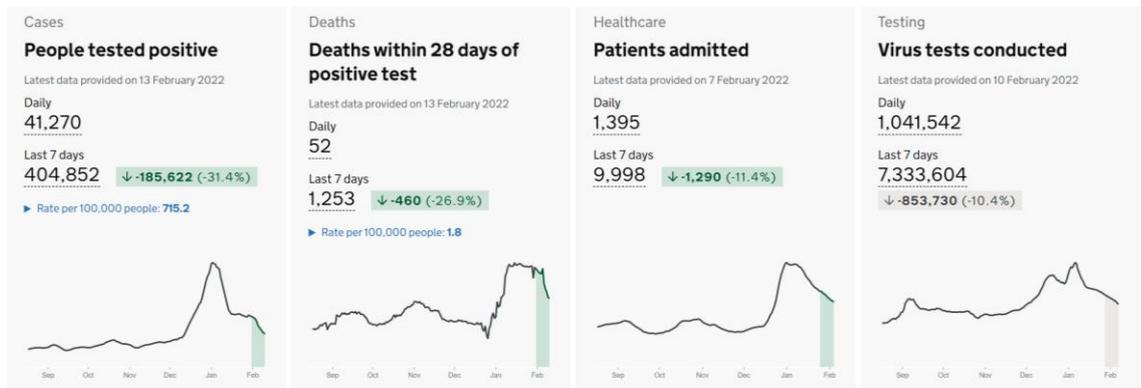


Covid19 plans for 6th March 2022

- Somewhat predictably, winter brought us another Covid19 season and the Omicron variant has proven to be far more *infectious* than previous iterations. Indicated by this graph showing the 7day average for cases.

