

# Pastoral planning for a flu pandemic

Rev Nick Donnelly



Written with the mandate of Rt. Revd Patrick O'Donoghue,  
Bishop of Lancaster

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**This discussion paper has the following purposes:**

- To provide an open and frank assessment of the options facing the Diocese in respect of a flu pandemic.
- To prepare the Diocese to meet the sacramental and pastoral needs of our community during a flu pandemic.
- To create confidence in our community that the Diocese is prepared for a flu pandemic.

The principle guiding this work is – plan to deliver and hope we will never need to use it.

This report was written by Rev Nick Donnelly, Permanent Deacon of Lancaster Diocese.

Please contact him with any comments or suggestions.

01229 821866. [nickdonnelly@hotmail.com](mailto:nickdonnelly@hotmail.com)

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## **1. Why think about the pastoral consequences of a flu pandemic now?**

The World Health Organisation [WHO] made the following statement in January 2006:

‘The world is now closer to another influenza pandemic than at any time since 1968, when the last of the previous century’s three pandemics began.’

The Government’s Chief Medical Officer stated in 2002:

‘Most experts believe that it is not a question of whether there will be another severe influenza pandemic, but when’.

The WHO has established an international system to alert countries to the progression of an influenza pandemic. It ranges from phase 1 – the first emergence of a novel flu virus – to phase 6 – wide international spread of the flu virus. Since November 2005 we have been at WHO alert phase 3 – ‘Human infection (s) with a new subtype, but no new human-to-human spread, or at most rare instances of spread to a close contact.’ WHO’s declaration of phase 3 means we have entered the Pandemic alert period. Therefore, we are two phases removed from the declaration of a pandemic.

On 12 March 2006, US Government’s Health and Human Services Secretary Mike Leavitt advised US citizens to gradually build up enough stocks of non-perishable food, water and non-prescription medicines to last 10 days in case of a flu pandemic.

## **2. What can we do now as the Diocese of Lancaster?**

At the present time, following the advice of the WHO, international and national bodies are formulating preparedness plans.

The UK Government’s Department of Health published [The UK Influenza Pandemic Contingency Plan](#) in October 2005.

It would therefore be prudent for the Diocese to likewise draw up a pastoral contingency plan to offer guidance to priests, deacons, religious, and laity in the event of a flu pandemic.

## **3. What is the scale of the problem from a minimum flu pandemic?**

In October 2005 the Chief Medical Officer made the following statement about the impact of a minimum flu pandemic. These figures are based on inter-pandemic rates (seasonal flu) and the 1957 pandemic, and provide the minimum figures:

- Of the total UK population of 59 million, an estimated 14.5 million people could become ill, depending on the infectivity of the pandemic strain
- Of these, 50,000 could die over a period of one or more waves lasting around three months each.
- Hospital admissions for acute respiratory and related conditions are likely to increase by at least 50 % with at least 20,000 new patients a week requiring hospital admissions at the peak.

Based on these figures and those from the UK Influenza Pandemic Contingency Plan, and assuming a Catholic population in the Diocese of Lancaster of 109,145 – with a similar profile to the general public – we can estimate that with an infection rate of 25% approximately 27,286 will become ill, and using the minimum mortality rate, 101 Catholics may die. (See Table 1 below)

#### 4. What is the scale of the problem from an outbreak of Human Avian flu – a maximum pandemic?

At present Human Avian Flu is extremely rare. Media reports about Bird flu only refer to the disease in wild birds and poultry. The concern is that the H5N1 virus will mutate into a sustained human-to-human infection by mutation in human hosts or through combining in a human host with ordinary flu to create a pandemic strain. Equally, if H5N1 does not mutate, other avian flu viruses such as H7 and H5 subtypes could similarly give rise to pandemic strains.

Current mortality rates for Human Avian Flu, though based on small samples, are much higher. The Chief Medical Officer has stated in this regard: ‘Since 1997, however, one strain of bird flu – H5N1 – has been associated with a very high death rate when people have been affected.’

The Scientific American journal (October 2005) quotes Fredrick Hayden, an advisor to WHO on the treatment of Avian flu victims, as commenting that if H5N1 fatality rates dropped from 50% to 5% through mutation, ‘it would still represent a death rate double that of 1918’. The Department of Health states that the 1918/19 pandemic killed around 250,000 people in the UK.

Therefore, extrapolating from Hayden’s estimate of around 5% mortality rates from Human Avian Flu, with an infection rate of 25%, we could possibly be facing 1,365 deaths among Catholics in the Diocese of Lancaster alone.

Though this extrapolation is useful to grasp the scale of the crisis we may face, this figure should be treated with great caution, as it’s only a rough guesstimate.

