

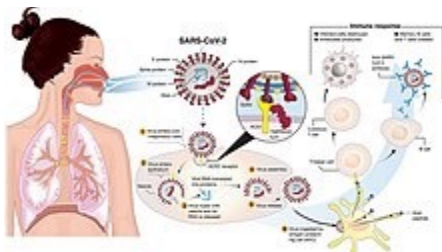
COVID19 (SARS-CoV-2)
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Coronaviruses are a group of related RNA viruses that cause diseases in mammals and birds that can range from mild to lethal. Mild illnesses in humans include some cases of the common cold, while more lethal varieties can cause SARS, MERS, and COVID-19.

The most recent common ancestor of all coronaviruses is estimated to have existed as recently as 8000 BCE, although some models place the common ancestor as far back as 55 million years or more. Bats and birds, as warm-blooded flying vertebrates, are an ideal natural reservoir for the coronavirus gene

The COVID-19 pandemic has exploded since cases were first reported in China in December 2019. As of July 1, 2021, more than 182 million cases of COVID-19—caused by SARS-CoV-2 infection—have been reported globally, including more than 3.9 million deaths.¹

Individuals of all ages are at risk for SARS-CoV-2 infection and severe disease. However, the probability of serious COVID-19 disease is higher in people aged ≥ 60 years, those living in a nursing home or long-term care facility, and those with chronic medical conditions. In an analysis of more than 1.3 million laboratory-confirmed cases that were reported in the United States between January and May 2020, 14% of patients required hospitalization, 2% were admitted to the intensive care unit, and 5% died. The percentage of patients who died was 12 times higher among those with reported medical conditions (19.5%) than among those without medical conditions (1.6%), and the percentage of those who were hospitalized was six times higher among those with reported medical conditions (45.4%) than among those without medical conditions (7.6%). The mortality rate was highest in those aged >70 years, regardless of the presence of chronic medical conditions. Among those with available data on health conditions, 32% had cardiovascular disease, 30% had diabetes, and 18% had chronic lung disease. Other conditions that may lead to a high risk for severe COVID-19 include cancer, kidney disease, obesity, sickle cell disease, and other immunocompromising conditions. Transplant recipients and pregnant people are also at a higher risk of severe COVID-19.³⁻¹⁰



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SARS-CoV-2 Variants

Like other RNA viruses, SARS-CoV-2 is constantly evolving through random mutations. Any new mutations can potentially increase or decrease infectiousness and virulence. In addition, mutations can increase the virus' ability to evade adaptive immune responses from past SARS-CoV-2 infection or vaccination. This may lead to an increased risk of reinfection or decreased efficacy of vaccines.¹⁸ There is already evidence that some SARS-CoV-2 variants have reduced susceptibility to plasma from people who were previously infected or immunized, as well as to select monoclonal antibodies that are being considered for prevention and treatment. The Delta variant appears to multiply and spread faster, but it is not yet certain that is more virulent.

Vaccines

Prior to COVID19, a vaccine for an infectious disease had never been produced in less than several years – and no vaccine existed for preventing a coronavirus infection in humans.^[17] However, vaccines have been produced against several animal diseases caused by coronaviruses, including (as of 2003) infectious bronchitis virus in birds, canine coronavirus, and feline coronavirus. Previous projects to develop vaccines for viruses in the family *Coronaviridae* that affect humans have been aimed at severe acute respiratory syndrome (SARS) and Middle East respiratory syndrome (MERS). Vaccines against SARS^[19] and MERS^[20] have been tested in non-human animals. According to NIH sources, a vaccine does exist for SARS and one for MERS, but have not had to be further tested or used because of the success of Public Health measures to control its spread. The work on vaccines for SARS and MERS is among the reasons scientists were able to develop the COVID-19 vaccine so quickly and to be able to safely shorten the time spent doing early separate phase I, II and III trials..

Many vaccine technologies being developed for COVID19 are not like vaccines already in use to prevent influenza, but rather are using "next-generation" strategies for precise targeting of COVID19 infection mechanisms

An RNA vaccine contains RNA(ribonucleic acid) which, when introduced into a tissue, acts as messenger RNA (mRNA) to cause the cells to build the foreign protein and stimulate an adaptive immune response which teaches the body how to identify and destroy the corresponding pathogen or cancer cells. RNA vaccines were the first COVID19 vaccines to be authorized in the United Kingdom, the United States and the European Union. Authorized vaccines of this type are the Pfizer–BioNTech COVID-19 vaccine and the Moderna COVID-19 vaccine. Severe allergic reactions are very rare.