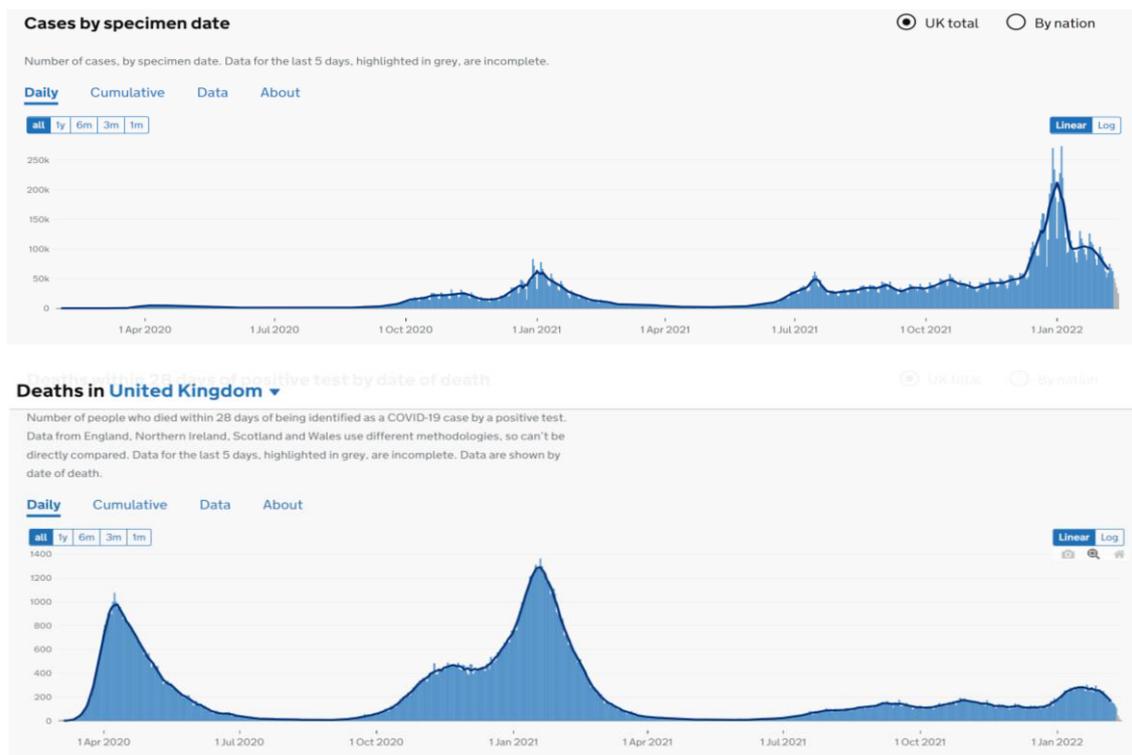


- However, whilst the new variant was more infectious, it has thus far proven to be far less deadly. (see the graph of deaths within 28 days of a positive test) – it has been recognised that because *case* numbers were so high, this data may be slightly misleading, with larger numbers included in the data, of cases where Covid19 very unlikely to be a contributing factor in the death. (various news outlets reported that presently 40% of those in hospital *with* Covid19 are not there *because* of Covid19!)

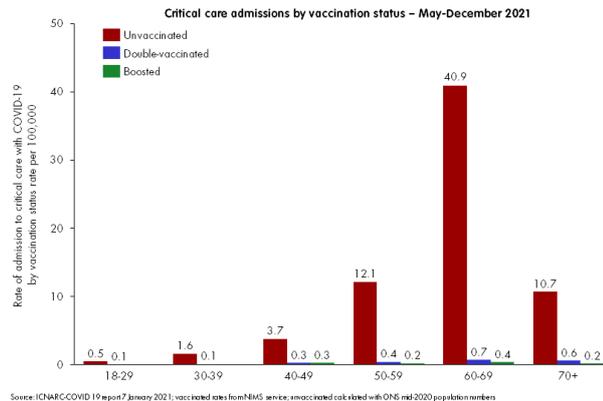
In fact, the BBC reported a similar picture in Scotland back on January 7th!

<https://www.bbc.co.uk/news/uk-scotland-scotland-politics-59912644>

- When you look at the data for cases and deaths over a longer period, it really brings into focus just how effective the vaccination program has been. And this is essentially why the government feels confident about relaxing restrictions - we have not seen a third peak in deaths.



- Omicron does indeed seem to be proving a much lower threat. And this is especially the case for those (of all ages) who have been vaccinated. Let this impressive graphic settle in... this shows us the rate per 100k of those who have been taken into critical care between May-December last year.



- The red bars represent those admitted to critical care who were un-vaccinated. The blue and green bars – hardly visible in comparison – represent those who were double vaccinated and boosted. This is very encouraging – especially as it shows a lower rate in the 70+ category than in those 50-60 or 60-70!

According to this data, the best way to protect yourself from getting seriously ill of Covid19 is to make sure you are up to date with your vaccinations. All evidence indicates that if you do this Covid19 is extremely unlikely to be life threatening.

Only about 3-4% of Covid19 admissions to critical care are from the vaccinated population.

Here's some of our thinking with regards to assessing the risks at church.

Masks: We have maintained the requirement for masks during our services all the way through. This has meant that we have always gone beyond what was required of us by law in this regard – in other words, we were always plan B compliant even before there was a plan B!

We told you that we would keep this under review as we assess the evidence available to us. I'm sure that many of us would like to see an end to masks and enjoy singing properly again. [Even the government noted that singing with a mask on would be *weird* over the Christmas period!]

Evidence for the efficacy of masks is still "thin".

Of over 35000 studies that have been carried out, the BMJ only selected 6 as relevant to the question! One of these, a study in Bangladesh indicated that when the usage of masks was promoted in a particular area, so that nearly half of people were wearing them, transmission was reduced by as much as **9.5%**

<https://www.science.org/doi/10.1126/science.abi9069>

Added to this, there have been no studies yet done to determine whether masks make any difference in the vaccinated population where we know that transmission is lower.