**TABLE 1: CALCULATION OF POSSIBLE CATHOLIC INFECTIONS AND DEATHS FOR THE DIOCESE OF LANCASTER**

Assuming total Catholic population of 109,145				
Infection rates of:..		10%	25%	50%
Number of infected Catholics		10,915	27,286	54,573
With mortality rate of:	*	0.37%	40	101
	**	2.50%	273	683
	***	5.00%	546	1365
				2729

\* Minimum rate as quoted in the UK Influenza Pandemic Contingency Plan

\*\* Rate for ‘normal’ pandemic flu epidemic as quoted in the UK Influenza Pandemic Contingency Plan

\*\*\* Possible rate for Human Avian Flu based on Hayden’s prediction of mortality rate around 5%.

Jim McManus comments that this is still uncertain, since all the evidence to date suggests a mutated pandemic strain will be less lethal than the current high fatality rate, because direct human – avian transmission results in very severe disease.

## 5. When could a flu pandemic occur in the UK?

Aware that we have been at WHO Pandemic alert phase 3 since November 2005, the next pandemic could break out at any time, anywhere, or just as likely the threat could recede.

The Scientific American journal (October 2005) states that most experts think the next pandemic is most likely to appear first in Asia. While the WHO predicts that given the speed and volume of air travel, the pandemic virus could possibly reach all continents in less than 3 months from first outbreak.

## 6. How long could a flu pandemic last?

The Scientific American journal (October 2005) states that based on past pandemics, experts expect that a flu pandemic will circle the globe in 2 or 3 waves, each potentially lasting several months. In individual communities the flu pandemic may peak about 5 weeks after its arrival. Each of the 2 to 3 waves could be separated by as long as a season, e.g. If the first wave hit in spring, the second might not begin until late summer or early autumn.

## 7. How likely is it that H5N1 will develop into a mutated pandemic strain?

By its nature, the mutation of a virus is unpredictable, and it must be remembered that there remains a species barrier in place between humans and birds. However, there are two causes for concern about the threat of mutation:

- The Centre for Infectious Disease Research and Policy (USA) reports (10 March 2006) that recent tests on H5N1 from the outbreak in Turkey reveal that it contains two mutations which may make the virus better adapted to humans, potentially enhancing transmission from birds to humans and between humans.
- The Scripps Research Institute, California reports (16 March 06) tests on H5N1 from the 2004 outbreak in Vietnam reveal some of the mutations the H5N1 avian influenza virus needs to potentially gain a permanent foothold in the human population. They found it looked very similar to the virus that caused the 1918 pandemic, and less similar to H5N1 taken from a duck in Singapore. Having said this, researchers note that these mutations are not sufficient for the virus to have full virulence in humans.  
[http://today.reuters.com/News/newsArticle.aspx?type=domesticNews&storyID=2006-03-16T190407Z\\_01\\_N16318221\\_RTRUKOC\\_0\\_US-BIRDFLU-MUTATION.xml](http://today.reuters.com/News/newsArticle.aspx?type=domesticNews&storyID=2006-03-16T190407Z_01_N16318221_RTRUKOC_0_US-BIRDFLU-MUTATION.xml)  
<http://www.forbes.com/lifestyle/health/feeds/hscout/2006/03/16/hscout531574.html>

To keep a sense of perspective, it is important to remember that the species barrier between humans and birds remains. Infection with Avian flu is very rare.

## **8. What age group could be most vulnerable to the Human Avian flu virus?**

Though this is very difficult to predict, because we don't know how the H5N1 virus will mutate, the behaviour of the pure H5N1 virus may be indicative. Sherry Cooper, chief economist at BMO Nesbitt Burns, sets out the following information in her report on the economic impact of a flu pandemic:

- The current characteristics of the roughly 200 human cases of H5N1 to date show a meaningful similarity to the severe 1918 flu virus.
- The cases appear to have the highest death rates among 15-to-40 year olds, rather than the very old or very young.
- This results from a 'cytokine storm', where the immune system not only attacks the virus, but also in the process, damages lung, brain, and other tissue.
- If there were a 'cytokine storm', as in 1918, pregnant women and 15-to-40 year olds would be proportionately the hardest hit."

It's important to repeat Jim McManus' caution here: 'all the evidence to date suggests a mutated pandemic strain will be less lethal than the current high fatality rate of H5N1'.

## **9. Considering the age profile of Diocesan clergy, what could be the impact on their health?**

It is important to consider this question, because the health of the clergy determine, in large part, what sacramental and pastoral care we can provide to our community.

The Chief Medical Officer predicts that during a minimum flu pandemic hospitalisations and deaths will be higher if the elderly are most affected and lower if adults aged 15-64 are affected. Therefore, any clergy aged 65 and over may be in the high-risk category.

However, the Department of Health Contingency Plan states: 'All ages will be affected, but children and otherwise fit adults could be at relatively greater risk, particularly should elderly people have some residual immunity from exposure to a similar virus earlier in their lifetime'.