Adenovirus vector vaccines

These vaccines are examples of non-replicating viral vector vaccines, using an adenovirus shell containing DNA that encodes a SARSCoV2 protein.^{[48][49]} The viral vector-based vaccines against COVID19 are non-replicating, meaning that they do not make new virus particles, but rather produce only the antigen which elicits a systemic immune response.

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Authorized vaccines of this type are the Oxford–AstraZeneca COVID-19 vaccine the Sputnik V_COVID-19 vaccine,¹ Convidecia, and the Janssen COVID-19 vaccine

Inactivated virus vaccines

Inactivated vaccines consist of virus particles that have been grown in culture and then are killed using a method such as heat or formaldehyde to lose disease producing capacity, while still stimulating an immune response.^[61]

Authorized vaccines of this type are the Chinese CoronaVac, BBIBP-CorV,^[65] and WIBP-CorV; the Indian Covaxin; later this year the Russian CoviVac;^[66] and the Kazakhstani vaccine QazVac.^[67] Vaccines in clinical trials include the Valneva COVID-19 vaccine.

Subunit vaccines

Subunit vaccines present one or more antigens without introducing whole pathogen particles. The antigens involved are often protein subunits, but can be any molecule that is a fragment of the pathogen.^[70]

The two authorized vaccines of this type are the peptide vaccine EpiVacCorona and ZF2001. Vaccines with pending authorizations include the Novavax COVID-19 vaccine, Soberana 02 (a conjugate vaccine), and the Sanofi–GSK vaccine.

Other types

Additional types of vaccines that are in clinical trials include virus-like particle vaccines, multiple DNA plasmid vaccines at least two lentivirus vector vaccines conjugate vaccine, and a vesicular stomatitis virus displaying the SARSCoV2 spike.

Currently authorized vaccines in the United States are highly effective at protecting vaccinated people against symptomatic and severe COVID-19. Fully vaccinated people are less likely to become infected and, if infected, to develop symptoms of COVID-19. They are at substantially reduced risk of severe illness and death from COVID-19 compared with unvaccinated people.

Infections in fully vaccinated people (breakthrough infections) happen in only a small proportion of people who are fully vaccinated, even with the Delta variant. Moreover, when these infections occur among vaccinated people, they tend to be mild.

However, [preliminary evidence](#) suggests that fully vaccinated people who do become infected with the Delta variant can be infectious and can spread the virus to others.

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Public Health Recommendations as of July 27,2021 from the CDC and NMDOH

Fully vaccinated people can:

- Participate in many of the activities that they did before the pandemic; for some of these activities, they may choose to wear a mask.
- Resume domestic travel and refrain from testing before or after travel and from self-quarantine after travel.
- Refrain from testing before leaving the United States for international travel (unless required by the destination) and refrain from self-quarantine after arriving back in the United States.
- Refrain from routine screening testing if feasible.

However, preliminary evidence suggests that fully vaccinated people who do become infected with the Delta variant can spread the virus to others. To reduce their risk of becoming infected with the Delta variant and potentially spreading it to others: CDC recommends that fully vaccinated people:

- Wear a mask in public indoor settings if they are in an area of substantial or high transmission.
 - Fully vaccinated people might choose to mask regardless of the level of transmission, particularly if they or someone in their household is immunocompromised or at increased risk for severe disease, or if someone in their household is unvaccinated. People who are at increased risk for severe disease include older adults and those who have certain medical conditions, such as diabetes, overweight or obesity, and heart conditions.
- Get tested if experiencing COVID-19 symptoms.
- If you came into close contact with someone with COVID-19 get tested 3-5 days after the date of your exposure and wear a mask in public indoor settings for 14 days after exposure or until a negative test result.
- Isolate if they have tested positive for COVID-19 in the prior 10 days or are experiencing COVID-19 symptoms.
- Follow any applicable federal, state, local, tribal, or territorial laws, rules, and regulations.
- **About the Delta Variant:** Vaccines are highly effective against severe illness, but the Delta variant causes more infections and spreads faster than earlier forms of the virus that causes COVID-19. Learn more about variants in the US.
- People who are immunocompromised should be counseled about the potential for reduced immune responses to COVID-19 vaccines and to follow current prevention measures (including wearing a mask, staying 6 feet apart from others they don't live with, and avoiding crowds and poorly ventilated

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indoor spaces) regardless of their vaccination status to protect themselves against COVID-19 until advised otherwise by their healthcare provider.

