

A shot of hope

Congregational Vitality March 15, 2021

Science and commonsense agree: Even vaccinated people should continue precautions like masks, social distancing and frequent handwashing

by Tammy Warren | Presbyterian News Service



In the United States, three vaccines have received emergency use authorization for protection against the coronavirus: Pfizer, Moderna and Johnson & Johnson. (Getty Images)

LOUISVILLE — As we begin the second year of the COVID-19 pandemic, there are reasons for hope, including vaccines approved for emergency use authorization by the U.S. Food and Drug Administration. Yet even 95% efficacy for a vaccinated individual means that, statistically, 19 out of 20 people are effectively covered against becoming seriously ill from coronavirus, but 1 in 20 is not.

Since vaccines are less effective against [variants](#), and given that the population below age 16 is currently not eligible for vaccination (vaccines are still in development for anyone under the age of 16), it is expected the U.S. may not reach herd immunity until sometime in 2022, said [Commissioned Ruling Elder Lisa Allgood](#), executive presbyter for the [Presbytery of Cincinnati](#), who worked as an immunocytochemist in the pharmaceutical industry for 36 years.

The [Centers for Disease Control and Prevention](#) (CDC) recommends that masks and distancing remain in effect until the average number of new cases in the U.S. drops below 10,000 a day, Allgood said. Currently the number of new cases in the U.S. is about 50,000 per day, down from nearly 250,000 new cases per day as recently as January, the CDC said.

The [latest CDC recommendations](#) are that individuals who are fully vaccinated (at least two weeks past the last shot) may safely gather unmasked, but only with family and small groups who are in low-risk

categories. These recommendations specify that fully vaccinated people must still wear masks, socially distance and avoid large gatherings in a public setting.



*Lisa Allgood is executive presbyter for the Presbytery of Cincinnati.
(Contributed photo)*

What does this mean for opening Presbyterian sanctuaries for worship? “Vaccinations are not a magic cape,” Allgood said. So even being fully vaccinated does not allow churches to throw risk-limiting behavior out the window — not yet. “I know personally of cases where fully vaccinated people have gotten infected with a variant, and it’s possible fully vaccinated individuals may still carry and spread the virus.”

“Session is responsible for the use and conditions of use for the building, and for decisions around that,” Allgood said.

“Session, not the pastor, is also then responsible to monitor and enforce any conditions of use of the building. Whatever conditions of use established by session must be enforced for the congregation, committees and outside groups.”

Allgood recommends creating a decision tree that takes into consideration the COVID status, vulnerable populations, the building itself, vulnerability (if any) of the pastor or worship leader, as well as the ability of the church to conduct virtual worship.

In Ohio, the government color-coded COVID status system is made up of seven medically relevant data points that are objective and unbiased. If a county is in the red or purple, Presbytery of Cincinnati strongly urges churches to meet virtually. In other states, a system available at covidactnow.org is made up of five medically relevant data points that are objective and unbiased. If a county is in orange or red, presbytery leaders strongly urges churches to meet virtually.

CDC has a state and county-by-county [tracker tool](#) (updated daily) that is credible, objective and unbiased in reporting level of transmission as low, moderate, substantial and high. Allgood recommends choosing one data source and sticking with it. “You will drive yourself crazy if you try to reconcile multiple sources, as reports are compiled at different times,” she said.

The Presbytery of Cincinnati, a [Matthew 25 presbytery](#), has strongly urged churches to stay virtual for now, and to consider outdoor worship as the weather gets warmer, Allgood said. The presbytery urges churches that elect to go back to in-person worship to adhere to the following:

- Masks are mandatory and must be worn at all times.
- Session members should plan to either provide masks for people who have signed up in advance (see below) and don’t have one, or to turn them away.
- Singing only if masked. Better not to sing at all; there are ways to have hymns played on the piano (maybe words on a screen if you have one).
- Nothing that blows air around during worship — if your air conditioning or heater blows air over the congregation, pre-cool or pre-heat the room, then turn the blower off during the service

(encourage coats and sweaters if you must). Open windows and doors that provide fresh air ventilation is great!