Apparently, Government information is confusing in this regard. Therefore, we cannot begin to predict how this will impact the clergy as a group. Jim McManus comments it is possible that the elderly clergy may suffer more from stress and overwork and their immune systems could weaken, increasing susceptibility. Equally for all clergy and pastoral workers, the greater the stress the lesser the ability of their immune system to fight off infection. Overwork of clergy could lead to them being at much higher risk of infection.

James McManus, a consultant to the Bishop's conference on healthcare issues and Assistant Director of Public Health in a London Borough, responsible for emergency, disaster and pandemic flu planning, is reported as recommending that the Church prepares for a quarter of clergy and lay workers being laid up with flu.

He recommends that clergy can increase their resistance by taking personal action now by building up their immune systems through proper diet, rest, and exercise. This is the best defence. Managing stress, especially through proper rest periods, will also be crucial in any pandemic, because stress is proven to reduce the body's immune system and weaken resistance to infection. Damaging "24 hour, 7 day a week on call" patterns must therefore be reviewed.

## 10. What practical measures can we take to protect our community from a flu pandemic?

The Department of Health intends to give the following advice during a flu pandemic, which we can help disseminate throughout our community:

### ‘Personal interventions.

Some basic measures can be taken at the individual level to reduce the risk of infection:

- **Respiratory hygiene:** covering the mouth and nose with a tissue when coughing or sneezing.
- **Disposing of dirty tissues** promptly and carefully – bagging and binning them.
- **Avoiding nonessential travel and large crowds**, where possible.
- **Non attendance at large gatherings**, such as concerts, theatres, cinemas, sports arenas.
- **Hand washing frequently with soap and water:** reduces acquiring the virus from contact with infected surfaces and from passing it on.
- **Cleaning hard surfaces** (e.g. kitchen worktops, door handles) frequently, using a normal cleaning product.
- **Education:** Make sure that children follow this advice.’

The Scientific American journal (October 2005) states that for the healthy, hand washing offers more protection than wearing masks in public, because people can be exposed to the virus at home, at work and by touching contaminated surfaces, including the surface of a mask.

The Department of Health will also issue the following standard guidance, which we can help disseminate throughout our community:

### ‘What do I do if I think I’m infected?’

If we think that you or a member of your family might be infected:

- 1 ‘Stay at home and rest
- 2 Take medicines such as aspirin, ibuprofen or paracetamol to relieve symptoms (following the instructions with the medicines). Children under the age of 16 must not be given aspirin or ready made flu remedies containing aspirin, without medical advice.
- 3 Drink plenty of fluids, preferably ones without caffeine.
- 4 Contact your surgery for further advice.  
For advice and information visit [www.nhsdirect.nhs.uk](http://www.nhsdirect.nhs.uk), go to NHS Direct Interactive on digital satellite TV by pressing the interactive button on the remote control, or telephone NHS Direct on 0845 4647’.

The Department of Health may also encourage voluntary home isolation and voluntary quarantine of contacts of known cases. They may, in drastic cases, use powers under the Civil Contingency Act 2004 to restrict movement (e.g. transport) and public activities.

## **11. What could be the impact of this governmental guidance on the sacramental and pastoral life of our community?**

If government advice remains voluntary and not compulsory, we must consider how best to protect the health of our community, which obviously must not only include their physical health, but also their spiritual well being.

Two options need to be considered:

- ***Option A.*** Keeping the churches open for Mass.
- ***Option B.*** Closing the churches.

***Option A.*** Keeping the churches open for Mass.

### **11.1 Do we keep the Churches open and thereby encourage people to gather together, exposing them to risk?**

In view of the fact that the government intends to advise people to ‘avoid nonessential travel and large crowds, where possible’, what should be our position about the obligation to participate in the Mass on Sunday and holydays of obligation?

The following fact needs to be kept in mind when considering this: The Department of Health predicts that influenza activity in the UK may last for 3-5 months, depending on the season, and there may be two or more subsequent waves, weeks or months apart.

Can we envisage keeping our Churches closed for 3-5 months? Possibly followed by another wave of 3-5 months, and another?

James McManus, a consultant to the Bishop’s conference on healthcare issues is reported as recommending the Churches prepare for the possibility of ‘shutting down their ministry programmes for several weeks at the peak of the outbreak’.

But can we envisage ‘shutting down’ the celebration of the Holy Sacrifice of the Mass, or ‘shutting down’ the clergy administering the sacrament of the sick, or Viaticum or hearing confession for several weeks during such crisis?

Therefore, under option A, we endeavour to keep our churches open to enable the healthy and recovered to fulfil their obligation, and receive spiritual support and healing during such traumatic events. (The pastoral care of the sick will be considered in section 15).

This will, however, inevitably expose people to the risk of infection from people who are infected but not symptomatic, and who are therefore able to spread infection without realising it.