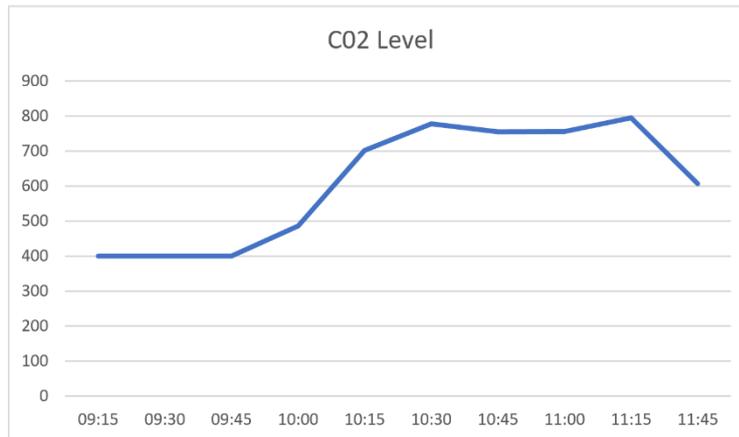
This does not mean that masks don't do anything. But as we assess the risks of Covid19 transmission we do need to be realistic about just how much masks contribute to lowering that risk.

A similar or better reduction can no doubt be made by having good ventilation or socially distancing.

When we assessed our ventilation we have found that CO2 level on a busy Sunday were remarkably low (probably due to the volume of our building)

AM

Time	CO2 Level
09:15	400
09:30	400
09:45	400
10:00	486
10:15	702
10:30	778
10:45	755
11:00	756
11:15	795
11:45	607



No doors open.

400-800	Good
800-1500	Normal
1500+	

PPM - parts per million

Our Proposal

Taking all of these risk factors into account, we would like to propose that if things continue on their current trajectory that we make the following changes **from Sunday 6th March**:

- **The wearing of mask will no longer be required during services.**
- **The activity hall will remain as area of increased social distancing where masks can still be worn, and we would ask that all who attend respect this during the service.**

We welcome your thoughts on this so please speak to us and express your concerns so that we can make a decision which is best for us as a church. - We particularly want to hear from people for whom this decision would mean that they would stop attending services.

All decisions taken will of course be **subject to review** as circumstances change.

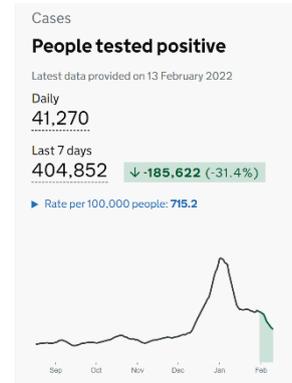
Addendum

Your questions:

“Although Covid cases are dropping, they are still higher than they were before Christmas when the additional national restrictions were imposed. The average case rates were 30,000-40,000 per day in the autumn. This week the average is still over 60,000.”

At the time of responding the seven day average is now 41,270.

The current daily reported number of cases is dropping rapidly and if things continue as they are then it is likely that by the 6th of March (when we propose that we make changes to our services) that these numbers will be quite dramatically reduced.



But this data is not an adequate determiner of risk. It is more important to ask, “how many are *dying* or getting seriously ill from Covid19?”

And as we have pointed out above, this number is very small amongst the fully vaccinated population regardless of age.

It is no longer very helpful to look at case numbers because i) so few of these translate into serious illness and ii) fewer people are going for PCR tests now and the data for lateral flow tests is not being recorded.

This is another reason why we need to look at the data for hospitalisations and deaths.

“... just because legal requirements for masks may be removed it doesn't mean masks should be removed. Advice will almost certainly be to continue to wear them in enclosed spaces even when not legally required.”

We understand this.

People will still continue to be concerned about Covid19, especially as a significant number of the general public are unvaccinated.

But we are dealing with a group who i) regularly meet (we are in regular contact with each other) and ii) we are a population that is *almost entirely vaccinated and boosted*. We are not aware of any elderly or vulnerable attendees who are not up to date with vaccination.