- Special filters, foggers, UV, etc., only clean the air until that air blows over someone who is infected — then the air is dirty and infectious. And remember, 40% of people never show symptoms but are still infectious, and a person who develops symptoms can be infectious and asymptomatic for up to eight days.
- Maintain more than 6 feet of physical distancing between family groups — estimate in advance how many people your sanctuary can realistically hold with at least 6 feet of distance.
- Limit anything that is passed around or touched by multiple people. Leave collection plates in the back for people to put offerings in. Leave communion elements in the back for people to pick up in advance or have them bring their own.
- Have a sign-up sheet before the service so you can estimate how many people want to come (and cut off the sign-up process when you've reached your calculated maximum).
- If people try to come in who have not signed up in advance, session members need to be at the door to tell them no if you're already at maximum attendance. Sign-up sheets also are useful, in case you need to do contact tracing should there be an exposure.
- If there is an exposure, contact the local board of health immediately. Shut the building and in-person meetings down for two weeks.
- Exclude use of bathrooms or any other part of the building, or limit bathrooms to one person at a time and provide alcohol wipes for them to clean surfaces they've touched.

[Herd immunity](#), defined for COVID-19 as 70-80% of an entire population being fully vaccinated, isn't expected in the U.S. until sometime in 2022, or at the earliest late 2021, Allgood said.



There's no art but plenty of science behind taking continued precautions against COVID-19. (Illustration by Yaroslav Danylchenko from Pexels)

There are at least 17 U.S. states that have no mask mandates, 11 that never had a mandate and six that have dropped their mask mandates recently. According to Dr. Andrea Klemes, a fellow of the American College of Endocrinology, "Removing mask mandates is absolutely the wrong thing to do." She writes that the new variants are a reason to be vigilant.

"The new variants are more than troublesome," Klemes explained. "Many of them are more communicable and one, the British variant, is looking like it may be more virulent. This is why we need to keep washing our hands, wearing masks and practicing social distancing. And why we should get the vaccine when it's our turn. Don't let up now!"

Allgood said the infection rate in the U.S. is 15 times what it is in the rest of the world. As of March 15, the U.S. has had about [29.5 million confirmed cases](#) of COVID-19 and nearly 540,000 deaths. This

is more than all the U.S. deaths from World War II, Korea and Vietnam combined. The death rate is still accelerating, according to the [World Health Organization](#), with a global average of one death from COVID-19 every 15 seconds.

WHO has declared COVID-19 to be an endemic virus, meaning it may never be out of circulation in the human population. “Vaccines on the shelf won’t help eradicate the virus,” Allgood said. “If you can get vaccinated, do — it will take all of us to keep this endemic virus at a non-pandemic level in the global population.”

Allgood’s next presentation, “Viruses, Vaccines and Variants ... Oh My!” will be shared with the Presbytery of Philadelphia at 2 p.m. Eastern Time Tuesday and archived [here](#).

Trained as an immunocytochemist and a graduate of the University of Medicine & Dentistry of New Jersey, Lisa Allgood spent 36 years as an executive in the pharmaceutical industry. She is a Commissioned Ruling Elder in the Presbyterian Church (U.S.A.) and Executive Presbyter for the Presbytery of Cincinnati.

Allgood is Secretary of the Board of Directors for Sinapis, a Christian nonprofit based in Kenya serving entrepreneurs in 10 countries on two continents, training and equipping them to build their businesses, thereby breaking the cycle of poverty in a Christian ethical framework, and also serves on the Board of Women Helping Women, working on breaking the cycle of gender-based violence.

Since the beginning of the COVID-19 pandemic, she has shared her wisdom, expertise and practical advice with presbyteries and congregations within the PC(USA). The intersectionality of Allgood’s skills and experience in both presbytery work and immunology has made her presentations invaluable for such a time as this.