

Coronavirus Pandemic Information and Recommendations

ABOUT COVID-19

Coronaviruses are a large family of viruses. Some cause illness in people and others cause illness in animals. Human coronaviruses are common and are typically associated with mild illnesses, similar to the common cold. COVID-19 is a new disease that has not been previously identified in humans. Rarely, animal coronaviruses can infect people, and more rarely, these can then spread from person to person through close contact. There have been two other specific coronaviruses that have spread from animals to humans and which have caused severe illness in humans. They are severe acute respiratory syndrome coronavirus (SARS CoV) and Middle East respiratory syndrome coronavirus (MERS CoV).

Symptoms

Those who are infected with COVID-19 may have little to no symptoms. You may not know you have symptoms of COVID-19 because they are similar to a cold or flu. Symptoms may take up to 14 days to appear after exposure to COVID-19. This is the longest known incubation period for this disease. We are currently investigating if the virus can be transmitted to others if someone is not showing symptoms. While experts believe that it is possible, it is considered less common.

Symptoms have included:

- Cough
- Fever
- difficulty breathing
- pneumonia in both lungs

In severe cases, infection can lead to death.

Source of above information: <https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/symptoms.html>

About COVID-19 transmission

The virus has a 3 to 6 days incubation period during which the person feels fine. It is during this time that the virus is the most easily transmitted although non detectable clinically. Hence, **the virus propagates itself silently.**

The virus is transmitted via droplets that **remain in the air as aerosols close to 3 hours** and can survive on surfaces many more hours. The virus is most concentrated in nasal secretions and saliva.

According to the latest research in the New England Journal of Medicine, the deactivation time for **half** of the viral particles to disappear from surfaces are:

- stainless steel: 5 hours 28 minutes
- plastic: 6 hours 19 minutes
- cardboard: 3 hours 30 minutes
- copper: 46 minutes

Hence, after those delays at least half of the viral particles are **STILL** present.

After a sneeze, droplets can easily spread over a circumference of **10 meters.**

About 80% of individuals with the virus will not exhibit any symptom, but will be effectively spreading the virus silently.

About 20% of individuals will develop severe respiratory difficulty requiring hospitalisation, intensive medical care with the potential to cause death.

The mortality rate appears to depend directly on access to care, age and pre-existing health conditions.

ISSUES CONCERNING THE CHURCH

The risk of introduction of the virus inside a community is proportional to the number of individuals in the group, and is exponential.

Mathematically, the larger the group, the higher the number of deaths and hospitalizations. Our monasteries, convents, religious communities and care centres are therefore **particularly at risk.**

The spread of COVID-19 in Italy gravely affected a number of monasteries and communities, leading to deaths, hospitalizations, forced quarantines and many faithful being exposed and affected. At least 15 priests died due to COVID-19. Here in Canada, a

residence of seminarians is currently in strict quarantine following the return from abroad of a member who tested positive for the virus.

Regarding priests and individuals with a pastoral ministry involving individual and group encounters, their **risk is significantly increased to be infected** by the virus and **to inadvertently transmit** it to those they encounter, thereby becoming vectors.

PRINCIPLES OF GROUP AND SOCIETAL BIO-PROTECTION

The principles of group and societal protection can only be effective if ALL members are STRICT about respecting personal and community isolation rules.

A SINGLE individual failing to comply could easily infect the whole group.

Hence, any measure encouraging or obliging every person, directly or indirectly, to stay home will necessarily save lives.

ABOUT INDIVIDUAL, GROUP AND COMMUNITY ISOLATION

We advise all members of the clergy, priests, deacons, religious, consecrated, to keep their living space in strict quarantine.

