

12) Good, basic hygiene should be observed. Ideally, hand sanitizer should be made available at the entrance to members of the congregation or they should be encouraged to wash their hands with soap and water immediately upon entry to the facility. All common touch surfaces should be disinfected prior to each service.

13) **Finally, families continue to face financial uncertainty due to COVID impacts. Pooling resources to help area foodbanks, holiday gift bags for less-fortunate children, and school supplies would be wonderful. Other suggestions can be forwarded to the Interfaith Council or other congregation-to-congregation channels.**

For any questions, please contact me: Laurence.polsky@maryland.gov or 410 535-5400 x306.

God bless,



Dr. Larry Polsky, Calvert County Health Officer