

Frequently Asked Questions

About COVID-19

1. What are coronaviruses?

Coronaviruses are a family of viruses causing illnesses ranging from the common cold to pneumonia (a more severe lung infection). There are now 7 types of coronaviruses which cause disease in humans: 4 cause common cold; 2 cause serious disease (SARS, MERS); the latest coronavirus (SARS-CoV-2) causes COVID-19 disease.

2. What are the symptoms of COVID-19?

Fever and cough are the most common symptoms. Other symptoms include sore throat and fatigue. Symptoms can be mild and fever may be absent or occur later during the illness, and many cases are similar to the common cold. Breathlessness is a more serious and severe symptom.

3. How does COVID-19 spread?

Current evidence suggests that COVID-19 is mostly spread via droplets. The virus is carried within droplets emitted from an infected person over a short distance (<1m), such as when the person coughs, sneezes, or talks or sings loudly. If these droplets come into contact with the eyes, nose or mouth of another person, be it through direct inoculation or indirect contact with hands that have come into contact with these droplets, the other person may become infected.

Prolonged close contact with infected persons is generally required. The cases in Singapore are predominantly household clusters, or in closed settings (e.g. shared meals, Grace Assembly of God). More than 1,000 suspect cases have been tested negative.

Nonetheless, the virus may survive outside the body for 2-3 days, depending on the climate/environmental conditions.

Therefore, members of the public are advised to remain vigilant and observe good personal hygiene, frequent hand washing, and avoid touching contaminated surfaces then touching their face.

4. Can COVID-19 be spread via airborne transmission?

Airborne transmission means that infectious droplets are much smaller, remain suspended in the air and thus can travel much further distances. If that were the case, we would have observed many, many more cases. This is not supported by the current pattern of spread seen in Singapore. More than 1,000 suspect cases have tested negative.

5. Can the virus be transmitted even when a carrier is asymptomatic? Would this mean that you can catch the virus from people in church even if they don't have symptoms?

The risk is much less likely as the people who have no symptoms would not be coughing or

sneezing to produce respiratory droplets. In addition, there is no good evidence of such spread from cases in Singapore, China or other countries. Otherwise, we would expect to have many more “unlinked” cases. In Singapore, no contact exposed during the pre-symptomatic stage has been infected so far.

6. Is the disease deadly? How is this compared to SARS?

The situation is evolving and many characteristics of the virus and how it may affect people are still unclear.

Asymptomatic and mild cases may not be reported. Taking a conservative 1:1 ratio of reported to unreported cases, most cases (>90%) are asymptomatic or mild. After about a week of mild illness, some persons (<10%) develop lung infection with some breathlessness. Some of these cases (<2%) worsen and require care in the Intensive Care Unit.

The overall fatality rate may be less than 1%. In comparison, SARS had a fatality rate of about 9.6%.

The highest fatality rate is found in persons >80 years of age; the lowest fatality rate is found in persons <40 years of age. There has been no fatality reported in children <10 years old so far.

7. What treatment is available for affected persons?

Most of those affected in Singapore only need symptomatic and/or supportive treatment (e.g. oxygen supplementation), and have full recovery within 2 weeks.

A few cases with severe disease have been given an antiviral drug used for HIV treatment as part of a trial. These seem to have positive outcomes, but will require further study and research. Other drugs are also being studied.

Resumption of Masses

8. Why is the Archdiocese of Singapore resuming Masses at a time when cases of COVID-19 are rising rapidly in other parts of Asia and the world?

The Church has met with the Minister for Health and the Minister for Culture, Community & Youth who have encouraged the Church to resume activities with the necessary precautionary measures. This decision was reached after much discernment balancing the known risk of transmission based on available data, social responsibility, and our core mission of providing pastoral care and spiritual formation.

9. What happens if a confirmed case or cluster develops in one of our churches? What will happen? Will churches be closed again?

Close contacts will be quarantined (for up to 14 days from the day the affected person attended Mass). This is why providing your contact details and which pew you were nearest at every parish Mass you participate in will help the Ministry of Health reach you if necessary. *See FAQ 17 and 18.*

The rest of the congregation will be advised to monitor their health (for 14 days as above) and see a doctor if unwell.

10. If a cluster forms in our churches, and worse still, fatalities arise from it, does it mean that the Catholic Church is irresponsible in its decision to resume Masses?

The Church has a responsibility to minister to the faithful and the regular celebration of Masses is an essential ministry. We will take the necessary precautions to contain and manage the risks, while enabling life to go on. This is the same risk that schools, for example, face in remaining open for their students. One is not obliged to fulfil the Sunday Obligation by attending the Sunday Mass. It is a decision that one has to make, taking into account the possibility of being infected even with all the precautionary measures. If one is not willing to take the risks, one is exempted from attending mass to fulfil the Sunday obligation. He can follow the on-line mass at www.catholic.sg/mass or spend time in prayer.

11. What if the outbreak situation in Singapore changes or worsens? Would we still continue with Masses?

The Archbishop of Singapore, in consultation with his advisors, priests, laity, and health professionals, will monitor the situation and make further decisions as necessary to meet the spiritual needs of the faithful while also safeguarding their physical health.

