

**Planning and Response Recommendations for Churches
for Coronavirus (COVID-19) Pandemic in North Carolina and the United States
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This document was assembled to assist our church and other faith-based organizations with which we work for planning for potentially severe impacts of the COVID-19 pandemic over the coming six months. The information is drawn from a variety of sources, and reflects our personal recommendations. We draw on expertise in our professions and primary scientific and policy information from our associated organizations.

We encourage all leaders, and especially faith leaders, to take decisive action at this time to serve and protect their congregations and our communities.

Spread of Disease

- Cases and severity of COVID-19 will increase across North Carolina and the United States for more than one month from this date (from March 16 until April 16 and beyond).
 - [High Confidence, High Risk to Organization Operations]
- Pre-symptomatic and asymptomatic transmission, meaning transmission without showing symptoms such as fever or cough, suggests the need to minimize all direct interaction for those at risk.
 - [Low Confidence, Medium Risk to Organization Operations]
- People over 65, are at particularly increased risk for contraction of COVID-19 disease, severe symptoms and complications, and death.
 - [High Confidence, High Risk to Organization Operations]
- Young adults more often exhibit less severe symptoms but likely represent a substantial number of cases.
 - [Medium Confidence, High Risk to Organization Operations]
- People with pre-existing conditions, including common conditions like hypertension and diabetes, are at particularly high risk for severe symptoms and complications, and death.
 - [High Confidence, High Risk to Organization Operations]
- Social distancing, meaning restricting direct contacts and interactions with any group (e.g. minimum of six feet separation at all times between individuals; no shared materials; no physical contact; absence when there is presence of any symptoms), is the most effective existing tool to reduce transmission.
 - [High Confidence, High Risk to Organization Operations]

Impacts

- Overall fatality rate among confirmed cases is approximately 2-3%, but is significantly higher for older individuals; 6% among people aged 60 and older and 15% among people aged 80 and older.
 - [Medium Confidence, Medium Risk to Organization Operations]
- A major concern for basic operations is lack of capacity in the health system, which will extend at least an additional 30 days beyond the end of an active epidemic.
 - [Medium Confidence, High Risk to Organization Operations]
- A lack of health system capacity means that all emergency medical conditions will present higher risk of bad outcomes.
 - [Medium Confidence, Medium Risk to Organization Operations]
- The State of Emergency in NC and federal National Emergency are unlikely to be lifted until a number of weeks beyond the end of the epidemic, as these are federal funding and operational definitions.
 - [Low Confidence, Medium Risk to Organization Operations]
- Travel and other restrictions from official organizations following States of Emergency status are unlikely to be lifted in advance of government status change.
 - [Low Confidence, Medium Risk to Organization Operations]

Special Risks and Considerations for Churches

- The average demographics of most churches represent a very high risk population, both for transmission and mortality.
 - [Medium Confidence, Medium Risk to Organization Operations]
- Pastoral care should be conducted remotely using available technology or phone, including hospital and home visits.
 - [High Confidence, Low Risk to Organization Operations]
- Church (e.g. Diocesan) leadership should facilitate both eucharistic and technical resources for pastoral activities.
 - [High Confidence, Low Risk to Organization Operations]
- In-home visits to the ill are a risk for transmission both from and to the pastoral staff.
 - [Medium Confidence, Low Risk to Organization Operations]
- Physical Communion presents substantial risk of transmission. Use of available forms for Spiritual Communion are alternatives that do not present risk.
 - [High Confidence, Low Risk to Organization Operations]
- Death Rites delivered in person for any presumptive case presents a severe risk to the individual clergy and anyone they come in contact with after such an activity.
 - [Medium Confidence, High Risk to Organization Operations]
- Gatherings for funerals beyond immediate family is a high risk for transmission.
 - [High Confidence, Low Risk to Organization Operations]
- Loss of income is likely from disrupted activities and services.
 - [Medium Confidence, Medium Risk to Organization Operations]
- Partner missions elsewhere and abroad are also under serious threat from COVID-19 and will face additional impacts from the disease.

- [Medium Confidence, Low Risk to Organization Operations]
- Any remaining, critical pastoral activities should be guided by strong social distancing practice. Use phone calls, video calls, and etc. whenever at all possible.
- [High Confidence, Low Risk to Organization Operations]

Timing

- Exposure risk is high now for all states and communities in the United States.
 - [Medium Confidence, High Risk to Organization Operations]
- The “end of epidemic” can be practically considered as two transmission periods after the end of increase in cases, which is conservatively 28 days beyond controlled transmission.
 - [High Confidence, High Risk to Organization Operations]
- **Together, with the disease epidemiology, policy, and social conditions (disease control + impacts + policy), our personal assessment is that significant loss of life, other impacts, disruptions, restrictions, and risks will continue for at least three months.**
 - **[Medium Confidence, High Risk to Organization Operations]**

Anna Bauer is the daughter of Gary and Sheryl Bauer, members of the Durham, Peace Covenant Church of the Virginia District. She and her husband, Chris Paul, work in epidemiology and global health, at UNC and North Carolina Central University, respectively.

The Episcopal Diocese of North Carolina asked them to share their assessment of COVID-19 specifically for churches. Both documents, including one more specifically about pastoral care from one of their colleagues, are attached to this message.