

COVID-19 Update Rabbi Dr Glatt: Why this Tremendous Surge Now all Over Frum Communities?

By 5TC Team - September 24, 2020



Rabbi Aaron E. Glatt, MD

We are again at a crossroads. Both in the Jewish calendar, entering into Yom Kippur, where life and death decisions will be made, and in the world of COVID-19, with a disconcerting continuing rise in cases in our area, where life and death decisions will be made.

"Mi Bamageifa" (and who will die by plague...):

In just the past 24 hours, I have been inundated with numerous pressing *shailos* from communities all over regarding COVID-19 exposures. Here are but a few of the quarantine questions that Rabbonim and shul presidents have asked me.

“Our Bech Hashana chazzan said wearing a mask was too difficult. He davened for
Subscribe without one. He developed symptoms and tested positive the following day...”

"Our Rav gave a *drasha* on *Rosh Hashana* without a mask. He turned positive the next day..."

"A Rebbi (who was also a chazzan in a shul) did not wear a mask in his school or shul. He turned positive after Rosh Hashana..."

All wanted to know – does everyone in shul / school class need to quarantine?

Speciously, many people remain unconcerned about their spreading COVID-19 and ruining Yom Kippur and Succos for everyone they come into contact with, as evidenced by the laxity in some communities and some individuals regarding masking and distancing compliance. Based on what?

To remove any doubts about the scientific truths to date, these are the undisputed COVID-19 facts.

Worldwide to date: **Cases:** 31,672,300; **Deaths:** 972,081

United States to date: **Cases:** 6,897,661; **Deaths:** 200,818

The U.S. this week has an average of 41,490 new COVID-19 cases daily, up 13% from the average seen two weeks ago. That comes to 13 new cases / 100,000 population. At least 27 states are now reporting increased cases compared to just 9 states on September 14. On average, the U.S. is seeing ~ 770 daily ***deaths***, and a model from the University of Washington predicts the U.S. death toll will double to 400,000 before the end of the year. The U.S. accounts for 4% of the world's population, but has ~ 20% of the world's deaths from COVID-19. Dr. Michael T. Osterholm, an excellent reputable senior epidemiologist at the University of Minnesota, stated: "I think we're just in the beginning of what's going to be a marked increase in cases in the fall. And it won't be just a testing artifact, either. This is real."

Israel: Sadly, *acheinu beis Yisroel* has been averaging well over 4,000 new cases daily, a rate of 47 new cases / 100,000, a rate 3.5x the U.S. incidence, a rate higher than any other country in the world at this time. Today there were 6,782 cases. Hospitals in Israel are nearing overload, surpassing the safe number of patients that they are able to care for. *Hashem yeracheim*.

5 Towns: Each one of the 5 Towns falls in the highest new case incidence numbers for Nassau County. Lawrence holds the number one spot in the County for the last 8 weeks, with Cedarhurst 3rd, followed by Great Neck 4th, Woodmere 5th and Hewlett 6th. Inwood is 8th.

Far Rockaway: FR has the distinction, along with 5 other neighborhoods (Midwood, Borough Park, Williamsburg, Kew Gardens and Bensonhurst) of accounting for 20% of all new NYC cases.



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How do you think these / our neighborhoods are described in the lay press and by the Department of Health? What type of comments do you think are being made on polite social

media, never mind on the dark web and nefarious sites that always besmirch us.

Why is this happening now?

This all “re-started” with the flagrant disregard for scientifically vetted guidelines around weddings and *kiddushim*, large public gatherings, with many people eating unmasked and in close proximity.

What proof exists, you may ask, that such events indeed cause suffering? Maine public health officials just published a shocking report of an August 7th wedding in Millinocket, Maine. At the wedding, guests ignored social distancing guidelines and mask recommendations. The results: 135 guests got COVID-19, with 7 guests **DYING** from this wedded bliss exposure. Do you think that young couple will ever be able to look back happily at what should have been one of the most joyous events in their life, knowing that their “simcha” was the cause of so much misery? This wedding is just one in a list of several studied “superspreader” events in the country over the summer. How many more are still to occur?

Do we all have such a short collective memory of what happened Purim and Pesach? Have we forgotten the numerous funerals and *shivah* calls that we zoomed? Aren't we “*gomlei chassadim*”?

How can any person insist on their ‘right’ to ***not wear a mask*** when it will potentially cause a fellow person to die? When it might perpetuate a vile *chilul Hashem that our community does not follow public health guidelines*? How many yeshivas and shuls have to be publicly quarantined before we realize the *bittul Torah* and *bittul tefillah betzibbur* that we have caused?

All of this can still be avoided by following the simple – *and not so difficult* – halachic obligation to mask and social distance. This statement is based on my conversations with numerous *poskim* from all aspects of the frum community.

Rabbi Axelrod, *shlita*, will be giving his inaugural **Shabbos Shuva drasha** this *motzei* Shabbos, September 26th, at 9:00 PM. He asked me to please still give my COVID-19 update Zoom talk *before* his shiur, which I will do from 8:15 – 8:45 PM this *motzei* Shabbos. You can join both sessions via:

Zoom at Meeting ID 980 3243 6809; Password: SUMMER2020;

or by phone: 929 205 6099;

or via YouTube link obtainable from yiwoodmerecovidupdate@gmail.com.