12. If I am unwell, is it safe for me to attend Mass when I have only mild symptoms or am wearing a mask?

If you are unwell, you should not be attending Mass, even if you have only mild symptoms or are wearing a mask.

This is because those with COVID-19 are infectious even with mild symptoms. You may endanger the health of your fellow Catholics in coming to Mass despite being ill.

While masks may reduce the risk of spread, they are not a guarantee against transmission. They may not catch all droplets, and you may still transmit the infection by inadvertently touching your face as well as other surfaces.

13. If I do not come for Mass even if I am only mildly ill, would I be committing a sin?

No.

14. I feel uncomfortable attending mass even with the Precautionary Measures listed below in place. What can I do?

Any person who feels uncomfortable attending mass may choose to participate in the online mass at www.catholic.sg/mass.

Precautionary Measures

15. His Grace mentioned that certain measures must be put in place first before Masses can resume. What are these measures?

These measures are:

1. Public education to exercise good personal and social hygiene, and to stay at home if unwell. All of us have a part to play in this in reducing the risk of transmitting infections to others.
2. Temperature screening of all people coming for Mass.
3. Attendance and location registration for contact tracing.

It is possible that some parishes may on their own initiative institute additional measures over and above these, depending on the additional resources at their disposal. But the measures mentioned above are the important ones that should be in place when Masses resume.

16. What else is the church doing to minimise the risk to our parishioners who return for Masses?

The church is also implementing other measures to reduce the risk of transmission and minimise any adverse impact on the faithful such as:

1. Reducing the sharing of common items
2. Increasing the frequency of cleaning
3. Executing business continuity plans to ensure the continuity of service

17. Why do we have temperature screening in churches even when we know it is not foolproof?

No single measure is foolproof. Temperature-taking is one of a number of measures to mitigate and reduce the risk of transmission within a church setting.

Other measures include public education, personal awareness, good personal hygiene, reduction in shared items and surfaces, and regular sanitisation.

18. Why all the trouble for contact tracing in church?

Should a case of COVID-19 occur, individuals who may have been in close contact with the case can be quickly identified and informed should they need to be quarantined for public health reasons or to seek medical help if they develop symptoms. This would also be important in protecting their loved ones in close contact with them.

19. The contact tracing options (e.g. via QR code) is not foolproof. Many may not cooperate in entering their details. Would this be a fruitless exercise?

If a case were to be confirmed, contact tracing will allow the Ministry of Health to inform individuals who were physically near the case for a significant period of time so that their health and that of their loved ones can be monitored and protected. Hence, it is to every person's benefit to register their attendance and provide their contact details.

20. Should we have natural ventilation in our churches instead of air conditioning?

Many churches in Singapore are not designed for natural ventilation, and turning off the air conditioning could lead to even poorer circulation of air in these settings. Fans may exacerbate the situation by assisting in the spread of droplets.

21. Can organisations collect, use and disclose personal data (including NRIC/FIN/passport numbers) of visitors to premises for the purposes of contact tracing and other response measures in the event of a COVID-19 case?

Organisations may collect the personal data of visitors to premises for the purposes of contact tracing and other response measures in the event of an emergency, such as during the outbreak of the COVID-19. This may include NRIC, FIN, or passport numbers, as they can accurately identify individuals in the event of a COVID-19 case.

In the event of a COVID-19 case, data can be collected, used and disclosed without consent to carry out contact tracing and other response measures, pursuant to sections 1(b) of the Second, Third and Fourth Schedules to the Personal Data Protection Act (PDPA), as this is necessary to respond to an emergency that threatens the life, health or safety of other individuals.

Organisations that collect such personal data must still comply with the Data Protection Provisions of the PDPA, such as making reasonable security arrangements to protect the personal data in their possession from unauthorised access or disclosure, and ensuring that the personal data is not used for other purposes without consent or authorisation under the law.

22. Now that the Government is distributing masks, shouldn't it be compulsory for frontline staff and vulnerable groups such as the elderly and young to wear masks as well?

In general, wearing a mask is only necessary when one is sick to prevent infecting others. The Government is distributing masks to ensure that all local households have access to masks when they are ill and need to wear a mask.

All members of public, including most frontline staff and vulnerable groups, are encouraged to be vigilant and observe good personal hygiene. These practices include practising frequent hand washing with soap, avoiding crowded places, avoiding close contact with people who are unwell or showing symptoms of illness, and seeking medical attention promptly if unwell.

23. If it is only necessary to wear a mask when one is sick, why are some people instructed to wear a mask in certain situations?

There are certain limited scenarios where otherwise-healthy individuals are advised to don masks as a precaution – for example:

1. Where prolonged close contact with a very large number of individuals is expected
2. Where they will be in close contact with individuals who are likely to be unwell.

Specific examples of these scenarios include frontline staff conducting close-contact temperature screening with handheld infrared thermometers for Mass-goers, and those

visiting the sick.

It remains the case that wearing a mask is not necessary for the general public.

24. Shouldn't priests and communion ministers wear a mask when distributing Holy Communion? After all, wouldn't their respiratory droplets spread onto the hosts when they hold the host and say, "The Body of Christ"?

Priests and communion ministers will not serve if they are unwell. Priests and communion ministers will also sanitize their hands before they distribute Holy Communion.