## **11.2 If we keep our churches open, what steps can we take to minimise the risk of infection?**

### **11.21 Obligation to participate in the Mass.**

Though Canon 1247 states there is an obligation to attend Mass on Sundays and other holydays of obligation, the Bishop may want to consider making it clear that if the faithful are ill, suspect they are ill, or in contact with someone who is ill, they should not attend Mass. This is to protect their well being and the well being of the community.

Canon 1248/ 2 states: 'If it is impossible to assist at a eucharistic celebration, either because no sacred minister is available or for some other grave reason, the faithful are strongly recommended to take part in a liturgy of the Word, if there be such in the parish church or some other sacred place, which is celebrated in accordance with the provisions laid down by the diocesan Bishop; **or to spend an appropriate time in prayer, whether personally or as a family or, as occasion presents, in a group of families.**'

The Bishop may want to consider drawing up a liturgy of the word service booklet to be distributed during a flu pandemic for the following reasons: 1) It would reassure those concerned about fulfilling their Sunday obligation but wanting to follow government advice about avoiding large crowds; 2) It would encourage those determined sick, or those who suspect they may be infected, to remain at home, in the knowledge that they are fulfilling their obligation.

### **11.22. Minimising the risk of gathering as the People of God.**

Jim McManus writes that there is no replacement for infection control and hygiene, pointing out that it was one of the things preventing SARS from becoming a pandemic.

There are certain hygienic steps that can be taken to reduce the risk of infection based on the government's advice:

- **Respiratory hygiene.** Educate the congregation about 'cough etiquette' – covering the mouth and nose with a tissue when coughing or sneezing, and immediately sealing it in a personal plastic bag to be disposed of at home. Provide boxes of tissues at the door for those who have forgotten or run out of their own.
- **Cleaning hard surfaces.** After each Mass the clergy and congregation should clean the benches, doors, and hard surfaces with normal cleaning products. Of course this will be time consuming, but it will save lives. McManus recommends that anything in contact with saliva should be washed thoroughly in very hot water and detergent, e.g. teacups after Mass. Alcohol based hand sanitizers offer a good alternative when a sink and soap are not available.
- **Teach the children.** Encourage the children to follow 'cough etiquette' with child friendly instruction. As we know from our work in schools, children easily spread diseases through physical contact.
- **Sign of Peace.** James McManus recommends with the avoidance of physical contact, this should be conveyed through smiles and nods.
- **Holy Communion.** The American Centre for Disease Control advises suspension of reception from the chalice. Also there is a risk from receiving on the tongue as droplets of saliva adhere to the fingers of the minister. Communion in the hand is probably a better option.

- **Training.** Jim McManus recommends that clergy and pastoral volunteers will need specific training in these hygienic precautions. He points out that education about real risks will go a long way to reduce infection in the event of a pandemic.

### **11.23 Reconciliation.**

There is likely to be an increased demand for confession during a period of high mortality. In these circumstances it is permissible to give general absolution without prior individual confession:

**961 §1** ‘General absolution, without prior individual confession, cannot be given to a number of penitents together, unless:

1. Danger of death threatens and there is not time for the priest or priests to hear the confessions of the individual penitents;
2. There exists a grave necessity, that is, given the number of penitents, there are not enough confessors available properly to hear the individual confessions within an appropriate time, so that without fault of their own the penitents are deprived of the sacramental grace or of holy communion for a lengthy period of time....’

Therefore, when WHO Pandemic alert phase 6 – international spread of the human virus – is declared, the Bishop may want to consider advising our priests to give general absolution at the first opportunity.

If during the first wave of the pandemic members of our community request individual confession we may consider it advisable to direct our priests to dispense with the confessional box – due to physical proximity in an enclosed space – and hear confession with enough space between the confessor and penitent to reduce the risk of infection while at the same time ensuring privacy.

Jim McManus comments that this is probably essential, since any veil or grille between the penitent and confessor could act as a reservoir for droplets and hence create a means of passing infection from one penitent to another. The enclosed space within Confessional boxes are best avoided, unless they are well disinfected on a very regular basis.

The wearing of masks would not necessarily help here. However, if they are used the masks have to be of a sufficient grade. The experience from SARS is that effectiveness of masks to minimise infection is dramatically reduced within 20 minutes. Masks generally available to buy are ineffective and a particular type of mask will be needed.

## ***Option B.*** Closing the churches.

### **12. What is the risk of keeping the churches open for Mass?**

There is a serious aspect of influenza infectivity that must be considered when deciding whether to keep the churches open or close them. The Department of Health states that:

- People with asymptomatic infection [presenting no symptoms of disease] shed virus and are therefore also likely to be infectious to some extent and pass the infection on.
- The incubation period is 1-3 days
- Without intervention, and with no significant immunity in the population, one person infects on average about 1.4-1.8 people. This is likely to be higher in a closed community, such as a prison.
- Previous experience suggests that roughly equal numbers of people will have asymptomatic as have symptomatic infection.