Recommendations for Indoor Settings

- Risk of SARS-CoV-2 infection, severe disease, and death is reduced for fully vaccinated people. Though they happen in only a small proportion of people who are fully vaccinated, some infections do occur among fully vaccinated people.
- Fully vaccinated people who do become infected with the Delta variant can transmit it to others. Therefore, fully vaccinated people can further reduce their risk of becoming infected with the Delta variant and transmitting it to others by wearing a mask in public indoor settings in areas of substantial or high community transmission.
- Wearing a mask in public is most important for people who are immunocompromised. Fully vaccinated people might choose to mask regardless of the level of transmission, particularly if they or someone in their household is immunocompromised or at increased risk for severe disease, or if someone in their household is unvaccinated.
- People at increased risk for severe disease includes older adults and those who have certain medical conditions, such as diabetes, overweight or obesity, and heart conditions.
- Members of the household who are unvaccinated include: any persons who have not completed vaccination, who cannot be vaccinated, and those who are not eligible for vaccines, including children less than 12 years of age.
- Fully vaccinated people should also continue to wear a mask where required by federal, state, local, tribal, or territorial laws, rules, and regulations, including local business and workplace guidance, and in correctional facilities and homeless shelters.
- **Prevention measures are still recommended for unvaccinated people.**
- CDC recommends universal indoor masking for all teachers, staff, students, and visitors to schools, regardless of vaccination status. Children should return to full-time in-person learning in the fall with proper prevention strategies in place.

Recommendations for Outdoor Settings

- Current data suggest the risk of transmission of SARS-CoV-2 in outdoor settings is minimal. In general, fully vaccinated people do not need to wear a mask outdoors. Fully vaccinated people might choose to wear a mask in crowded outdoor settings if they or someone in their household is immunocompromised.

How do We Prevent the Spread of COVID-19?

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Just like with many other illnesses, the best way to protect yourself from COVID-19 is to avoid exposure to the virus that causes COVID-19. This requires taking steps to protect yourself and to protect others.

- Get vaccinated.
- Clean your hands often and avoid touching your eyes, nose, and mouth with unwashed hands.
- Cover your coughs and sneezes.
- Stay home except for essential purposes and/or to seek healthcare. • Stay home if you are sick and avoid close contact with other people who are sick.
- Practice social distancing by putting at least 6 feet of distance between yourself and other people.
- Wear a mask or cloth face covering. In New Mexico, everyone who is unvaccinated is required to wear a face covering when in public except when drinking, eating, or under medical instruction. Masks and cloth face coverings may prevent people who do not know they have the virus from transmitting it to others. Wearing a mask is a sign of respect for other people and demonstrates your desire not to be a source of infection for them, just as you would like for them to be looking out to protect you.
- Clean and disinfect frequently touched surfaces. • Vaccinated people should wear masks indoors when in an area of substantial or high transmission.

When and What Type of Face Masks Should the Public Use?

Widespread use of facemasks that cover both the mouth and nose have been shown to reduce the spread of COVID-19.

New Mexicans who are unvaccinated are required to use facemasks during the public health emergency.

Vaccinated persons do not have to wear a mask except where required by federal, state, local, tribal, or territorial laws, rules and regulations, including local business and workplace guidance. Face Mask or Cloth-Face Covering in Public

Unless a healthcare provider instructs otherwise, all unvaccinated individuals must wear a mask or cloth-face covering in public settings except when eating and drinking or swimming. The mask or cloth-face covering should cover the nose and mouth.

A mask or cloth-face covering must also be worn while exercising. This requirement includes exercising at indoor gyms, exercise classes and fitness centers. Non-compliance by an individual may result in a citation and/or fine.

NMDOH Does Not Recommend Use of Face Shields as a Substitute for Face Masks

NMDOH Does Not Recommend Face Masks with Valves or Vents

NMDOH at this time does not recommend the use of antibody testing to determine if someone is infected or if someone is protected from getting COVID-19. Instead,

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diagnostic testing should be used to determine whether someone has the virus at the time the test specimen is collected.