By strict quarantine, we mean:

- Other than for medical cause, no contact with anyone other than those you share the same roof. Avoid any contact with employees other than for medical purposes. Maintain social distancing from employees and restrict their access to shared spaces limiting them to a bare minimum.
- Designate a unique person who is of good health and capacity to carry errands for the whole group. Reduce the number of errands to the bare minimum, to avoid as many encounters as possible, choose to shop in smaller places at quieter times.
- In case of absolute need, a person who needs to re-integrate the group should observe a 14-day strict quarantine where they are isolated from the group completely. If this is not possible, we ask that the person NOT reintegrate the group to avoid contamination and that another option be selected.
- If an individual of the group must, for cause of civil or church responsibility, leave the group or get in contact with individuals outside the group, this individual must remain separate from the group during the whole length of her activities. In no time should this person share a common space (private bathroom, private meals). The individual may only re-enter the group after a strict 14-day quarantine.

- We recommend the immediate cancellation of any conference, retreat, or other group activity requiring the collaboration of an individual outside the group. We invite you to consider the use of communication technologies to palliate to the situation.

EXAMPLES OF TRANSMISSION

Example 1 - Surface transmission - well documented

An individual comes to Church to pray. He respects the 2-meter social distancing recommendation, but blows his nose during prayer. Secretions and the tissue make contact with the pew. The person leaves after 15 minutes of prayer.

A while later, another person comes to pray in the same pew, makes contact with the contaminated surface and becomes infected. This person returns home and transmits the virus to their family members.

Example 2 - Air transmission - most common

A member of the congregation comes for confession or to discuss with a priest. He respects the 2-meter social distancing recommendation. He coughs briefly. Air particles remain in suspension for 3 hours. The priest has been exposed and most likely contracted the virus, returns home and shares the virus with his brothers.

An innocent third person passes by the same area an hour later, the virus particles are still in the air although less concentrated. This last person has some health issues. She contracts the virus and goes back home, transmitting it to their family.

Example 3 - Community transmission - most dangerous

A lay minister leaves to give communion to a single elderly person at their home. After caring for the first person, he takes his car and drives to minister to second person living with her husband. He ends his day by visiting an elderly man in a nursing home.

The lay minister had taken his children to the park a few days before. The kids had been playing with the neighbors' kids. The lay minister is carrying the virus, and does not know it because he is completely asymptomatic and will never develop any symptoms. However, he has spread the virus to every person he visited for communion that day. A week later, several of those he visited become ill from the virus.

Example 4 - Closed transmission - most dramatic

A delivery man comes to drop groceries at a convent or seminary. The person at the door keeps her distances, but is exposed via the money handled and/or air particles. She fails to wash her hands and brings back the groceries and the virus inside the community.

At that point, almost all community members become infected, about 20% become ill and require medical care - that is assuming they are all below 60 years old and are all in good health - and all other members of the community are now in quarantine. In the best case scenario there is a 2% mortality in the community from the virus.

LEGAL ASPECTS

Currently, in at least two provinces, COVID-19 positive individuals failing to respect the quarantine are exposing themselves to **financial penalties** and **detention**. There are already serious talks about potential **legal action** aiming at **financial compensations** against individuals or corporations contributing directly or indirectly to the spread of the virus.

Source of above information (starting at "About COVID-19 transmission"): Dr. Valérie Julie Brousseau, MD

ABOUT DR. VALÉRIE JULIE BROUSSEAU

Dre Valérie Julie Brousseau is a consecrated laywoman working as a surgeon in Montréal. She holds a degree in Molecular Biology from Acadia University, a degree in Medecine from McGill University with a specialty training in Oto-laryngology, Head and Neck surgery from McGill University and a sub-specialty in endoscopic ear surgery from the University of British Colombia. She also holds a certificate in Management from the Harvard Business School and a degree as Global Clinical Scholar in Research, Epidemiology and Public Health from Harvard Medical School.

RESOURCES

Canada Public Health and COVID-19: <https://www.canada.ca/en/public-health/services/diseases/coronavirus-disease-covid-19.html>

Mapping the spread of the COVID-19 in Canada and globally: <https://newsinteractives.cbc.ca/coronavirustracker/>