Therefore, if we keep our churches open for those who seem healthy, there is the high probability that those with asymptomatic infection will infect some of those attending Mass. Jim McManus writes that if the government gives advice not to go to football matches, cinemas, etc; then we must consider the suspension of Masses.

#### **12.1 How long should we close the churches for?**

As has already been stated, James McManus, a consultant to the Bishop's conference on healthcare issues, is reported as recommending the Churches prepare for the possibility of 'shutting down their ministry programmes for several weeks at the peak of the outbreak'.

The duration of closing the churches may depend on how long it takes for the scientists to develop an effective vaccine, the capacity of the drug companies to meet demand, and the NHS ability to vaccinate the whole population.

The Chief Medical officer makes the following cautionary remarks:

- It will probably take around 4 to 6 months to produce a vaccine, possibly longer.
- Vaccines are unlikely to be available during the early stages of a pandemic and even then will not offer 100% protection.
- When a vaccine is available, the aim will be to immunise the whole population as quickly as possible as vaccine supplies increase.
- Manufacturers will not be able to produce enough vaccines to immunise everyone straight away. This means that vaccines will be given to some high priority groups of people before others.

Furthermore, The Scientific American journal (October 2005) makes the following observation: Because people will have had no prior exposure, everyone will need two doses: a primer and then a booster about 4 weeks later. Therefore, 'even those first in line for vaccines are unlikely to develop immunity until at least 7 or 8 months following the start of the pandemic'.

Consequently, during the first wave of the pandemic – which will last between 3-5 months – the Bishop may want to consider closing the churches at its peak for 2-3 weeks to reduce the risk to our community.

## **12.2 How do we offer sacramental and pastoral care during the period the churches are closed?**

### **12.21. Obligation to participate in the Mass.**

As discussed in 11.21, the Bishop may want to consider the universal distribution of a Liturgy of the Word service booklet.

### **12.22. Requiem Mass.**

McManus recommends 'shutting down' ministry programmes for 2-3 weeks. But can we envisage not holding requiem Masses during a time of high mortality? We may want to consider recommending attendance is limited to the deceased's household, with the understanding that a memorial Mass would be held once the pandemic was under control.

### **12.23. Reconciliation.**

See section 11.23. It may also be advisable to instruct the faithful in how to make a perfect act of contrition in the event of danger of death, and the unavailability of a priest.

### **12.24. Baptism and Marriage.**

Likewise, attendance at baptisms and marriages should be limited to immediate households. During a period of high mortality it is easy to imagine an increased demand for baptism and marriage. If the clergy are incapacitated or dead, the following canons may be of some help here:

**Baptism. 861/2** 'If the ordinary minister is absent or impeded, a catechist or some other person deputed to this office by the local Ordinary, may lawfully confer baptism; indeed, in a case of necessity, any person who has the requisite intention may do so. Pastors of souls, especially parish priests, are to be diligent in ensuring that Christ's faithful are taught the correct way to baptise.'

There are special forms of the rite of baptism for adults and children in danger of death in the absence of the ordinary minister. Furthermore, The Canon Law Society of Great Britain and Ireland states that in preparation for occasions of emergency it would help if the clergy, 'by way of a few words in a homily or otherwise' ensure that the faithful are taught the correct way to baptise', at least once or twice a year.

**Marriage. 1116 §1** 'If one who, in accordance with the law, is competent to assist, cannot be present or be approached without grave inconvenience, those who intend to enter a true marriage can validly and lawfully contract in the presence of witnesses only:

1. In danger of death;
2. Apart from danger of death, provided it is prudently foreseen that this state of affairs will continue for a month.

§2 In either case, if another priest or deacon is at hand who can be present, he must be called upon and, together with the witnesses, be present at the celebration of the marriage, without prejudice to the validity of the marriage in the presence of only the witnesses.'

In the event of a maximum flu pandemic it may be advisable to instruct the laity in the role of witness to the extraordinary form of marriage.

### **13. How do we make the decision between Option A. Keep the churches open, & Option B. Closing the churches?**

James McManus, consultant to the Bishop's conference on health issues sets out a number of useful points that may help in our deliberation in his discussion document, Responding to Major Incidents: A note of reflection on the Church and its role in supporting civil response to major incidents:

- 'The presence of the Church during a major incident is an important living out of the Gospel and of following the example of Christ's ministry of being with those in need and in crisis. It also presents a sign of hope. Moreover, it provides an important testimony to the ongoing work of the Spirit through all aspects of human life, and in an eschatological sense points to the fact that even through disasters we are upheld by God.'
- 'Equally, there is a need to ensure that the clergy, religious, and laity involved in responding are kept safe. They too can be vulnerable.'
- However, I would make the point that sometimes during the threat of death it may also be necessary to follow Christ's injunction: 'This is my commandment, that you love one another as I have loved you. No one has greater love than this, to lay down one's life for one's friends. You are my friends if you do what I command you.' John 15:12-14. This, too, is an eschatological sign that sometimes the duty to love others is greater than the duty to preserve one's life.