Obviously, there will not be talks *motzei* Shabbos *Succos* / *Shmini Atzeres*, and based upon need, we will see when future talks will be given.

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A couple of important brief news items worthy of dissemination.

From The NY Times (based upon unpublished research from the Riken Center for Computational Science, a research institute in Kobe, Japan, a city noteworthy for saving many Holocaust refugees and housing Yeshivas in WW II):

Plastic face shields do NOT prevent the spread of microscopic airborne particles created by such activities as talking, singing or sneezing. Such shields do almost nothing to stop the spread of microscopic airborne droplets that are a major vector for spreading the disease. While I have reported that face shields may be somewhat protective for teachers and others wearing them while working with unmasked children, they are almost completely ineffective at protecting others from the wearer's own droplets, according to Makoto Tsubokura, a professor at Kobe University and the lead researcher on this project.

From Eurosurveillance:

A laboratory marker measuring the ability to perform aerobic exercise was lower in military recruits who recovered from symptomatic COVID-19 versus recruits who had not had COVID-19. Decreased pulmonary aerobic capacity was observed in even such young individuals recovered from COVID-19. Long-term effects on lung function have been noted after even mild to moderate influenza infection and appear to be present after COVID-19 as well. Additional research to understand the incidence and long-term consequences is needed.

From **JAMA Internal Medicine:**

Recombinant human granulocyte colony-stimulating factor given to patients with a very low lymphocyte blood count appeared to prevent progression to severe disease and death in COVID-19 patients. A very preliminary report, but another potential line of therapy.

From the **MMWR:**

While early in the pandemic, COVID-19 incidence was highest among older adults, this picture has drastically changed and may explain in part the decreased rate of hospitalizations that we are experiencing and allowing for less severe disease presentations. During June – August 2020, COVID-19 incidence was highest in persons aged 20 – 29 years, who accounted for > 20% of all confirmed cases.

Important to remember however is that younger adults do contribute to community transmission of COVID-19. Across the southern United States in June 2020, increases in percentage of positive COVID-19 testing results among adults aged 20–39 years **preceded** increases among those aged ≥60 years by 4–15 days. What this means is that the next two weeks are very important in determining what the current increased caseload will mean to the 'at greater risk' populations. The authors therefore strongly stated that strict adherence to community mitigation strategies and personal preventive behaviors among younger adults is critical to reduce infections and subsequent transmission to persons at high risk for severe illness.



From the **MMWR**:

Fortunately, influenza activity is currently low in the United States and globally, although cases have been reported already this season in our region. An important and lifesaving additional benefit from masking was described in this important paper.

Following widespread adoption of community mitigation measures to reduce COVID-19 transmission, the percentage of U.S. respiratory specimens submitted for influenza testing that tested positive decreased from >20% to 2.3% and has remained at historically low levels. Data from Southern Hemisphere countries also indicate little influenza activity. The global decline in influenza virus circulation appears to be real and concurrent with the COVID-19 pandemic and its associated community mitigation measures. However, it remains critically important to get vaccinated against the flu. Influenza vaccination for all persons aged ≥ 6 months remains the best method for influenza prevention and is especially important this season when COVID-19 and influenza virus will cocirculate.

From the MMWR:

Symptoms associated with COVID-19 infection are *Boruch Hashem* milder in children compared with adults. **However, we should not mistakenly think that all children will have unimportant mild clinical illness.** There tragically have been 121 COVID-19 associated deaths among children aged < 21 years reported to the CDC by July 31, 2020. 12 (10%) were infants and 85 (70%) were aged 10–20 years. 33% of the deaths occurred outside of a hospital.

Persons aged < 21 years can unfortunately get very sick from COVID-19. This paper, as well as the **Eurosurveillance** paper above, illustrate why this disease cannot be taken lightly by anyone.

From the BMJ (not to be confused with the BMG 😊)

Post-acute covid-19 (known colloquially as “**Long Covid**”) is a poorly understood multisystem disease, sometimes occurring even after a relatively mild acute illness, but more frequently in patients exposed to a higher inoculum of virus and having more severe disease. Clinical management requires a whole-patient perspective, is quite labor intensive, and has only limited benefit at best. At least 10% of people experience prolonged illness after covid-19, with a recent US study finding that 35% of people had not returned to their previous level of health 14 – 21 days after their positive test. While many of these patients recover spontaneously (albeit slowly) with holistic support, rest, symptomatic treatment, and gradual increase in activity, the true long term prognosis of long COVID-19 remain to be determined.

Finally, the CDC just published guidelines for holiday celebrations, albeit not the High



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Holidays on Succos. (<https://www.cdc.gov/coronavirus/2019-ncov/daily-life-holidays.html>). Their practical advice for secular and non-Jewish holidays are very congruent with what we have discussed many times in this venue. One part masking, one

part social distancing and one part hand hygiene, sprinkled with a tremendous amount of decent seichel, will make for one very delicious safe and enjoyable holiday.

In the merit of our masking and thereby doing the bidding of Hashem,

may we all merit a gmar tov and good Shabbos.
