



FPC HOUSTON



April 4, 2020

Friends –

We think it's important to update you on some of the data and observations that those of us in the medical community are reviewing, especially in light of the Session vote to continue the temporary suspension of in-person worship through the end of April.

As of April 3, there have been 955 confirmed cases of COVID-19 in Harris County (click [here](#) for worldwide report), with the number of cases doubling approximately every four days. Modeling done by the Institute for Health Metrics and Evaluation (IHME, <https://covid19.healthdata.org/projections>) at the University of Washington, which is the model being used by most public health officials, predicts that the peak of COVID-19 cases in Texas will not occur until May 6. This means that our local community will experience a rapid escalation in the number of cases over the next few weeks, even if current social distancing measures are maintained through May.

This model also predicts that there will be approximately 6400 COVID-19 related deaths in Texas over the next 3-4 months, which likely means there will be approximately 1000 deaths in Houston alone. The good news in the model is that due to our relatively early adoption and continued maintenance of physical distancing practices, we likely will not exceed the capacity of our health care system, as occurred in Italy and is now still occurring in New York and New Orleans (click on Texas and New York on the IHME website to see the difference.)

When we first learned of COVID-19, it was believed to mainly be a disease of older adults, particularly those with significant co-morbidities such as hypertension, diabetes, obesity, and chronic heart or lung diseases. Now we know that no group is spared. Health care professionals, even those who were previously healthy, appear to be particularly susceptible to severe disease due to their high level of exposure to the SARS2 coronavirus that causes COVID-19. Also, younger adults between 20-45 years of age account for at least one-third of hospital admissions. Finally, a recently published article shows that infants are also at increased risk of severe disease. Thus, we need to do all we can to protect everyone by continuing to physically distance ourselves from people outside our households.

The SARS2 coronavirus is transmitted both by droplets that are released with coughing or sneezing (and perhaps even singing) or by the transfer of the virus from our hands to our nose, mouth, or eyes after touching a contaminated object on which viruses can survive for hours or days. Unfortunately, the people most likely to spread the disease are those with the mildest symptoms because they may not even be aware that they are infected. Although some promising treatments are being developed, none have yet been proven to be effective in the treatment of COVID-19. Further, safely developing and testing a vaccine for widespread use may take at least 12-18 months. Thus, at this time, our only defense against COVID-19 is to maintain physical distancing, including avoiding all gatherings such as in-person worship, and by practicing rigorous hygiene by frequently washing our hands and avoiding touching our faces.

To emphasize this point, here is a link to a news report about numerous “well” individuals who became infected during choir practice at a church in Washington: <https://www.latimes.com/world-nation/story/2020-03-29/coronavirus-choir-outbreak>. This rehearsal occurred near the beginning of the outbreak in the United States and at a time when there was no identified penetrance of the SARS2 virus in their community. The choir members avoided physical contact and practiced hand hygiene. A few weeks later, over half had been infected with the SARS2 coronavirus, and two had died. Finally, on April 2, at a weekly teleconference with city health officials, it was reported that members of the worship teams of two churches had contracted COVID-19 after participating in the production of their live-stream worship services, although the source of their infection has not yet been identified.

We understand everyone's desire to once again come together in our church building to worship and sing praise to the Lord. After all, we are a worshipping community. But we are also a selfless community, called to love our neighbors and our community well. There is no “safe” number of people that could attend worship at this time since it only takes one infected person to spread the infection to others. Therefore, we believe that it is essential for us as a community of faith to continue demonstrating the love of Christ by doing all that we can do to protect all members of our congregation, health care system, and the community at large. Right now, and sadly likely through May and perhaps beyond, the best way we can do this is to stay home, gather in worship via live stream, and utilize online technologies for other church-related group gatherings.

Thank you for your continued support and perseverance during this time.

Robert Moore, M.D.

Clerk of Session

FPC Coronavirus Advisory Team

Drs Gene Alford, George Mallory, Manish Shah, and Eric Thomas

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