### **14. How will the Government's national plans impact on the Church?**

The UK Government has indicated that the following nation-wide actions may be taken during a flu pandemic:

The Chief Medical officer stated:

#### **'Populationwide interventions**

- **Restrictions of mass gatherings:** this will probably only be effective early on and could include the prohibition of large international gatherings such as pop concerts and sporting events. It may also include local gatherings.
- **Travel restrictions.** Travel to or from infected areas may be restricted. However, this measure cannot be enforced. Recommendations on restricting national travel may also apply.
- **School closure:** schools may be closed to prevent the spread of infection.
- **Voluntary home isolation of cases,** including voluntary quarantine of contacts of known cases.

Other interventions at the national level may also be introduced at various stages during the pandemic.'

The Department of Health's UK Contingency Plan makes the following statement:

'Mass gatherings. Decisions on whether to restrict mass gatherings will depend on whether they are local, national or international events, the size, duration, and whether in confined spaces or the open air.

Closing schools will have an impact on maintaining the workforce in other sectors.'

## **14.1 What are the implications of these nation wide plans for our Church?**

### **14.11 Restrictions of mass gatherings:**

Regarding the prohibition of international gatherings, it may be prudent to find out how this will effect any travel insurance the Diocese takes out for pilgrimages to Lourdes and World Youth Day.

### **14.12 School closure.**

We may want to consider how we spiritually support our children during a flu pandemic. One possibility is to produce a prayer book and catechetical activity book sensitively designed to help them cope and make sense of what's going on.

## **14.2 Are there any plans to compulsorily close the churches?**

There are no references in Government plans to require the closure of churches during a flu pandemic.

However, in an interview between Andrew Marr and Professor Sir Liam Donaldson, Chief Medical Officer, there is an indication that the Government may consider the closure of schools, public buildings, and public places depending on the severity of the pandemic. [http://news.bbc.co.uk/2/hi/programmes/sunday\\_am/4346940.stm](http://news.bbc.co.uk/2/hi/programmes/sunday_am/4346940.stm). The government would use powers under the Civil Contingencies Act 2004 to order these.

In the event that the Government does compulsorily close our churches as public places, plans outlined in 'Option B. Closing the churches', may be useful.

## **15. How do we maintain the sacramental and pastoral care of the sick?**

One of the priorities during a flu pandemic, will be the need for priests to visit the sick and dying to hear confession, administer the sacrament of the sick, and comfort the bereaved. Deacons will assist through administering Viaticum and comforting the bereaved. Obviously, this will put both priests and deacons at great risk of infection.

### **15.1 Will the clergy receive anti-virals?**

No. The Department of Health does not include the clergy as key workers during a flu pandemic that require anti-virals. According to the Department of Health other than vaccination, anti-viral agents active against flu are the only other medical counter-measure. Early treatment with anti-virals – within 48 hours of onset of illness – should shorten illness by around one day, reduce the severity of the symptoms, and reduce the need for hospitalisation. The Government is building up a stockpile of anti-viral drugs, with the aim of having 14.6 million courses by September 2006. Consequently, the Government has established the following rationing priorities:

- Health care workers, if and when they develop fever or other influenza-like symptoms (regardless of whether vaccinated).
- Unimmunised people in high-risk groups, to ameliorate illness and reduce complications and death.
- Who is prioritised will partly depend on the pandemic virus and who it affects the most.

Therefore – as things stand – the clergy may only receive anti-virals from the NHS when they become sick, if or when stock is available.

### **15.12 Should the Diocese consider buying anti-viral drugs?**

Jim McManus advises that buying anti-viral drugs, such as Tamiflu, over the Internet is likely to be a total waste of time. Even if we manage to purchase product which is any good – which is doubtful – Tamiflu is not a magic bullet. It will only take the edge off the symptoms and if taken at the wrong time will be ineffective. Worse, it may even create drug resistant strains of the virus.

Therefore, the Bishop may want to consider approaching the Department of Health and the local NHS Health Trusts to discuss this issue.

If we cannot obtain NHS priority treatment for clergy and lay volunteers working with the sick and dying we may want to consider buying a stock of anti-viral drugs that will be administered by Catholic doctors. (At present one course of Tamiflu costs around £80 from online pharmacies).

### **15.2 Will the clergy be vaccinated?**

No. The Department of Health does not include the clergy as key workers during a flu pandemic that require vaccination. The best hope for vaccinating clergy will be for those who are accredited NHS chaplains, through the occupational health function of their NHS Trust.

In a debate on Influenza Pandemic (Science & Technology Report) in the House of Lords on the 20<sup>th</sup> January 2006, the Lord Bishop of Southwell and Nottingham urged that the Department of Health identify ministers of religion of all faiths and denominations as key workers, and that as such they should receive vaccination. As far as I can discover no such commitment has been given, despite lobbying of the Dept of Health by Christians in public health and health protection. We may want to approach the Department of Health and the local NHS Health Trusts to discuss this issue.

