



# CMSA

The Colleges of Medicine of South Africa NPC

Nonprofit Company (Reg No. 1955/000003/08)  
Nonprofit Organisation (Reg. No. 009-874 NPO)  
Vat No. 4210273191

27 Rhodes Avenue, PARKTOWN WEST, 2193

Tel: +27 11 726 7037; Fax: +27 11 726 4036

**College of Public Health Medicine  
Under the CMSA**

**Website:** [www.cmsa.co.za](http://www.cmsa.co.za)

28 May 2020

## **College of Public Health Medicine statement on the decision to allow religious gatherings of up to 50 people at Alert Level 3 under the Disaster Regulations for COVID-19**

The College of Public Health Medicine (CPHM) is one of the Constituent Colleges of the Colleges of Medicine of South Africa. The CPHM is the examining body for medical specialists in Public Health Medicine and has over 160 fellows distributed across the country, actively involved in contributions to controlling the spread of COVID-19 in South Africa. The views of the College are therefore reflective of the current expertise in Public Health Medicine in South Africa.

The CPHM notes with concern the decision taken by the National Coronavirus Command Council and announced by President Cyril Ramaphosa on 26 May 2020 and contained in the regulations published by Minister of Cooperative Governance and Traditional Affairs, Dr Nkosazana Dlamini Zuma on 28 May 2020 that places of worship will be allowed to resume religious services of up to 50 people when the country moves to Alert Level 3 on 1 June 2020. We acknowledge the importance of religious worship to the spiritual and emotional wellbeing of millions of South Africans and recognise the rights contained in our Constitution to freedom of religion. It is, however, our considered view that the decision to allow religious gatherings of up to 50 individuals compromises one of the few effective public health tools we currently have at our disposal against COVID-19 namely physical (social) distancing and is a setback for the country's COVID-19 public health response. We set out below, why we believe this to be the case.

There is growing evidence globally of SARS-CoV-2 transmission during religious gatherings where a few infected individuals transmit the virus to large numbers of attendees, some of whom die. Six examples are listed below:

1. On 18 February 2020, a 61-year-old congregant of Shincheonji Church in Daegu, South Korea tested positive for COVID-19 ('Patient 31'). By 20 February 2020, 15 more individuals connected to this church were found to have COVID-19. By 25 March 2020, this particular church cluster made up 5080 of South Korea's 9137 cases.<sup>1</sup>
2. Two infected individuals attended church events in Arkansas, USA between 6 March and 8 March 2020. Of the 94 individuals who attended the events around that period, 92 were traced. Of these 92, 35 (38%) were confirmed as having COVID-19 with three deaths. From

---

<sup>1</sup> Shin Y, Berkowitz B, Kim MJ. How a South Korean church helped fuel the spread of the coronavirus. Washington Post. 2020 March 25. [cited 2020 May 27]. Available from: <https://www.washingtonpost.com/graphics/2020/world/coronavirus-south-korea-church/>

contact with these infected individuals, a further 26 COVID-19 cases (who did not attend church) were confirmed in the community with one death.<sup>2</sup>

3. On 10 March 2020, a choir practice at a church in Washington State, USA resulted in at least 28 confirmed cases of COVID-19 among the approximately 60 who attended the practice with at least two confirmed COVID-19 deaths.<sup>3</sup>
4. At least 51 cases and 7 deaths have been linked to a church gathering that took place between 16 and 22 March in Kansas, USA.<sup>4</sup> It is believed that this event was attended by 150 to 200 individuals.<sup>5</sup>
5. Following the death of a priest at a church in Texas, USA on 13 May 2020, five members of the religious order that he lived with tested positive for COVID-19. Two of these were priests who had been involved in public masses from 2 May 2020. It is not known how many members of the congregation may have been infected. The church has cancelled masses indefinitely.<sup>6</sup>
6. Five tourists who were later found to have COVID-19 attended a prayer meeting in Free State, South Africa between 10 and 11 March 2020. At least 67 of the approximately 895 attendees were subsequently confirmed to be COVID-19 positive. There have been at least three deaths linked to this cluster.<sup>7</sup> This event seeded cases into other provinces.