“Andy appeared to mention that there is no scientific evidence that masks make a difference. However, if you look at all key websites such as WHO, the British Government and the American Government websites they all recommend wearing masks as one of the weapons to fight Covid infection. Given this continuing advice, why would we rush to remove them?”

I (Andy) never said this. **Masks do work.** What is in question is just **how much** of an impact they make. You could make a very strong case that wearing masks before Covid19 came onto the scene would have slowed transmission and saved lives during the flu season.

We have not “rushed” to remove them! We have been wearing masks for about 2 years now.

“Regardless of the above, we need to be mindful of the older and more vulnerable members of our congregation. Already there are still some people who won't come along due to the risk to their health. Many people come along only because masks are still being worn. Removing this need to wear masks, especially when singing, seems to be forgetting the needs of these people. Do we really want to

keep some people away from church just so people can sing 'properly' and not have to wear uncomfortable masks?"

When you put the case this way, any response can seem heartless and uncaring. This has never been our intention.

We honestly believe as an eldership that the risks of removing masks is acceptably low and presents no significant threat to any of those who attend.

Having said that, there will always be (and there have always been) those whose health is so poor that they feel unable to attend church services.

If we are made aware of a significant number who, despite all the evidence, feel that these changes will mean that they have to **stop** attending then we will, of course, reconsider our plans.

You say that *"many people come along only because masks are being worn"*. We are unclear about how you know this to be true; very few who presently attend leave immediately after the service when masks are removed, which seems to indicate that they are comfortable at least, with being in a room with those who are not wearing masks.

Remember, **we are not proposing a ban on masks, just making them optional.**

If many people do feel this way then we would appeal again for them to make this known to the elders.

"Could you explain why you think that the risk from COVID on March 6th will be sufficiently low to remove all control measures. I would specifically like you to compare risks which we generally all accept (e.g. risk of death from driving car) to the daily death rates reported currently for COVID. The measures may not be fully comparable, but should give an reasonable indication of the relative risk from COVID in its most general sense."

You are right when you say that these measurements are not comparable, but if you allow a few assumptions, here's how the risks seem to stack up.

In the UK, every day 5 people die in a traffic accident (<https://www.brake.org.uk/get-involved/take-action/mybrake/knowledge-centre/uk-road-safety>)

The numbers of Covid19 deaths continue to decline sharply, but the last daily figure was 52 (see above). **However**, if we take into account **the effect of vaccinations** then according to the figures for those who received critical care during May-December cited above, if you are up to date with your vaccinations the picture is quite different:

Total for the green and blue bars = 3.4

Total for the Red bars = 69.5

Therefore the percentage of unvaccinated Covid19 cases reaching critical care is $3.4/69.5 = 5\%$

And 5% of 52 deaths is approximately 2.5

So for the comparison you requested: at *present* it seems that you are half as likely to die of covid19 (if you are fully vaccinated) as you are of a traffic accident.

[Note: we are assuming that the critical care admissions are directly proportional to deaths.]

You might argue that the figure for deaths is a weekend figure and a figure closer to 100 is more realistic (although this is still dropping). In this case the risk rises to becoming equivalent to a traffic accident.

However a far better comparison would be to look at the data for Flu and Pneumonia deaths: The BMJ states that deaths from Flu and Pneumonia (before Covid19) were “29,516 in 2018 and 26,398 in 2019”

<https://www.bmj.com/content/375/bmj.n2514>

Obviously the daily death rate would be concentrated in the “Flu season”, but to take a best-case-scenario we will spread these deaths evenly over the year; this equates to **76.6** deaths per day. (During the Flu season these daily Flu/pneumonia deaths were likely to have been well in the hundreds).

This would mean that if you are currently vaccinated and boosted that the **daily death figures** would be:

Traffic fatality	Flu/Pneumonia (2018-2019)	Covid19 (fully vaccinated)
5	76.6	2.5 - 5