I am doubtful of a positive response from the very fact that, as far as I can see, The UK Influenza Pandemic Contingency Plan (October 2005) makes no mention of the role of the faith communities during a flu pandemic.

### **15.3 What is the case for clergy being designated as key workers during a flu pandemic?**

If we are to persuade the Government to designate clergy as key workers, so they are eligible to receive anti-viral drugs and vaccination as a priority, we must clearly present the case. There are two strands to the argument: 1) Faith communities are agents of social cohesion; 2) Foster greater understanding of the role of Catholic clergy in caring for the sick and dying.

### **15.31 Faith Communities are agents of social cohesion.**

The role of faith communities as agents of social cohesion becomes even more important during times of national emergency. As sources of transcendent meaning, self-sacrifice, and consolation, faith communities can help ameliorate social disintegration caused by panic, stress, and trauma.

The Lord Bishop of Southwell and Nottingham spoke to this point in a debate on the Government's plans for a flu pandemic in the House of Lord's on the 20<sup>th</sup> January 2006.

While recognising that priority should, of course, be given to health workers, he attempted to press home to the Government, 'The importance of recognising the part played by clergy of all traditions in the life of their communities—and even more so in the event of an emergency such as pandemic influenza.'

The Lord Bishop of Southwell and Nottingham went on to say:

'As noble Lords will be aware, ministers of religion have a distinctive role in national emergencies. Their work in providing pastoral care, in counselling those who are traumatised, ministering to the sick and dying, the conduct of funerals and bereavement follow-up becomes of very special significance.'

### **15.32. Foster greater understanding of the role of Catholic clergy in caring for the sick and dying.**

It may help our case if we make it clear to the Government, the grave obligation that Catholic clergy have to assist the sick and dying. Meeting this grave obligation will inevitably put the clergy at increased risk of infection, sickness, and death. Canon Law makes the seriousness of this obligation very clear:

#### **15.321 Fundamental right of faithful to assistance by pastors.**

**213** 'Christ's faithful have the right to be assisted by their Pastors from the spiritual riches of the Church, especially by the word of God and the sacraments.'

The Canon Law Society comments that this fundamental right brings with it a serious obligation on the part of Pastors. Care of the sick and provision for the hearing of confessions come under this serious obligation.

#### **15.322 Obligation to administer the anointing of the sick.**

**1003/2.** 'All priests to whom has been committed the care of souls, have the obligation and the right to administer the anointing of the sick to those of the faithful entrusted to their pastoral care. For a reasonable cause, any other priest may administer this sacrament if he has the consent, at least presumed, of the aforementioned priest.'

We need to make it clear to the Government that anointing the sick is not an optional devotional exercise, but a serious obligation which the priest must fulfil irrespective of the risk to his personal health.

#### 15.4 How can the clergy reduce the risk during home visits?

Jim McManus makes the following important cautionary point that we must consider: ‘the danger in visiting the sick is that clergy could, through poor hygiene, become reservoirs of infection. The virus could, through sneezing and airborne aerosol droplets get onto the clothes of the priest/extraordinary minister and spread effectively’.

Clergy and households visited should observe the following:

- **Protection:** In light of the fact that the UK Contingency plan recommends the use of face masks by medical staff in contact with infected people to reduce droplet spread, the clergy may want to consider wearing facemasks and latex gloves. Jim McManus adds that we should use good quality masks (not the ordinary ones) from a reputable supplier, coupled with gloves and gowns.
- **Respiratory hygiene:** covering the mouth and nose with a tissue when coughing.
- **Disposing of dirty tissues** promptly and carefully – bagging and binning them.
- **Hand washing frequently with soap and water:** reduces acquiring the virus by physical contact.
- **Cleaning hard surfaces** (e.g. kitchen worktops, door handles) using cleaning products.

It is useful to note that Canon Law deals with the issue of administering the sacrament of the sick and infection. Can. 1000/2 states: ‘The minister is to anoint with his own hand, unless a grave reason indicates the use of an instrument.’ The Canon Law Society comments that an instrument may be used if there is danger of causing or receiving an infection.

Furthermore, Jim McManus writes that clergy who feel ill with flu like symptoms should stay at home especially from very ill people. A clergyman with flu could kill someone with HIV or who has recently had an organ transplant, for example.

#### 15.5. How can we maintain clergy cover in our churches, and provide pastoral care among those infected with flu?

If all the clergy attempt to run parishes and provide pastoral care among those with flu, there is a high probability of two things happening:

- All the clergy will become sick.
- The clergy – either during the incubation period or if they are asymptomatic – will infect members of their community.

Therefore, the Bishop may want to consider the following: in each deanery ask for two volunteers among the priests whose sole responsibility will be the care of the sick and dying. They will have no contact with the rest of the community to avoid spreading the infection. It would be advisable that the two volunteers share the same house. If they become sick, or die, then two other volunteers may replace them.