Yong *et al*<sup>8</sup> notes that there are certain characteristics of religious gatherings that lends itself to transmission of SARS-CoV-2:

1. These gatherings consist of prolonged repeated activities with individuals in close proximity enabling the virus to be transmitted through droplets or fomites.
2. Social interactions at religious gatherings facilitate transmission of SARS-CoV-2. These interactions differ from settings where people do not know each other and should be considered similar to large family gatherings.
3. Singing which is a common characteristic of religious worship across religions and denominations can generate droplets in quantities that are similar to coughing.

The available data suggests that 55% of South African adults attend weekly religious services.<sup>9</sup> This equates to over 20 million people attending religious services for an hour or two every week. With

---

<sup>2</sup> James A, Eagle L, Phillips C, et al. High COVID-19 Attack Rate Among Attendees at Events at a Church — Arkansas, March 2020. *MMWR Morb Mortal Wkly Rep* 2020;69:632–635.

<sup>3</sup> Waldrop T, Toropin K, Sutton J. 2 dead from coronavirus, 45 ill after March choir rehearsal. *CNN US*. 2020 April 2. [cited 2020 May 27]. Available from: <https://edition.cnn.com/2020/04/01/us/washington-choir-practice-coronavirus-deaths/index.html>

<sup>4</sup> Holmes M. 7 deaths, 51 COVID-19 cases related to KCK church gathering. *KCTV 5 News*. 2020 April 20. [cited 2020 May 28]. Available from: [https://www.kctv5.com/coronavirus/7-deaths-51-covid-19-cases-related-to-kck-church-gathering/article\\_7ad23784-833c-11ea-b588-d7dd9fad8338.html](https://www.kctv5.com/coronavirus/7-deaths-51-covid-19-cases-related-to-kck-church-gathering/article_7ad23784-833c-11ea-b588-d7dd9fad8338.html)

<sup>5</sup> Moore K. Church conference in Kansas City, Kansas, linked to 44 COVID-19 cases, five deaths. *The Kansas City Star*. 2020 April 16. [cited 2020 May 28]. Available from: <https://www.kansascity.com/news/coronavirus/article242066041.html>

<sup>6</sup> Lemos G, Ries B. Texas church cancels masses following death of a possibly Covid-19 positive priest. *CNN US*. 2020 May 20. [cited 2020 May 28]. Available from: <https://edition.cnn.com/2020/05/19/us/texas-church-covid19-priest-trnd/index.html>

<sup>7</sup> Boonzaier D. Free State church gathering: elderly church leader succumbs to Covid-19. *City Press*. 2020 April 5. [cited 2020 May 27]. Available from: <https://city-press.news24.com/News/free-state-church-gathering-elderly-church-leader-succumbs-to-covid-19-20200404>

<sup>8</sup> Yong SE, Anderson DE, Wei WE, et al. Connecting clusters of COVID-19: an epidemiological and serological investigation. *The Lancet Infectious Diseases*. 2020 Apr 21.

tens of thousands of religious services taking place weekly, the potential for SARS-CoV-2 transmission is immense. Research findings suggest that 59% of adults aged 40 and above attend weekly religious services in South Africa.<sup>9</sup> A large proportion of this group is likely to be over the age of 60 or to have underlying medical conditions (such as hypertension, obesity and diabetes) which are risk factors for severe COVID-19 infection and death.

South Africa's daily COVID-19 case numbers are on the increase. Current models suggest the 'peak' in SA could take place sometime between July and September. In various parts of the country, SA is currently experiencing community transmission and/or cluster transmission. In this context, the decision to allow religious gatherings under Alert level 3 appears to be premature. In contrast, New Zealand adopted a similar alert system as South Africa (albeit with 4 levels) but that system does not allow religious gatherings at comparative stages. Despite having contained the epidemic in their country now for several weeks, religious gatherings in New Zealand have been limited to a maximum of 10 people with that only due to change on 29 May 2020.<sup>10</sup>

We take note that President Ramaphosa's address and the regulations published on 28 May make reference to the reopening of places of worship being subject to restrictions. Our concerns regarding the implementations of these measures are as follows:

1. Social (physical) distancing: The regulations indicate that numbers will be limited based on the size of the space available. This will require thousands of places of worship throughout the country to determine the size of the space they have available and the numbers they can accommodate to allow for adequate physical distancing, and then to turn people away once they reach their limit. This appears to be neither feasible nor practical. The government is unlikely to have the capacity to monitor and enforce such restrictions.
2. Use of face masks: The evidence for the effectiveness of cloth face masks in preventing COVID-19 transmission is currently very limited.<sup>11</sup> If worn correctly, it may prevent an infected individual from transmitting the virus to others. We remain concerned that the majority of South Africans do not appear to be wearing facemasks correctly (and further health promotion interventions are needed in this regard). The possibility of infected individuals who are not wearing masks or are wearing them incorrectly transmitting the infection (e.g. when singing) is a serious concern.
3. Hygiene measures: Given the short timeframe between the announcement that places of worship will be allowed to reopen and the intended date of reopening as well as the costs associated with these measures, it is likely that a large proportion of places of worship will not have these measures in place. The government is unlikely to have the capacity to monitor and enforce this.

The decision to allow religious gatherings of up to 50 people has several public health and health systems implications with respect to the COVID-19 response:

---

<sup>9</sup> Hackett C. The age gap in religion around the world. Pew Research Center. 2018 Jun.

<sup>10</sup> New Zealand Government. Religious communities: Advice for religious communities around COVID-19 [Internet]. Wellington: New Zealand Government. [revised 2020 May 27; cited 2020 May 28]. Available from: <https://covid19.govt.nz/communities/religious-communities/>

<sup>11</sup> Colleges of Public Health Medicine. Reducing the transmission of COVID 19 when using cloth face masks : informing public health recommendations (31 March 2020). Johannesburg: Colleges of Medicine of South Africa; 2020. Available from: [https://www.cmsa.co.za/view\\_news\\_item.aspx?NewsID=150](https://www.cmsa.co.za/view_news_item.aspx?NewsID=150)

1. Contact tracing capacity: One of the cornerstones of SA's response to COVID-19 has been the tracing of contacts of COVID-19 cases. Given SA's current case numbers, the capacity to continue to do this is limited. With the transmission of COVID-19 in gatherings of potentially up to 50 people, SA's contact tracing capacity will rapidly be exhausted.
2. Contact tracing feasibility: Contact tracing at religious gatherings would necessitate the keeping of registers for this to be effective. The experience of registers being kept accurately in public facilities currently open is unclear and anecdotal evidence suggests these registers are not capable of supporting effective contact tracing. Completing a register before entry to a religious institution may itself be a focus for transmission if not done properly (e.g. with a pen that is disinfected or self-completion with your own pen). Short of quarantining the entire congregation, there would be no way to identify close contacts.
3. Testing capacity: South Africa's testing capacity is currently under strain. There is a global shortage of test kits. The decision puts SA at risk of having more people to test who cannot be tested.
4. Hospital capacity: The key goal of the lockdown as articulated by Health Minister Zweli Mkhize was to 'flatten the curve' to build health system capacity. That capacity is already being tested in parts of the country with community transmission of COVID-19. A potential surge of cases through infections at religious gatherings could undo the work that has been done to build capacity. This, in turn, may lead to deaths that could have been avoided due to lack of ICU beds, ventilators, etc.
5. Health workforce morale: South Africa's public health workforce (community health workers, epidemiologists, public health medicine specialists) have worked tirelessly over the last few months to 'flatten the curve'. Frontline health workers continue on a daily basis to manage COVID-19 patients to the best of their ability despite the personal risk. On face value, this decision appears to undermine the work that has been done and has the potential to negatively impact the morale of SA's health workforce.

Based on the public health implications of this decision, it is not immediately clear as to why it was taken. The lockdown regulations under level 5 and 4 have forced religious bodies to think of different ways to ensure worship can continue in safe ways. Both television and radio have been used to reach people with religious programming for decades. We would encourage support from government and other stakeholders for such alternatives to continue and to avoid forms of worship that rely on sharing common physical spaces.

The Council of the College of Public Health Medicine therefore urges President Cyril Ramaphosa and the National Coronavirus Command Council to reconsider and reverse their decision to allow religious gatherings at Alert Level 3 and for the Minister of Cooperative Governance and Traditional Affairs, Dr Nkosazana Dlamini Zuma to revoke said regulation in the interest of the health of the South African population.

Released by the Council of the College of Public Health Medicine  
28<sup>th</sup> May 2020

for further details contact Dr Saiendhra Moodley; email [saiendhra@gmail.com](mailto:saiendhra@gmail.com); or Professor Leslie London; email [leslie.london@uct.ac.za](mailto:leslie.london@uct.ac.za)