IF YOU ARE FULLY VACCINATED

What Should I Do If I Develop Symptoms After I Am Vaccinated? 15 If you develop symptoms, even if fully vaccinated, you must immediately isolate yourself and contact a physician to be tested as soon as possible. What Does Fully Vaccinated Mean? There are currently three vaccines available for use in the United States:

- Pfizer-BioNTech – 2 doses given at least 21 days apart • Moderna – 2 doses given at least 28 days apart
- Johnson & Johnson/Janssen – 1 dose A person is fully vaccinated 14 days after their shots are completed. What Can I Do When I Am Fully Vaccinated? Once you are fully vaccinated you can start doing some activities that were not possible before:
- You may resume activities, indoors and outdoors, without wearing a mask or physically distancing in areas of low transmission, except where required by federal, state, local, tribal, or territorial laws, rules and regulations, including local business and workplace guidance.
- If you are a close contact to someone with COVID-19, you do not need to quarantine as long as you do not develop symptoms. You should get tested on day 5 after exposure, whether or not symptoms develop.
- If you travel within the United States, you do not need to get tested before leaving nor quarantine when you return home.
- If you travel internationally, you will need to be aware of regulations at the country you are visiting. You do not need to get tested before leaving the United States, unless your country of destination requires it, and you do not need to quarantine when you arrive back in the United States. You will need a negative test result before boarding a plane to the United States, and you should get tested 3-5 days after returning home from international travel. What COVID-19 Safe Practices Should I Still Follow, Even While Vaccinated? There are steps to take even if you are fully vaccinated, in order to protect yourself and others who may be at risk of developing severe COVID-19 disease. • You should avoid medium and large-sized gatherings.
- Fully vaccinated people are recommended to wear masks indoors, in areas of substantial to high transmission. • Fully vaccinated people should wear masks outdoors, when in crowded conditions. • You will have to wear a mask if you travel on any public transportation including planes, trains and buses.
- If traveling internationally, fully vaccinated people will still have to be tested before 16 returning to the United States, and should get tested within 3-5 days after arriving in the United States. • If you are exposed to someone with COVID-19, you should get tested on day 5 after exposure and monitor yourself for symptoms for 14 days after the

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exposure. If symptoms develop you should immediately get tested and self-isolate while waiting for results.

- 1) Re-opening will not occur until approved by a majority of the Board of the TJC. Each event will need to be approved by the Board until all restrictions are lifted.
- 2) Re-opening attendance be limited to those members who have been fully vaccinated with the Pfizer, Moderna or Johnson & Johnson vaccine. The fully vaccinated period starts two weeks after the second dose of Pfizer or Moderna or single dose of Johnson & Johnson vaccine. Only members will be permitted to attend indoor events at the TJC.
- 3) No non-members will be admitted unless they are fully vaccinated at least 2 weeks before.
- 4) We have never had a fire department inspection to determine maximum occupancy. In the past, 80 attendees seems to have been the maximum comfortable number. 20 attendees be considered 25% occupancy, 24 be considered 30%, 40 be considered 50% and 60 be considered 75%. Maximum occupancy will be determined by the county standing in the state level ratings.
- 5) No member will be admitted if not feeling well, sneezing or coughing or having an elevated temperature, fully vaccinated or not.
- 6) At least 1 Board member will be available at each event at the door to screen people entering. No member will be admitted without screening. No event will take place without a Board member present.
- 7) The TJC will be thoroughly cleaned after each use.
- 8) Hand Sanitizer and soap and water will be available at all times.
- 9) The wearing of masks is suggested by to be worn by all attendees indoors and especially attendees with chronic health conditions at indoor events. As per current guidelines, this is not mandatory, but strongly suggested.
- 10) We should continue to offer ZOOM services from the TJC as long as there is a demand and attendance.
- 11) All chairs should be placed and maintained at least 3 feet away from each other.
- 12) No worship items should be physically shared, i.e. Kiddush cups, wine cups, Challah
- 13) Maximum ventilation will be maintained at all times. This includes either both doors being open, or 1 door and several windows. The library and the loft will have at least 1 window open at all times.
- 14) Outdoor events may be attended by all TJC members and guests. Fully vaccinated members and guests may be unmasked. All non-vaccinated members and guests must be masked at all times and be at least 6 feet distanced from other individuals.

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15) Any member not adhering to these guidelines will be evaluated for termination from the TJC by the TJC Board.

References:

Centers for Disease Control and Prevention

National Institutes of Health

New Mexico Department of Health

Wikipedia: Referenced material only