**Can. 1003/2** will need to be consulted in these regards, because normally the sacrament of the sick is conferred by the priest who has the pastoral care of the sick person. However, the Canon Law Society states that in imminent danger of death or less pressing circumstances another priest can anoint the sick.

### **15.6 How can we care for the physical well being of those who cannot look after themselves?**

As well as the spiritual and pastoral well being of the sick, we have a Christian responsibility to care for the physical and emotional well being of those who have flu but cannot care for themselves, either entire families who are sick, or individuals living on their own. This category may include priests living on their own.

The Bishop may want to consider the following: in each deanery ask for volunteers among the deacons whose sole responsibility will be the physical and emotional care of the sick and dying. Of course, deacons and their wives may volunteer for this responsibility.

The Bishop may also consider inviting volunteers from among the laity to assist the deacons in caring for the sick, such as from the SVP or Legion of Mary. Where support net works already exist due to the work of the SVP or Legion of Mary, the deacons should help where needed.

If or when the first group of volunteers become sick or die, the next group of volunteers may replace them.

The Bishop may want to consider making one of the large presbyteries in each deanery into a House for the care of the sick, so we can provide care in one location in the event that the hospitals are unable to cope with the large numbers of the sick and dying.

In light of the fact that the US Government is advising citizens to gradually build up enough stocks of non-perishable food, water and non-prescription medicines to last 10 days in case of a flu pandemic, we may want to consider advising our community to do likewise.

### **16. What should we consider doing next as a Diocese?**

1. Set up Pastoral Planning Group to action recommendations of report and work out further detailed plans. Membership made up of professionals, including a priest, a deacon, a doctor, a nurse, a teacher, and a local councillor.

#### **2. Recommended actions for Bishop's office:**

- Jim McManus, advisor to the Bishops' conference on health issues, strongly recommends that the Bishop send copies of Pastoral Planning for a flu pandemic to all the Bishops of England, Wales, and Scotland to help them with their preparedness plans and get their feedback.
- Bishop to discuss with the Department of Health the need for clergy of all traditions to be identified as key workers that need to receive anti-viral drugs and vaccination to enable them to work with the sick and dying. Write to Rosie Winterton MP, Minister of State for Health Services, responsible for emergency planning, including pandemic flu. The Department of Health, Richmond House, 79 Whitehall, London SW1A 2NS. (See section 15.3 *What is the case for clergy being designated as key workers during a flu pandemic?*)

- Bishop to contact Rt. Revd Thomas Williams in his role as chair of the Healthcare Reference Group to further encourage the Bishops' conference to draw up a national strategy.

### **3. Recommended actions for Pastoral Planning Group:**

- Seek the advice of the Guild of Catholic Doctors, Preston branch, on the medical content of this report. Ask secretary to distribute copies of report to members for feed-back.
- Seek the advice of Mgr M Tully on the Canon Law content of the report.
- Seek the advice of the Vicars General on the contents of the report.
- Review the contents of the report, based on the feed back received (from above) and from their professional perspectives. Draw up further recommendations about practical implementation.
- Design decision-tree to assist bishop in making decisions about the appropriate course of action during a flu pandemic.
- Initiate involvement in local flu pandemic preparedness activities, through contacting the Director of Public Health or the Local Authority emergency planning officer. Contact the Regional Public Health Group at Government Office for the Region.
- Produce 'user-friendly' version of report for discussion at the Council of Priests and – following their review – for distribution to clergy and parishes.
- Draw up training protocols for clergy and lay pastoral workers who will need specific training in hygienic precautions to reduce the risk of infection. This will include the training materials and plans for training delivery.
- Draw up advice document for clergy and a practical advice document for the laity to be distributed to the parishes if there is an increased threat of a flu pandemic.
- Compose Liturgy of the Word booklet for distribution to the parishes for those who cannot attend Mass or if the churches are closed.
- Compose children's prayer book and catechetical activity book to be distributed if the schools are closed.
- Draw up protocol to ask for volunteers among the clergy – priests and deacons – to take on sole responsibility for the care of the sick and dying.

## 17. Last Word

‘Love—*caritas*—will always prove necessary, even in the most just society. There is no ordering of the State so just that it can eliminate the need for a service of love. Whoever wants to eliminate love is preparing to eliminate man as such. There will always be suffering which cries out for consolation and help. There will always be loneliness. There will always be situations of material need where help in the form of concrete love of neighbour is indispensable.... [The Church] is alive with the love enkindled by the Spirit of Christ. This love does not simply offer people material help, but refreshment and care for their souls, something which often is even more necessary than material support.’ Pope Benedict XVI. *Deus Caritas Est*. 28 (b).

St. John Southworth. *Pray for us*. St. Henry Morse. *Pray for us*.